

25 August 2021

HIGHLIGHTS

- The region of Kalimantan recorded the highest case incidence compared to other regions in Indonesia, as of 22 August. East and North Kalimantan provinces contributed to the increase in new cases in this region over the past six weeks. As of 22 August, East Kalimantan also reported the highest weekly number of confirmed deaths per 100 000 population (13.0), followed by North Kalimantan (12.3).
- As of 23 August, provinces with the highest percentage of unvaccinated (zero dose) health workers were Papua (18.6%) and Maluku (13%). Ten provinces reported a proportion of unvaccinated older populations greater than or equal to 90%: Aceh, West Sumatra, North Maluku, Papua, Lampung, West Papua, West Sulawesi, Southeast Sulawesi, Central Sulawesi and South Kalimantan. Continued efforts to further improve the accessibility and awareness of the benefits of COVID-19 vaccination among older and high-risk populations remain critical to reduce mortality.

COVID-19 Situation in Indonesia
(as of 25 August 2021)Confirmed cases
4 026 837Deaths
129 293Recovered cases
3 639 867People tested
20 846 129

Total vaccinated

Fully vaccinated	Partially vaccinated
33 094 505	59 011 333



Fig. 1. Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100 000 population in Indonesia across provinces reported from 19 to 25 August 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.

GENERAL UPDATES

- On 19 August, Indonesia received close to 1.6 million doses of Pfizer-BioNTech COVID-19 vaccine, which was the first consignment of 50 million doses the government has procured from the manufacturer.¹ On the same day, Indonesia also received an additional 450 000 doses of AstraZeneca vaccine from the Netherlands. The Minister of Foreign Affairs stated that this was the first batch of a total of three million doses of AstraZeneca vaccine committed to Indonesia through COVAX's dose-sharing mechanism.² On 23 August, the DKI Jakarta Provincial Health Office (PHO) reported that the province has received a total of 232 824 doses of Pfizer-BioNTech COVID-19 vaccine allocated by the Ministry of Health (MoH) and has begun to administer the vaccine to its residents.³
- As the government eased several mobility restrictions on public activities, an increasing trend in community mobility was observed over the past several weeks. On 18 August, the government's spokesperson for the COVID-19 response, Dr Reisa Broto Asmoro, noted that the government has recorded over one million public visits to shopping centres through the PeduliLindungi application (developed by the government to support COVID-19 response and mobility tracking). She urged the public to remain alert to a potential increase in the number of confirmed cases in subsequent weeks as an impact of increased mobility and to strictly adhere to the health protocols.⁴
- Amid the declining trend in COVID-19 cases reported at the national level, the COVID-19 Task Force (Satuan Tugas (Satgas)) noted that Bangka Belitung Islands and East Kalimantan still reported bed occupancy rates (BOR) of isolation rooms and intensive care units (ICUs) above 80% as of 17 August. Satgas also reported that at district/city level, BOR was still above 80% in 27 out of 514 districts/cities, particularly those outside Java. Another 78 districts/cities reported a BOR above 60%.⁵

¹ <https://jakartaglobe.id/business/first-pfizer-vaccine-delivery-arrives-in-indonesia>

² <https://nowjakarta.co.id/people/commitment/the-netherlands-to-donate-3-million-vaccine-doses-to-indonesia>

³ <https://en.tempo.co/read/1497813/jakarta-officially-rolls-out-pfizer-vaccinations>

⁴ <https://en.antaranews.com/news/184666/spokesperson-cautions-of-covid-19-case-surge-in-upcoming-three-weeks>

⁵ <https://www.antaranews.com/berita/2335958/satgas-covid-19-dua-provinsi-masih-memiliki-bor-diatas-80-persen>

SURVEILLANCE

- On 25 August, 18 671 new and 4 026 837 cumulative cases were reported nationwide. The weekly number of cases from 16 to 22 August was 125 102, a decrease of more than 30% compared to the previous week. As of 25 August, Indonesia reported 1041 new and 129 293 cumulative number of COVID-19 deaths. The weekly number of new deaths from 16 to 22 August was 8784, a decrease of 16% compared to the previous week (Fig. 2).

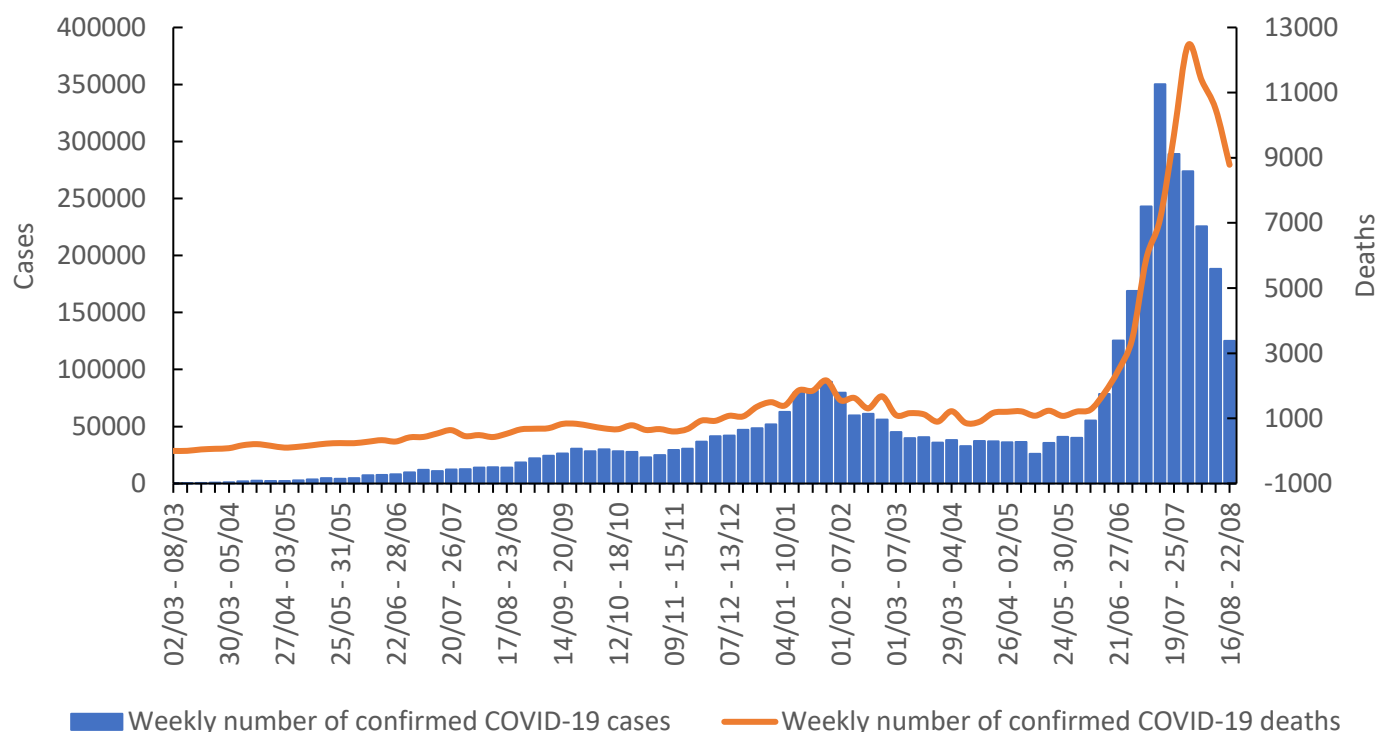


Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 22 August 2021. [Source of data](#)

Disclaimer: Prior to 10 February 2021, SARS-CoV-2 diagnosis was conducted using polymerase chain reaction (PCR). Afterwards, confirmed cases include those who tested positive using nucleic acid amplification test (NAAT) (e.g. PCR) and antigen-detecting rapid diagnostic test (Ag-RDT). The number of cases reported daily is not equivalent to 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. 9); 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, both at the national and subnational level.

- As of 22 August, the weekly case incidence per 100 000 population nationwide, in Java-Bali region and in provinces outside of the region (non-Java-Bali) were 66.6, 61.1 and 74.0, respectively (Fig. 3). An overall declining trend was observed. However, the weekly case incidence has remained at the level of high incidence (CT3) over the past eight weeks in Java-Bali region and the past five weeks in non-Java-Bali region. Province and district-level analyses are imperative to evaluate these trends.

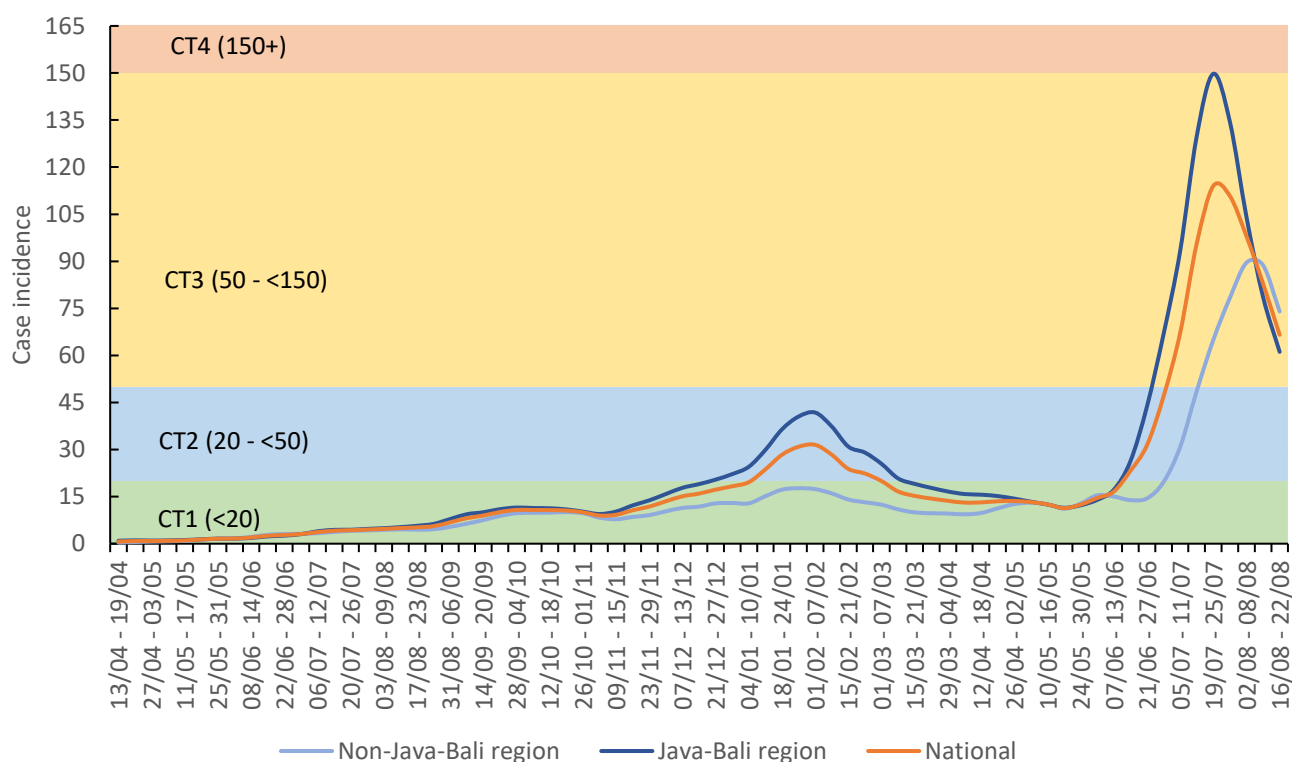


Fig. 3. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 22 August 2021, classified by level of community 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. 3) and subnational levels (Fig. 4-5).

- During the week of 16 to 22 August, six provinces (highlighted in light red) remained at the highest level of community transmission (CT4), with incidence rates per 100 000 population of 354.0 in North Kalimantan, 232.0 in East Kalimantan, 220.9 in Bangka Belitung Islands, 213.7 in DI Yogyakarta, 195.5 in Bali and 176.2 in Central Sulawesi (Fig. 4). Based on the [WHO interim guidance](#), this means that there was a very high risk of COVID-19 infection for the general public and a very high number of locally acquired, widely dispersed cases detected in the past 14 days. There were 16 provinces at community transmission level 3 (CT3).

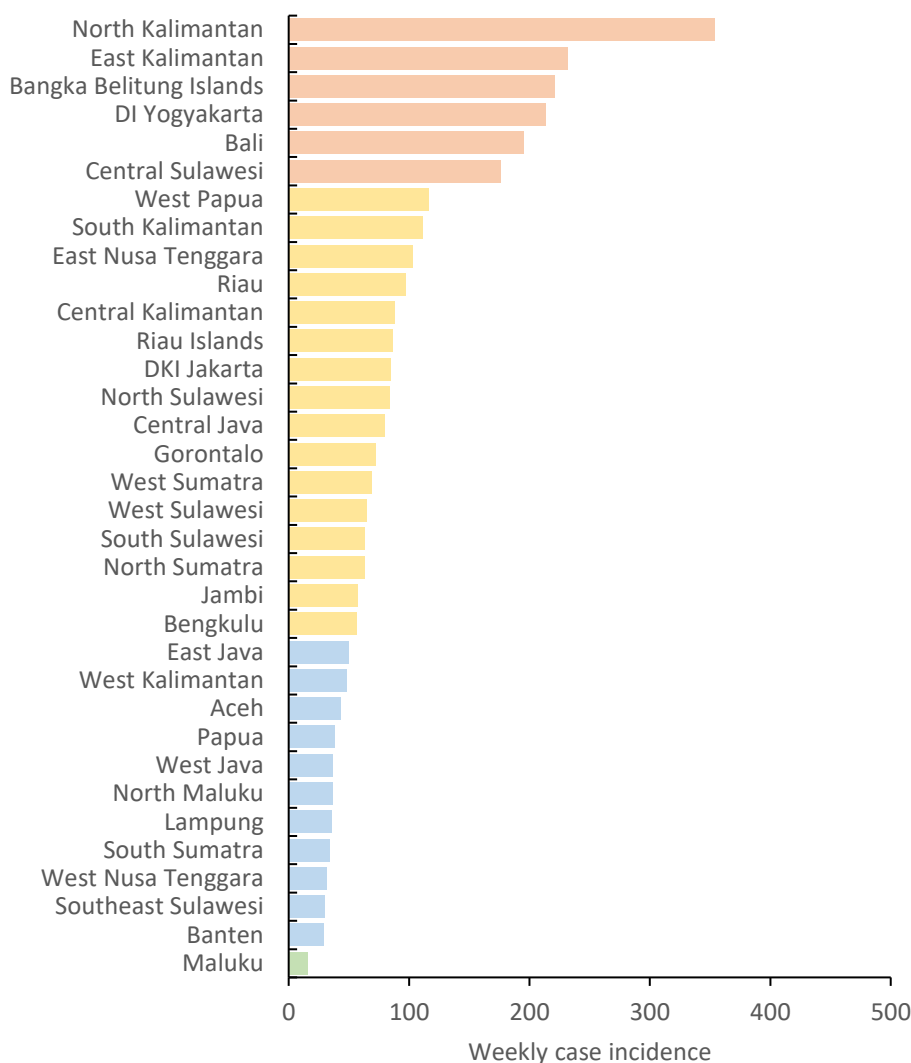


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 16 to 22 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- As of 22 August, the region of Kalimantan recorded the highest case incidence compared to other regions in the country. East and North Kalimantan provinces contributed to the increase in new cases in this region in the last six weeks. Sulawesi and Sumatra regions also showed a significant increase in case incidence from late June until the second week of August. Sulawesi and Sumatra regions also showed a significant increase in case incidence from late June until the second week of August. From 19 July to 15 August, case incidence plateaued in Nusa Tenggara-Maluku-Papua region and has since been decreasing. In Java-Bali a downward trend has been observed over the past four weeks (Fig. 5). Details of case incidence in each province are available [here](#).

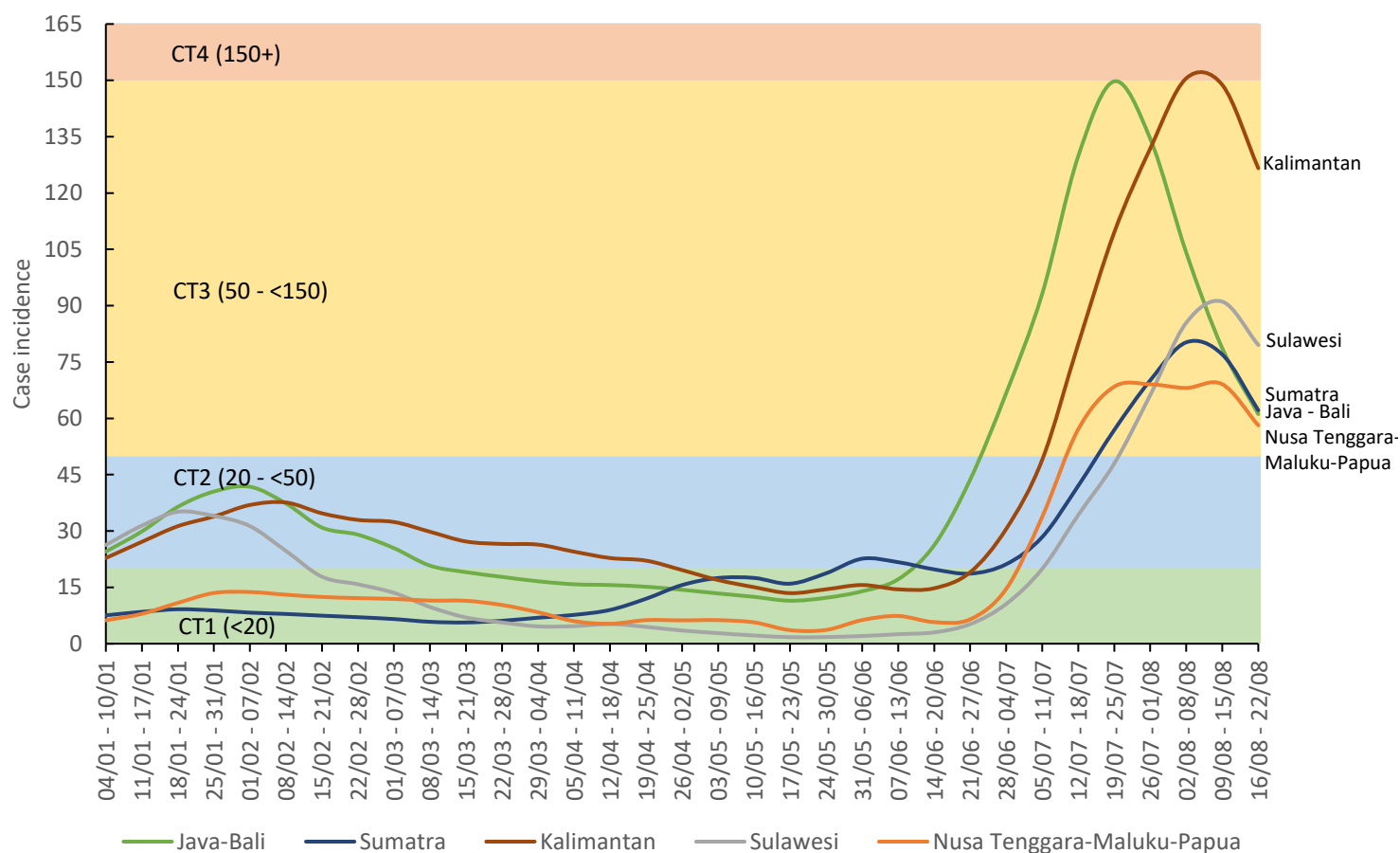


Fig. 5. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January to 22 August 2021, classified by level of community transmission (CT1): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- Nationwide test positivity proportion increased sharply in December 2020 and reached its first peak of 28.8% in late January 2021. It declined thereafter and varied between 9% and 20% between mid-March and end of June (corresponding to CT3 – high incidence). Since then, however, the positivity proportion increased rapidly and reached CT4 (very high incidence). As of 22 August, the positivity proportion slightly declined from 21.4% in the previous week to 18.2% (Fig. 6). 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. As of 22 August, 27 out of 34 provinces have reached this minimum case detection benchmark (Table 2. Weekly Risk Assessment, page 21).

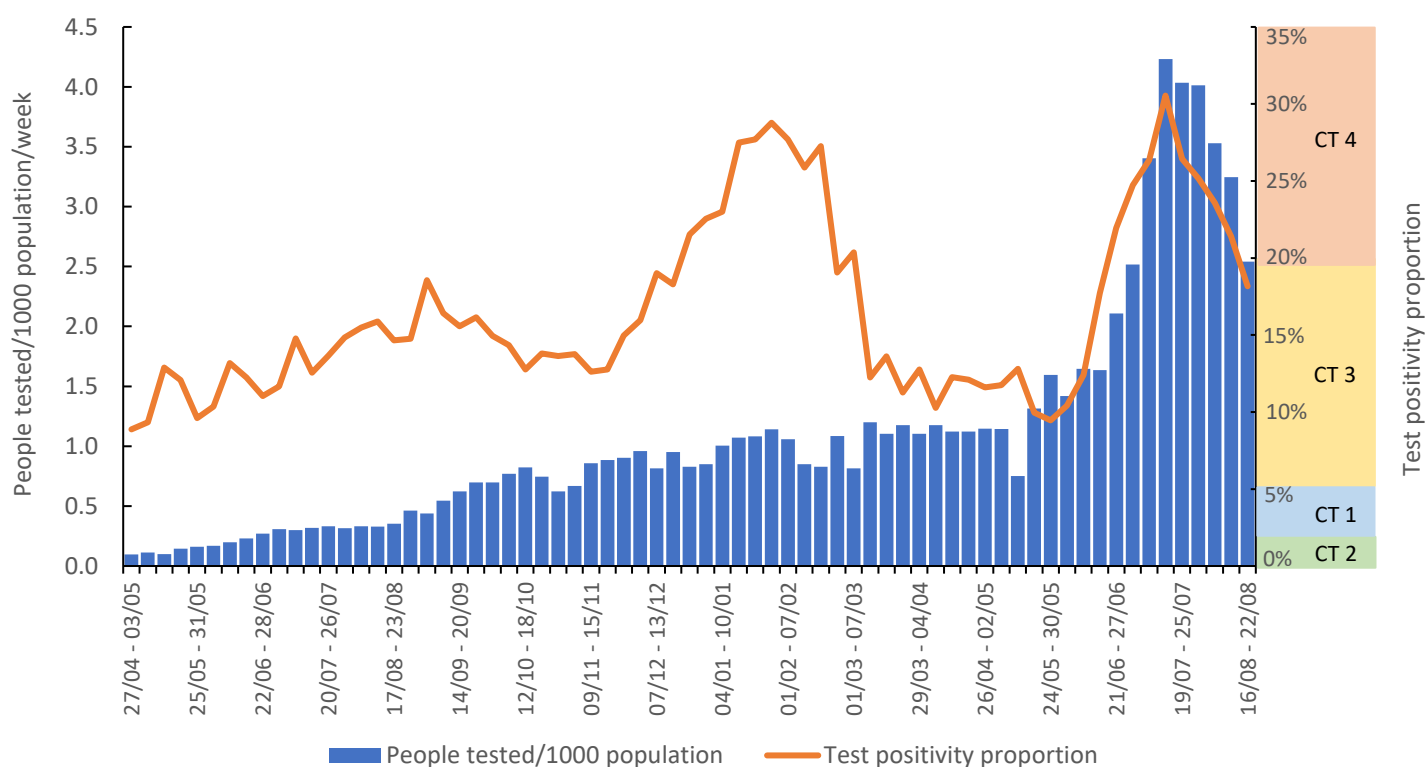


Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 22 August 2021, classified by level of community transmission (CT): CT1: low incidence (<2%); CT2: moderate incidence (2% - <5%); CT3: high incidence (5% - <20%); CT4: very high incidence (20%+). [Source of data](#)

Disclaimer: Caution should be exercise 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.

- As of 22 August, East Kalimantan reported the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by North Kalimantan, DI Yogyakarta, Bangka Belitung Islands, Central Java, Bali, Central Sulawesi, Riau Islands and East Java, which remained at the highest level of community transmission (CT4) since mid-July (Fig. 7).

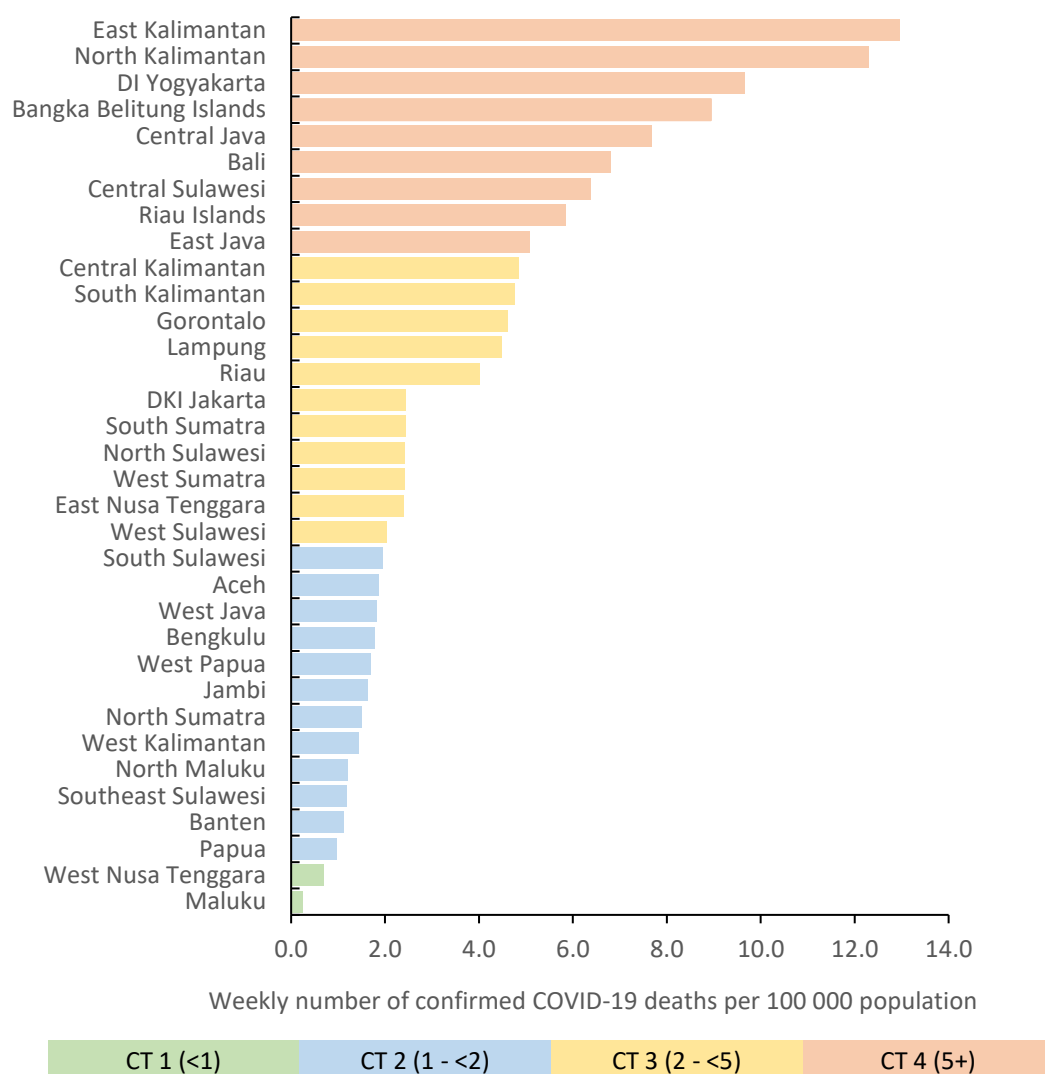


Fig. 7. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 16 to 22 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [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. Evaluation of excess mortality is also beneficial to complement information on COVID-19 death.

- At national level, during the week of 16 to 22 August, the number of confirmed COVID-19 deaths in Indonesia was 3.8 deaths per 100 000 population, compared to 4.2 deaths in the previous week. Nationwide, a rapid increase in the number of deaths was observed from late June until the first week of August. Similar increasing trend was observed until the week of 2 to 8 August in Java-Bali region, and the week of 9 to 15 August in non-Java-Bali region. During the week of 16 to 22 August, the weekly number of confirmed COVID-19 deaths per 100 000 population remained at CT3 (high incidence) in both Java-Bali and non-Java-Bali regions (Fig. 8).

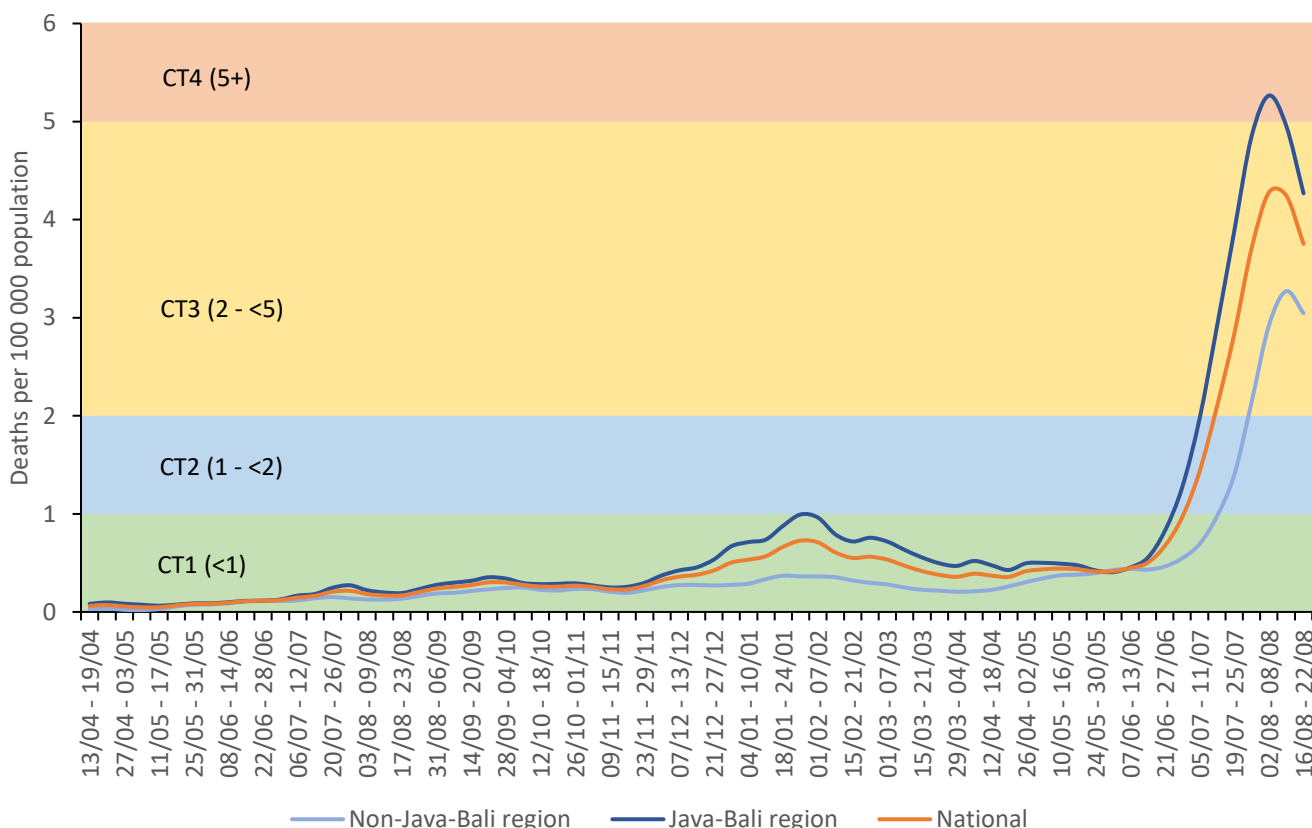


Fig. 8. Weekly number of confirmed COVID-19 deaths per 100 000 population at national level and in Java-Bali and non-Java-Bali regions, as of 22 August 2021. [Source of data](#)

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.

HEALTH OPERATIONS

- Since the beginning of the implementation of emergency restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM) Darurat) on 3 July 2021, a substantial increase in testing has been reported at the national and subnational levels. Currently, antigen-detecting rapid diagnostic tests (Ag-RDT) and nucleic acid amplification tests (NAAT) have been used to diagnose COVID-19. In the last seven days, a decrease in new confirmed cases and number of people tested was observed (Fig. 9). As of 23 August, the number of people tested using NAAT decreased significantly to 21 178, compared to the highest recorded number on 15 July (119 586). In this same time period, the proportion of people tested by NAAT (vs. Ag-RDT) also decreased from 64.5% to 28.5%. It is crucial to identify underlying reasons behind the decrease in the proportion of testing using NAAT, and to evaluate the current capacity of NAAT laboratories and Ag-RDT implementation.

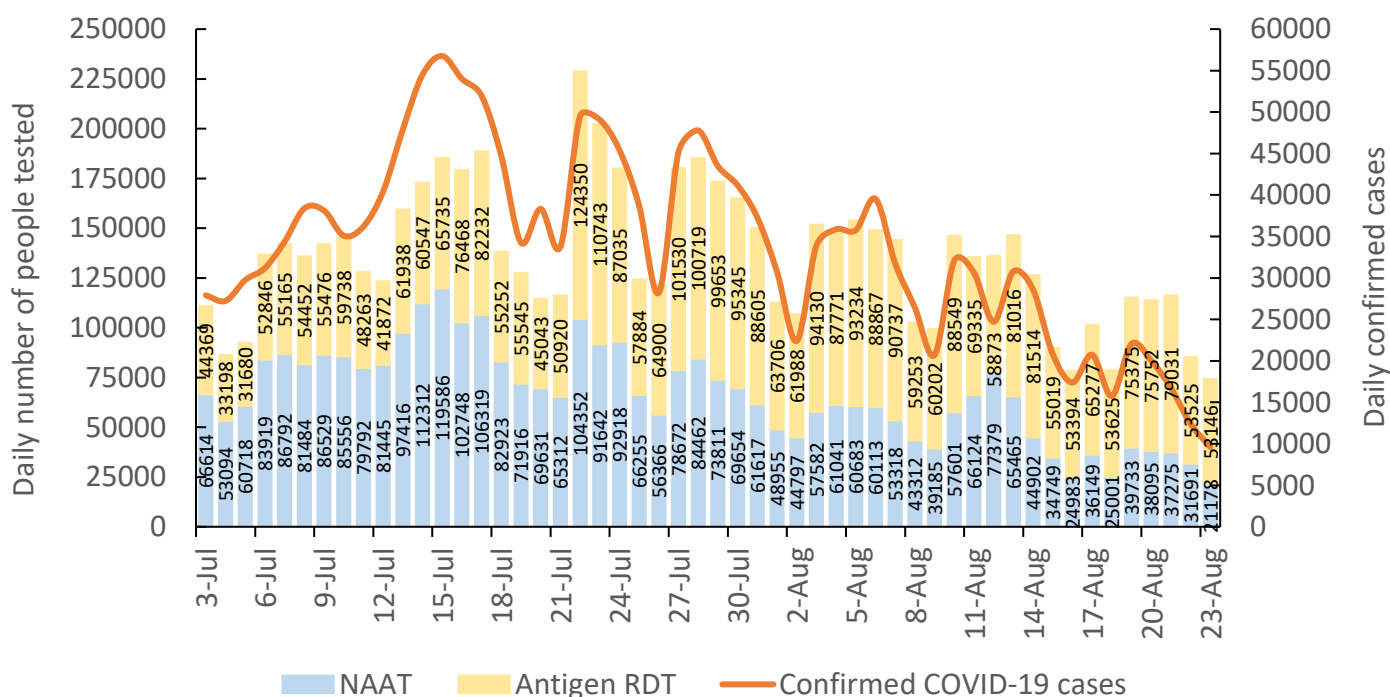


Fig. 9. Number of confirmed COVID-19 cases and people tested per day, from 3 July to 23 August 2021.

[Source of data](#)

- As of 22 August, the number of COVID-19 cases hospitalized in DKI Jakarta has slightly increased to 2947 cases from 2901 cases in the previous week. As of the same day, the number of cases in self-isolation decreased to 5584 cases from 6755 cases on 15 August. The number of cases hospitalized has decreased by 86.3% since 15 July, while the number of cases in self-isolation has decreased by 88.8% since 1 July (Fig. 10).

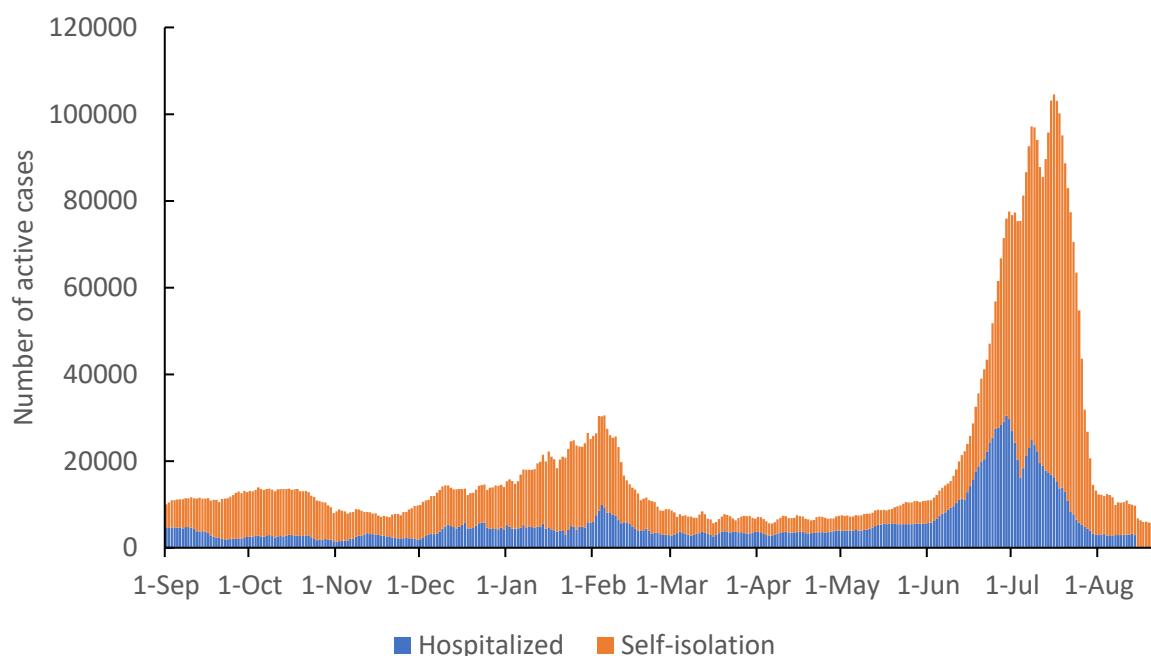


Fig. 10. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 22 August 2021. [Source of data](#)

- Based on data published by MoH, the overall BOR in COVID-19 referral hospitals has decreased at the national level. As of 22 August, BOR at the national level was 33%, compared to 52% on 8 August. As of the same day, ICU BOR was 47%, compared to 64% on 8 August. As of 23 August, the total number of isolation beds available has increased to 126 211 (almost three times higher than the 47 056 beds available on 17 May). However, it is important to note that BOR continues to increase in several provinces.⁶

⁶ <https://www.kemkes.go.id/article/view/21081700003/Data-Ketersediaan-Tempat-Tidur-RS-COVID-19.html>

- Supported by WHO, MoH has distributed 582 oxygen concentrators to Bengkulu, DKI Jakarta, South Sulawesi, South Sumatra, West Nusa Tenggara and West Sumatra as of 24 August. These oxygen concentrators are part of the 700 concentrators procured by WHO. On 23 August, a total of 35 oxygen concentrators were also distributed to Muhammadiyah COVID-19 centres in DKI Jakarta and two hospitals in Bulukumba and Sidrap Districts of South Sulawesi.

RISK COMMUNICATION

- WHO continues to translate and share important health messages on its [website](#) and social media platforms – [Twitter](#) and [Instagram](#) – and has recently published:

Infographics:

- [Do it all](#)
- [Authorized vaccines](#)

Posters

- [3 Factors](#)



Fig. 11. WHO infographics on '[Authorized vaccines](#)', August 2021.

VACCINATION

- As of 23 August, 90 270 274 vaccine doses have been administered in the national COVID-19 vaccination campaign; 58 023 024 people have been partially vaccinated, and 32 247 250 people have been fully vaccinated (Fig. 12). The weekly trend of COVID-19 vaccine doses administered from 16 to 22 August was 6 148 626 doses, a decrease compared to 7 142 979 doses in the previous week.

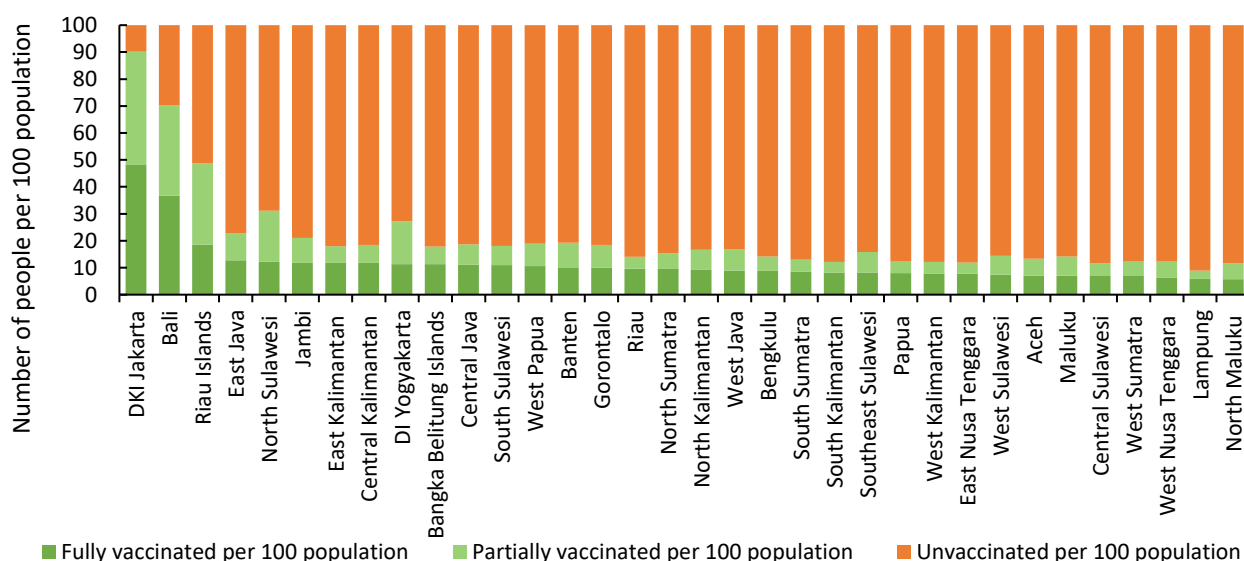


Fig. 12. Number of people fully vaccinated, partially vaccinated and unvaccinated (zero dose) for COVID-19 per 100 total population by province in Indonesia, as of 23 August 2021. [Source of data](#)

Note: Source of population data: Target population for health programme 2021, Center of Data and Information, Ministry of Health, unpublished data.

Table 1. COVID-19 vaccination by each target population in Indonesia, as of 23 August 2021. [Source of data](#)

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of unvaccinated	%
Health workers	1 468 764	118 876	8.1	1 511 295	102.9	0	0
Older people	21 553 118	1 518 756	7.0	3 614 799	16.8	16 419 563	76.2
Essential public service workers	17 327 167	11 434 298	66.0	17 704 985	102.2	0	0

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of unvaccinated	%
General population	141 211 181	11 200 966	7.9	7 723 544	5.5	122 286 671	86.6
Children aged 12-17	26 705 490	1 173 422	4.4	1 292 357	4.8	24 239 711	90.8
Eligible target population	208 265 720	25 775 774	12.4	32 247 250	15.5	150 242 696	72.1

Note: General population includes vulnerable groups (e.g. persons with disabilities, marginalized groups, etc.).

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

- As of 23 August, provinces with the highest percentage of unvaccinated (zero dose) health workers were Papua (18.6%) and Maluku (13%). 30 out of 34 provinces reported that more than 60% of their older populations remained unvaccinated. Ten provinces reported a proportion of unvaccinated older populations greater than or equal to 90%: Aceh, West Sumatra, North Maluku, Papua, Lampung, West Papua, West Sulawesi, Southeast Sulawesi, Central Sulawesi and South Kalimantan.
- A decrease in the weekly trend of vaccine doses administered was observed in most provinces compared to the previous week. In particular, a declining trend of weekly vaccine doses administered among older populations was observed in most provinces. As of 23 August, provinces which showed a high increase in their weekly trend were: DI Yogyakarta (20.3%), North Sumatra (6.7%) and East Java (6.5%). Details of vaccination by province and target populations are available [here](#).
- On 13 and 18 August, WHO assisted MoH to conduct virtual training sessions to disseminate the guideline on handling procedure and management of Pfizer-BioNTech COVID-19 vaccine, including management of ultra-cold chain and thermal shipper as well as vaccine administration. The sessions were attended by representatives from District Health Offices (DHOs), PHOs and healthcare providers. The first batch of the vaccine which has arrived in the country on 19 August is being distributed to health facilities in DKI Jakarta, Bogor, Depok, Tangerang and Bekasi.

PARTNER COORDINATION

- On 20 August, WHO convened the 36th meeting of key development partners to discuss and coordinate the COVID-19 response in Indonesia. The meeting was attended by 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) and the World Food Programme (WFP). WHO presented COVID-19 updates, discussed the latest epidemiological situation at national and subnational levels, and presented the key WHO activities in support of the national pandemic response. In addition, the key points of discussion among partners included COVID-19 vaccination logistics, vaccine effectiveness studies, and support of oxygen and other medical supplies.
- On 19 August, WHO participated in the fifth United Nations (UN) in Indonesia Townhall Meeting, which virtually connected over 550 colleagues from UN organizations across the country. The WHO Representative to Indonesia Dr N. Paranietharan presented the COVID-19 situation, vaccination trends and weekly risk assessment by province.
- 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 August 2021 (Fig. 13).

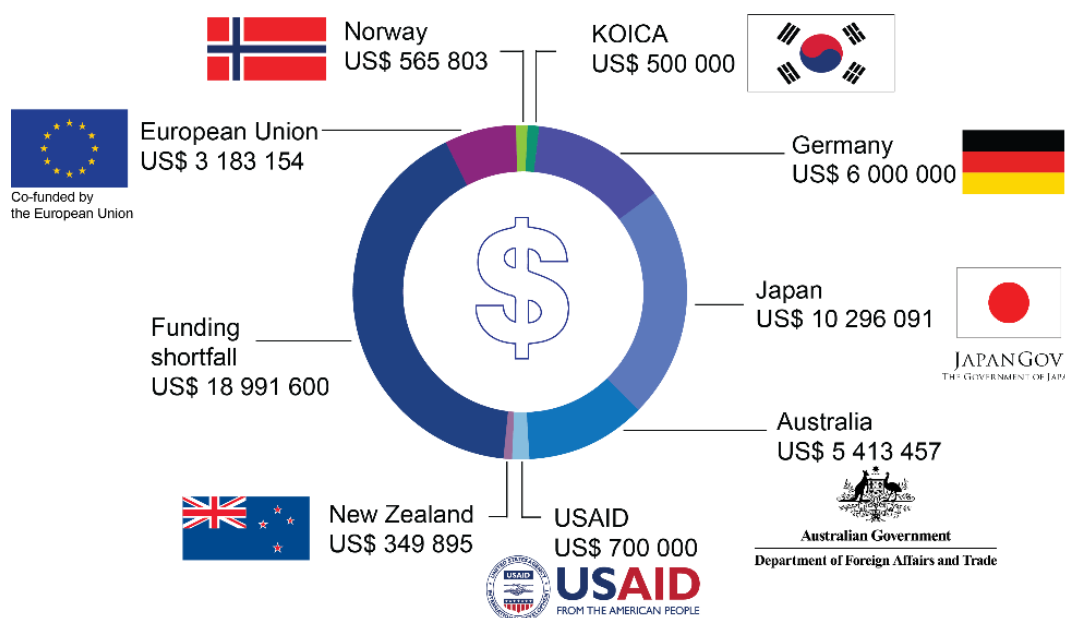


Fig. 13. WHO funding situation for COVID-19 response, August 2021.

COVID-19 AND MOBILITY ANALYSIS

- Mobility analysis can be used as a proxy to monitor population mobility during the implementation of movement restriction policies. Increased mobility may lead to increased interactions among people, which may affect COVID-19 transmission. More information on movement restriction policies implemented in Indonesia and previous analyses on mobility trends in Java and Bali are available in WHO [Situation Report 63 \(pages 27-31\)](#), [Situation Report 64 \(pages 34-38\)](#), [Situation Report 65 \(pages 30-33\)](#), [Situation Report 66 \(pages 29-33\)](#), [Situation Report 67 \(pages 24-28\)](#) and [Situation Report 68 \(pages 20-24\)](#). Updates on mobility analysis in DKI Jakarta, Banten and Central Java are presented in Fig. 14-16. Updates on mobility analysis in other provinces in Java and Bali are available [here](#).
- Considering the current epidemiological situation at national and subnational levels, on 23 August, the Government of Indonesia announced the continuation of implementation of level 3 and 4 PPKM until [30 August in Java and Bali](#) and [6 September in provinces outside Java and Bali](#). Level 4 PPKM will be implemented in 52 districts in Java-Bali and 34 districts outside Java-Bali.
- An increasing trend in community mobility was observed in all provinces in Java and Bali, particularly in transit stations and retail and recreation. A notable increase in community mobility in retail and recreation was observed particularly in Banten and Central Java, where pre-pandemic mobility levels have been reached. Formulation of a concrete plan is necessary to anticipate and mitigate the possible impact of increased mobility on transmission and health system capacity at national and subnational levels.

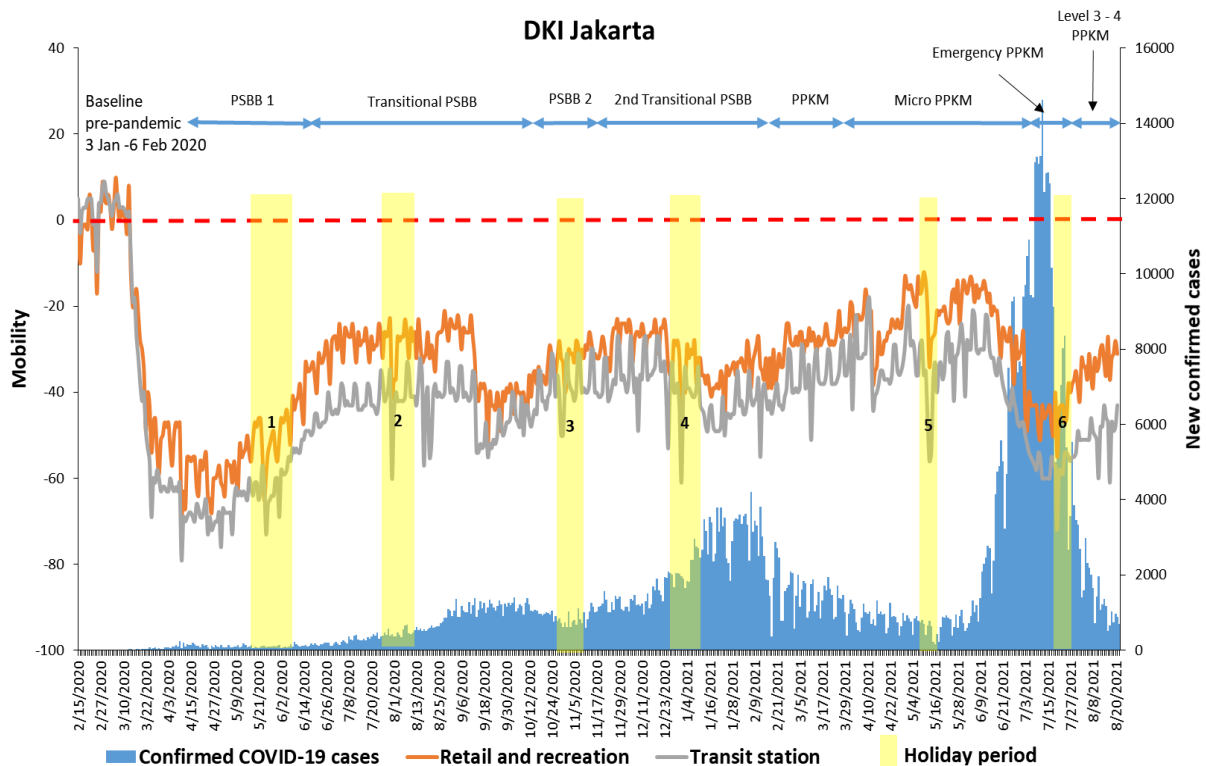


Fig. 14. Mobility analysis in DKI Jakarta, as of 21 August 2021

Holiday periods: 1. Eid al-Fitr 2020; 2. Eid al-Adha 2020; 3. Mawlid (Prophet Muhammad's Birthday) 2020; 4. Christmas and New Year 2021; 5. Eid al-Fitr 2021; 6. Eid al-Adha 2021.

Note: The baseline day is the median value from the 5-week period from 3 January to 6 February 2020 (prior to the first reported cases in Indonesia). Mobility is calculated for the report date (unless there are gaps) and reported as a positive or negative percentage change compared to the baseline day. *Source of data:* [mobility](#); [cases](#).

Disclaimer: Mobility analysis cannot demonstrate a cause and effect relationship between mobility and COVID-19 cases; interpretation should be based on the use of proxy measures for mobility to examine association with cases. This note and disclaimer apply to Fig. 14-16.

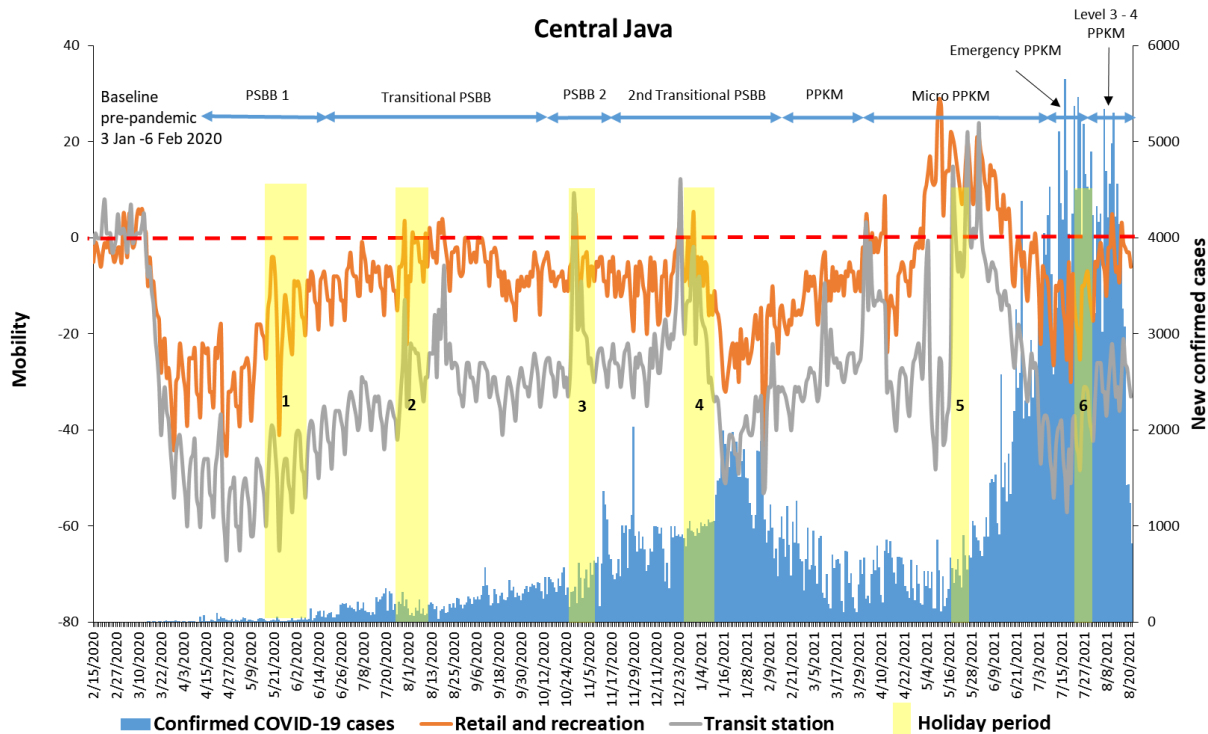


Fig. 15. Mobility analysis in Central Java, as of 21 August 2021. Source of data: [mobility](#); [cases](#).

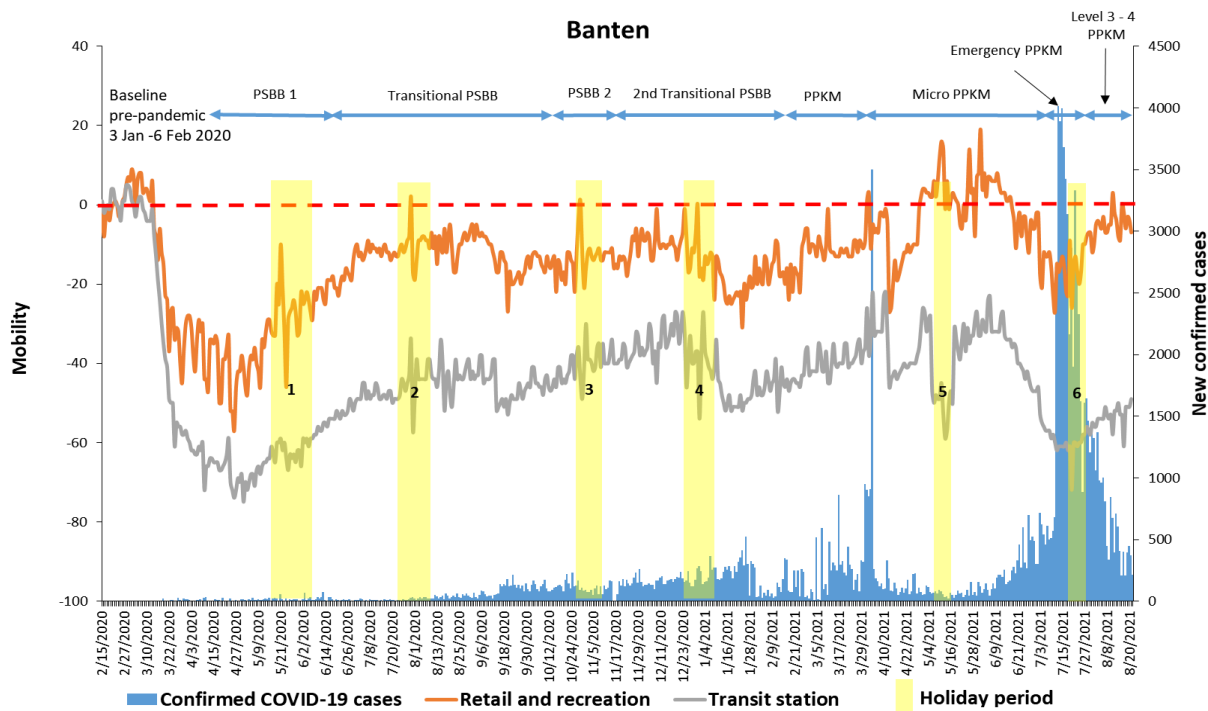


Fig. 16. Mobility analysis in Banten, as of 21 August 2021. Source of data: [mobility](#); [cases](#).

WEEKLY RISK ASSESSMENT

Table 2. Weekly risk assessment by province in Indonesia, as of 22 August 2021.

Province	Case incidence trend	New cases in last 7 days	Change in new cases in last 7 days (%)	New death in last 7 days	Change in new death in last 7 days (%)	Testing rate (per 1000 population per week)	Weekly positivity rate in the last 7 days (%)	2nd dose vaccination among target population (%)	2nd dose vaccination among older population (%)	Cumulative number of Delta variant cases reported
Aceh	Increase	2644	19%	132	36%	0.96	50.6%	9.5%	2.9%	18
North Sumatra	Increase	7663	-20%	205	-15%	1.89	27.5%	12.4%	15.2%	29
West Sumatra	Increase	2393	-37%	92	-32%	2.59	16.8%	8.7%	3.4%	75
Riau	Increase	4794	-31%	235	-25%	2.17	31.0%	14.0%	11.1%	6
Jambi	Increase	1845	-17%	51	-15%	1.16	43.1%	15.6%	17.3%	1
South Sumatra	Increase	1703	-42%	158	-17%	1.17	17.0%	11.6%	12.2%	9
Bengkulu	Increase	624	-48%	48	20%	0.86	35.8%	11.2%	12.0%	3
Lampung	Increase	2279	-24%	294	-16%	0.52	51.4%	7.5%	5.7%	3
Bangka Belitung Islands	Increase	2434	-27%	98	-30%	2.41	66.5%	14.6%	22.6%	5
Riau Islands	Decrease	1271	-32%	100	-22%	3.75	15.1%	27.5%	27.9%	3
DKI Jakarta	Decrease	5490	-39%	151	-40%	8.03	6.4%	59.5%	72.9%	576
West Java	Decrease	14062	-22%	1112	13%	0.95	29.7%	11.5%	13.5%	280
Central Java	Decrease	15056	-53%	2329	-16%	1.50	28.8%	13.3%	23.1%	190
DI Yogyakarta	Decrease	6150	-30%	285	-27%	8.24	19.2%	20.3%	28.6%	20
East Java	Decrease	14354	-31%	1570	-26%	1.30	27.7%	15.2%	13.3%	20
Banten	Decrease	2252	-43%	77	-51%	1.30	13.1%	14.0%	15.5%	20
Bali	Increase	6113	-38%	406	51%	7.89	17.7%	47.2%	33.0%	23
West Nusa Tenggara	Decrease	1334	-24%	39	400%	0.91	28.6%	8.3%	9.4%	42
East Nusa Tenggara	Increase	3499	-32%	78	-43%	1.39	45.5%	11.1%	7.1%	102
West Kalimantan	Increase	2176	-14%	95	53%	1.65	25.6%	10.4%	8.5%	28
Central Kalimantan	Increase	2052	-23%	47	-71%	2.20	33.7%	15.5%	21.1%	3
South Kalimantan	Increase	4238	-7%	207	6%	2.37	41.5%	11.2%	6.9%	1
East Kalimantan	Increase	5471	-39%	374	-22%	4.89	29.5%	14.9%	21.7%	187
North Kalimantan	Increase	2050	-27%	61	-47%	4.85	55.0%	11.9%	15.4%	16
North Sulawesi	Increase	1474	-25%	43	-34%	1.47	39.7%	14.7%	10.5%	8
Central Sulawesi	Increase	4159	-25%	172	-17%	1.34	100.0%	10.0%	6.4%	20
South Sulawesi	Increase	3844	-38%	152	-16%	2.37	18.2%	13.6%	7.8%	14
Southeast Sulawesi	Increase	562	-27%	25	-22%	0.71	28.6%	11.2%	5.0%	0
Gorontalo	Increase	581	-39%	52	-10%	1.62	29.4%	12.7%	5.8%	1
West Sulawesi	Increase	656	-41%	32	0%	0.91	51.2%	9.4%	4.3%	0
Maluku	Decrease	157	-60%	7	75%	1.03	8.3%	8.7%	9.0%	9
North Maluku	Decrease	219	-43%	21	50%	1.76	9.7%	7.6%	3.5%	0
West Papua	Increase	321	-81%	16	-20%	5.88	5.6%	13.3%	5.6%	12
Papua	Increase	1182	-10%	20	-33%	1.33	25.9%	10.5%	4.4%	12

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

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, older persons, vulnerable populations and people aged 18 years and above and children (aged 12-17 years).

- Continuous action is needed to address the surge of cases, notably in provinces in light red (North Sumatra, West Sumatra, Riau, Bangka Belitung Islands, West Java, Central Java, DI Yogyakarta, East Java, Bali, East Nusa Tenggara, East Kalimantan, North Kalimantan and Gorontalo) and in yellow.
- Continuous implementation of PHSM throughout the country is important, even as the national vaccination coverage increases and expands to additional target groups. PHSM works in the context of variants of concern (VOCs) as demonstrated in India (see [Situation Report 60: Lessons Learned](#)) and has proven critical to limiting transmission of COVID-19 and reducing deaths.⁷
- Increased testing rates were observed in several districts and provinces during the implementation of emergency PPKM. However, as of 22 August, seven out of 34 provinces did not achieve the recommended benchmark of 1 person tested per 1000 population per week: Aceh, Bengkulu, Lampung, West Java, West Nusa Tenggara, Southeast Sulawesi and West Sulawesi. High test positivity proportion ($\geq 20\%$) is still observed in 23 provinces and remains a concern. It is crucial to continue strengthening testing, contact tracing, timely isolation and quarantine in all provinces to break the chain of transmission.
- As of 22 August, the BOR in ICU wards remained above 70% in four provinces (East Kalimantan, Bali, Bangka Belitung Islands and Riau).⁸ Despite the government's efforts to improve the situation in Bali, there was a 51% increase in the number of deaths over the past week compared to the previous week. As of the same week, East Kalimantan reported the highest weekly number of confirmed deaths per 100 000 population among all provinces and ICU BOR of 74%. It is highly important to further improve planning and actions to respond to the surge of cases and increased mortality at subnational level, including obtaining data on the needs of critical and lifesaving medical supplies such as oxygen, ventilators and medicines to treat COVID-19 patients.
- The coverage of second-dose vaccination among the older population continues to be low in most provinces. As of 22 August, only DKI Jakarta recorded above 70% coverage among this target group; 16 provinces still reported second-dose coverage below 10%. Continued efforts to further improve the accessibility and awareness of the benefits of COVID-19 vaccination among older and high-risk populations remain critical to reduce morbidity and mortality.

⁷ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

⁸ <https://www.kemkes.go.id/article/view/21081700003/Data-Ketersediaan-Tempat-Tidur-RS-COVID-19.html>

RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 3. Title and details of recent WHO resource materials

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

Title	Details
WHO Weekly Epidemiological Update on COVID-19 (Edition 54) , 24 August 2021	This edition includes epidemiological updates as of 22 August 2021 with a special focus on the phenotypic characteristics of SARS-CoV-2 variants of concern (VOCs), Alpha, Beta, Gamma and Delta, and their geographic distribution.
Episode 50 of Science in 5 , WHO's series of conversations in science, 20 August 2021	Dr Soumya Swaminathan, the Chief Scientist at WHO, explains natural and vaccine-induced immunity in the context of COVID-19.

A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:

- [Clinical management of patients with COVID-19: General considerations](#)
- [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:

- [Guidance for surveillance of SARS-CoV-2 variants: Interim guidance, 9 August 2021](#)
- [Training on handling, storing and transporting Pfizer BioNTech COVID-19 Vaccine COMIRNATY® \(Tozinameran\)](#)

Infographics:

- [Vaccination facts](#)
- [Health facilities](#)
- [Vaccine facts](#)
- [Asymptomatic COVID-19](#)
- [Young people and COVID-19](#)
- [Managing COVID-19 at home: Checking blood oxygen levels](#)



Questions and answers:

- [How to talk about vaccines](#)
- [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](#)