

16 June 2021

## HIGHLIGHTS

- As of 16 June, the Government of Indonesia reported 1 937 652 (9944 new) confirmed cases of COVID-19, 53 476 (196 new) deaths and 1 763 870 recovered cases from 510 districts across all 34 provinces.<sup>1</sup>
- With increased transmission due to variants of concern (VOCs), urgent action is needed to contain the situation in many provinces. Drastic increase in bed occupancy rates this week in high-risk provinces is a major concern and necessitates the implementation of stricter public health and social measures including large-scale social restrictions (pembatasan sosial berskala besar (PSBB)).
- WHO supported a webinar as part of the '2021 U.S. – ASEAN Women's Leadership Academy for Young Southeast Asian Leaders Initiative' and discussed the role of women during the COVID-19 pandemic (page 19).

### Situation in Indonesia



Total confirmed cases  
1 937 652



Total deaths  
53 476



Total cases recovered  
1 763 870



Total people tested  
12 182 070



Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 10 to 16 June 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.

<sup>1</sup> <https://covid19.go.id/peta-sebaran-covid19>

## GENERAL UPDATES

- Indonesia continues to experience a significant increase in the number of COVID-19 cases in several provinces and districts. On 12 June, the National COVID-19 Task Force (Satuan Tugas (Satgas)) reported that provinces with the highest number of new confirmed cases were DKI Jakarta, Central Java, West Java, DI Yogyakarta and Riau. On 10 June, Satgas reported that the bed occupancy rate (BOR) in several provinces in Java has reached more than 50%, including in Banten, DKI Jakarta, West Java, DI Yogyakarta and Central Java.<sup>2</sup> The greatest increase in the number of cases and BOR was in Kudus, Central Java and Bangkalan, East Java. The Ministry of Health (MoH) continues to strengthen the COVID-19 response in these two districts, in collaboration with multiple stakeholders including the National Army (TNI) and Police (Polri). MoH has also distributed around 50 000 doses of COVID-19 vaccines to accelerate vaccination roll out in Kudus.<sup>3</sup>
- On 10 June, Indonesia received an additional 1.5 million doses of AstraZeneca COVID-19 vaccine, which was part of the 11.7 million doses of the vaccine allocated from the COVAX Facility. With this addition, MoH reported that Indonesia has received approximately 8.2 million doses of the vaccine from the COVAX Facility.<sup>4</sup>
- To accelerate the national COVID-19 vaccination roll out, MoH approved DKI Jakarta provincial government's request to start vaccinating residents aged 18 years and older. The decision also took into consideration the recent increasing trend in the number of COVID-19 cases in the province.<sup>5</sup> On 9 June, DKI Jakarta started to vaccinate certain groups of foreigners. Foreigners who are eligible to receive vaccination through the government's vaccination programme have to hold a valid residence certificate (Surat Keterangan Tempat Tinggal (SKTT)) or a foreigner identification card and meet one of the following criteria: (1) a teacher/lecturer or supporting staff who works in schools/universities, (2) aged 60 years or older, or (3) living in vulnerable areas with high risk of COVID-19 transmission.<sup>6</sup>

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<sup>2</sup> <https://nasional.kompas.com/read/2021/06/13/07564991/penambahan-covid-19-dan-tingginya-lonjakan-kasus-di-pulau-jawa?page=all>

<sup>3</sup> <https://www.kompas.com/sains/read/2021/06/12/160200123/lonjakan-kasus-covid-19-di-bangkalan-dan-kudus-ppk-mikro-diperketat?page=all>

<sup>4</sup> <https://nasional.kompas.com/read/2021/06/10/22590691/15-juta-dosis-vaksin-covid-19-astrazeneca-tiba-di-indonesia>

<sup>5</sup> <https://www.cnbcindonesia.com/news/20210608193623-4-251567/resmi-warga-dki-18-tahun-ke-atas-sudah-bisa-vaksinasi-covid>

<sup>6</sup> <https://jakartaglobe.id/news/jakarta-allows-some-foreigners-to-receive-free-covid19-vaccine-shots/>

## SURVEILLANCE

- On 16 June, 9944 new and 1 937 652 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 10 to 16 June was 8657 cases per day, compared to 6468 cases per day reported in the previous week.

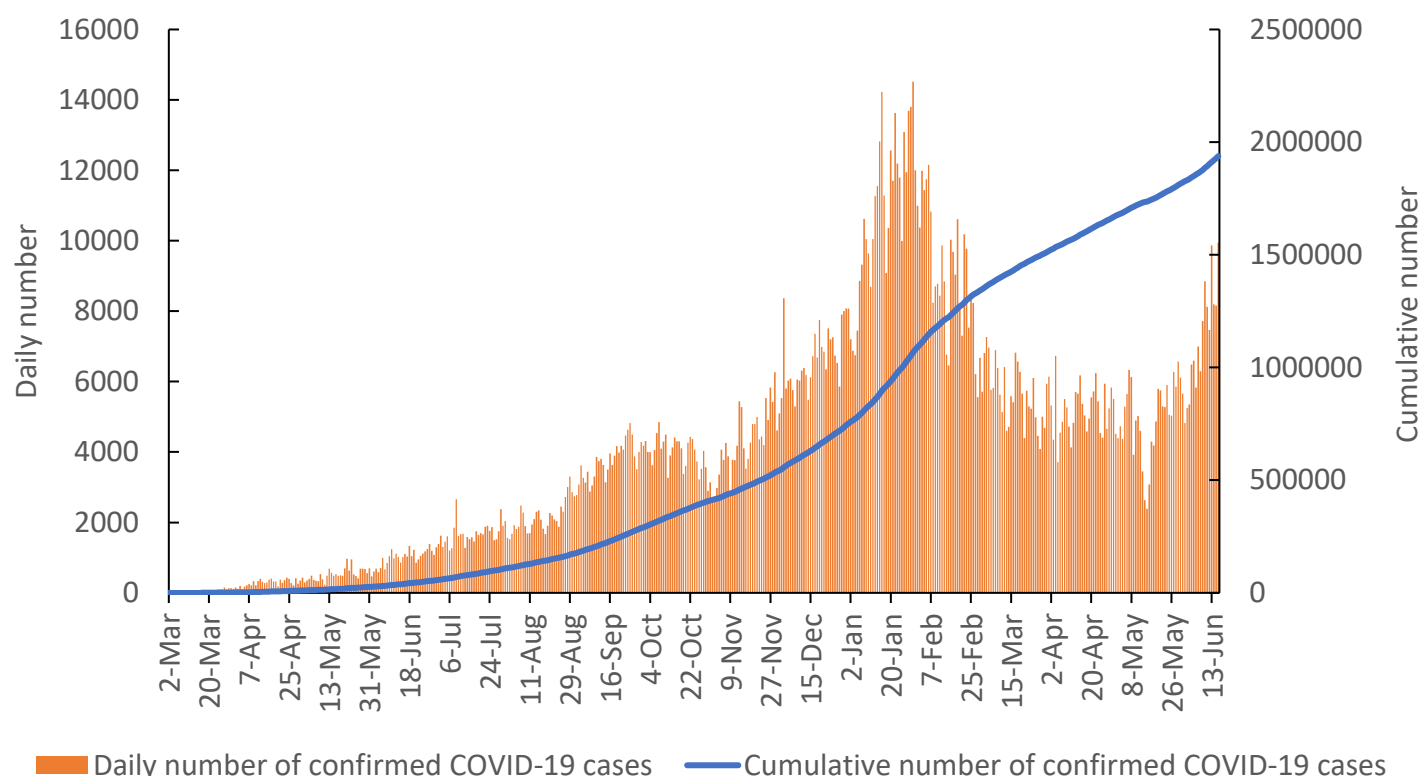


Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 16 June 2021. [Source of data](#)

**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. 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 7 to 13 June, the provinces that experienced an increase in the number of weekly cases of more than 50% compared to the previous week were Papua (967%)\*, Southeast Sulawesi (205%), DKI Jakarta (123%), South Sulawesi (82%), Maluku (81%), North Maluku (81%), Central Java (73%), Gorontalo (62%), Banten (61%), DI Yogyakarta (61%), Jambi (58%) and East Java (52%) (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).

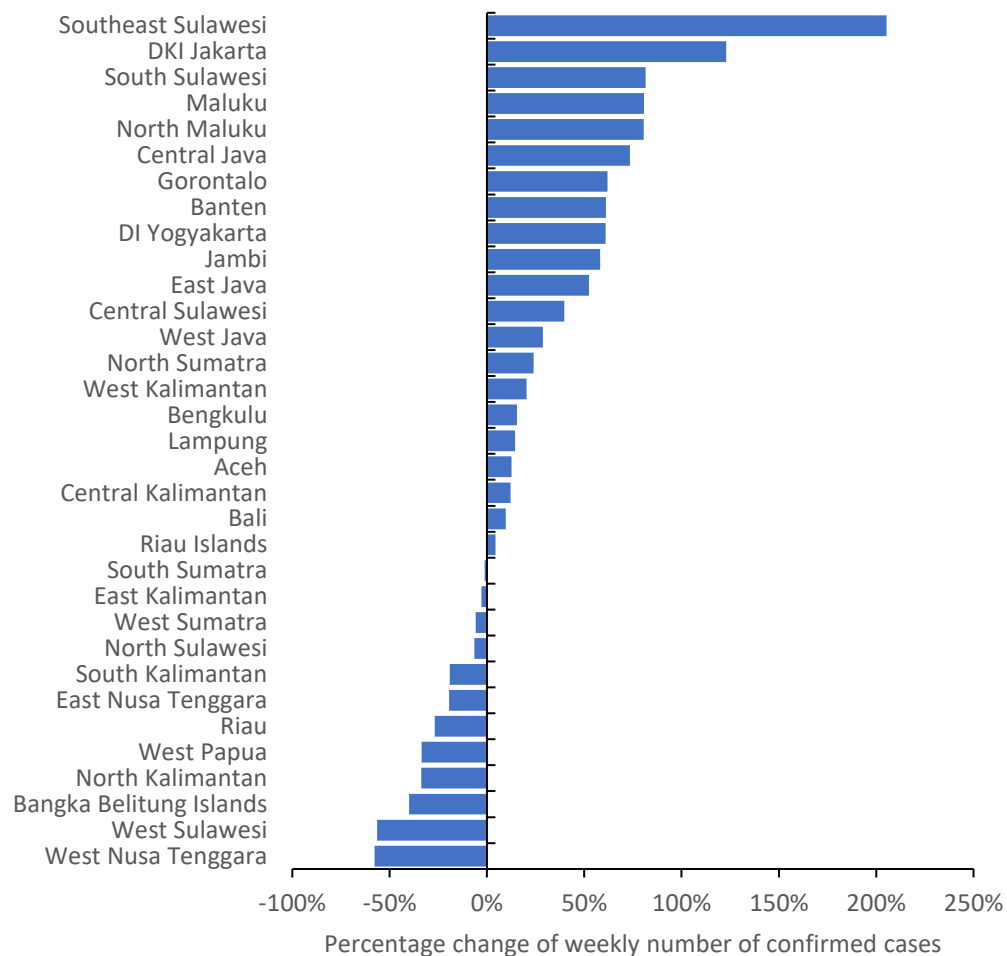


Fig. 3. Percentage change of weekly number of confirmed cases by province during 7 to 13 June 2021 compared to the previous week. [Source of data](#)

**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.

\*Papua (967% change based on increase from 12 to 128 weekly cases) is not shown in the graph. Papua had internet connectivity issues from 13 May to 7 June which affected data reporting.

- During the week of 7 to 13 June, the incidence<sup>7</sup> of COVID-19 in Indonesia increased to 16.6 per 100 000 population, compared to 14.6 per 100 000 in the previous week (Fig. 4). Incidence in the country has been rapidly increasing since mid-May.

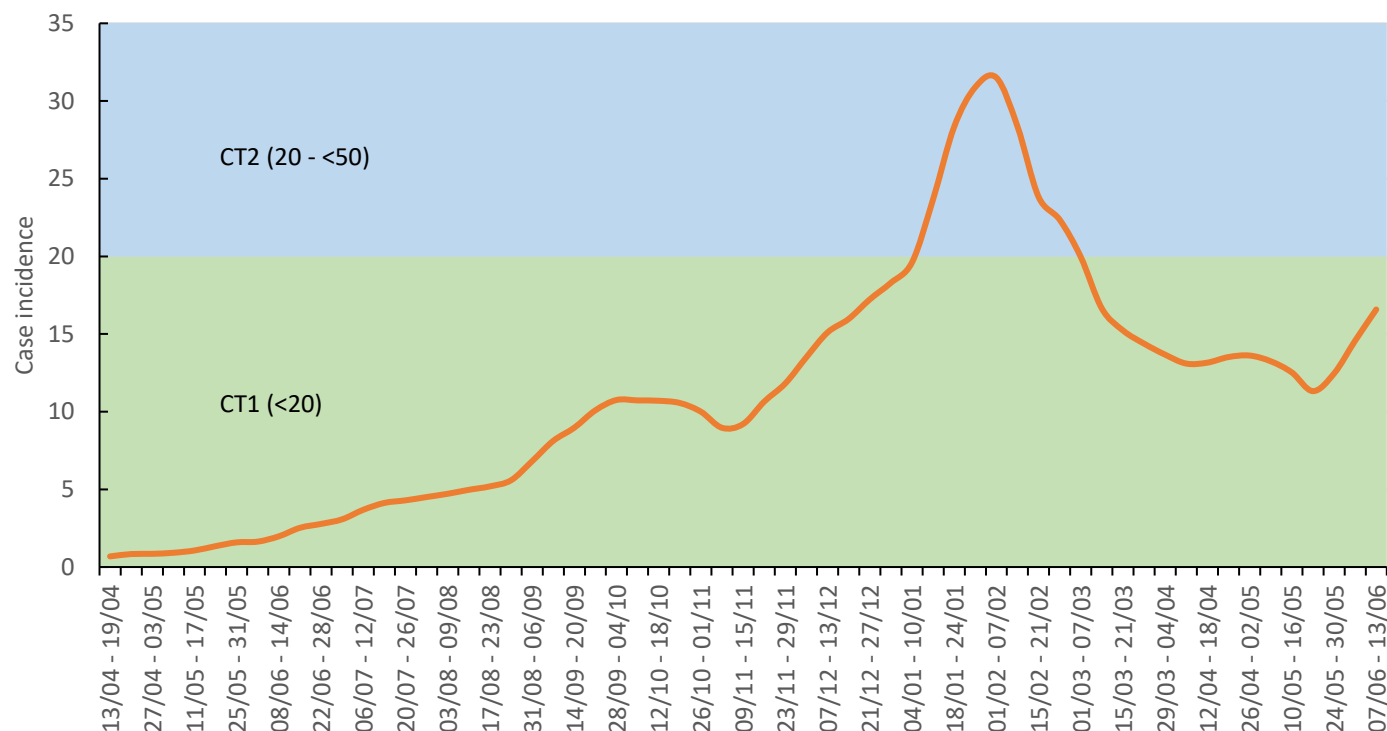


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported in Indonesia from 13 April 2020 (when Indonesia first reported community transmission in the country) to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

**Disclaimer:** 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 11).

<sup>7</sup> 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](#)

- During the week of 7 to 13 June, the incidence rates of COVID-19 per 100 000 population were 84.4 in Riau Islands, 73.1 in DKI Jakarta and 61.2 in Bangka Belitung Islands; 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.

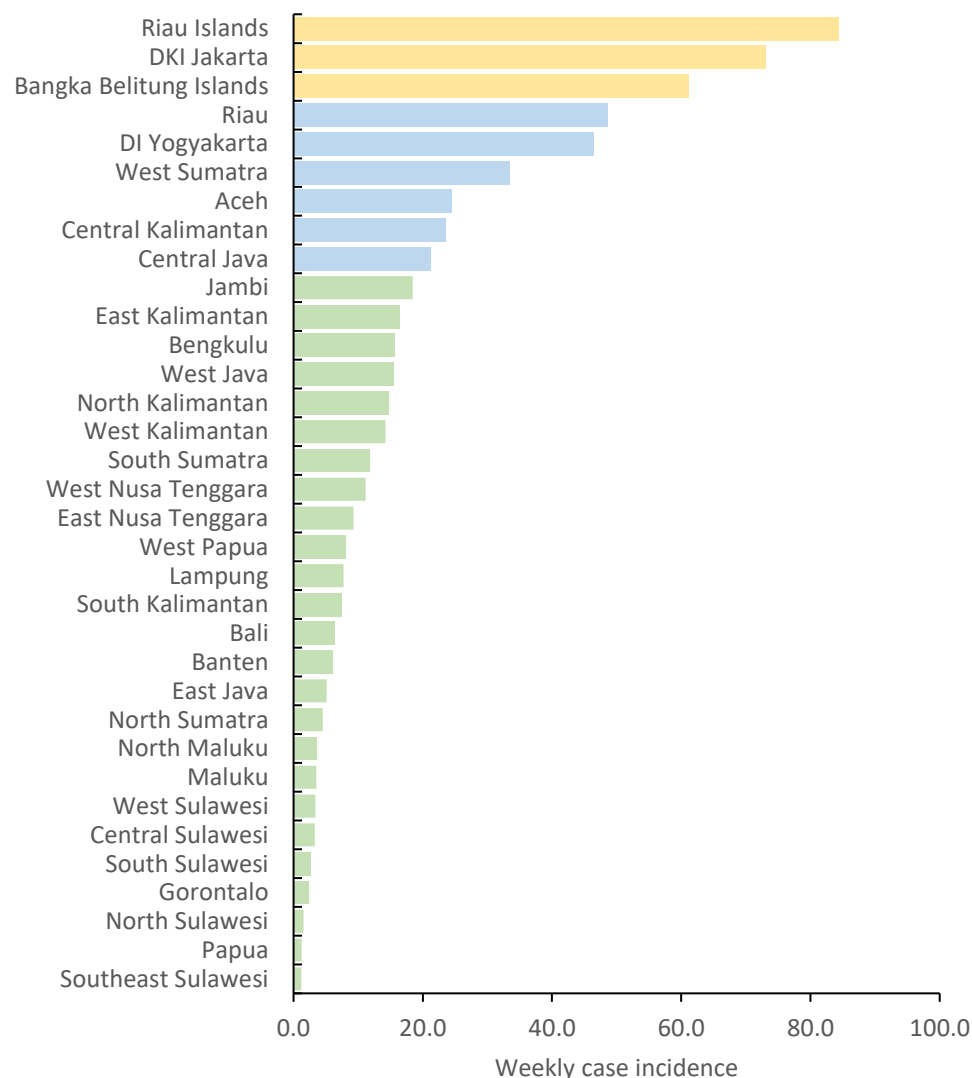


Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 7 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- During the week of 7 to 13 June, the weekly incidence of COVID-19 increased in all provinces in Java, compared to the incidence in the previous week (Fig. 6).

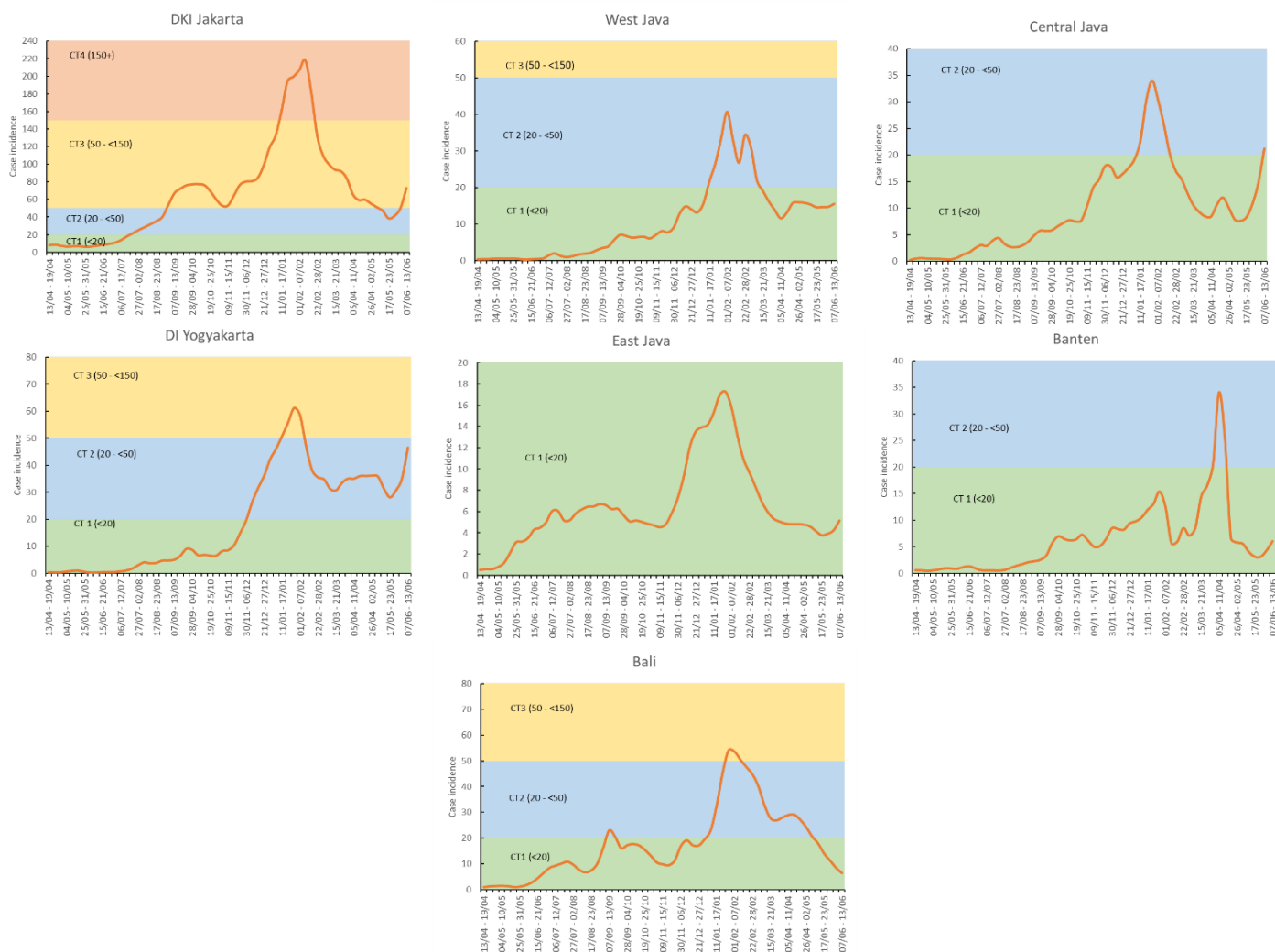


Fig. 6. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Java - Bali, from 13 April 2020 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

- In Sumatra, the weekly incidence of COVID-19 increased in North Sumatra, Jambi, Bengkulu, Lampung and Riau Islands during the week of 7 to 13 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).

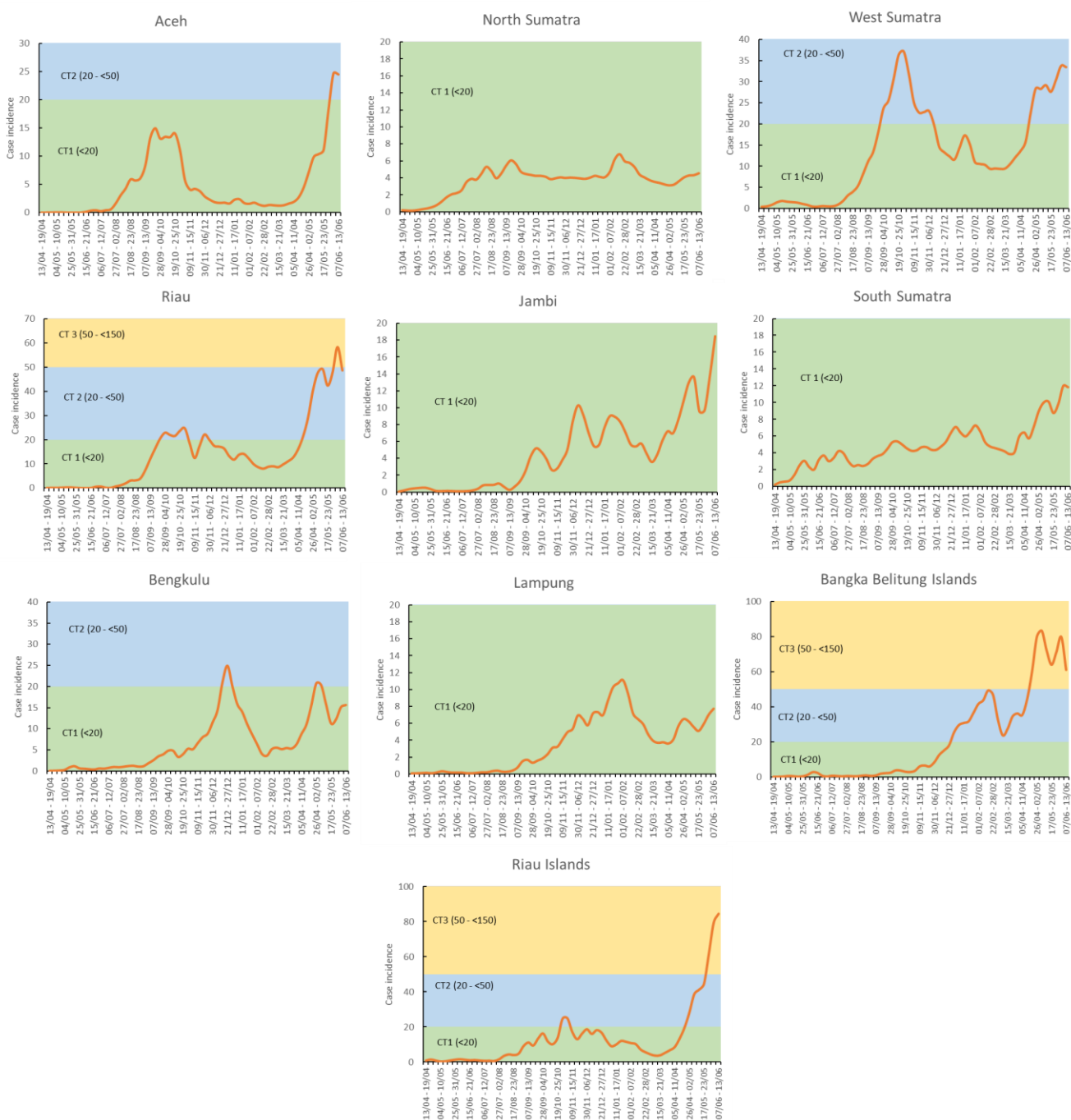


Fig. 7. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Sumatra, from 13 April 2020 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)



- During the week of 7 to 13 June, the weekly incidence of COVID-19 in Kalimantan increased in West Kalimantan and Central Kalimantan, compared to the incidence in the previous week. Since the beginning of 2021, there has been a notable increasing trend in West Kalimantan (Fig. 8).

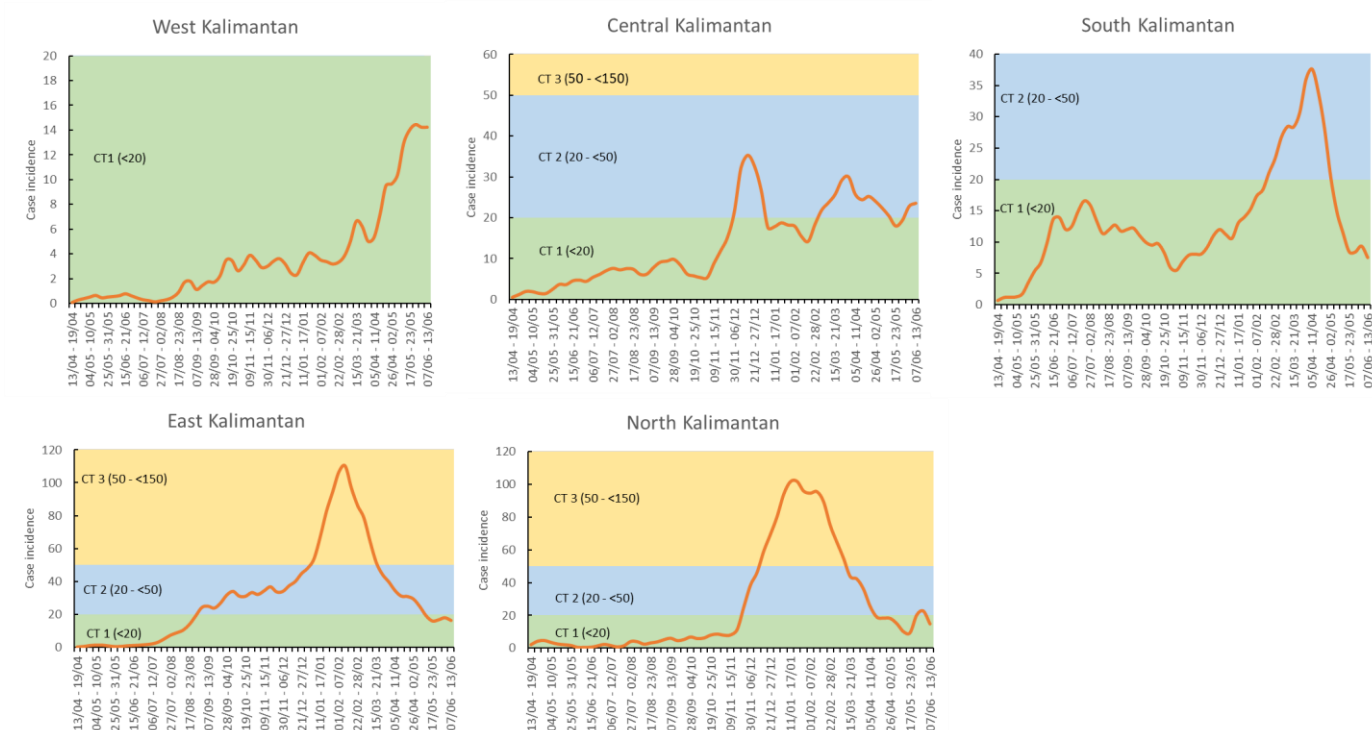


Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Kalimantan, from 13 April 2020 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

- In Sulawesi, the weekly incidence of COVID-19 increased in all provinces, except Gorontalo, during the period of 7 to 13 June compared to the previous week (Fig. 9).

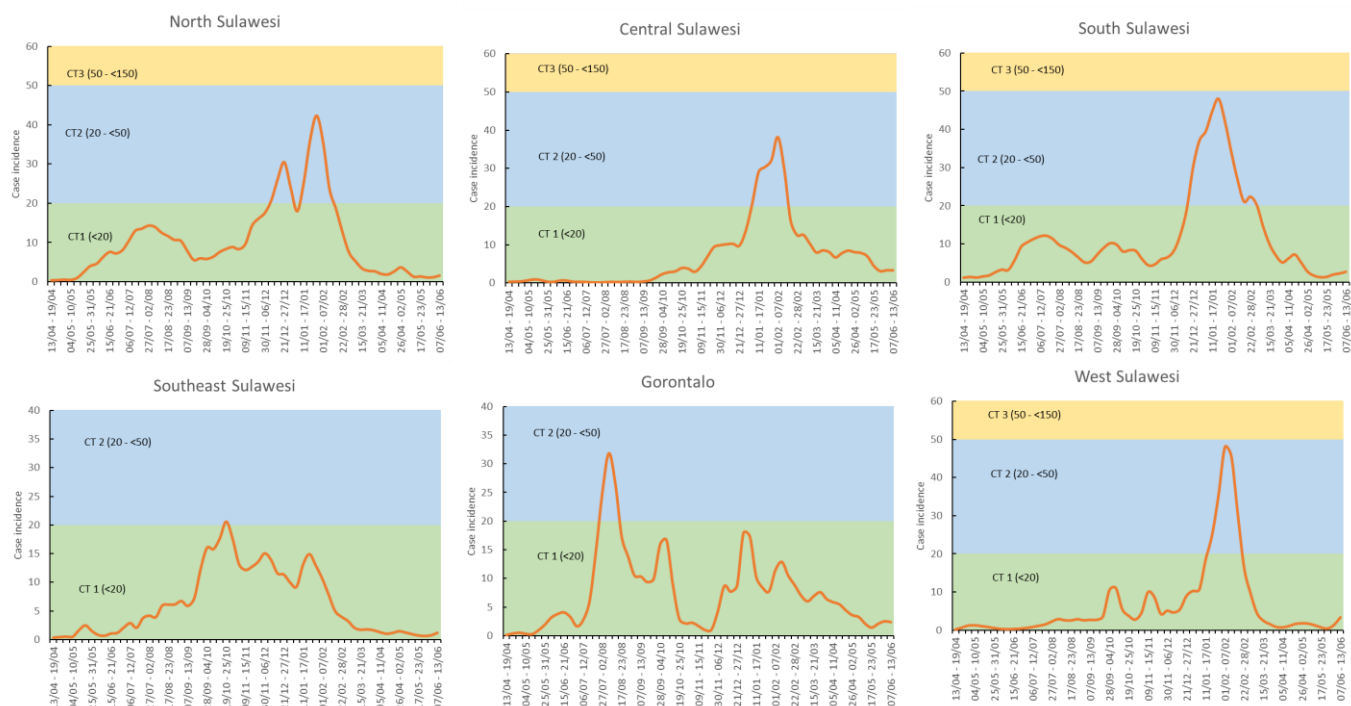


Fig. 9. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Sulawesi, from 13 April 2020 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

[Source of data](#)

- During the week of 7 to 13 June, the weekly incidence of COVID-19 increased in East Nusa Tenggara, Maluku, Papua, North Maluku and West Papua compared to the previous week (Fig. 10).

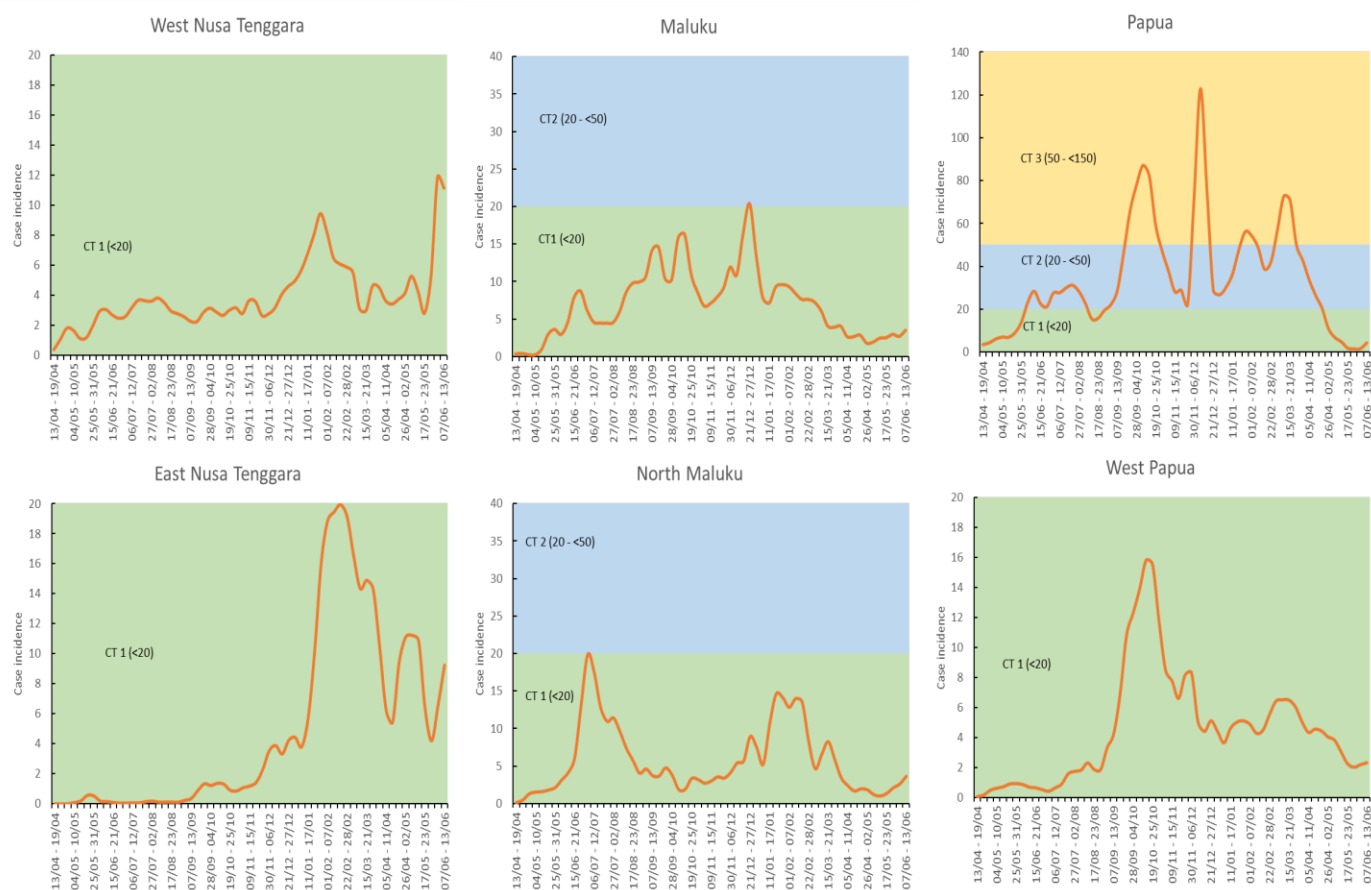


Fig. 10. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua, from 13 April 2020 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- 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, West Sumatra and Riau 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).

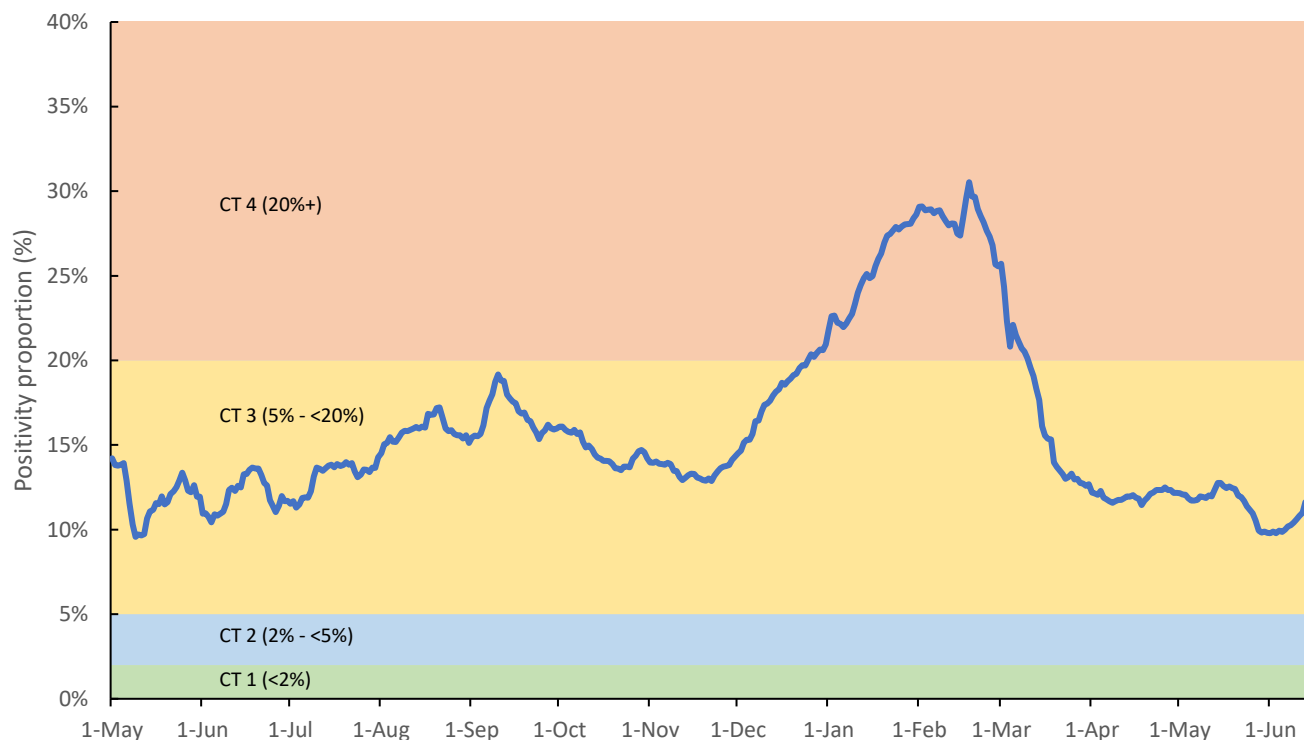


Fig. 11. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

**Disclaimer:** Caution should be exercised when interpreting this indicator due to limitations listed in the [WHO interim guidance](#). Other epidemiological indicators also need to be evaluated to determine the level of community transmission.

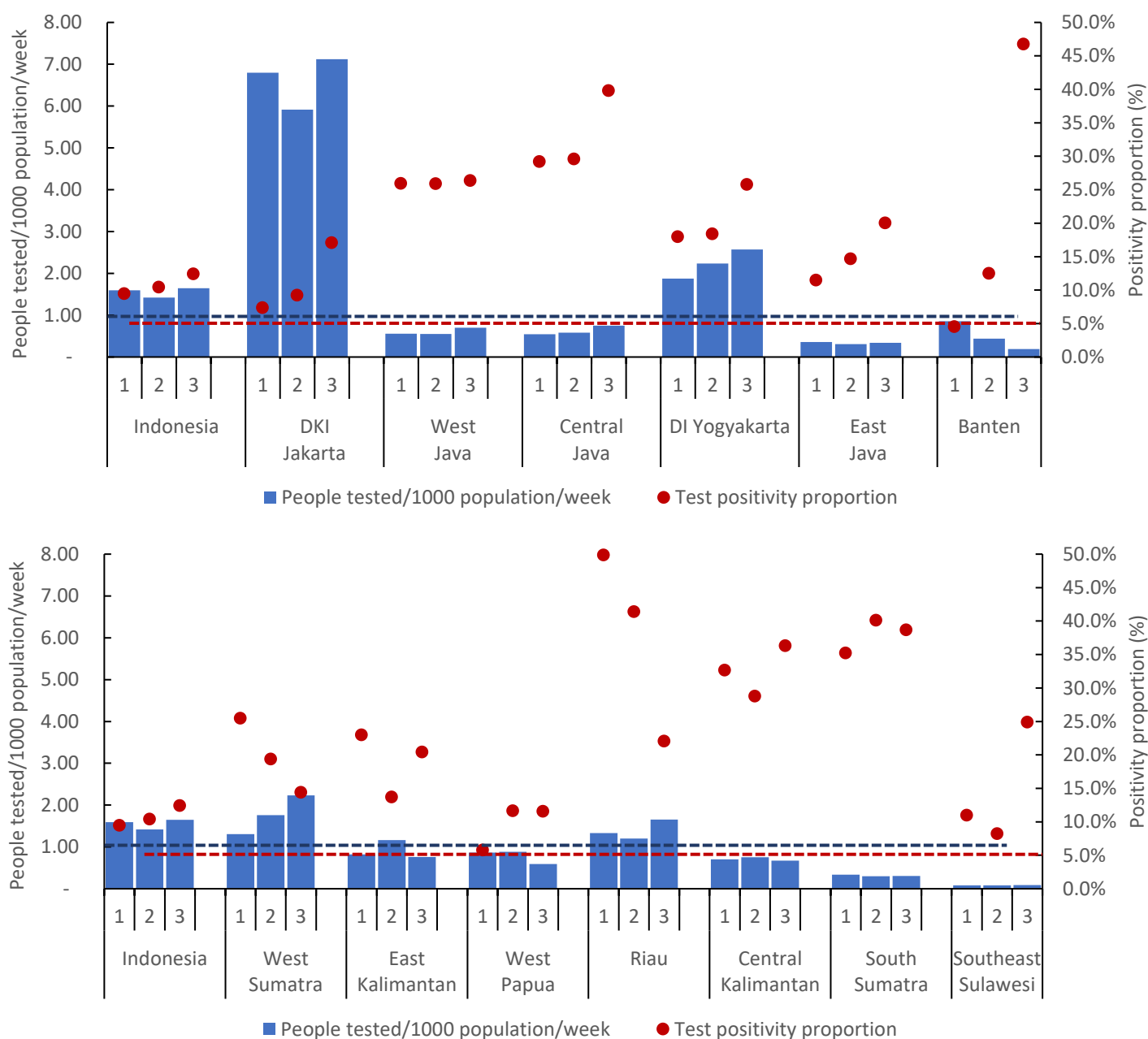


Fig. 12. Test positivity proportion and people tested per 1000 population per week at the national level and in select provinces.

Week 1: 24/05/21 to 30/05/21; Week 2: 31/05/21 to 06/06/21; Week 3: 07/06/21 to 13/06/21

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

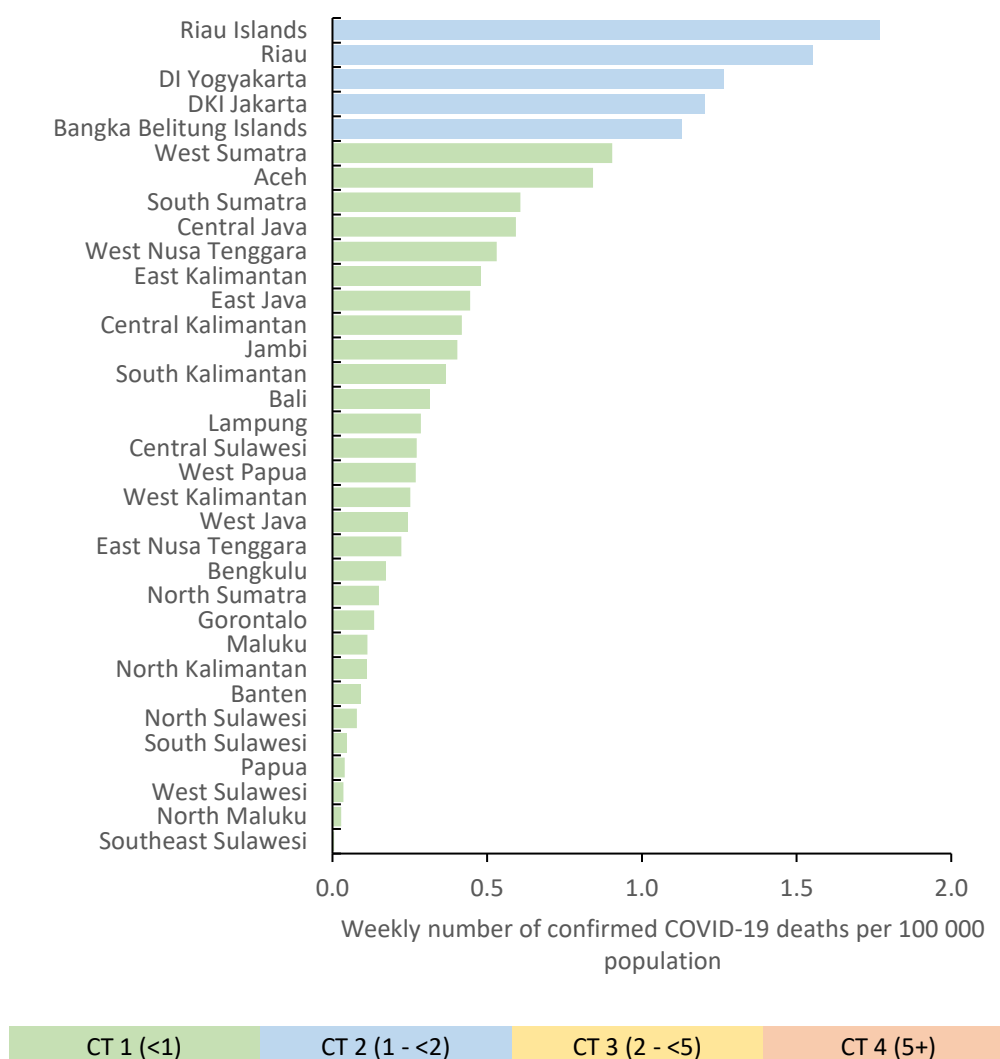


Fig. 13. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 7 to 13 June 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

**Disclaimer:** 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 7 to 13 June, the number of confirmed COVID-19 deaths increased to 0.45 per 100 000 population<sup>8</sup>, compared to 0.41 per 100 000 in the previous week (Fig. 14).

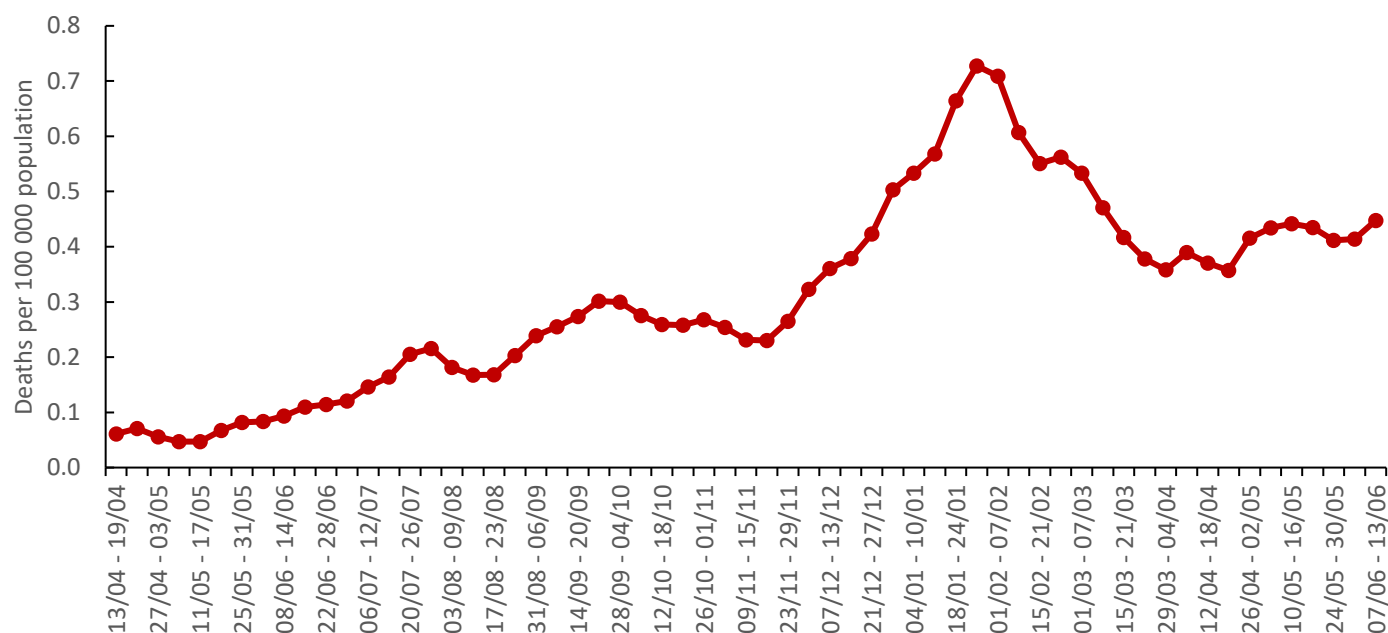


Fig. 14. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 13 June 2021. [Source of data](#)

**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.

<sup>8</sup> 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](#)

- During the week of 7 to 13 June, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 133, compared to 129 in the previous week (Fig. 15).



Fig. 15. Weekly number of confirmed COVID-19 deaths in DKI Jakarta, as of 13 June 2021. [Source of data](#)

**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 June, the daily number of people tested for COVID-19 was 42 072 and the cumulative number of people tested was 12 182 070 (Fig. 16).



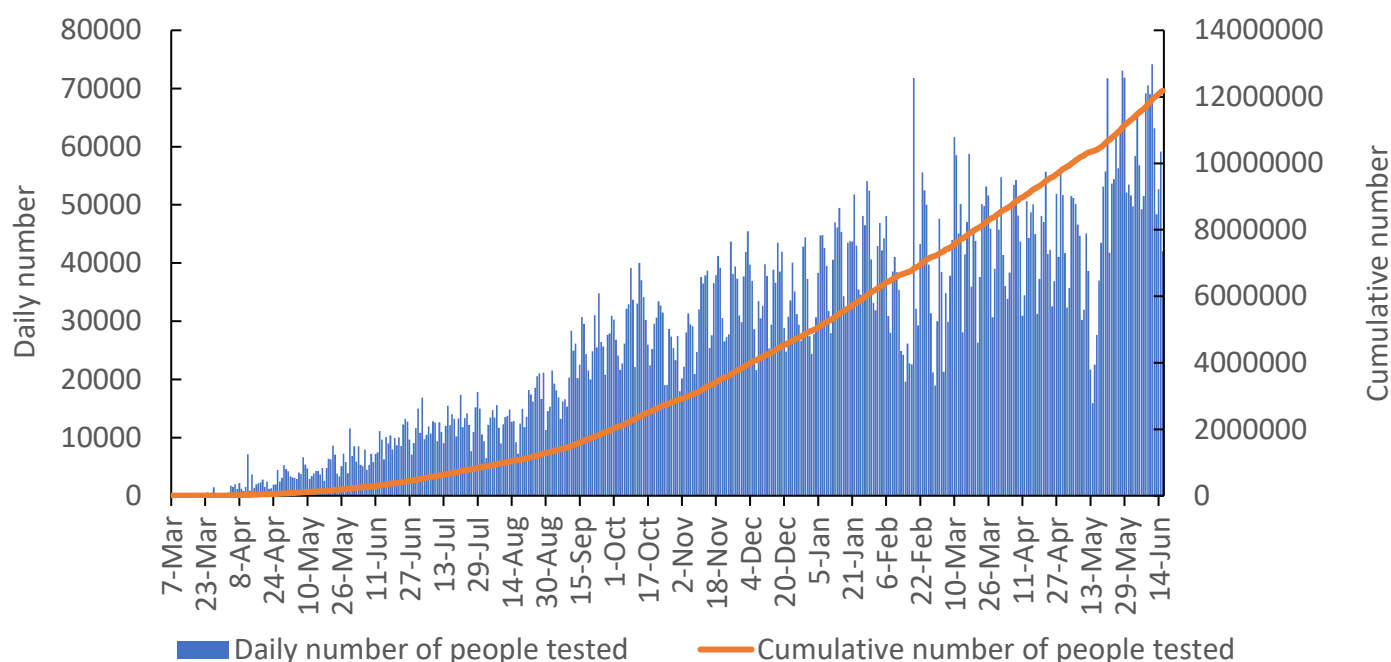


Fig. 16. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 16 June 2021. [Source of data](#)

- As of 16 June, the proportion of people recovered among the total confirmed COVID-19 cases was 91.0% and there were 120 306 active cases (Fig. 17).

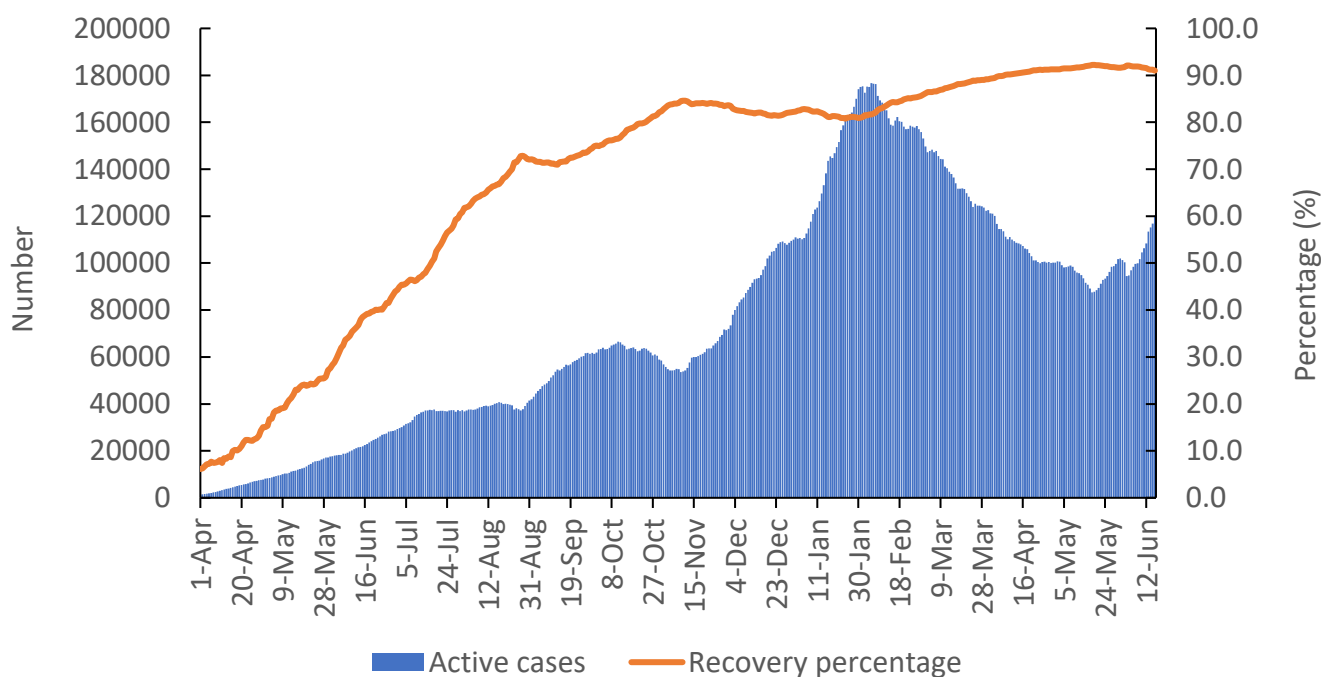


Fig. 17. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 16 June 2021. [Source of data](#)

- 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 7410 hospitalized cases reported on 13 June, the highest number reported since February (Fig. 18).

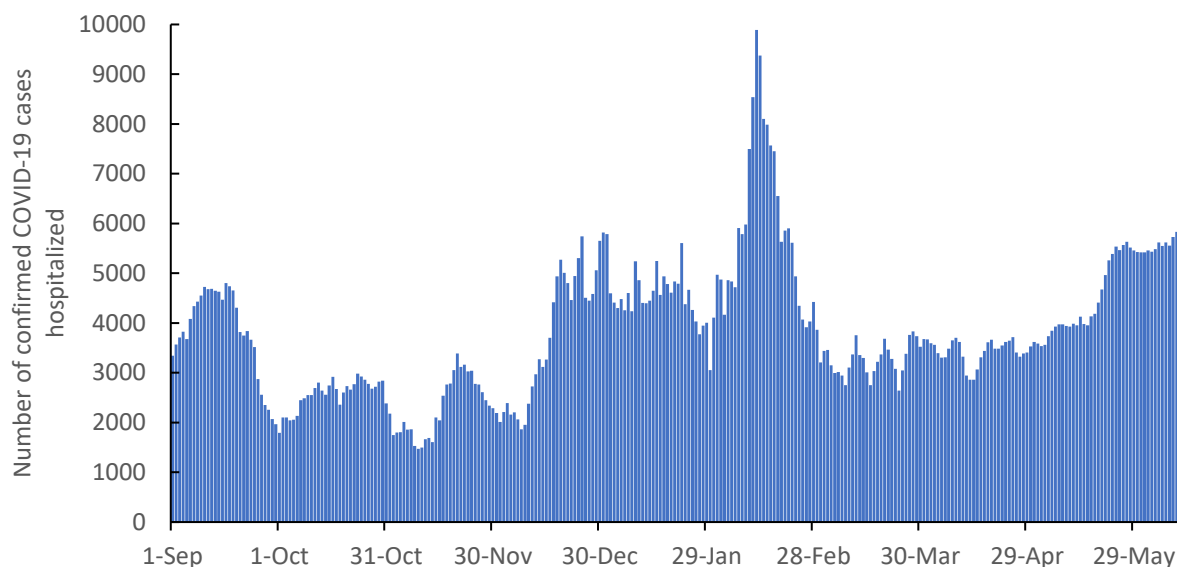


Fig. 18. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 September 2020 to 13 June 2021. [Source of data](#)

## RISK AND NEEDS ASSESSMENT, AND PLANNING

- WHO continues to support MoH in the development of the national influenza pandemic contingency plan, which incorporates lessons learned from the COVID-19 pandemic response. From 14 to 16 June, WHO participated in a coordination meeting attended by representatives from 34 provinces and the Ministry of Home Affairs. WHO presented 'Pandemic Risk Management in the Context of COVID-19 Response' during the meeting on 14 June.

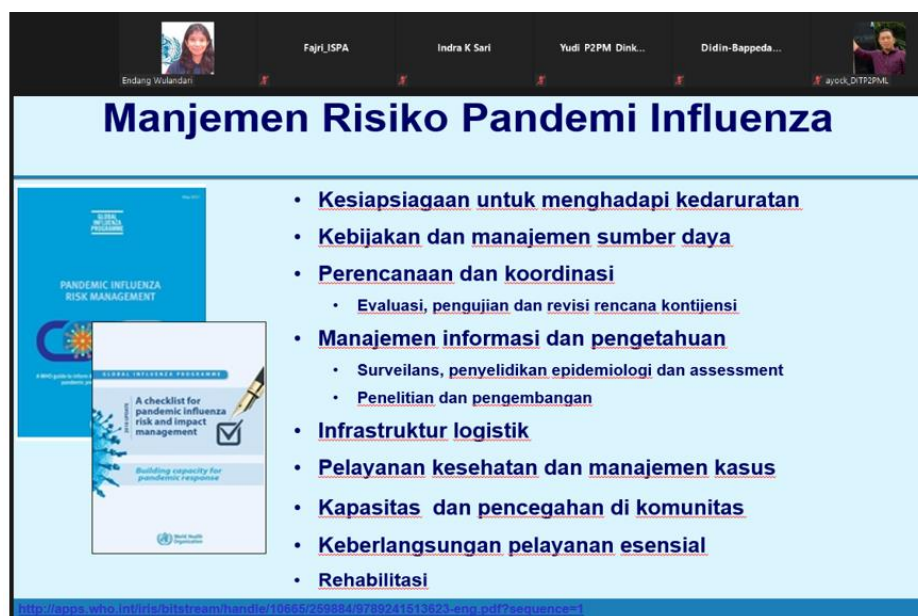


Fig. 19. WHO presented 'Pandemic Risk Management in the Context of COVID-19 Response' during a coordination meeting on the development of the national influenza pandemic contingency plan, organized by the Ministry of Health from 14 to 16 June 2021. Credit: WHO/Endang Wulandari

## GENDER, EQUITY, AND HUMAN RIGHTS

- On 9 June, WHO participated as one of the key speakers in a webinar which was part of the '2021 United States (U.S.) – Association of Southeast Asian Nations (ASEAN) Women's Leadership Academy for Young Southeast Asian Leaders Initiative (YSEALI)'. Organized by the U.S. Mission to ASEAN, the webinar brought together over 60 young women leaders in the health sector across Southeast Asia to discuss the role of women during the COVID-19 pandemic. WHO highlighted the importance of understanding gender differences in health, including in the context of COVID-19. WHO further shared its practical experiences in using a gender lens to design and implement health programmes.



Fig. 20. WHO participated as one of the key speakers during a webinar as part of the '2021 U.S. – ASEAN Women's Leadership Academy for Young Southeast Asian Leaders Initiative (YSEALI)', organized by the U.S. Mission to ASEAN on 9 June 2021. Credit: WHO/Sukma Dwi Andrina

- On 9 June, WHO supported the '[32nd International Confederation of Midwives \(ICM\) Virtual Triennial Congress](#)'. Together with [Global Water 2020](#) and the United Nations Children's Fund (UNICEF), WHO organized a session titled '[The journey to safe childbirth starts with water, sanitation and hygiene \(WASH\)](#)', attended by over 250 participants worldwide. Through a video message developed for the session, WHO addressed the gender and human rights dimensions of safe childbirth. WHO highlighted the importance of WASH as part of the COVID-19 preventive measures and encouraged midwives to be the champions of WASH by taking a lead in WASH improvement efforts.

## VACCINATION

- As of 14 June, 32 304 662 vaccine doses have been administered in the national COVID-19 vaccination campaign; 20 667 572 people have received the first dose and 11 637 090 people have received the second dose (Fig. 21).

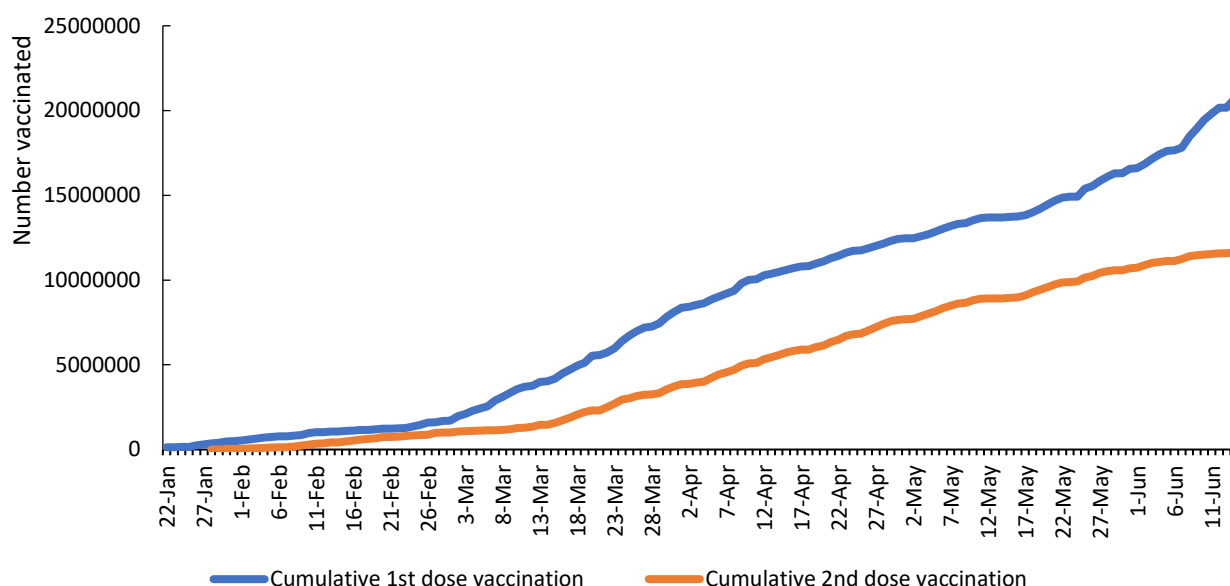


Fig. 21. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 14 June 2021. [Source of data](#)

**Disclaimer:** COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.

- As of 14 June, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1 397 698 (95.2% of the target population of 1 468 764). The number of older people who have received the first dose of the vaccine was 3 951 776 (18.3% of the targeted 21 553 118); 2 401 793 (11.1% 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 15 103 687 (87.2% of the targeted 17 327 167); 7 821 054 (45.1% 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, 1 865 679 teachers have received the first dose of the vaccine; 1 114 169 have received the second dose.

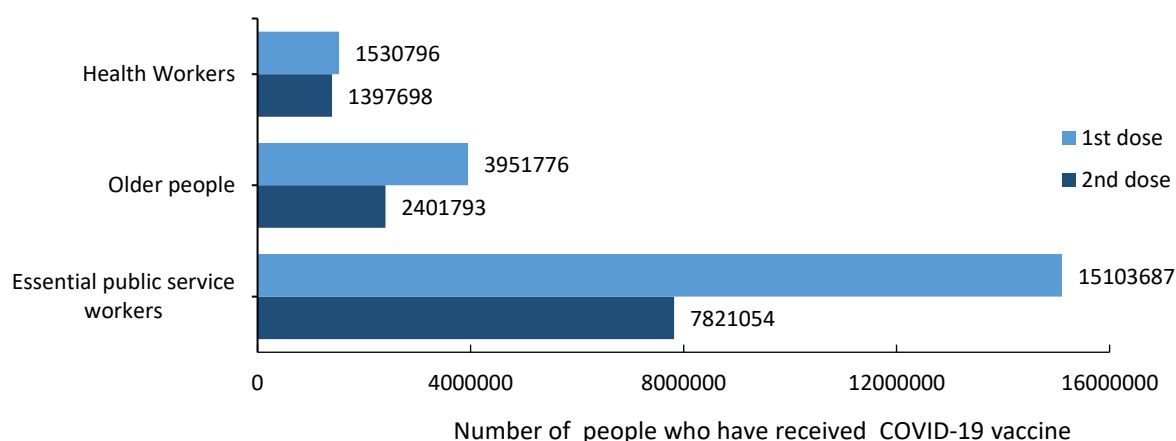


Fig. 22. Cumulative number of people who have received COVID-19 vaccine in Indonesia, as of 14 June 2021. [Source of data](#)

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

- As of 14 June, the highest coverage of the first dose vaccination administered to eligible target populations in the country was in Bali, followed by Riau Islands, DKI Jakarta, East Java and DI Yogyakarta. 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 Java (Fig. 23).

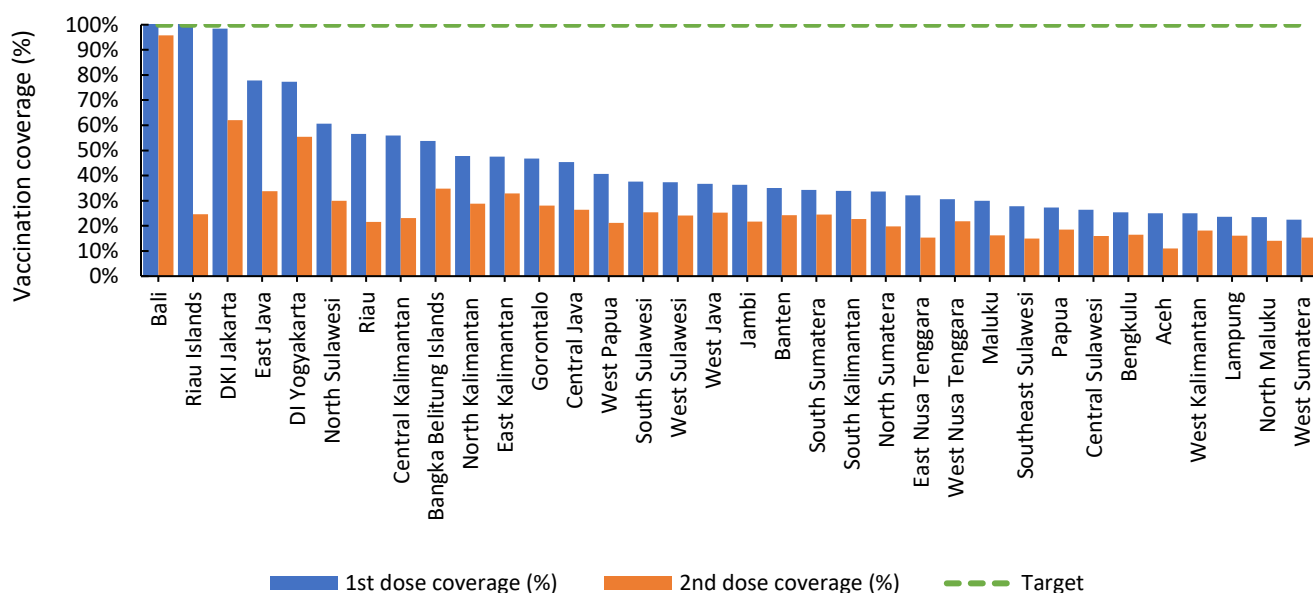


Fig. 23. COVID-19 vaccination coverage among the eligible target populations by province in Indonesia, as of 14 June 2021. [Source of data](#)

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

- As of 14 June, the number of people vaccinated with at least one dose of the vaccine per 100 population was 7.6 nationwide. As of the same day, Bali had the highest number of people vaccinated with at least one dose of the vaccine (38.0 per 100 population) amongst all provinces, followed by DKI Jakarta (27.8) and Riau Islands (15.3) (Fig. 24).

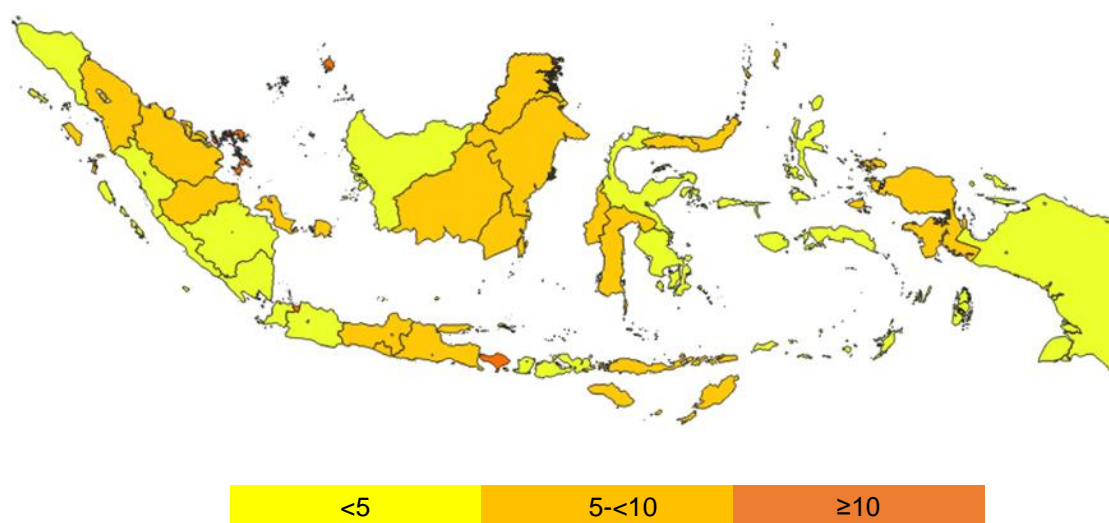


Fig. 24. Number of people vaccinated with at least one dose of the vaccine per 100 population by province in Indonesia, as of 14 June 2021. [Source of data](#)



- As of 14 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 (which are the provinces with the highest number of older people) (Fig. 26).

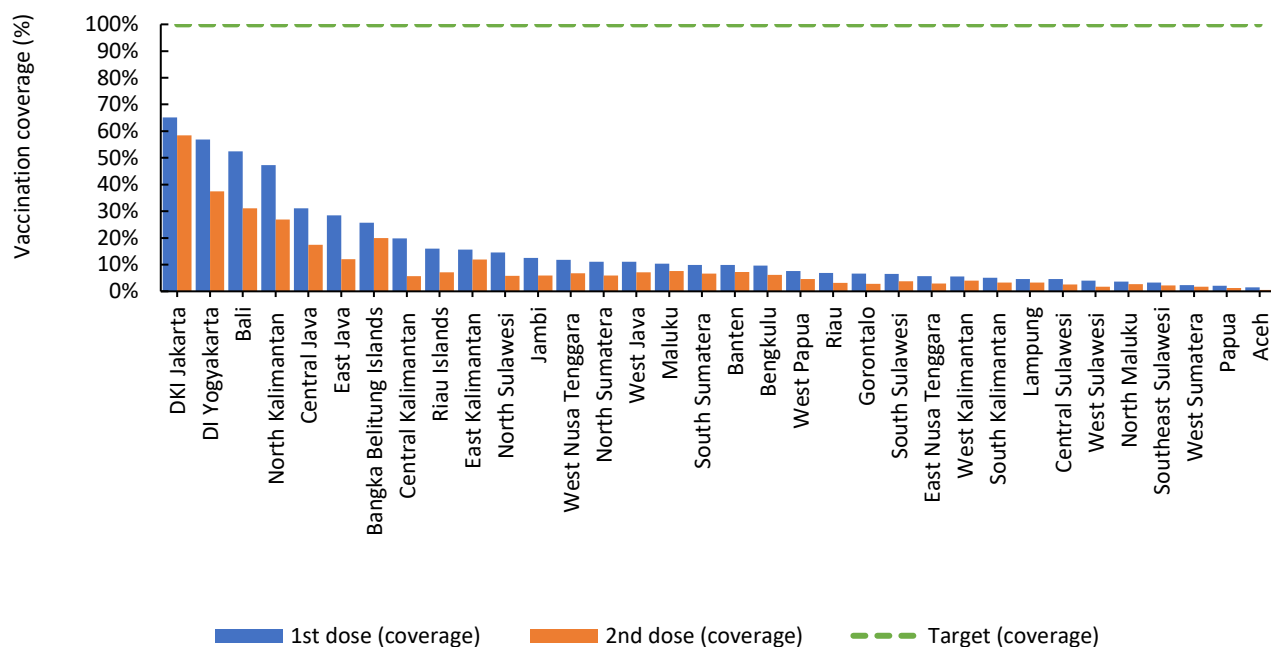


Fig. 25. COVID-19 vaccination coverage among older people by province in Indonesia, as of 14 June 2021. [Source of data](#)



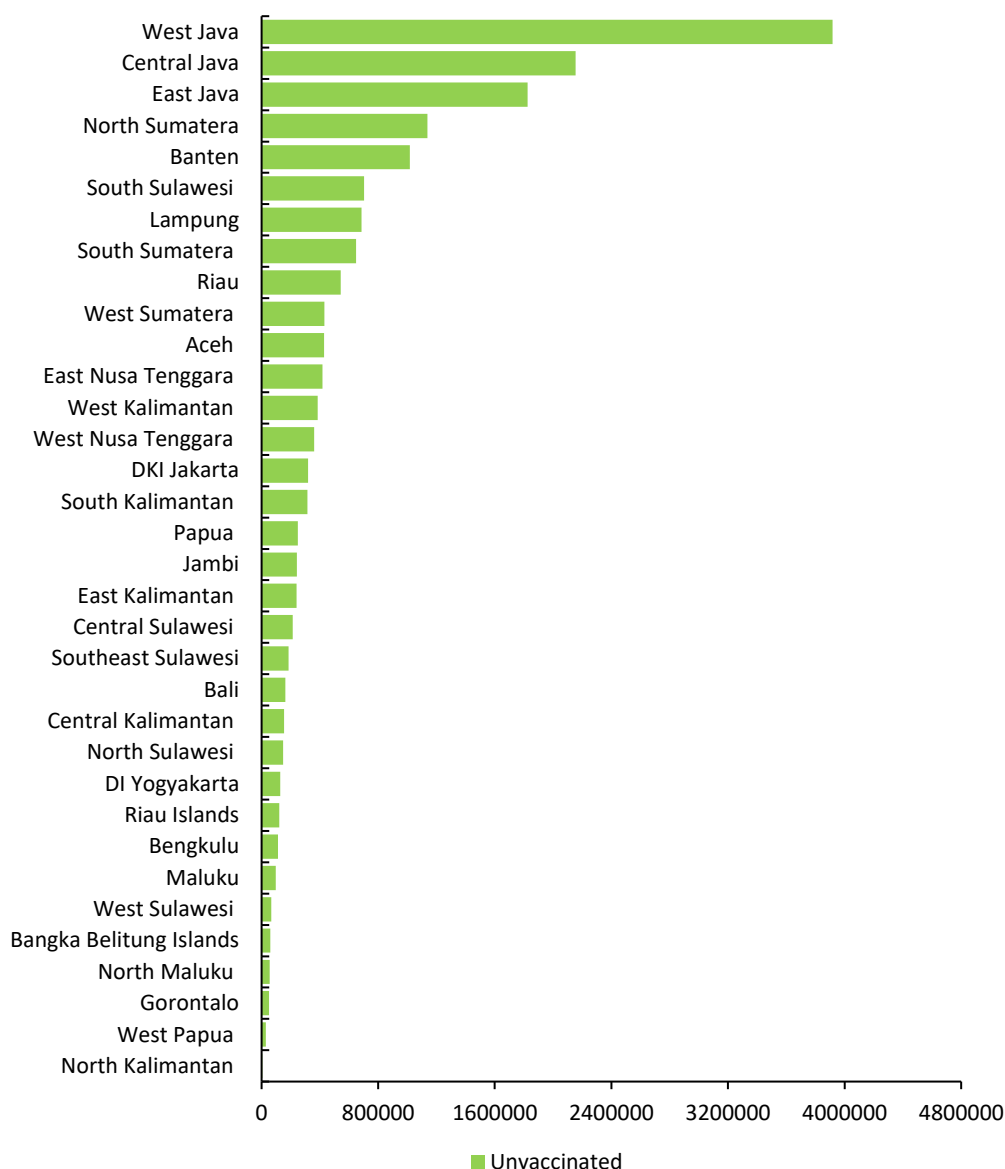


Fig. 26. Number of unvaccinated older people (over 60 years of age) by province in Indonesia, as of 14 June 2021. [Source of data](#)

## PARTNER COORDINATION

- On 11 June, WHO convened the 32nd meeting of key development partners to discuss and coordinate the COVID-19 response among partners in Indonesia. The meeting was attended by partners, including the Asian Development Bank (ADB), British Embassy, the Australian Government Department of Foreign Affairs and Trade (DFAT), the European Union (EU), Japan International Cooperation Agency

(JICA), United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), United States Centers for Disease Control and Prevention (US CDC), the World Bank and the World Food Programme (WFP). WHO presented COVID-19 updates, 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 updates on the national COVID-19 vaccination programme, vaccine allocation from the COVAX Facility, surge of cases and updates on the SARS-CoV-2 variants detected in the country, and updates on potential support to vaccination roll out and overall response to the pandemic.

- 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. 27).

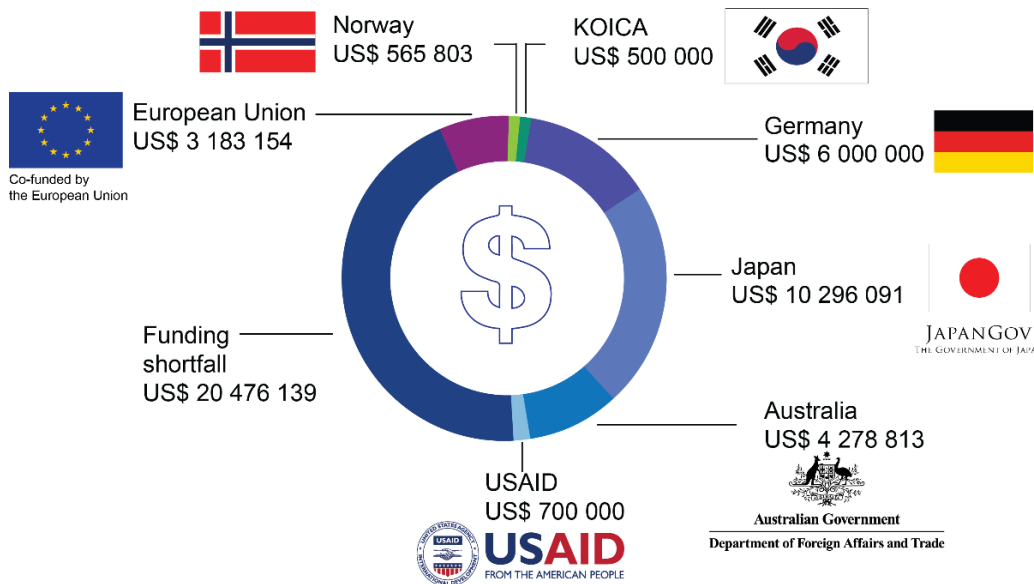


Fig. 27. WHO funding situation for COVID-19 response, June 2021.

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.

## WEEKLY RISK ASSESSMENT

Table 1. Weekly risk assessment by province in Indonesia, as of 13 June 2021.

Province	Case incidence trend	New cases in last 7 days	Change in new cases in last 7 days (%)	New deaths in last 7 days	Change in new deaths in last 7 days (%)	Testing rate (per 1000 population per week)	Weekly test positivity proportion in last 7 days (%)	2nd dose vaccination among target population (%)	2nd dose vaccination among older population (%)
Aceh	Increase	1311	13%	63	62%	0.41	59%	10.9%	0.5%
North Sumatra	Stable	785	24%	34	55%	0.32	17%	19.4%	5.5%
West Sumatra	Increase	1769	-6%	57	73%	0.35	91%	15.3%	1.7%
Riau	Decrease	2595	-27%	92	-12%	0.38	95%	21.3%	3.1%
Jambi	Increase	911	58%	9	-40%	0.25	100%	21.5%	5.8%
South Sumatra	Increase	1010	-1%	55	4%	0.13	94%	24.3%	6.5%
Bengkulu	Increase	328	15%	6	50%	0.27	59%	16.4%	5.9%
Lampung	Increase	729	14%	30	36%	0.34	26%	16.0%	3.2%
Bangka Belitung Islands	Decrease	575	-40%	18	29%	2.23	17%	34.4%	19.6%
Riau Islands	Increase	1880	4%	23	-51%	6.40	13%	24.2%	6.7%
DKI Jakarta	Increase	12936	123%	138	3%	6.36	19%	61.7%	58.3%
West Java	Increase	9179	29%	112	-18%	0.70	26%	25.1%	6.9%
Central Java	Increase	10452	73%	217	-4%	0.75	40%	25.9%	16.6%
DI Yogyakarta	Increase	2568	61%	56	30%	1.68	39%	54.4%	35.4%
East Java	Increase	2733	52%	218	27%	0.34	20%	32.8%	10.6%
Banten	Increase	1159	61%	18	64%	0.19	47%	23.6%	6.9%
Bali	Decrease	282	10%	14	56%	0.13	48%	94.5%	30.1%
West Nusa Tenggara	Increase	268	-58%	11	-68%	0.16	32%	21.4%	6.1%
East Nusa Tenggara	Increase	470	-20%	18	64%	0.21	41%	15.0%	2.7%
West Kalimantan	Stable	828	20%	8	-43%	1.05	15%	18.0%	4.0%
Central Kalimantan	Increase	673	12%	6	-57%	0.67	36%	22.6%	5.0%
South Kalimantan	Decrease	242	-19%	11	-42%	0.68	8%	22.4%	2.9%
East Kalimantan	Decrease	587	-3%	21	40%	1.28	12%	32.5%	11.2%
North Kalimantan	Decrease	92	-34%	1	100%	0.61	20%	28.1%	24.1%
North Sulawesi	Increase	44	-6%	1	100%	0.22	8%	29.5%	5.4%
Central Sulawesi	Stable	109	40%	8	0%	0.13	27%	15.8%	2.4%
South Sulawesi	Increase	325	82%	7	250%	0.42	9%	25.2%	3.6%
Southeast Sulawesi	Increase	58	205%	2	200%	0.08	25%	14.9%	2.2%
Gorontalo	Increase	34	62%	6	600%	0.18	15%	27.6%	2.3%
West Sulawesi	Increase	34	-56%	0	-100%	0.14	17%	23.9%	1.5%
Maluku	Increase	94	81%	1	-67%	0.11	47%	16.0%	7.5%
North Maluku	Increase	65	81%	0	0%	0.40	13%	13.9%	2.6%
West Papua	Increase	67	-34%	1	-50%	0.59	12%	21.2%	4.5%
Papua*	Increase	128	967%	5	500%	0.26	14%	18.3%	1.2%

Source of data: [Cases, deaths and testing](#); [vaccination](#)

**Disclaimer:** Case incidence considers the trend of cases over the last three weeks. The change in new cases in the last seven days is marked as light red if there is an increase of 50% compared to the previous week. The change in new deaths is marked as light red if there is any increase in the percentage of deaths (and number of deaths  $\geq 10$ ) compared to the previous week. The testing rate is marked as yellow if it is less than 1/1000 population. Test positivity proportion is marked as light red if  $\geq 20\%$  and yellow if between 5% and 20%. The second dose vaccination is marked as light red if  $< 5\%$  and yellow if between 5% and 10%. Target population for vaccination includes health workers, essential public service workers and older persons.

\*Papua did not report cases from 13 May to 7 June due to internet connectivity issues.

- Urgent action is needed related to potential surge of cases in provinces highlighted in light red, that is Aceh, West Sumatra, Jambi, South Sumatra, Lampung, Riau Islands, DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java and Banten. Bed occupancy rate has also been reported to be high in several of these provinces and is considered in the risk assessment.<sup>9</sup>
- Implementation of PHSM throughout the country, even as vaccines are being introduced, is crucial. PHSM works even in the context of variants of concern (VOCs) as demonstrated in India and other countries that are facing a surge of cases. When there are signs of a surge of cases, and considering that some VOCs have much higher transmissibility, timely adjustments of PHSM is very important, including the use of stringent measures (such as movement restrictions/lockdowns) as quickly as possible.<sup>10</sup>
- Strengthening genomic surveillance and conducting investigation procedures for clusters when variant involvement is suspected/confirmed are also highly important.
- There is a need to be quickly prepared for a surge of cases, including ensuring the availability of isolation rooms, oxygen supplies, medical equipment, personal protective equipment (PPEs), mobile field hospitals, body bags, as well as access to additional human resources.<sup>11</sup>
- Community engagement and support (strict implementation of personal preventive measures) will help immensely to bring the pandemic under control.
- Vaccination also needs to be expedited, especially for older and vulnerable populations and people with comorbidities.

<sup>9</sup> <https://nasional.kompas.com/read/2021/06/13/07564991/penambahan-covid-19-dan-tingginya-lonjakan-kasus-di-pulau-jawa?page=all>

<sup>10</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

<sup>11</sup> <https://www.who.int/publications/i/item/critical-preparedness-readiness-and-response-actions-for-covid-19>

## RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 2. Title and details of recent WHO resource materials

Source: <https://www.who.int/>

Title	Details
<a href="#">WHO Weekly Epidemiological Update on COVID-19</a> , 15 June 2021	The WHO Weekly Epidemiological Update provides an overview of the global, regional and country-level COVID-19 cases and deaths, highlighting key data and trends as well as other pertinent epidemiological information concerning the COVID-19 pandemic. This 44th edition includes data as received by WHO from national authorities as of 13 June 2021.
<a href="#">Interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine</a> (interim guidance), 15 June 2021	This is an updated version of the document of the same title which was published on 17 March 2021.
<a href="#">Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19</a> (interim guidance), 15 June 2021	This is an updated version of the document of the same title which was published on 25 January 2021.
<a href="#">Episode 42 of Science in 5</a> , WHO's series of conversations in science, 11 June 2021	WHO Chief Scientist Dr Soumya Swaminathan explains vaccination of children against COVID-19.
<a href="#">Update on WHO Interim recommendations on COVID-19 vaccination of pregnant and lactating women</a> , 10 June 2021	This document provides background evidence on COVID-19 vaccination of pregnant/lactating women. In the interim, WHO recommends vaccination in pregnant women when the benefits of vaccination to the pregnant woman outweigh the potential risks. Vaccine effectiveness is expected to be similar in lactating women as in other adults and it is unlikely to pose a risk to the breastfeeding child. On the basis of these considerations, WHO recommends vaccination in lactating women as in other adults. WHO does not recommend to discontinue breastfeeding because of vaccination.

<a href="#">Young people and COVID-19: Behavioural considerations for promoting safe behaviours</a> (policy brief), 9 June 2021	<p>In the context of the COVID-19 pandemic response, WHO identifies young people as a priority target audience with specific concerns, experiences and behaviours. This policy brief provides relevant insights from behavioural evidence and a set of behavioural considerations for those promoting COVID-19 preventive behaviours among young people.</p>
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# 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:

- [How to manage COVID-19 vaccines without VVM at vaccination service points? \(COVID-19 job aid\)](#)
- [Interim recommendations for use of the inactivated COVID-19 vaccine, CoronaVac, developed by Sinovac](#)
- [Use of medical and non-medical/fabric masks for community outreach activities during the COVID-19 pandemic](#)



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](#)

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](mailto:seinocomm@who.int)  
[WHO Indonesia Reports](#)