As of 9 June, the Government of Indonesia reported 1,877,050 (7,725 new) confirmed cases of COVID-19, 52,162 (170 new) deaths and 1,723,253 recovered cases from 510 districts across all 34 provinces.

WHO supported Wahana Visi Indonesia to conduct a virtual training on ‘Risk Communication and Community Engagement in the Context of COVID-19 Response’ for civil society organizations in six districts in Indonesia (page 18).

WHO supported the Makassar City Health Office in accelerating vaccination of older people through a drive-thru vaccination session organized on 29 May (page 24).
GENERAL UPDATES

- Indonesia received another eight million doses of COVID-19 vaccine from Sinovac on 31 May, which arrived in bulk form. These vaccines will be processed by Bio Farma before they can be administered in the national COVID-19 vaccination programme. On 7 June, Indonesia received an additional 313,100 doses of AstraZeneca COVID-19 vaccine from the COVAX Facility. With this addition, the Ministry of Health (MoH) reported that Indonesia had received a total of 92.2 million doses of COVID-19 vaccine, both in ready-to-use and bulk forms. In addition, the government continues to strive to achieve an average target of one million people vaccinated per day, starting from June.

- On 4 June, the National COVID-19 Task Force (Satuan Tugas (Satgas)) reported that the Government of Indonesia plans to extend the quarantine period for travellers arriving from abroad to 14 days (previously 5 days). Satgas stated that the effort was aimed to curb COVID-19 transmission and prevent a surge of cases in the country, especially coming from imported cases. In addition, Satgas highlighted the importance of proper implementation of screening mechanisms (testing and quarantine) at points of entry.

- On 2 June, the Deputy Governor of DKI Jakarta reported that the province continues to observe an increasing trend of COVID-19 cases following the Eid holiday period in May. The Deputy Governor stated that the increase was due to several factors including the low level of adherence to health protocols in the community during and after Eid al-Fitr. As of the same day, the Health Workers Coordinator of the Wisma Atlet Emergency Hospital reported that the increase in the number of COVID-19 patients treated in the hospital had reached 20% on 1 June, while the bed occupancy rate (BOR) was 35.8%. A similar trend of increasing COVID-19 cases was also observed in other provinces in Java, Riau, Riau Islands, Bangka Belitung Islands and North Kalimantan. The Minister of Health stated that significant increases in COVID-19 cases observed in Riau Islands and North Kalimantan were also due to the increase of imported cases from neighbouring countries.

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4 https://en.tempo.co/read/1469637/indonesia-receives-another-313100-doses-of-astrazeneca-vaccine

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• On 9 June, 7725 new and 1,877,050 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 3 to 9 June was 6468 cases per day, compared to 5793 cases per day reported in the previous week.

![Daily and cumulative number of COVID-19 cases in Indonesia](source_of_data_url)

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 9 June 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. 16); 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 31 May to 6 June, the provinces that experienced an increase in the number of weekly cases of more than 50% compared to the previous week were West Sulawesi (2500%), North Sulawesi (236%), West Papua (106%) and East Nusa Tenggara (94%) (Fig. 3). It is critical to investigate reasons for the increase in new confirmed cases to guide response decisions and inform the adjustment of public health and social measures (PHSM).

Fig. 3. Percentage change of weekly number of confirmed cases by province during 31 May to 6 June 2021 compared to the previous week. Source of data

Disclaimer: West Sulawesi (2500% change based on increase from 3 to 78 weekly cases) and North Sulawesi (236% change based on increase from 14 to 47 weekly cases) are not shown on the graph. Data are not available for Papua province for this time period due to internet connectivity issues. 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 31 May to 6 June, the incidence\(^9\) of COVID-19 in Indonesia increased to 14.6 per 100 000 population, compared to 12.5 per 100 000 in the previous week (Fig. 4).

![Graph showing weekly incidence of COVID-19 in Indonesia from 13 April 2020 to 6 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data](image)

**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](https://www.who.int). 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).

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\(^9\) 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](https://who.int/indonesia)
During the week of 31 May to 6 June, the incidence rates of COVID-19 per 100,000 population were 79.9 in Bangka Belitung Islands, 79.5 in Riau Islands, 58.4 in Riau and 50.4 in DKI Jakarta; these rates correspond 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. Data are not available for Papua province for this time period due to internet connectivity issues. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period by province in Indonesia during 31 May to 6 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
• During the week of 31 May to 6 June, the weekly incidence of COVID-19 increased in most provinces in Java-Bali, compared to the incidence in the previous week (Fig. 6).

Fig. 6. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Java - Bali, from 13 April 2020 to 6 June 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 all provinces in Sumatra during the week of 31 May to 6 June compared to the previous week. There has been an increasing trend in case incidence since early April in most provinces in Sumatra (Fig. 7).

Fig. 7. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in Sumatra, from 13 April 2020 to 6 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
During the week of 31 May to 6 June, the weekly incidence of COVID-19 increased in all provinces in Kalimantan compared to the incidence in the previous week, except for West Kalimantan. Since the beginning of 2021, there has been a notable increasing trend in West Kalimantan (Fig. 8).

Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Kalimantan, from 13 April 2020 to 6 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. 

Source of data
In Sulawesi, the weekly incidence of COVID-19 increased in all provinces, except North Sulawesi where it remained the same, during the period of 31 May to 6 June compared to the previous week (Fig. 9).

![Graphs showing weekly incidence of COVID-19 in Sulawesi provinces]

Fig. 9. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in Sulawesi, from 13 April 2020 to 6 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
• During the week of 31 May to 6 June, the weekly incidence of COVID-19 increased in West Nusa Tenggara, East Nusa Tenggara, North Maluku and West Papua compared to the previous week (Fig. 10).

Fig. 10. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua, from 13 April 2020 to 6 June 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:** Data are not available for Papua province since 13 May due to internet connectivity issues².
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 has stood between 9% and 20% since 11 March, which is considered as CT3 (high incidence) (Fig. 11). 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 and West Sumatra for the last three weeks. Nevertheless, these provinces still have a test positivity proportion of more than 5%, which means that transmission is still high in the community (Fig. 12).

![Graph of test positivity proportion](image)

Fig. 11. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 6 June 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](https://www.who.int/indonesia). Other epidemiological indicators also need to be evaluated to determine the level of community transmission.
Fig. 12. Test positivity proportion and people tested per 1000 population per week at the national level and in select provinces.

Week 1: 17/05/21 to 23/05/21; Week 2: 24/05/21 to 30/05/21; Week 3: 31/05/21 to 06/06/21

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 31 May to 6 June, Riau had the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by Riau Islands, DI Yogyakarta, DKI Jakarta and Bangka Belitung Islands (Fig. 13).

Fig. 13. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 31 May to 6 June 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: Data are not available for Papua province for this time period due to internet connectivity issues. 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.
At the national level, during the week of 31 May to 6 June, the number of confirmed COVID-19 deaths remained at 0.41 per 100 000 population\(^{10}\), which was the same as the previous week (Fig. 14).

Fig. 14. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 6 June 2021. \textit{Source of data}

\textbf{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 31 May to 6 June, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 129, compared to 102 in the previous week (Fig. 15).

\(^{10}\) 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. \textit{Source of population data}
As reported on 9 June, the daily number of people tested for COVID-19 was 70,533 and the cumulative number of people tested was 11,773,437 (Fig. 16).

**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 9 June, the proportion of people recovered among the total confirmed COVID-19 cases was 91.8% and there were 101,635 active cases (Fig. 17).

Fig. 17. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 9 June 2021. Source of data
- 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 subsequently decreased and remained relatively stable, with an average of 3362 hospitalized cases per day in March and April. There was an increasing trend in May and early June, with 5550 hospitalized cases reported on 6 June (Fig. 18).

![Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 September 2020 to 6 June 2021](source_of_data)

Fig. 18. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 September 2020 to 6 June 2021. Source of data

**RISK COMMUNICATION**

- On 31 May, WHO supported Wahana Visi Indonesia (WVI) to conduct a virtual training on ‘Risk Communication and Community Engagement (RCCE) in the Context of the COVID-19 Response’ for civil society organizations (CSOs) in six districts in DKI Jakarta, East Java, East Nusa Tenggara and North Maluku. The training was attended by 18 community health workers from the CSOs. During the training, WHO facilitated a session on RCCE in the context of COVID-19 and highlighted prevention measures for the community, according to WHO guidance. Key points of discussion during the training included the role of local leaders in community engagement during pandemic response and how to improve community perception of COVID-19 risk.
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 Risk Management: Medical
- COVID-19 Risk Management: Preparing for sickness
- COVID-19 Risk Management: Shopping
- COVID-19 Risk Management: If someone gets sick
- COVID-19 Risk Management: Visiting care facility
As of 7 June, 29 043 779 vaccine doses have been administered in the national COVID-19 vaccination campaign; 17 812 458 people have received the first dose and 11 231 321 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 7 June, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1,392,873 (94.8% of the target population of 1,468,764). The number of older people who have received the first dose of the vaccine was 3,536,666 (16.4% of the targeted 21,553,118); 2,319,990 (10.8% of the targeted population) have received the second dose. The number of essential public service workers who have received the first dose of the vaccine was 12,693,203 (73.3% of the targeted 17,327,167); 7,517,751 (43.4% of the target population) have received the second dose of the vaccine (Fig. 22). As part of the essential public service workers priority target group, 1,699,644 teachers have received the first dose of the vaccine; 1,070,558 have received the second dose.

As of 7 June, the highest coverage of the first dose vaccination administered to eligible target populations in the country was in Bali, followed by DKI Jakarta, Riau Islands, DI Yogyakarta and East Java. As of the same day, Bali had the highest coverage of the second dose vaccination administered, followed by DKI Jakarta, DI Yogyakarta, Bangka Belitung Islands and East Kalimantan (Fig. 23).

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. Vaccination coverage over 100% is due to differences in actual versus estimated target population.
As of 7 June, the number of people vaccinated with at least one dose of the vaccine per 100 population nationwide was 6.5. As of the same day, Bali had the highest number of people vaccinated with at least one dose of the vaccine (31.8 per 100 population) amongst all provinces, followed by DKI Jakarta (24.5) (Fig. 24).

**Fig. 23.** COVID-19 vaccination coverage among the eligible target populations by province in Indonesia, as of 7 June 2021. Source of data

**Disclaimer:** Vaccination coverage over 100% is due to differences in actual versus estimated target population.

- As of 7 June, the number of people vaccinated with at least one dose of the vaccine per 100 population nationwide was 6.5. As of the same day, Bali had the highest number of people vaccinated with at least one dose of the vaccine (31.8 per 100 population) amongst all provinces, followed by DKI Jakarta (24.5) (Fig. 24).

**Fig. 24.** Number of people vaccinated with at least one dose of the vaccine per 100 population by province in Indonesia, as of 7 June 2021. Source of data
As of 7 June, DKI Jakarta had the highest coverage of first and second dose vaccination among older people, followed by DI Yogyakarta and Bali (Fig. 25). As of the same day, provinces with the highest number of unvaccinated older people were West Java, Central Java and East Java (Fig. 26).

Fig. 25. COVID-19 vaccination coverage among older people by province in Indonesia, as of 7 June 2021. *Source of data*
On 29 May, WHO supported the vaccination drive in Makassar, South Sulawesi. Over 200 older people were vaccinated in a drive-thru vaccination session organized by the City Health Office. WHO assisted MoH in monitoring vaccination implementation to ensure alignment with the national guideline. Debriefing session with health workers to discuss findings from observation during the implementation of the vaccination service was conducted afterwards.

Fig. 26. Number of unvaccinated older people (over 60 years of age) by province in Indonesia, as of 7 June 2021. [Source of data]
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 June 2021 (Fig. 28).
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 41 of Science in 5</strong>, WHO’s series of conversations in science, 4 June 2021</td>
<td>WHO Chief Scientist Dr Soumya Swaminathan explains COVID-19 vaccines, pregnancy, menstruation, lactation and fertility.</td>
</tr>
<tr>
<td><strong>How to manage COVID-19 vaccines without VVM at vaccination service points? (COVID-19 job aid), 3 June 2021</strong></td>
<td>This job aid provides an explanation on how WHO emergency use listing (EUL) COVID-19 vaccines without vaccine vial monitor (VVM) should be handled at vaccination sites to ensure that safe and potent vaccines are properly administered.</td>
</tr>
<tr>
<td><strong>Interim recommendations for use of the inactivated COVID-19 vaccine, CoronaVac, developed by Sinovac, 1 June 2021</strong></td>
<td>These WHO interim recommendations for use of the Sinovac-CoronaVac were developed on the basis of advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) and the evidence summary included in the Background document on the inactivated vaccine Sinovac-CoronaVac against COVID-19: Background document to the WHO Interim recommendations for use of the inactivated COVID-19 vaccine, CoronaVac, developed by Sinovac and Annexes to the recommendations for use of the Sinovac-CoronaVac vaccine against COVID-19: Grading of evidence, Evidence to recommendations tables.</td>
</tr>
<tr>
<td><strong>Use of medical and non-medical/fabric masks for community outreach activities during the COVID-19 pandemic, 1 June 2021</strong></td>
<td>This aide-mémoire presents information on the use and procurement of masks for community outreach interventions, with a focus on those for malaria, neglected tropical diseases, tuberculosis, HIV/AIDS and vaccine-preventable diseases. It details requirements for the different types of professionals involved (e.g. health workers, social mobilizers, data collectors, logisticians, insecticide spraying personnel, etc.), based on their level of risk of potential exposure to SARS-CoV-2.</td>
</tr>
</tbody>
</table>
A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

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:
- Operational guide for engaging communities in contact tracing
- Critical preparedness, readiness and response actions for COVID-19 (interim guidance)
- Technical note on delayed shipments for the ChAdOx1-S [recombinant] vaccines: what are the implications for the administration of second doses? (scientific brief)

Infographics:
- Celebrating Eid al-Fitr
- Self-isolation
- How to make a fabric mask
- COVID-19 new variants
- COVID-19 vaccines and vaccination

Questions and answers:
- COVID-19: Vaccines
- COVID-19: Vaccine research and development
- COVID-19: Vaccine access and allocation

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

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

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