As of 7 July, the Government of Indonesia reported 2 379 397 (34 379 new) confirmed cases of COVID-19, 62 908 (1040 new) deaths and 1 973 388 recovered cases from 510 districts across all 34 provinces.¹

The surge in COVID-19 cases continues in Indonesia with the highest ever daily increase in new confirmed cases and new deaths reported in the country on 7 July. Testing capacity remains insufficient in most provinces. Emergency restrictions on community activities have been implemented in parts of Java and Bali; however, all areas of the country should ensure timely implementation and monitoring of public health and social measures (PHSM) including movement restrictions. These measures are critical to limiting transmission of SARS-CoV-2, including controlling circulation of Delta variant, and reducing deaths.

Other provinces/regions should learn from the lessons of DKI Jakarta and Java to proactively implement emergency measures in advance, before the situation gets out of control.

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 1 July to 7 July 2021. Source of data

Disclaimer: The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.

¹ https://covid19.go.id/peta-sebaran-covid19

WHO Indonesia Situation Report - 61
who.int/indonesia
On 1 July, Indonesian President Joko Widodo announced Emergency Restrictions on Community Activities (Emergency PPKM/Pemberlakuan Pembatasan Kegiatan Masyarakat Darurat) from 3 to 20 July 2021 in 122 districts in Java and Bali. The measures include implementation of full teleworking for non-essential-sector businesses, online schooling and temporary closure of shopping malls. Essential- and critical-sector businesses are allowed to continue operating with 50% and 100% of their personnel, respectively, working from the office. Supermarkets and traditional markets can open until 20:00 with a maximum customer capacity of 50% and pharmacies and drugstores are allowed to open for 24 hours. With the Emergency PPKM in effect, DKI Jakarta is restricting vehicular traffic in major roads. Due to the high COVID-19 incidence in DKI Jakarta, the Indonesian National Armed Forces (Tentara Nasional Indonesia (TNI)) is deploying health workers, from medical doctors to nutritionists, to assist in isolation facilities at Wisma Atlet (the largest national makeshift hospital), Rusun Nagrak and Rusun Pasar Rumput.

In a meeting on 4 July, the Coordinating Minister for Maritime Affairs and Investment emphasised the need to address oxygen shortage in some provinces in Java. Following the meeting, the governor of Central Java activated the Oxygen Task Force to monitor the oxygen supply in Central Java. The governor of DKI Jakarta also ordered oxygen production to be fully allocated for medical purposes.

Due to recent surges, the Ministry of Health has urged 30% of hospital beds to be allocated for COVID-19 patients under Circular Letter HK.02.01/Menkes/11/2021. This would translate to 130 000 out of 389 000 hospital beds. The number of hospitalisations due to COVID-19 has increased 3.5 times to around 81 000 in the past five weeks.

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2 https://go.kompas.com/read/2021/06/30/233314474/indonesia-to-start-enforcing-emergency-ppkm-in-java-and-bali
8 https://www.republika.co.id/berita/qvrjv8335/kemenkes-percepat-konversi-tempat-tidur-untuk-pasien-covid
On 7 July, 34379 new and 2379397 cumulative cases were reported nationwide (Fig. 2). This is the highest number of new confirmed cases since COVID-19 was first reported in the country. The average for the last seven days from 1 to 7 July was 28732 cases per day, compared to 20693 cases per day reported in the previous week.

![Graph showing daily and cumulative number of COVID-19 cases in Indonesia](image)

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 7 July 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 28 June to 4 July, 17 provinces experienced an increase in the number of cases of more than 50% compared to the previous week, including 11 with an increase of more than 100%: North Kalimantan (305%), West Nusa Tenggara (228%), East Nusa Tenggara (189%), West Sulawesi (166%), North Sulawesi (157%), Maluku (148%), South Kalimantan (131%), Central Sulawesi (124%), West Papua (116%), North Maluku (115%) and South Sulawesi (103%) (Fig. 3). Stringent public health and social measures (PHSM), especially movement restrictions, should be considered to be urgently implemented throughout the country.

Fig. 3. Percentage change of weekly number of confirmed cases by province during 28 June to 4 July 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 28 June to 4 July, the incidence\(^9\) of COVID-19 in Indonesia increased substantially to 46.9 per 100,000 population compared to 31.4 per 100,000 population in the previous week (Fig. 4). The incidence has been rapidly increasing in the country since mid-May and greatly surpasses the previous high of 31.5 per 100,000 population reported in February.

![Graph showing incidence of COVID-19 per 100,000 population per week averaged over a two-week period from 13 April 2020 to 4 July 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.](image)

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 4 July 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](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://www.who.int)
During the week of 28 June to 4 July, the incidence of COVID-19 per 100,000 population was 434.3 in DKI Jakarta, 139.1 in DI Yogyakarta, 112.9 in Riau Islands, 72.2 in West Papua, 62.3 in East Kalimantan and 50.0 in Central Java and West Java. These rates correspond to community transmission (CT) level 4 in DKI Jakarta and CT level 3 in DI Yogyakarta, Riau Islands, West Papua, East Kalimantan, Central Java, and West Java (Fig. 5). Based on WHO interim guidance, this means there is a high to very high risk of COVID-19 infection for the general public and a high to very high number of locally acquired, widely dispersed cases detected in the past 14 days.

![Incidence of COVID-19 per 100,000 population per week averaged over a two-week period by province in Indonesia during 28 June to 4 July 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.](source_of_data)

**Source of data**
During the week of 28 June to 4 July, the weekly incidence of COVID-19 increased in all provinces in Java and Bali, compared to the incidence in the previous week (Fig. 6). There has been a spike in incidence in June in Java, with DKI Jakarta, West Java, Central Java and DI Yogyakarta currently reporting the highest incidence rates in each province, respectively, since March 2020.

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 4 July 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, West Sumatra, South Sumatra, Bengkulu, Lampung, Bangka Belitung Islands, and Riau Islands during the week of 28 June to 4 July compared to the previous week. There has been an increasing trend in incidence since April in most provinces in Sumatra. In particular, Riau Islands has experienced a consistent and substantial increase in weekly incidence since mid-March (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 4 July 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 28 June to 4 July, the weekly incidence of COVID-19 increased in all provinces in 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 4 July 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 during the period of 28 June to 4 July, compared to the previous week. The incidence has been consistently increasing in all provinces since the end of May (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 4 July 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 28 June to 4 July, the weekly incidence of COVID-19 increased sharply in West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, Papua 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 4 July 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 between 9% and less than 20% from 11 March, which is considered CT3 (high incidence), with a rapid increase in June. The positivity proportion returned to CT4 the week of 21 to 27 June (very high incidence); it stood at 23.5% on 4 July (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, West Papua 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 very high in the community (Fig. 12).

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: 14/06/21 to 20/06/21; Week 2: 21/06/21 to 27/06/21; Week 3: 28/06/21 to 04/08/21

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 28 June to 4 July, DKI Jakarta had the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by DI Yogyakarta, Riau Islands, West Kalimantan and Central Java (Fig. 13).

![Weekly number of confirmed COVID-19 deaths per 100 000 population](chart)

**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 28 June to 4 July 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 28 June to 4 July, the number of confirmed COVID-19 deaths increased to 0.96 per 100 000 population\textsuperscript{10} compared to 0.67 deaths per 100 000 in the previous week. There was a steep increase in deaths throughout June, which has continued into July (Fig. 14).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Fig14.png}
\caption{Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 4 July 2021. \textit{Source of data}}
\end{figure}

\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.

\textsuperscript{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}
During the week of 28 June to 4 July, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 383, the highest weekly number of deaths reported in the province since the beginning of the pandemic (Fig. 15).

Fig. 15. Weekly number of confirmed COVID-19 deaths in DKI Jakarta, as of 4 July 2021. 

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.

Source of data
• As reported on 7 July, the daily number of people tested for COVID-19 was 141,957 and the cumulative number of people tested was 14,095,904 (Fig. 16).

Fig. 16. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 7 July 2021. *Source of data*

• As of 7 July, the proportion of people recovered among the total confirmed COVID-19 cases was 82.9% and there were 343,101 active cases (Fig. 17). The recovery percentage has been decreasing since the end of June.
• The reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta increased to 27,687 hospitalizations on 4 July, the highest number reported so far. This number has been sharply increasing since mid-June and is almost three times greater than the previous high of 9,888 hospitalized cases reported on 12 February (Fig. 18).

Fig. 17. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 7 July 2021. Source of data

Fig. 18. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 September 2020 to 4 July 2021. Source of data
WHO is regularly translating and sharing important health messages on its website and social media platforms – Twitter and Instagram – and has recently published:

**Infographics:**
- Vaccine prioritization
- Play your role

![WHO infographics on 'Play your role', July 2021.](image-url)

Fig. 19. WHO infographics on 'Play your role', July 2021.
As of 5 July, 46 556 553 vaccine doses have been administered in the national COVID-19 vaccination campaign; 32 460 653 people have received the first dose and 14 095 900 people have received the second dose (Fig. 20).

As of 5 July, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1 420 222 (96.7% of the target population of 1 468 764). The number of older people who have received the first dose of the vaccine was 4 879 621 (22.6% of the targeted 21 553 118); 2 859 653 (13.3% of the target population) have received the second dose. The number of essential public service workers who have received the first dose of the vaccine was 16 635 605 (96% of the targeted 17 327 167); 8 271 687 (47.7% of the target population) have received the second dose of the vaccine (Fig. 21). As part of the essential public service workers priority target group, 2 098 761 (37.1% of the targeted 5 659 560) teachers have received the first dose of the vaccine; 1 433 655 (25.3% of targeted population) have received the second dose.

Disclaimer: COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.
As of 5 July, provinces with the highest number of unvaccinated (zero dose) in health workers were Aceh, Papua and Maluku (Fig. 22).

Fig. 21. Cumulative number of people who have received COVID-19 vaccine in Indonesia, as of 5 July 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.
Fig. 22. Number of unvaccinated health workers by province in Indonesia, as of 5 July 2021. Source of data
As of 5 July, 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, North Sulawesi 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, East Java and Riau Islands (Fig. 23).

Fig. 23. COVID-19 vaccination coverage among the eligible target populations by province in Indonesia, as of 5 July 2021. Source of data

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

As of 5 July, the number of people vaccinated with two doses of the vaccine (fully vaccinated) per 100 population was 5.2 nationwide. As of the same day, DKI Jakarta had the highest number of people fully vaccinated (18.2 per 100 population) amongst all provinces, followed by Bali (16.9), DI Yogyakarta (7.5), East Kalimantan (6.2) and Central Kalimantan (6.1) (Fig. 24).
As of 5 July, DI Yogyakarta had the highest coverage of first dose vaccination among older people, followed by Bali, DKI Jakarta, and North Kalimantan. As of the same day, DKI Jakarta had the highest coverage of the second dose vaccination administered, followed by DI Yogyakarta, North Kalimantan 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. 26. Number of unvaccinated older people (over 60 years of age) by province in Indonesia, as of 5 July 2021. Source of data
WHO assisted the vaccination drive in Hajj dormitory, Makassar, South Sulawesi on 26 June (Fig. 27). The vaccination drive was organized by several parties such as the Makassar City Health Office, South Sulawesi Provincial Health Office (PHO), TNI and the Indonesian National Police (Kepolisian Republik Indonesia (POLRI)). A total of 2000 eligible persons from target populations (people above 18 years of age including persons aged 60 years and older and essential public workers) were vaccinated during the vaccination drive. WHO assisted MoH in monitoring vaccination implementation to ensure alignment with the national guideline. A debriefing session subsequently took place with health workers to discuss findings from observation during the implementation of the vaccination service, such as post-vaccination observation and observation of adverse events following immunization (AEFI). WHO also facilitated discussion among all parties regarding acceleration of vaccination in South Sulawesi.

Fig. 27. A vaccination service for eligible target populations in Hajj dormitory, Makassar, South Sulawesi was conducted on 26 June 2021. Credit: WHO/ Yurniati
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 July 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.
### Table 1. Weekly risk assessment by province in Indonesia, as of 4 July 2021.

<table>
<thead>
<tr>
<th>Province</th>
<th>Case incidence trend</th>
<th>New cases in last 7 days</th>
<th>Change in new cases in last 7 days (%)</th>
<th>New deaths in last 7 days</th>
<th>Change in new deaths in last 7 days (%)</th>
<th>Testing rate (per 1000 population per week)</th>
<th>Weekly test positivity proportion in last 7</th>
<th>2nd dose vaccination among target population (%)</th>
<th>2nd dose vaccination among older population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Decrease</td>
<td>665</td>
<td>14%</td>
<td>53</td>
<td>6%</td>
<td>0.29</td>
<td>37.5%</td>
<td>14.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Increase</td>
<td>1116</td>
<td>-22%</td>
<td>24</td>
<td>-31%</td>
<td>1.12</td>
<td>6.0%</td>
<td>25.1%</td>
<td>7.9%</td>
</tr>
<tr>
<td>West Sumatra</td>
<td>Increase</td>
<td>2669</td>
<td>77%</td>
<td>53</td>
<td>39%</td>
<td>2.37</td>
<td>33.1%</td>
<td>17.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Riau</td>
<td>Stable</td>
<td>2711</td>
<td>46%</td>
<td>67</td>
<td>8%</td>
<td>1.41</td>
<td>26.9%</td>
<td>37.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Jambi</td>
<td>Decrease</td>
<td>747</td>
<td>11%</td>
<td>33</td>
<td>57%</td>
<td>1.00</td>
<td>16.8%</td>
<td>25.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>South Sumatra</td>
<td>Increase</td>
<td>1548</td>
<td>46%</td>
<td>74</td>
<td>57%</td>
<td>0.72</td>
<td>29.9%</td>
<td>27.4%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Bengkulu</td>
<td>Increase</td>
<td>1031</td>
<td>44%</td>
<td>23</td>
<td>77%</td>
<td>0.66</td>
<td>63.2%</td>
<td>19.8%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Lampung</td>
<td>Increase</td>
<td>1539</td>
<td>55%</td>
<td>32</td>
<td>-3%</td>
<td>0.44</td>
<td>33.3%</td>
<td>18.6%</td>
<td>3.7%</td>
</tr>
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<td>Bangka Belitung Islands</td>
<td>Increase</td>
<td>1133</td>
<td>78%</td>
<td>11</td>
<td>10%</td>
<td>1.20</td>
<td>53.0%</td>
<td>41.9%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Riau Islands</td>
<td>Increase</td>
<td>3160</td>
<td>32%</td>
<td>88</td>
<td>40%</td>
<td>2.70</td>
<td>45.3%</td>
<td>44.9%</td>
<td>12.4%</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>Increase</td>
<td>60534</td>
<td>32%</td>
<td>423</td>
<td>5%</td>
<td>14.57</td>
<td>51.1%</td>
<td>64.4%</td>
<td>58.8%</td>
</tr>
<tr>
<td>West Java</td>
<td>Increase</td>
<td>34102</td>
<td>44%</td>
<td>481</td>
<td>3%</td>
<td>1.75</td>
<td>46.6%</td>
<td>28.8%</td>
<td>8.2%</td>
</tr>
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<td>Central Java</td>
<td>Increase</td>
<td>18751</td>
<td>-3%</td>
<td>921</td>
<td>102%</td>
<td>1.21</td>
<td>49.6%</td>
<td>33.3%</td>
<td>22.3%</td>
</tr>
<tr>
<td>DI Yogyakarta</td>
<td>Increase</td>
<td>7391</td>
<td>42%</td>
<td>215</td>
<td>92%</td>
<td>6.51</td>
<td>51.4%</td>
<td>59.7%</td>
<td>43.2%</td>
</tr>
<tr>
<td>East Java</td>
<td>Increase</td>
<td>9041</td>
<td>47%</td>
<td>563</td>
<td>57%</td>
<td>0.62</td>
<td>41.1%</td>
<td>45.3%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Banten</td>
<td>Increase</td>
<td>3439</td>
<td>17%</td>
<td>64</td>
<td>23%</td>
<td>2.06</td>
<td>16.5%</td>
<td>28.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Bali</td>
<td>Increase</td>
<td>1952</td>
<td>63%</td>
<td>31</td>
<td>63%</td>
<td>0.37</td>
<td>99.7%</td>
<td>104.9%</td>
<td>33.0%</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Increase</td>
<td>328</td>
<td>228%</td>
<td>0</td>
<td>-100%</td>
<td>0.15</td>
<td>41.5%</td>
<td>23.9%</td>
<td>7.9%</td>
</tr>
<tr>
<td>East Nusa Tenggara</td>
<td>Increase</td>
<td>1940</td>
<td>189%</td>
<td>12</td>
<td>50%</td>
<td>0.59</td>
<td>49.1%</td>
<td>20.5%</td>
<td>3.8%</td>
</tr>
<tr>
<td>West Kalimantan</td>
<td>Increase</td>
<td>1452</td>
<td>47%</td>
<td>90</td>
<td>-14%</td>
<td>0.69</td>
<td>35.8%</td>
<td>20.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Central Kalimantan</td>
<td>Increase</td>
<td>1418</td>
<td>51%</td>
<td>7</td>
<td>-50%</td>
<td>1.09</td>
<td>51.2%</td>
<td>40.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>South Kalimantan</td>
<td>Increase</td>
<td>753</td>
<td>131%</td>
<td>10</td>
<td>-17%</td>
<td>0.65</td>
<td>19.6%</td>
<td>28.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>East Kalimantan</td>
<td>Increase</td>
<td>3970</td>
<td>79%</td>
<td>83</td>
<td>159%</td>
<td>2.49</td>
<td>45.0%</td>
<td>38.2%</td>
<td>13.1%</td>
</tr>
<tr>
<td>North Kalimantan</td>
<td>Increase</td>
<td>648</td>
<td>305%</td>
<td>10</td>
<td>400%</td>
<td>1.59</td>
<td>53.1%</td>
<td>35.2%</td>
<td>33.6%</td>
</tr>
<tr>
<td>North Sulawesi</td>
<td>Increase</td>
<td>485</td>
<td>157%</td>
<td>5</td>
<td>67%</td>
<td>0.72</td>
<td>21.4%</td>
<td>36.6%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Central Sulawesi</td>
<td>Increase</td>
<td>525</td>
<td>124%</td>
<td>14</td>
<td>27%</td>
<td>0.31</td>
<td>49.0%</td>
<td>20.3%</td>
<td>3.4%</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Increase</td>
<td>1555</td>
<td>103%</td>
<td>20</td>
<td>54%</td>
<td>0.76</td>
<td>20.4%</td>
<td>30.4%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Southeast Sulawesi</td>
<td>Increase</td>
<td>709</td>
<td>38%</td>
<td>12</td>
<td>100%</td>
<td>0.47</td>
<td>55.1%</td>
<td>21.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Gorontalo</td>
<td>Increase</td>
<td>94</td>
<td>-52%</td>
<td>4</td>
<td>300%</td>
<td>0.28</td>
<td>27.7%</td>
<td>36.6%</td>
<td>4.5%</td>
</tr>
<tr>
<td>West Sulawesi</td>
<td>Increase</td>
<td>277</td>
<td>166%</td>
<td>2</td>
<td>0%</td>
<td>0.51</td>
<td>29.6%</td>
<td>30.6%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Maluku</td>
<td>Increase</td>
<td>720</td>
<td>148%</td>
<td>7</td>
<td>17%</td>
<td>0.50</td>
<td>78.9%</td>
<td>19.7%</td>
<td>8.2%</td>
</tr>
<tr>
<td>North Maluku</td>
<td>Increase</td>
<td>764</td>
<td>115%</td>
<td>8</td>
<td>60%</td>
<td>1.59</td>
<td>30.4%</td>
<td>17.2%</td>
<td>2.9%</td>
</tr>
<tr>
<td>West Papua</td>
<td>Increase</td>
<td>1353</td>
<td>116%</td>
<td>6</td>
<td>0%</td>
<td>3.16</td>
<td>47.5%</td>
<td>29.3%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Papua</td>
<td>Increase</td>
<td>260</td>
<td>20%</td>
<td>0</td>
<td>0%</td>
<td>0.49</td>
<td>11.4%</td>
<td>22.0%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

**Source of data:** [Cases, deaths and testing; vaccination](who.int/indonesia)

**Note:** 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 ≥ 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 ≥ 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.

- Urgent action is needed throughout the country related to the continuing surge of cases, notably in provinces in light red, that is DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten and Bali, and in yellow, especially Riau
Islands. Bed occupancy rate has also been reported to be high in all of these provinces and is considered in the risk assessment.\textsuperscript{11,12,13,14}.

- Strict implementation of PHSM throughout the country, even as vaccine coverage increases and expands to additional groups, is crucial. PHSM works even in the context of variants of concern (VOCs) as demonstrated in India (see \textbf{Situation Report 60: Lessons Learned}) and other countries that are facing a surge of cases. Considering that some VOCs have much higher transmissibility, timely adjustments of PHSM is very important during a surge, including the use of stringent measures (such as movement restrictions) as quickly as possible.\textsuperscript{15}

- Inadequate testing rate in most provinces continues to be a concern. Over 50\% of provinces report a testing rate below the recommended benchmark of 1 test per 1000 population per week. Without appropriate testing, many provinces are unable to isolate confirmed cases on time and are unable to meet surveillance standards or conduct timely contact tracing and quarantine of contacts.

- Strengthening genomic surveillance and investigating clusters when variant involvement is suspected/confirmed are also highly important.

- There is a need for hospitals to be equipped for the surge in cases, including ensuring the availability of isolation rooms, oxygen supplies, medical equipment, personal protective equipment (PPE), mobile field hospitals, body bags, additional human resources and capacity to convert hospital rooms to isolation or intensive care unit (ICU) rooms.\textsuperscript{16}.

- Community engagement and support (strict implementation of personal protective measures) are essential to reduce the surge in cases, deaths and hospitalizations. It is important to provide accurate information and recommendations, adapted to community needs, and counter misinformation and hoaxes.

- Vaccination needs to be expedited, especially for older populations who have had consistently low coverage. Vaccination also needs to be prioritized for vulnerable populations and those with comorbidities.

\textsuperscript{11} \url{https://nasional.kompas.com/read/2021/06/13/07564991/penambahan-covid-19-dan-tingginya-lonjakan-kasus-di-pulau-jawa?page=all}
\textsuperscript{12} \url{https://nasional.kompas.com/read/2021/06/30/06020001/rs-rujukan-di-jabodetabek-penuh-kemenkes-bila-perlu-rsud-full-untuk-covid-19?page=all}
\textsuperscript{13} \url{https://megapolitan.kompas.com/read/2021/06/29/14344151/bor-hampir-capai-100-persen-pemkot-bogor-aktivasi-rujah-sakit}
\textsuperscript{14} \url{https://kumparan.com/kumparannews/okupansi-rs-covid-19-di-jakarta-terus-meningkat-isolasi-93-icu-87-1w2SQtxi9xf}
\textsuperscript{15} \url{https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications}
\textsuperscript{16} \url{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](https://www.who.int)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19: Interim guidance, 2 July 2021</td>
<td>WHO advises that international travel for essential purposes as defined by national authorities—which should include emergencies and humanitarian actions (such as emergency medical flights and medical evacuations); travel of essential personnel (such as emergency responders, providers of public health technical support, and critical personnel in the transport and security sectors such as seafarers); repatriations; and cargo transport for essential supplies such as food, medicines, and fuel – should not be impeded by border closures or suspensions of travel.</td>
</tr>
<tr>
<td>Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19, 2 July 2021</td>
<td>WHO recommends that national authorities continue to apply a risk-based approach when implementing measures related to COVID-19 and international travel while respecting the dignity, human rights and fundamental freedoms of travellers</td>
</tr>
<tr>
<td>Ethical Framework for WHO’s work in the ACT-Accelerator, 1 July 2021</td>
<td>The Access to COVID-19 Tools (ACT) Accelerator was formed in 2020 by WHO and partners, under the guiding principle that “No one is safe until everyone is safe.” in order to assist stakeholders in navigating ethical issues and dilemmas, and more broadly make value-informed decisions, arising from efforts to respond to the pandemic through the use of COVID-19 tools.</td>
</tr>
<tr>
<td>Protocol template to be used as template for observational study protocols for sentinel surveillance of adverse events of special interest (AESIs) after vaccination with COVID-19 vaccines, 1 July 2021</td>
<td>WHO has published the COVID-19 vaccines: safety surveillance manual to guide the processes for collecting, analysing and sharing safety data and information on COVID-19 vaccines within and across countries. The present template is for sentinel surveillance studies of COVID-19 vaccines for the purpose of safety signal detection.</td>
</tr>
<tr>
<td>Implementation guidance for assessments of frontline service readiness: strengthening real-time monitoring of health services in the context of the COVID-19 pandemic, 1 July 2021</td>
<td>To address the dual-track challenge of responding to COVID-19 while maintaining the delivery of essential health services, WHO has developed the suite of health service capacity assessments in the context of the COVID-19 pandemic, a new collection of tools for health facilities and communities to support rapid and accurate monitoring of current, surge, and future frontline service capacities throughout the different phases of the COVID-19 pandemic.</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:
- A family toolbox for managing health and happiness during COVID-19 (Part 1)
- Managing family risk: A facilitator's toolbox for empowering families to manage risks during COVID-19 (Part 2)
- Hypertension and COVID-19

Infographics:
- Contact tracing: Confirmed contact & COVID-19 positive
- Vaccination - Adults aged 60 and older
- 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

WHO Indonesia Reports