As of 24 February, the Government of Indonesia reported 1 306 141 (7 533 new) confirmed cases of COVID-19, 35 254 (240 new) deaths and 1 112 725 recovered cases from 510 districts across all 34 provinces.1

WHO continues to support the National Institute of Health Research and Development to conduct a seroepidemiological study for COVID-19 in Indonesia as a part of the WHO Unity Study. As of 16 February, data collection has been completed in 68 out of 69 districts (page 17).

WHO supported Wahana Visi Indonesia to conduct a webinar on the role of vaccines in the COVID-19 response, attended by staff members of community health centres (puskesmas) and community health workers (page 18).

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 18 to 24 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
• The Government of Indonesia started its second phase of COVID-19 vaccination on 17 February, targeting public service workers and elderly citizens. The current phase of COVID-19 vaccination targets around 21.5 million elderly people, mostly in the high-risk provinces in Java and Bali, and 16.9 million workers in transportation, hospitality, trade and other public sectors.\(^2\)

• As the Government started the second phase of COVID-19 vaccination, the Ministry of Health (MoH) Directorate General of Disease Prevention and Control stated that it will distribute around 18 million doses of COVID-19 vaccines to vaccination sites across Indonesia: over 7 million doses to start the second phase, followed by 11 million doses during the first week of March. Furthermore, MoH announced that they will cooperate with the private sector for the distribution of the vaccines.\(^3\)

• On 17 February, the Ministry of Finance announced that it has allocated 173.3 trillion rupiah (around US$ 12.3 billion) from the national state budget for COVID-19 response and mitigation. This figure has more than doubled from the budget allocated in 2020 for the pandemic mitigation (63.5 trillion rupiah, or around US$ 4.5 billion).\(^4\)

• On 22 February, the Governor of DKI Jakarta, Anies Baswedan, reported that the city administration has detected a number of COVID-19 cases in ten flood evacuation sites in Jakarta. Evacuees who test positive for COVID-19 are directed to government-owned isolation facilities to receive care and medical services.\(^5\)

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\(^3\) [source](https://go.kompas.com/read/2021/02/18/040617874/indonesia-readies-18-million-covid-19-vaccines-for-second-mass-vaccination)

\(^4\) [source](https://en.tempo.co/read/1433987/sri-mulyani-indonesia-to-spend-rp173-3-trillion-for-covid-19-mitigation)

\(^5\) [source](https://en.tempo.co/read/1435230/anies-baswedan-says-covid-19-cases-found-in-flood-evacuation-sites)
On 24 February, 7,533 new and 1,306,141 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 18 to 24 February was 8,928 cases per day, compared to 8,584 cases per day reported in the previous week.

![Graph showing daily and cumulative number of COVID-19 cases in Indonesia from March to February 2021. The graph shows a sharp increase in cases from late April onwards.]

Source of data: 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 24 February, 66.7% (871,473 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, Bali, and West Papua (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 24 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 15 to 21 February, the incidence\(^6\) of COVID-19 in Indonesia was 23.8 per 100 000 population, compared to 28.4 per 100 000 in the previous week (Fig. 4).

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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

**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 (Fig. 4) and subnational levels (Figs. 5 to 10).
The weekly incidence of COVID-19 decreased in all provinces in Java except for Banten during the week of 15 to 21 February compared to the previous week (Figs. 5-10).

**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 21 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 21 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 21 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 21 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 21 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 21 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 24 February, the daily numbers of specimens and people tested were 73,014 and 52,476, respectively. On the same day, the daily number of suspected cases was 77,512 (Fig. 11). Reported testing has increased this week compared to the previous week, however, there is still a wide gap between the number of suspects and people tested. This indicates that improving testing capacity, especially among suspected cases, is integral to narrow the gap.

![Graph showing daily number of specimens tested, people tested, and suspected COVID-19 cases in Indonesia, from 1 November 2020 to 24 February 2021. Source of data](source)

• Test positivity proportion increased sharply after 23 November and was 28.9% at national level on 21 February (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 21 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: 01/02/21 to 07/02/21; Week 2: 08/02/21 to 14/02/21; Week 3: 15/02/21 to 21/02/21

Benchmark: one person tested per 1000 population per week

Threshold test positivity proportion: <5%

Source of data: Indonesia, DKI Jakarta, West Java, Central Java, 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 24 February, the mortality rate in DKI Jakarta of 500 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, East Java, Bali, and North Sulawesi (Fig. 14).

Fig. 14. Cumulative deaths per one million population by province in Indonesia, as of 24 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 15 to 21 February, the number of confirmed COVID-19 deaths was 0.55 per 100 000 population, compared to 0.61 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 21 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, DKI Jakarta and 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
Fig. 16. Deaths among confirmed COVID-19 cases and probable cases per week over three weeks between 1 to 21 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 24 February, the daily number of people tested by polymerase chain reaction (PCR) for COVID-19 was 52 476 and the cumulative number of people tested was 7 051 844 (Fig. 17).

Fig. 17. Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 24 February 2021. Source of data

• As of 24 February, the proportion of people recovered among the total confirmed COVID-19 cases was 85.2% and there were 158 162 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. The number of hospitalized cases has since decreased to 5902 on 21 February (Fig. 19).

Fig. 18. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 24 February 2021. [Source of data]

Fig. 19. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June 2020 to 21 February 2021. [Source of data]

Disclaimer: Data from Wisma Atlet are not included.
WHO continues to support the National Institute of Health Research and Development (NIHRD) in conducting a population-based age-stratified seroepidemiological study for COVID-19 as part of the WHO Unity Study (further details can be found in WHO Situation Report 25, pages 14-16, Situation Report 32, pages 14-15 and Situation Report 33, pages 14-15). As of 16 February, data collection (questionnaire and specimen collection) has been completed in 68 out of 69 districts with a total of 10 040 respondents. Data collection will be completed at the end of February in one remaining district. All specimens will be examined for the presence of SARS-CoV-2 antibodies using enzyme-linked immunosorbent assay (ELISA) testing in selected provincial and regional laboratories. Quality control will be conducted at the NIHRD laboratory.

On 15 February, WHO attended a national seminar to commemorate the National Waste Care Day hosted by MoH. During the seminar, the Ministry of Environment and Forestry (MoEF) reported that around 7 000 tonnes of cumulative waste had been collected from healthcare facilities since March 2020. MoEF also estimated that more than 7 000 tonnes of additional healthcare waste will be generated by COVID-19 vaccination activities. MoEF mentioned that one of the challenges in healthcare waste management is that only 117 healthcare facilities in Indonesia are equipped with licensed incinerators and autoclaves. To support the government in addressing this issue, WHO is currently working together with MoH and the United Nations Development Programme (UNDP) to deliver four autoclaves and four incinerators to five hospitals and three regional laboratories in Bali, Central Java, DI Yogyakarta, Maluku, North Sulawesi, Riau Islands, South Sumatra and West Sumatra.

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

**Infographics:**
- COVID-19 vaccines and vaccination
- The truth about COVID-19 vaccines

**Videos:**
- Time to abide (1-10)
- Hand sanitizer routine
- COVID-19 virus variants
- Science in 5: “I am vaccinated, what next?”
On 16 February, WHO supported Wahana Visi Indonesia (WVI) to conduct a webinar on the role of vaccines in the COVID-19 response. During the webinar the MoH Directorate General for Disease Prevention and Control presented on COVID-19 vaccine safety and halal status. Representatives from the COVID-19 Mitigation and National Economic Recovery Team (KPCPEN) presented on how to respond to hoaxes related to COVID-19 vaccines. This webinar was attended by more than 80 staff members of community health centres (puskesmas) and community health workers.

Fig. 20. WHO infographics on COVID-19 vaccines and vaccination.

Fig. 21. The COVID-19 Mitigation and National Economic Recovery Team presented on how to respond to hoaxes related to COVID-19 vaccines during a webinar conducted by Wahana Visi Indonesia (WVI) on 16 February 2021. Credit: WVI
As of 21 February, the cumulative number of people who have received the first dose of the COVID-19 vaccines was 1,227,918 (Fig. 22), including health workers, public service workers and elderly people. As of the same day, a total of 736,710 health workers have received the second dose of the vaccine (Fig. 23). The daily average number of the first dose of vaccination conducted since 13 January is 30,698. Meanwhile, the daily average number of the second dose of vaccination since 27 January is 28,335.

Fig. 22. Cumulative number of people who have received the first dose of the COVID-19 vaccine in Indonesia, from 22 January to 21 February 2021. [Source of data]

Disclaimer: The first dose of COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.
On 19 February, WHO convened the third meeting of key development partners in 2021 to discuss and coordinate COVID-19 response activities. The Australian Government Department of Foreign Affairs and Trade (DFAT), Japan International Cooperation Agency (JICA), Korea International Cooperation Agency (KOICA), United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID), United States Centers for Disease Control and Prevention (US CDC), and other partners attended the meeting. WHO presented important COVID-19 updates, discussed the latest epidemiological situation analysis at national and subnational levels, and explained the key WHO interventions to support the national pandemic response. Several points of discussion among partners included the use of antigen-detecting rapid diagnostic tests (Ag-RDTs), genomic sequencing, and updates on COVID-19 vaccination in the country.

Fig. 23. Cumulative number of health workers who have received the second dose of the COVID-19 vaccine in Indonesia, from 28 January to 21 February 2021. Source of data

Disclaimer: The second dose of COVID-19 vaccination started on 27 January. Published data from MoH is available starting from 28 January.
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. 24).

Fig. 24. WHO funding situation for COVID-19 response, February 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 UPcomings 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 26 of Science in 5</strong>, WHO’s series of conversations in science, 18 February 2021</td>
<td>The WHO Chief Scientist, Dr. Soumya Swaminathan explains COVID-19 vaccine dosage and addresses several vaccine-related questions.</td>
</tr>
<tr>
<td><strong>Operational considerations to expedite genomic sequencing component of GISRS surveillance of SARS-CoV-2</strong>, 17 February 2021</td>
<td>This document provides practical guidance to Global Influenza Surveillance and Response System (GISRS) laboratories and other relevant national laboratories to move beyond virus detection to genomic sequencing of SARS-CoV-2 PCR positive materials obtained from sentinel surveillance of influenza-like illness (ILI), acute respiratory infection (ARI) and severe acute respiratory infection (SARI).</td>
</tr>
<tr>
<td><strong>Maintaining a safe and adequate blood supply and collecting convalescent plasma in the context of the COVID-19 pandemic</strong>, 17 February 2021</td>
<td>This document provides interim guidance on the management of the blood supply in response to the COVID-19 pandemic and outlines key actions and measures that the blood services should take to mitigate the potential risk to the safety and ensure sufficiency of the blood supplies during the pandemic. It should be read in conjunction with WHO Guidance for National Blood Services on Protecting the Blood Supply During Infectious Disease Outbreaks. Furthermore, this document provides recommendations on collecting convalescent plasma on an experimental basis in the context of the COVID-19 pandemic and temporary deferral of donors after vaccination against SARS-CoV-2.</td>
</tr>
<tr>
<td><strong>COVID-19 vaccination: supply and logistics guidance</strong>, 15 February 2021</td>
<td>The purpose of this document is to provide guidance for countries to develop and strengthen supply chain strategies for COVID-19 vaccines and their ancillary products; distribute COVID-19 vaccines from port of entry up to vaccination sites; ensure the quality, efficacy, proper tracking, reporting of vaccine utilization and safety of COVID-19 vaccines throughout the supply chain; assess, design and implement appropriate waste management mechanisms; and strengthen appropriate cold chain and logistics requirements and provide tools to support country readiness activities.</td>
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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:
- Global COVID-19 Clinical Platform Case Report Form (CRF) for Post COVID condition (Post COVID-19 CRF)
- Definition and categorization of the timing of mother-to-child transmission of SARS-CoV-2
- Community needs, perceptions and demand: community assessment tool

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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