As of 10 February, the Government of Indonesia reported 1,183,555 (8,776 new) confirmed cases of COVID-19, 32,167 (191 new) deaths and 982,972 recovered cases from 510 districts across all 34 provinces.¹

WHO handed over 126,800 Viral Transport Media to the Ministry of Health Sub-Directorate of Surveillance on 2 February (page 17).

On 8 February, WHO facilitated a national workshop on COVID-19 vaccine safety surveillance with the Ministry of Health and the Indonesian National Committee on Adverse Events Following Immunization (page 20).

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 4 to 10 February 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

WHO Indonesia Situation Report - 42
who.int/indonesia
The Government of Indonesia announced that they will start the implementation of micro-level restrictions on community activities (pemberlakuan pembatasan kegiatan masyarakat (PPKM) skala mikro) across Java and Bali, scheduled from 9 to 22 February. The Ministry of Home Affairs (MoHA) Directorate General of Regional Administration said that while the first and second phases of the initial PPKM were aimed at restrictions on public activities, including in offices, malls and airports, the micro-level PPKM will focus on controlling the spread of COVID-19 at community level.²

The Ministry of Communication and Informatics (MCI) launched a new feature in the PeduliLindungi application, an application jointly developed by MCI, the Ministry of State-Owned Enterprises and the National COVID-19 Task Force (Satuan Tugas (Satgas)) to support COVID-19 tracing activities. The new feature allows people to register for COVID-19 vaccination and provides an electronic vaccination certificate after completion of the vaccination schedule.³

On 8 February, the Government extended the closure of its borders to foreign nationals until 22 February. The National COVID-19 Task Force spokesperson said that exceptions will be granted for long-term residents, foreigners coming from countries that have travel corridor arrangements with Indonesia, and those who have received special permission from Indonesian ministries and institutions.⁴

The Ministry of Environment and Forestry Directorate General of Waste and Hazardous Waste Management reported that it has begun the development of healthcare waste treatment facilities in Aceh, West Java, South Kalimantan, West Nusa Tenggara and East Nusa Tenggara in 2020 and will continue development at six other locations in 2021, followed by seven additional locations in 2022-2024. The treatment facilities will contribute to eliminating general healthcare waste to break the chain of disease transmission.⁵

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On 10 February, 8776 new and 1 183 555 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 4 to 10 February was 10 269 cases per day. The highest daily number of new confirmed cases reported since March 2020 was 14 518 on 30 January 2021.

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 10 February, 66.2% (783,425 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 10 February 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 1 to 7 February, the incidence\(^6\) of COVID-19 in Indonesia was 31.5 per 100 000 population, compared to 30.9 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 7 February 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-level (Fig. 4) and subnational-level (Figs. 5 to 10).

\(^6\) 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

WHO Indonesia Situation Report - 42
who.int/indonesia
- The weekly incidence of COVID-19 increased in DKI Jakarta and West Java during the week of 1 to 7 February compared to the previous week. The two 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 7 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

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 7 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

WHO Indonesia Situation Report - 42
who.int/indonesia
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 7 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in DI Yogyakarta, from 13 April 2020 to 7 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
Fig. 9. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in East Java, from 13 April 2020 to 7 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

Fig. 10. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Banten, from 13 April 2020 to 7 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
On 10 February, the daily numbers of specimens and people tested were 70,312 and 41,053, respectively. On the same day, the daily number of suspected cases was 77,526 (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.

Test positivity proportion increased sharply after 23 November and reached 28.8% at a national level on 7 February 2021 (Fig 12). 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, Banten, 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 7 February 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. 13. Test positivity proportion and people tested per 1000 population per week at national level and in select provinces.

Week 1: 18/01/21 to 24/01/21; Week 2: 25/01/21 to 31/01/21; Week 3: 01/02/21 to 07/02/21

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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

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 10 February, the mortality rate in DKI Jakarta of 442 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, East Java, North Sulawesi, and Bali (Fig. 14).

![Diagram showing cumulative deaths per one million population by province in Indonesia, as of 10 February 2021.](source_of_data)

**Fig. 14.** Cumulative deaths per one million population by province in Indonesia, as of 10 February 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.

WHO Indonesia Situation Report - 42
[who.int/indonesia]
During the week of 1 to 7 February, the number of confirmed COVID-19 deaths was 0.71 per 100,000 population, compared to 0.73 per 100,000 in the previous week (Fig. 15).

Out of six provinces in Java, only East Java showed a consecutive decline over the last three weeks in the number of deaths in confirmed and probable cases (Fig. 16).

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7 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 three weeks between 18 January to 7 February 2021 in Java. Source of data: **DKI Jakarta, West Java, Central Java, DI 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.
• As reported on 10 February, the daily number of people tested by polymerase chain reaction (PCR) for COVID-19 was 41 053 and the cumulative number of people tested was 6 553 179. The highest daily number of people tested was 54 114, reported on 28 January (Fig. 17).

Fig. 17. Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 10 February 2021. Source of data

• As of 10 February, the proportion of people recovered among the total confirmed COVID-19 cases was 83.1%, and there were 168 416 active cases (Fig. 18).
After an increase in the reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta in December 2020, there was a decline since 23 January 2021. However, the number has been increasing since 31 January and reached a peak of 5911 per day on 7 February (Fig. 19).

Fig. 19. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June 2020 to 7 February 2021. Source of data

Disclaimer: Data from Wisma Atlet are not included.
LABORATORY

- On 2 February, WHO handed over 126,800 Viral Transport Media (VTM) (at an estimated cost of US$ 177,520) to the MoH Sub-Directorate of Surveillance. They will be distributed and used by health facilities across all 34 provinces in the country as one of the components for specimen collection for SARS-CoV-2 testing.

- WHO supported MoH in the development of the ‘SARS-CoV-2 PCR testing guideline for laboratory staff’ (Pedoman Pemeriksaan PCR SARS-CoV-2 Bagi Petugas Laboratorium). The guideline aims to provide standardized knowledge to be used as reference materials for training of laboratory personnel to conduct SARS-CoV-2 testing.

- WHO provided technical assistance to MoH to develop the Ministerial Decree No. HK.01.07/MENKES/446/2021 ‘Use of Antigen Rapid Diagnostic Test in Testing of Coronavirus Disease 2019 (COVID-19)’. The document was released on 8 February and provides guidance on how antigen-detecting rapid diagnostic tests (Ag-RDTs) can be used for SARS-CoV-2 diagnosis as well as the criteria for products that can be used in Indonesia, including those that are listed in WHO Emergency Use Listing (EUL). Ag-RDTs can be used to accelerate testing in areas with limited access to laboratories with PCR testing or long turnaround times for test results.

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:
    - Quarantine and self-monitoring (Fig. 20)

  - Video/animation:
    - #wearmask
VACCINATION

- As of 8 February, the cumulative number of health workers who have received the first dose of the COVID-19 vaccine was 814 585 (Fig. 21); 171 270 have received the second dose of the vaccine (Fig. 22) out of 1 468 764 (vaccination target). The daily average number of the first dose of vaccination conducted since 13 January is 30 170. Meanwhile, the daily average number of the second dose of vaccination since 28 January is 13 175.
Fig. 21. Cumulative number of health workers who have received the first dose of the COVID-19 vaccine in Indonesia, from 22 January to 8 February 2021. *Source of data*

Fig. 22. Cumulative number of health workers who have received the second dose of the COVID-19 vaccine in Indonesia, from 28 January to 8 February 2021. *Source of data*
• On 8 February, WHO facilitated a national workshop on COVID-19 vaccine safety surveillance with MoH and the Indonesian National Committee on Adverse Events Following Immunization (AEFI). The workshop aimed to provide updates on standardized guidelines and tools to monitor and report any adverse events following COVID-19 vaccination and to carry out causality assessment to determine the likelihood of a causal association between any AEFI and COVID-19 vaccine. More than 150 participants were in attendance, including members of the National Committee on AEFI, MoH Sub-Directorates of Immunization and Surveillance, the Indonesian National Agency of Drug and Food Control (Badan Pengawas Obat dan Makanan (BPOM)), Bio Farma, Clinton Health Access Initiative (CHAI), Centers for Disease Control and Prevention (CDC) Indonesia, and United Nations Children’s Fund (UNICEF).

PARTNER COORDINATION

• On 5 February, WHO convened the second meeting of key development partners in 2021 to discuss and coordinate COVID-19 response activities. Among others, the meeting was attended by the Australian Government Department of Foreign Affairs and Trade (DFAT), European Union (EU), Japan International Cooperation Agency (JICA), UNICEF, United States Agency for International Development (USAID), 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 February 2021 (Fig. 23).
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/](https://www.who.int/)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Episode 24 of Science in 5</strong>, WHO’s series of conversations in science, 5 February 2021</td>
<td>The WHO Director of Immunization, Vaccines and Biologicals, Dr. Katherine O’ Brien addresses vaccine myths related to infertility, DNA, and composition of vaccines.</td>
</tr>
<tr>
<td><strong>COVID-19 Occupational health and safety for health workers</strong>, 2 February 2021</td>
<td>Health workers are at the front line of the COVID-19 outbreak response and as such exposed to different hazards that put them at risk. This document provides specific measures to protect occupational health and safety of health workers and highlights the duties, rights and responsibilities for health and safety at work in the context of COVID-19.</td>
</tr>
<tr>
<td><strong>COVID-19 national deployment and vaccination plan: Submission and review process</strong>, 29 January 2021</td>
<td>This document outlines the step-by-step process for the National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP) development, submission and review. This document is a helpful resource for countries as they prepare and submit their NDPV to the Partners Platform, and should be used in conjunction with the National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP): Standard Review Form excel.</td>
</tr>
<tr>
<td><strong>Considerations for forming a regional COVID-19 review committee (RRC): Technical brief</strong>, 29 January 2021</td>
<td>This document provides guidelines on how the Regional COVID-19 Review Committee (RRC) can establish and conduct the review process for NDVPs.</td>
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</tbody>
</table>
A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:
- 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
- Infection prevention and control

WHO guidance:
- Contact tracing in the context of COVID-19
- Laboratory biosafety guidance related to coronavirus disease (COVID-19): Interim guidance
- Interim recommendation for use of the Moderna mRNA-1273 vaccine against COVID-19

Infographics:
- COVID-19 tests
- Mental health
- COVID-19 symptoms
- Social gathering
- How to protect yourself from COVID-19
- Solidarity not stigma
- 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
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