HIGHLIGHTS

- As of 17 February, the Government of Indonesia reported 1 243 646 (9 687 new) confirmed cases of COVID-19, 33 788 (192 new) deaths and 1 047 676 recovered cases from 510 districts across all 34 provinces.\(^1\)

- On 9 and 10 February, WHO supported the Ministry of Health in conducting the second round of monitoring of the implementation of Intra-Action Review recommendations (page 18).

- WHO is providing technical assistance to the Government of Indonesia for the continuity of essential health services. Highlights of the National Hepatitis Programme are on pages 21 to 24.

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 11 to 17 February 2021. [Source of data](https://covid19.go.id/peta-sebaran-covid19)

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.

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\(^1\) [https://covid19.go.id/peta-sebaran-covid19](https://covid19.go.id/peta-sebaran-covid19)
• The Government of Indonesia will start the second round of its COVID-19 vaccination campaign on 17 February. The Ministry of Health (MoH) Directorate General of Disease Prevention and Control stated that the second round of the campaign has a vaccination target of 38.5 million people, including workers in essential public sectors, the elderly population, workers in hospitality, transportation and tourism sectors, as well as members of the media.²

• MoH is collaborating with the Indonesian National Army (Tentara Nasional Indonesia (TNI)) and National Police (Kepolisian Negara Republik Indonesia (Polri)) to support contact tracing activities at community level, including community units (RW), neighbourhood units (RT), villages, districts and cities. MoH also mentioned that the collaboration is important to reduce COVID-19 transmission by improving adherence to health protocols, such as through the participation of TNI and Polri in mask wearing campaigns.³

• On 9 February, Indonesian President Joko Widodo signed Presidential Regulation No. 14 of 2021 'Amendment to Presidential Regulation No. 99 of 2020 on Vaccines Procurement and Implementation of Vaccination in the Context of COVID-19 Pandemic'. The amendment contains a number of new regulations including administrative sanctions for COVID-19 vaccination refusal and compensation mechanisms for serious adverse events following immunization (AEFI) resulting in disability or death.⁴

• The Government will start using antigen-detecting rapid diagnostic tests (Ag-RDTs) to support contact tracing and improve testing capacity in the country. To support the implementation of this strategy, the Minister of Health stated that the government will distribute Ag-RDTs to community health centres (puskesmas) across Indonesia.⁵

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On 17 February, 9,687 new and 1,243,646 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 11 to 17 February was 8,584 cases per day, compared to 10,269 cases per day reported in the previous week. Concurrently, there has been a decrease in testing (see Fig. 11 for details).

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 17 February 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 17 February, 66.5% (826,563 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); North Kalimantan and Bali have been among the top five provinces since January 2021.

Fig. 3. Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 17 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 8 to 14 February, the incidence of COVID-19 in Indonesia was 28.4 per 100,000 population, compared to 31.5 per 100,000 in the previous week (Fig. 4). As with the number of confirmed cases, this indicator should be interpreted in the context of the decrease in the number of people tested (Fig. 11).

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 14 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).

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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
The weekly incidence of COVID-19 increased in DKI Jakarta during the week of 8 to 14 February compared to the previous week. The province reported the highest weekly incidence since the first cases were reported (Fig. 5). Other provinces in Java showed a decrease in case incidence in the most recent week of reporting (Figs. 6 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 14 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 14 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. 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 14 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 14 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 14 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 14 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 16 February, the daily numbers of specimens and people tested were 28,167 and 26,171, respectively. On the same day, the daily number of suspected cases was 86,960 (Fig. 11). There has been a decrease in the number of people and specimens tested in the past week, while the number of suspected cases has increased; improving testing capacity is therefore imperative, especially among suspected cases, to decrease this widening gap.

Test positivity proportion increased sharply after 23 November and was 27.9% at a national level on 14 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, 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 14 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: 25/01/21 to 31/01/21; Week 2: 01/02/21 to 07/02/21; Week 3: 08/02/21 to 14/02/21

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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 17 February, the mortality rate in DKI Jakarta of 475 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 of cumulative deaths per one million population by province in Indonesia, as of 17 February 2021.](source)

**Fig. 14.** Cumulative deaths per one million population by province in Indonesia, as of 17 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.
During the week of 8 to 14 February, the number of confirmed COVID-19 deaths was 0.61 per 100 000 population\(^7\), compared to 0.71 per 100 000 in the previous week (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 14 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. Evaluation of level of community transmission could not be conducted due to data limitations.

Out of six provinces in Java, only West 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

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Fig. 16. Deaths among confirmed COVID-19 cases and probable cases per week over three weeks between 25 January to 14 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.
HEALTH OPERATIONS

- As reported on 16 February, the daily number of people tested by polymerase chain reaction (PCR) for COVID-19 was 26,171 and the cumulative number of people tested was 6,721,920 (Fig. 17).

![Graph showing daily and cumulative number of people tested with PCR in Indonesia, as of 16 February 2021. Source of data](source_of_data)

- As of 17 February, the proportion of people recovered among the total confirmed COVID-19 cases was 84.2% and there were 162,182 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 9888 hospitalized cases on 12 February (Fig. 19).

Fig. 18. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 17 February 2021. Source of data

Fig. 19. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June 2020 to 14 February 2021. Source of data

Disclaimer: Data from Wisma Atlet are not included.
On 10 February, WHO supported the Indonesian Medical Association (Ikatan Dokter Indonesia (IDI)) to conduct a webinar to disseminate the ‘Guidelines on Standardized Procedures for Doctor’s Protection in the COVID-19 Era’ and to provide information on the development of return to work regulation especially for health workers who resume their professional activities after recovering from COVID-19. The webinar highlighted the importance of the role of health workers in ensuring the implementation of standardized health and safety protocols to prevent COVID-19 transmission in the workplace. More than 7700 participants attended this webinar, including members of IDI across Indonesia.

![Webinar Participants]

Fig. 20. A webinar to disseminate the ‘Guidelines on Standardized Procedures for Doctor’s Protection in the COVID-19 Era’ and to provide updates on the return to work regulation, conducted by IDI on 10 February. Credit: IDI

WHO is regularly translating and sharing important health messages on its [website](http://who.int/indonesia) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and continues to publish [infographics](https://www.who.int) useful for the public.
On 15 February, WHO supported Wahana Visi Indonesia (WVI) to conduct a webinar on testing and contact tracing for East Nusa Tenggara. The webinar aimed to discuss the current COVID-19 pandemic, identify challenges in terms of testing capacity in the province and propose appropriate solutions to improve the implementation of the 3T (testing, tracing, and treatment) strategy. Among others, the webinar was attended by participants from East Nusa Tenggara COVID-19 Task Force, Provincial Health Office (PHO), and representatives from the local government.

RISK AND NEEDS ASSESSMENT, AND PLANNING

On 9 and 10 February, WHO supported MoH in conducting the second round of monitoring of the implementation of Intra-Action Review (IAR) recommendations. A total of 98 participants attended this meeting, including staff of the Presidential Office, Cabinet Secretary, the National Disaster Management Agency (Badan Nasional Penanggulangan Bencana (BNPB)), Ministry of Communication and Informatics (MCI), Indonesian National Agency of Drug and Food Control (Badan Pengawas Obat dan Makanan (BPOM)), Coordinating Ministry for Human Development and Cultural Affairs, Ministry of Home Affairs (MoHA), Ministry of Defence (MoD), professional organizations, point of entry (PoE) offices, PHOs and development partners. The meeting offered several new recommendations to further strengthen the national COVID-19 response including: (i) dissemination of the COVID-19 health sector response plan and support to subnational level to develop provincial COVID-19 response plans and monitor their implementation; (ii) improvement of data completeness, verification and analysis for COVID-19 reports through existing recording and reporting platforms and ensuring timeliness of reporting; (iii) conducting a weekly monitoring report taking into account indicators needed to assess the level of transmission and health system response capacity to guide staff to make a decision on adjusting public health and social measures (PHSM) at district level; and (iv) development of the strategy for the implementation of SARS-CoV-2 genomic surveillance by involving multisectoral stakeholders.
As of 15 February, the cumulative number of health workers who have received the first dose of the COVID-19 vaccine was 1,096,095 (Fig. 22); 482,625 have received the second dose of the vaccine (Fig. 23) out of 1,468,764 (vaccination target). The daily average number of the first dose of vaccination conducted since 13 January is 32,238. Meanwhile, the daily average number of the second dose of vaccination since 27 January is 24,131.

VACCINATION

Fig. 21. WHO facilitated a video conference to conduct the second round of monitoring of the implementation of IAR recommendations, 9 and 10 February 2021. Credit: Endang Wulandari/WHO
Fig. 22. Cumulative number of health workers who have received the first dose of the COVID-19 vaccine in Indonesia, from 22 January to 15 February 2021. Source of data

Disclaimer: The first dose of COVID-19 vaccination in healthcare workers started on 13 January. Published data from MoH is available starting from 22 January.

Fig. 23. Cumulative number of health workers who have received the second dose of the COVID-19 vaccine in Indonesia, from 28 January to 15 February 2021. Source of data

Disclaimer: The second dose of COVID-19 vaccination in healthcare workers started on 27 January. Published data from MoH is available starting from 28 January.
CONTINUITY OF ESSENTIAL HEALTH SERVICES

- WHO is supporting the government for programme analysis of various essential health services to maintain their continuity during the pandemic. Initial highlights of the National Hepatitis Programme (NHP) analysis can be found in WHO Situation Report 21. The latest update is presented below:

**Impact of COVID-19 on the NHP in Indonesia:**

i. The number of pregnant women who were tested for hepatitis B (early detection) using the Hepatitis B surface antigen (HBsAg) test increased by 20% in the first quarter (January-March) of 2020 compared to the same period in 2019. However, it declined by 13% in the second quarter (April-June) in 2020 compared to 2019. The national programme successfully increased the testing coverage in the third quarter of 2020 (Fig. 24).

![Fig. 24. Number of pregnant women tested for hepatitis B using HBsAg in Q1 (January-March), Q2 (April-June), and Q3 (July-September) in 2020 compared to the same periods in 2019. Source of data: MoH Sub-Directorate of Hepatitis and Gastrointestinal Tract Infection Disease (GITID).](image)

ii. The percentage of reactive HBsAg in pregnant women was similar in 2020 and 2019 (1.7% vs 1.9%) (Fig. 25).
iii. The number of infants 9-12 months old who were tested for hepatitis B using HBsAg increased substantially between January to September 2020 compared to the same period in 2019 (Fig. 26).
iv. There was a decrease in the number of anti-hepatitis C virus (HCV) tests performed at healthcare facilities; the number of tests decreased by 58% in January to September 2020 compared to the same period in 2019 (Fig. 27).

![Graph showing the number of anti-HCV tests conducted in January to September 2020 compared to the same period in 2019.](source_of_data)

**Fig. 27.** Number of anti-HCV tests conducted in January to September 2020 compared to the same period in 2019. Source of data: MoH Sub-Directorate of Hepatitis and GITID presentation during the meeting on the socialization of Hepatitis National Action Plan 2020.

To mitigate the impact of COVID-19, maintain essential NHP services, and support the NHP goals, interventions are being made in the following areas:

i. Guideline: The National Action Plan for Viral Hepatitis Control 2020-2024 was issued in December 2020. This document provides guidance to all stakeholders to achieve the national hepatitis program targets which are outlined in the [Strategic Plan of Ministry of Health 2020-2024](#) and the [National Medium-Term Development Plan 2020-2024](#).

ii. Expansion of monitoring HBV and HCV testing and treatment cascade through Hepatitis and GITID information system (SIHEPI): This activity will produce valuable and reliable information for healthcare facilities at all levels. SIHEPI continues to be improved to collect and analyze appropriate information for planning and monitoring of implementation of interventions. In 2020, WHO supported the SIHEPI training in Bali, North Sumatra, West Java, West Nusa Tenggara and South Kalimantan, attended by participants from healthcare facilities, District Health Offices, and PHOs.

iii. Surveillance: WHO is providing technical support to MoH to develop the protocol on hepatitis B and hepatitis C sentinel surveillance, in line with the current WHO technical report ‘Technical considerations and case definitions to improve surveillance for viral hepatitis’. The development of

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8 Eligible population for the test includes infants 9-12 months old who were born from pregnant women with reactive HBsAg.

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the national surveillance protocol will coincide with surveillance activities that the NHP plans to conduct in high-risk populations in 2021. NHP can implement the appropriate surveillance system in the field or health facility, informed by the national surveillance protocol.

**PARTNER COORDINATION**

- On 15 February, WHO and the United Nations Children’s Fund (UNICEF) convened a coordination meeting with key development partners on the cold chain equipment (CCE) capacity to support COVID-19 vaccination in Indonesia. One of the key recommendations from the discussion was to explore the possibility to establish partnerships with the private sector to expand CCE capacity, especially for COVID-19 vaccination.

- 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. 28).

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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>
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<tbody>
<tr>
<td><strong>Episode 25 of Science in 5</strong>, WHO’s series of conversations in science, 11 February 2021</td>
<td>The WHO Chief Scientist, Dr. Soumya Swaminathan explains about vaccines and addresses vaccine-related questions, including COVID-19 vaccination for children under 16 and people with COVID-19.</td>
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<tr>
<td><strong>Global COVID-19 Clinical Platform Case Report Form (CRF) for Post COVID condition (Post COVID-19 CRF)</strong>, 9 February 2021</td>
<td>WHO’s Post COVID-19 case report form (CRF) is designed to report standardized clinical data from individuals after hospital discharge or after the acute illness to examine the medium and long-term consequences of COVID-19.</td>
</tr>
<tr>
<td><strong>Definition and categorization of the timing of mother-to-child transmission of SARS-CoV-2</strong>, 7 February 2021</td>
<td>This scientific brief is prepared based on the results of evidence synthesis and a WHO expert consultation. The WHO COVID-19 Living Evidence Synthesis (LENS) working group consolidated available evidence, based on rapid reviews of the literature and results of a living systematic review on pregnancy and COVID-19 (up to 7 October 2020), on potential mechanisms of vertical transmission of infectious pathogens, feasibility of vertical transmission of SARS-CoV-2, data related to interpretation of positive SARS-CoV-2 virologic and serologic neonatal tests, lessons from diagnosis of other congenital infections, and existing proposed definitions to classify timing of vertical transmission of SARS-CoV-2.</td>
</tr>
<tr>
<td><strong>Community needs, perceptions and demand: community assessment tool</strong>, 5 February 2021</td>
<td>This community assessment tool can be used by countries to rapidly assess and respond to community health needs and perceptions around access and effective use of essential health services during the COVID-19 outbreak. The questionnaire should be administered to key informant respondents who can represent community perspectives, such as community leaders, representatives of local nongovernmental organizations or health committees, and community health workers.</td>
</tr>
</tbody>
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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:
- COVID-19 Occupational health and safety for health workers
- COVID-19 national deployment and vaccination plan: Submission and review process
- Considerations for forming a regional COVID-19 review committee (RRC): Technical brief

Infographics:
- Quarantine and self-monitoring
- COVID-19 tests
- Mental health
- COVID-19 symptoms
- 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:
- #wearmask
- Live Q&A COVID-19 vaccines
- 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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