HIGHLIGHTS

- As of 21 April, the Government of Indonesia reported 1,620,569 (5,720 new) confirmed cases of COVID-19, 44,007 (230 new) deaths and 1,475,456 recovered cases from 510 districts across all 34 provinces.\(^1\)

- WHO continues to provide technical assistance to the Government of Indonesia for the continuity of essential health services. Highlights of the Routine Immunization Programme are available on pages 19 to 24.

- On 16 April, WHO convened the sixth meeting in 2021 of key development partners to discuss and coordinate COVID-19 response activities among partners in Indonesia (page 24).

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Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 15 to 21 April 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.

\(^1\) [https://covid19.go.id/peta-sebaran-covid19](https://covid19.go.id/peta-sebaran-covid19)
During a virtual discussion with the Indonesian Medical Association on 18 April, the Minister of Health reported that there was a decline in the daily COVID-19 vaccination rate in the country since the beginning of the second week of April; the Minister stated that the vaccination rate decreased from 500,000 injections per day to 200,000 to 300,000 injections per day. Among others, this was due to the limited availability of vaccine stock. However, with the additional allocation of COVID-19 vaccines from the COVAX Facility that is estimated to arrive in Indonesia in May, the Minister was optimistic that the Ministry of Health (MoH) will be able to increase the daily vaccination rate in the country to 750,000 per day by May or June.²

The Government of Indonesia extended the implementation of the micro-scale restrictions on community activities (pemberlakuan pembatasan kegiatan masyarakat (PPKM)) from 20 April to 3 May, adding West Sumatra, Jambi, Bangka Belitung Islands, Lampung and West Kalimantan to the list of provinces to implement PPKM.³ On 16 April, the National COVID-19 Task Force spokesperson stated that more than 14,000 COVID-19 handling posts have been built in 323 districts of 31 provinces to support the implementation of the micro-scale PPKM at the village and sub-district levels.⁴

On 13 April, the Head of the Disease Prevention and Control of DKI Jakarta Provincial Health Office (PHO) stated that residents who accompany two older people to vaccination sites to receive COVID-19 vaccine can get vaccinated without prior registration, even if they are not included in the priority group of the current vaccination rollout. The province is using this strategy as one of the efforts to boost vaccination coverage among older people. On 12 April, the DKI Jakarta Governor stated that the province plans to vaccinate 95% of the targeted older people before the Eid.⁵

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• On 21 April, 5720 new and 1,620,569 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 15 to 21 April was 5341 cases per day, compared to 5117 cases per day reported in the previous week.

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 21 April 2021. Source of data

Disclaimer: The number of cases reported daily is not the number of persons who contracted COVID-19 on that day and might be influenced by the number of people tested on that day (see Fig. 17); 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, either at the national or subnational level.
During the week of 12 to 18 April, the provinces of East Nusa Tenggara, Riau Islands, Maluku, West Kalimantan and Lampung experienced an increase in the number of weekly cases of more than 50% compared to the previous week (Fig. 3). It is critical to investigate reasons for the increase in the new confirmed cases to guide decisions on response activities and inform the adjustment of public health and social measures (PHSM).

Fig. 3. Percentage change of weekly number of confirmed cases by province during 12 to 18 April 2021 compared to the previous week. [Source of data]

Disclaimer: The number of weekly confirmed cases is calculated taking into consideration the daily number of reported cases. It is important to conduct further investigation if there is a substantial change in new cases, especially in provinces with a change of 50% or more. Other factors, such as testing and contact tracing, may help elucidate the reasons behind substantial changes. Additional indicators, including case incidence and mortality, should be considered to guide adjustment of PHSM.
During the week of 12 to 18 April, the incidence\(^6\) of COVID-19 in Indonesia was 13.2 per 100 000 population, compared to 13.1 per 100 000 in the previous week (Fig. 4).

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 18 April 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 limitations include data incompleteness and data quality issues reported by MoH. 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 11).

\(^6\) 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**

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During the week of 12 to 18 April, the incidence of COVID-19 per 100,000 population was 59.4 in DKI Jakarta, which corresponds to community transmission level 3 (Fig. 5). Based on WHO interim guidance, community transmission level 3 means that there is a high risk of COVID-19 infection for the general population and that a high number of locally acquired, widely dispersed cases was detected in the past 14 days.

Fig. 5. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period by province in Indonesia during 12 to 18 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Source of data
The weekly incidence of COVID-19 increased in West Java, Central Java and DI Yogyakarta during the week of 12 to 18 April compared to the previous week (Fig. 6 to 11).

**Fig. 6.** Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in DKI Jakarta, from 13 April 2020 to 18 April 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 West Java, from 13 April 2020 to 18 April 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 Central Java, from 13 April 2020 to 18 April 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 DI Yogyakarta, from 13 April 2020 to 18 April 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 East Java, from 13 April 2020 to 18 April 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. 11. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in Banten, from 13 April 2020 to 18 April 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. 

Source of data
- Nationwide test positivity proportion increased sharply after 23 November and reached a peak of 30.5% in mid-February. Subsequently, the positivity proportion declined and stood at 11.5% on 18 April (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 and DI Yogyakarta for the last three weeks, but none of these provinces had a test positivity 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 18 April 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 the national level and in select provinces.

Week 1: 29/03/21 to 04/01/21; Week 2: 05/04/21 to 11/04/21; Week 3: 12/04/21 to 18/04/21

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, Southeast Sulawesi

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.
During the week of 12 to 18 April, Banten had the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by East Kalimantan, Bali, DI Yogyakarta and Bangka Belitung Islands (Fig. 14).

**Fig. 14.** Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 12 to 18 April 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:** Based on data availability, only confirmed COVID-19 deaths have been included. As per 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 12 to 18 April, the number of confirmed COVID-19 deaths was 0.37 per 100 000 population\textsuperscript{7}, compared to 0.39 per 100 000 in the previous week (Fig. 15).

![Graph showing deaths per 100,000 population over time.](image)

**Fig. 15.** Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 18 April 2021. [Source of data](#)

**Disclaimer:** Based on data availability, only confirmed COVID-19 deaths have been included. As per 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 the level of community transmission could not be conducted due to data limitations.

• During the week of 12 to 18 April, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 86, compared to 90 in the previous week (Fig. 16).

\textsuperscript{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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As reported on 21 April, the daily number of people tested for COVID-19 was 47 048 and the cumulative number of people tested was 9 412 427 (Fig. 17).

**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 of 21 April, the proportion of people recovered among the total confirmed COVID-19 cases was 91.0% and there were 101,106 active cases (Fig. 18).
- The reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta reached a peak of 9888 hospitalized cases on 12 February. The number of hospitalized cases has since decreased to 3611 on 18 April (Fig. 19).

![Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 August 2020 to 18 April 2021.](source_of_data)

**Disclaimer:** Data from Wisma Atlet are not included.

### RISK COMMUNICATION

- WHO is regularly translating and sharing important health messages on its [website](https://www.who.int) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and has recently published:

  - Infographics:
    - Religious celebration
As of 19 April, 17 024 955 vaccine doses have been administered in the national COVID-19 vaccination campaign; 10 972 343 people have received the first dose and 6 052 612 people have received the second dose (Fig. 21).

**Disclaimer:** COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.
As of 19 April, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1,325,963 (90.3% of the target population of 1,468,764). The number of essential public service workers who have received the first dose of the vaccine was 7,267,647 (41.9% of the targeted 17,327,167); 3,724,381 (21.5% of the target population) have received the second dose of the vaccine. The number of older people who have received the first dose of the vaccine was 2,237,282 (10.4% of the targeted 21,553,118); 1,002,268 (4.7% of the targeted population) have received the second dose (Fig. 22).

As of 19 April, Bali had the highest coverage of the first dose vaccination administered to health workers, essential public service workers and older people amongst all provinces, followed by DKI Jakarta, DI Yogyakarta, Riau Islands and East Java. As of the same day, DKI Jakarta had the highest coverage of the second dose vaccination administered to the same priority target groups, followed by DI Yogyakarta, Bali, East Java and North Sulawesi (Fig. 23).

Fig. 22. Cumulative number of people who have received COVID-19 vaccine in Indonesia, as of 19 April 2021. [Source of data]

Disclaimer: COVID-19 vaccination started with health workers on 13 January. The second stage of COVID-19 vaccination started on 17 February, targeting essential public service workers and older people (above 60 years old). Published data from MoH is available starting from 22 January.
WHO is supporting MoH with the programme analysis of various essential health services to maintain their continuity during the pandemic. Highlights of previous Routine Immunization (RI) programme analyses can be found in WHO Situation Report 13 (pages 18 to 21) and Situation Report 20 (pages 19 to 23). Updates from the programme are presented below:

- The COVID-19 pandemic has impacted the RI programme in the country, resulting in vaccination coverage under 95% of the target (children under 2 years of age) for commonly used vaccines in the programme; the highest coverage in 2020 was bivalent oral poliovirus vaccine dose 2 (Polio 2) with 89.5% and the lowest was inactivated poliovirus vaccine (IPV) with 36.8% coverage (Fig. 24). Compared to 2019, there was a 5.9% to 11.4% reduction in the coverage of RI in 2020, except for IPV which decreased by 52.2%; this decrease was due to prolonged vaccine stock out from the fourth quarter of 2019 until mid-2020. Although vaccine stock was restored in August 2020, health centres continued to have difficulties to conduct catch-up vaccination to reach the 2020 target.

Fig. 23. COVID-19 vaccination coverage of health workers, essential public service workers and older people by province in Indonesia, as of 18 April 2021. Source of data
Disparity in subnational performance of routine immunization activities is reflected in the geographic distribution of diphtheria-tetanus-pertussis vaccine dose 3 (DPT3) coverage (Fig. 25). A total of 208 districts reported vaccination coverage of DPT3 below 80%. The number of unvaccinated children was 642,786 and that of partially vaccinated children was 4,078,719. This resulted in an increased risk of a diphtheria outbreak, particularly in high density urban areas. It is advised to extend the data mapping to the lowest administrative level to identify and prioritize villages with the largest proportion of unvaccinated and partially vaccinated children.
A decreasing trend of RI for the second year of life is indicated by the 8% reduction in measles-containing vaccine dose 2 (MCV2) coverage from 73% in 2019 to 65% in 2020 (Fig. 26). Following the national measles-rubella (MR) vaccination campaign that was conducted in 2017-2018, the number of measles and rubella cases reported subsequently dropped. This trend may continue throughout 2021. However, the lower number of suspected MR cases reported in 2020 likely does not reflect the real situation in the communities due to the impact of the COVID-19 pandemic on the surveillance system.
Fig. 26. Number of measles and rubella cases and measles-containing vaccine dose 1 and 2 (MCV1 and MCV2) coverage in Indonesia from 2011 to 2020. MCV1 and MCV2 include vaccination against rubella. Source: Ministry of Health Expanded Programme on Immunization (EPI) and Vaccine Preventable Diseases (VPD) Surveillance Report, 6 April 2021.

- Together with key immunization partners, WHO is supporting MoH to resume to pre-pandemic performance while conducting catch-up vaccination for unvaccinated and partially vaccinated children from 2020 target. Some of the activities are highlighted below:
  
  i. Rollout of virtual training on RI for health workers to improve confidence and commitment in providing RI service during the pandemic. The training was conducted using a Learning Management System, in collaboration with Balai Besar Pelatihan Kesehatan (BBPK) Ciloto, a centre for health training.

  ii. Finalizing the ‘Routine Immunization Operational Guidance for Health Workers’. This document includes defaulter tracking and catch-up vaccination that is in line with WHO guidance on catch-up vaccination.

  iii. Updating the supportive supervision tool and developing an online reporting system to improve feedback and quality of service delivery.
iv. Completion of Measuring Behavioural Social Driver (BeSD) Study on RI in Aceh and West Sumatra. The result of the study showed that immunization coverage in these two provinces can be improved by addressing caregiver motivation, family support, public awareness of and satisfaction with vaccination services, including routine immunization, among other factors.

- **World Immunization Week 2021** will be celebrated from 24 to 30 April to promote the use of vaccines to protect people of all ages against vaccine-preventable diseases (VPD). With the theme of ‘Vaccines bring us closer’, World Immunization Week 2021 will urge greater engagement around immunization globally to promote the importance of vaccination in bringing people together and improving the health and wellbeing of everyone, everywhere throughout life. In collaboration with WHO and other key immunization partners, MoH is preparing several activities to celebrate the World Immunization Week 2021, including webinars, bloggers' workshops as well as development and dissemination of information, education and communication (IEC) materials.

![Figure 27](image_url)

**Fig. 27.** A rollout of school-based immunization service for second and fourth grade students of SDN 235 Cege elementary school in Bone District of South Sulawesi Province. Credit: Puskesmas Sumaling/Andi Erni
Jan 16 April, WHO convened the sixth meeting of key development partners in 2021 to discuss and coordinate COVID-19 response activities among partners in Indonesia. The meeting was attended by partners, including the Asian Development Bank (ADB), British Embassy, European Union (EU), Japan International Cooperation Agency (JICA), United Nations Children’s Fund (UNICEF), United States Agency for International Development (USAID), and World Bank. WHO presented COVID-19 updates in the country, discussed the latest epidemiological situation at national and subnational levels, and explained the key WHO interventions to support the national pandemic response. Several key points of discussion among partners included mortality and hospitalization data in Indonesia, and updates on the shipment of COVID-19 vaccines allocated from the COVAX Facility and overall support to the national vaccination campaign.

**PARTNER COORDINATION**

![Image: Immunization services in South Sorong District of West Papua Province during the COVID-19 pandemic. Credit: Puskesmas Seremuk](image)

Fig. 28. Immunization services in South Sorong District of West Papua Province during the COVID-19 pandemic. Credit: Puskesmas Seremuk
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 April 2021 (Fig. 29).

Fig. 29 WHO funding situation for COVID-19 response, April 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.
## 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>
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<tbody>
<tr>
<td>Statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the COVID-19 pandemic, 19 April 2021</td>
<td>The seventh meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding COVID-19 took place on 15 April 2021. The Emergency Committee concurred that the COVID-19 pandemic remains a public health emergency of international concern (PHEIC) and offered advice to the Director-General.</td>
</tr>
<tr>
<td>Disability considerations for COVID-19 vaccination: WHO and UNICEF policy brief, 19 April 2021</td>
<td>This document presents considerations and actions for governments, health service providers delivering vaccinations, disability service providers, residential institutions and long-term care facilities, communities and other stakeholders to ensure equity in access to vaccination against COVID-19 for persons with disabilities.</td>
</tr>
<tr>
<td>Asthma and COVID-19: scientific brief, 19 April 2021</td>
<td>People with asthma (PWA) generally are considered at higher risk from respiratory infections. At the outset of the COVID-19 pandemic, PWA were widely assumed to be at increased risk from COVID-19. A rapid systematic review was set out to assess the available peer-reviewed literature regarding whether PWA are at increased risk of infection with the virus that causes COVID-19, and/or of experiencing complications or death.</td>
</tr>
<tr>
<td>Episode 34 of Science in 5, WHO’s series of conversations in science, 16 April 2021</td>
<td>WHO Chief Scientist Dr Soumya Swaminathan discusses about vaccines, variants and mass gatherings in the context of the COVID-19 pandemic.</td>
</tr>
<tr>
<td>Why are there extra doses of vaccine in the vaccine vial? (COVID-19 job aid), 16 April 2021</td>
<td>This job aid provides an explanation for the difference between the number of doses stated on the vaccine label and the true number of doses that can be withdrawn in a multi-dose vial.</td>
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<td>WHO COVID-19 essential supplies forecasting tool (COVID-ESFT), 14 April 2021</td>
<td>This fourth version of WHO COVID-19 Essential Supplies Forecasting Tool (ESFT) provides governments, partners and other stakeholders with a choice among several epidemiological methods for forecasting COVID-19 cases to estimate potential requirements for essential supplies, including through integration with Imperial College’s Susceptible-Exposed-Infectious-Removed (SEIR) model.</td>
</tr>
<tr>
<td>COVID-19 and mandatory vaccination: Ethical considerations and caveats (policy brief), 13 April 2021</td>
<td>This document identifies important ethical considerations and caveats that should be explicitly evaluated and discussed through ethical analysis by governments and/or institutional policy-makers who may be considering mandates for COVID-19 vaccination as a way to increase vaccination rates and achieve public health goals.</td>
</tr>
</tbody>
</table>
Online WHO COVID-19 courses:
- COVID-19 vaccination training for health workers
- 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

WHO guidance:
- Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets (interim guidance)
- Safe Ramadan practices in the context of COVID-19 (interim guidance)
- Data for action: achieving high uptake of COVID-19 vaccines (interim guidance)

Infographics:
- Contact tracing
- COVID-19 new variants
- COVID-19 vaccines and vaccination
- The truth about COVID-19 vaccines
- Quarantine and self-monitoring
- COVID-19 tests

Questions and answers:
- COVID-19: Vaccines
- COVID-19: Vaccine research and development
- COVID-19: Vaccine access and allocation
- How are vaccines developed?

Videos:
- Science in 5: Evolution of the SARS-CoV-2 virus
- Time to abide (1-10)
- Hand sanitizer routine
- COVID-19 virus variants

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

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