

Coronavirus Disease 2019 (COVID-19)

Situation Report - 70



World Health
Organization

Indonesia

1 September 2021

HIGHLIGHTS

- As of 1 September, the Government of Indonesia reported 4 100 138 (10 337 new) confirmed cases of COVID-19, 133 676 (653 new) deaths and 3 776 891 recovered cases from 510 districts across 34 provinces.¹ As of the same date, the number of people fully vaccinated per 100 population was 13.4 nationwide; DKI Jakarta reported the highest number among all provinces (56.3).²
- As of 29 August, the weekly case incidence per 100 000 population nationwide, in Java-Bali and non-Java-Bali regions were 48.6, 44.0 and 54.9, respectively. The weekly case incidence in non-Java-Bali region has remained at the level of high incidence over the past six weeks.
- From 23 to 25 August, WHO supported the Ministry of Health to conduct a monitoring meeting to review the implementation of Intra-Action Review (IAR) recommendations. During the meeting, achievements in response were shared, persistent challenges and gaps were identified and recommendations for the ten pillars of the COVID-19 response were formulated (page 13).

COVID-19 Situation in Indonesia

(as of 1 September 2021)



Confirmed cases
4 100 138



Deaths
133 676



Recovered cases
3 776 891



People tested
21 621 776



Total vaccinated

Fully
vaccinated
36 454 433

Partially
vaccinated
27 775 457



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 26 August to 1 September 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>

² <https://vaksin.kemkes.go.id/#/vaccines>

GENERAL UPDATES

- PT Mass Rapid Transit (MRT) Jakarta observed a significant increase in MRT ridership during the implementation of restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) level 3 from 12 to 29 August. The President Director of PT MRT Jakarta reported that the number of Jakarta MRT passengers during this period was 127 103, an increase of more than 140% compared to 52 497 passengers recorded during the implementation of level 4 PPKM from 27 July to 11 August. The average daily number of MRT passengers has increased to 7061, compared to 3281 passengers during level 4 PPKM. According to their data, PT MRT Jakarta noted that the trend continues to increase every week.³
- The Chairman of the National Coalition on Waste (Koalisi Persampahan Nasional (KPNas)) noted that a surge in healthcare waste remains a concern as Indonesia continues to face the COVID-19 pandemic. He stated that by law, healthcare waste is classified as hazardous waste and requires incineration to prevent the spread of diseases. However, due to the lack of supervision and law enforcement, as well as insufficient certified incinerators across the country, some healthcare waste was disposed of in landfills, which are meant for household waste. According to the Indonesian Hospital Association, hospitals across the country produced around 290 tonnes of medical waste per day prior to the pandemic. The figure has since increased to 493 tonnes per day. In addition, the amount of medical waste generated from isolation facilities and households remains unknown.⁴
- Many COVID-19 related hoaxes continue to widely circulate in the community, including those on vaccines. During a talk show on 27 August, the government spokesperson for the COVID-19 response emphasized that it is still very important for those who have been infected by COVID-19 to get vaccinated. She explained that vaccines reduce the risk of severe illnesses and mortality. She also dismissed the notion that health protocols need not be followed post-vaccination and reiterated that vaccination does not guarantee 100% protection against the virus. Therefore, strict adherence to health protocols remains critical to prevent transmission in the community. In addition, the spokesperson debunked the false information that children are immune to COVID-19, stating that the death rate due to COVID-19 among children in Indonesia was relatively high compared to other countries.⁵

³ <https://megapolitan.kompas.com/read/2021/08/31/16501431/jumlah-penumpang-mrt-naik-142-persen-sejak-jakarta-ppkm-level-3>

⁴ https://www.channelnewsasia.com/asia/surge-medical-waste-public-health-problem-indonesia-covid-19-rages-2132476?utm_source=dlvr.it&utm_medium=twitter

⁵ <https://en.antaranews.com/news/186322/govt-spokesperson-dispels-covid-19-related-hoaxes>

SURVEILLANCE

- On 1 September, 10 337 new and 4 100 138 cumulative cases were reported nationwide. The weekly number of cases from 23 to 29 August was 94 375, a decrease of 25% compared to the previous week. As of 1 September, Indonesia reported 653 new and 133 676 cumulative number of COVID-19 deaths. The weekly number of new deaths from 23 to 29 August was 5551, a decrease of 37% compared to the previous week (Fig. 2).

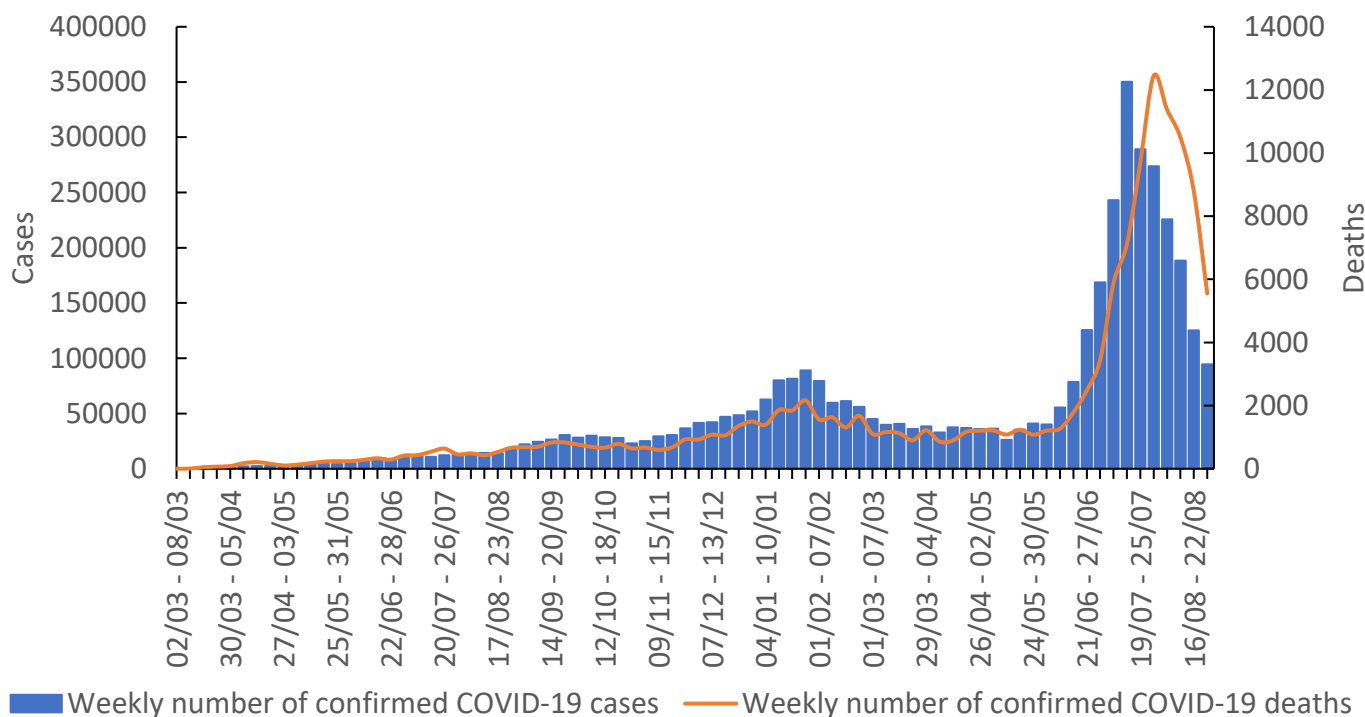


Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 29 August 2021. [Source of data](#)

Disclaimer: Prior to 10 February 2021, SARS-CoV-2 diagnosis was conducted using polymerase chain reaction (PCR). Since this date, 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 29 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 48.6, 44.0 and 54.9, respectively (Fig. 3). Nationwide, the weekly case incidence has declined to the level of moderate incidence (CT2). A similar trend was observed in Java-Bali region. However, the weekly case incidence in non-Java-Bali region has remained at the level of high incidence (CT3) over the past six weeks. Province and district level analyses are needed to evaluate these trends.

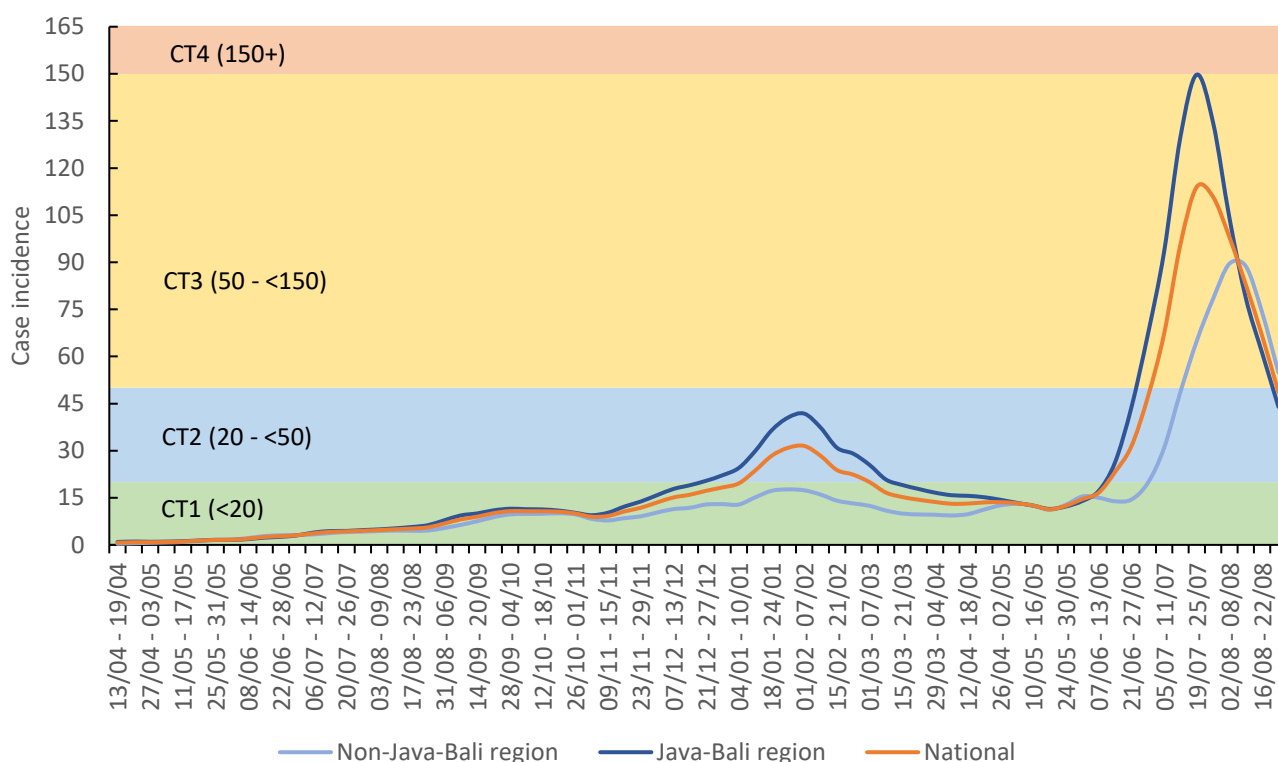


Fig. 3. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 29 August 2021, classified by level of community 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 23 to 29 August, four provinces (highlighted in light red) remained at the highest level of community transmission (CT4), with incidence rates per 100 000 population of 272.6 in North Kalimantan, 171.3 in Bangka Belitung Islands, 164.5 in DI Yogyakarta and 152.9 in East Kalimantan (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 11 provinces at community transmission level 3 (CT3).

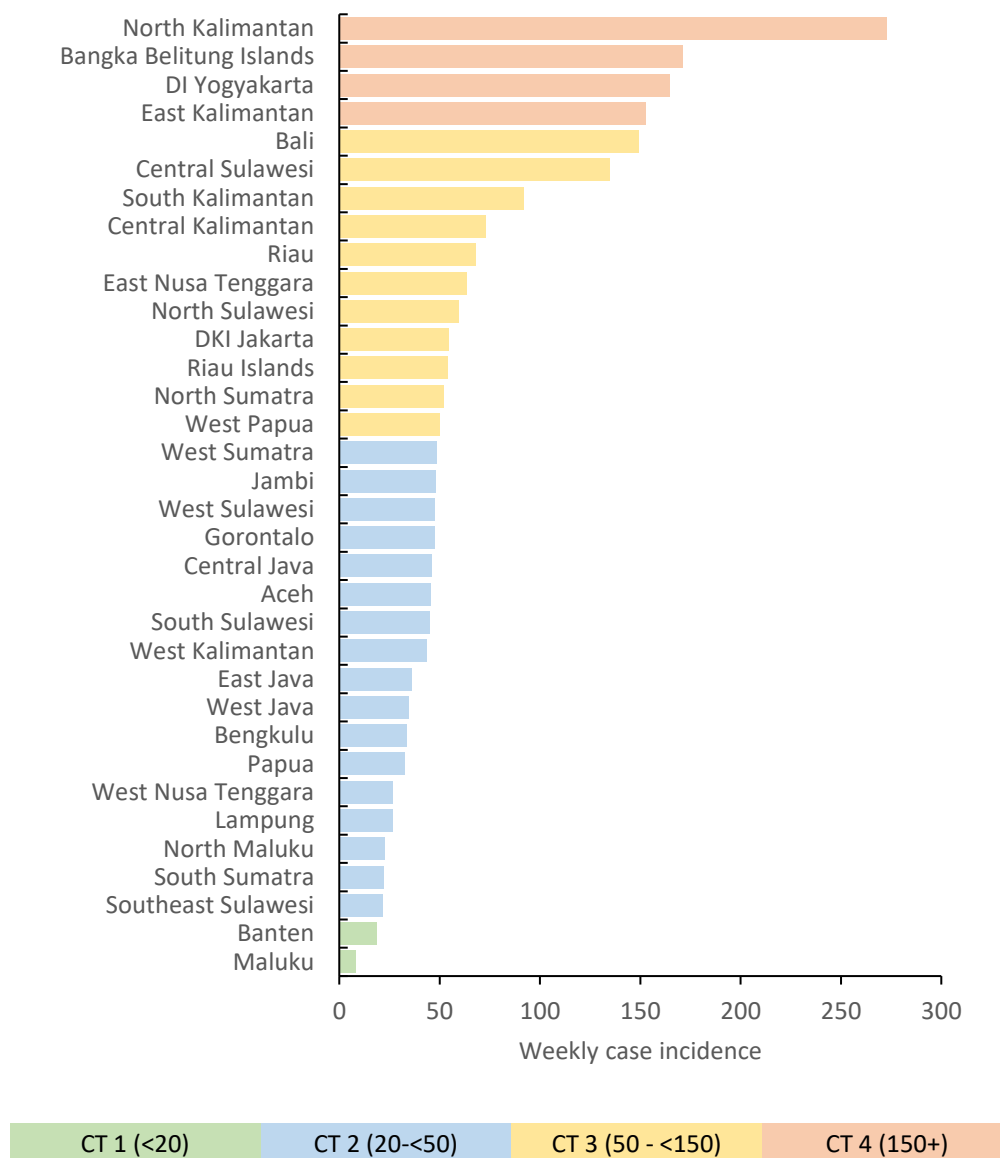


Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 23 to 29 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](#)

- As of 29 August, the region of Kalimantan recorded the highest case incidence per 100 000 population in the country. East and North Kalimantan provinces mainly contributed to the increase in new cases in this region in the last seven weeks. Sulawesi and Sumatra regions 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 five weeks (Fig. 5). Details of case incidence in each province are available [here](#).

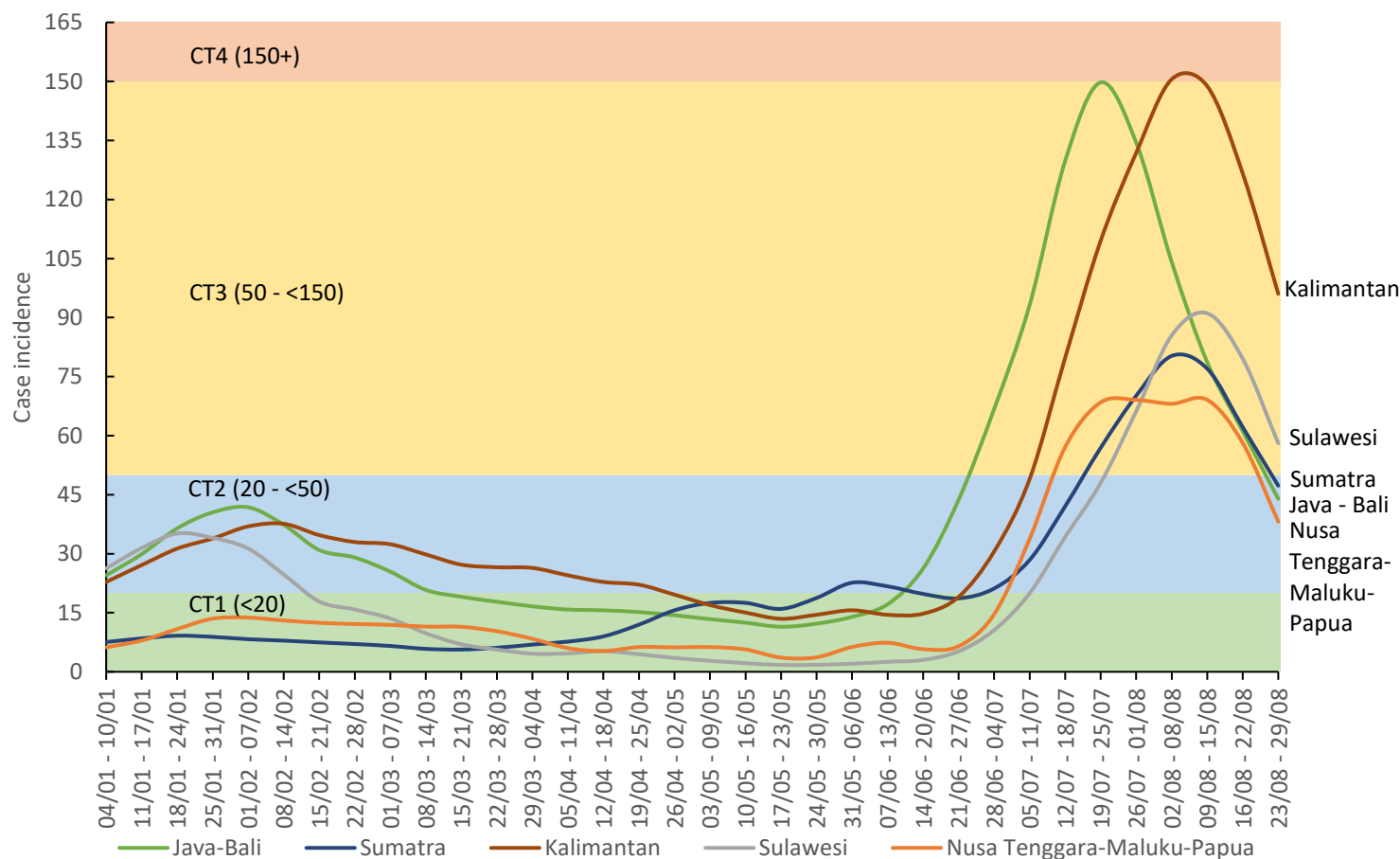


Fig. 5. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January to 29 August 2021, classified by level of community transmission (CT1): CT1: low incidence; 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). From mid-June until mid-August, the positivity proportion reached CT4 (very high incidence). During the week of 23 to 29 August, the positivity proportion declined to 12.1% from 18.2% in the previous week (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 29 August, 29 out of 34 provinces have reached this minimum case detection benchmark (Table 2. Weekly Risk Assessment, page 19).

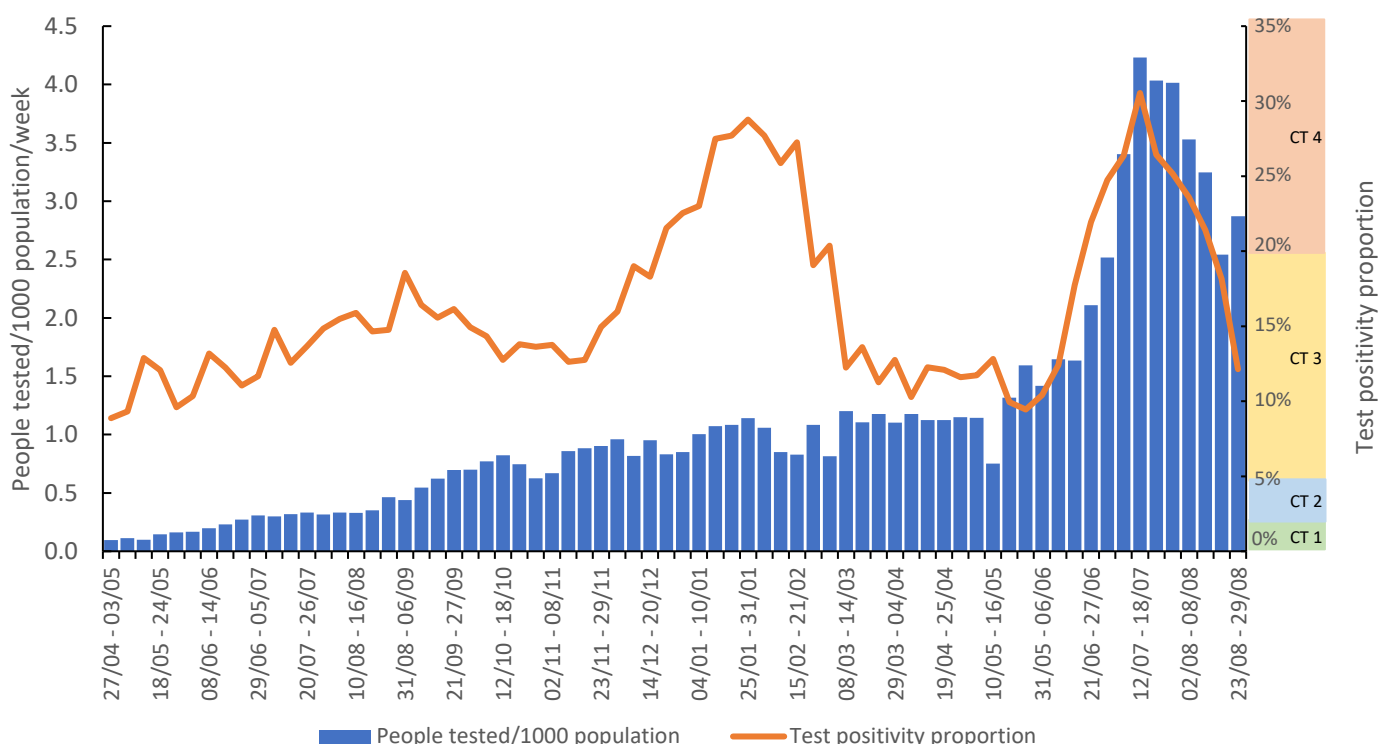


Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 29 August 2021, classified by level of community transmission (CT): CT1: low incidence (<2%); CT2: moderate incidence (2% - <5%); CT3: high incidence (5% - <20%); CT4: very high incidence (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 29 August, East Kalimantan reported the highest weekly number of confirmed COVID-19 deaths per 100 000 population (9.3), followed by North Kalimantan (8.9), Bali (8.3), DI Yogyakarta (7.6), Bangka Belitung Islands (7.2), Central Java (5.5) and Central Sulawesi (5.4), which remained at CT4, the highest level of community transmission (Fig. 7).

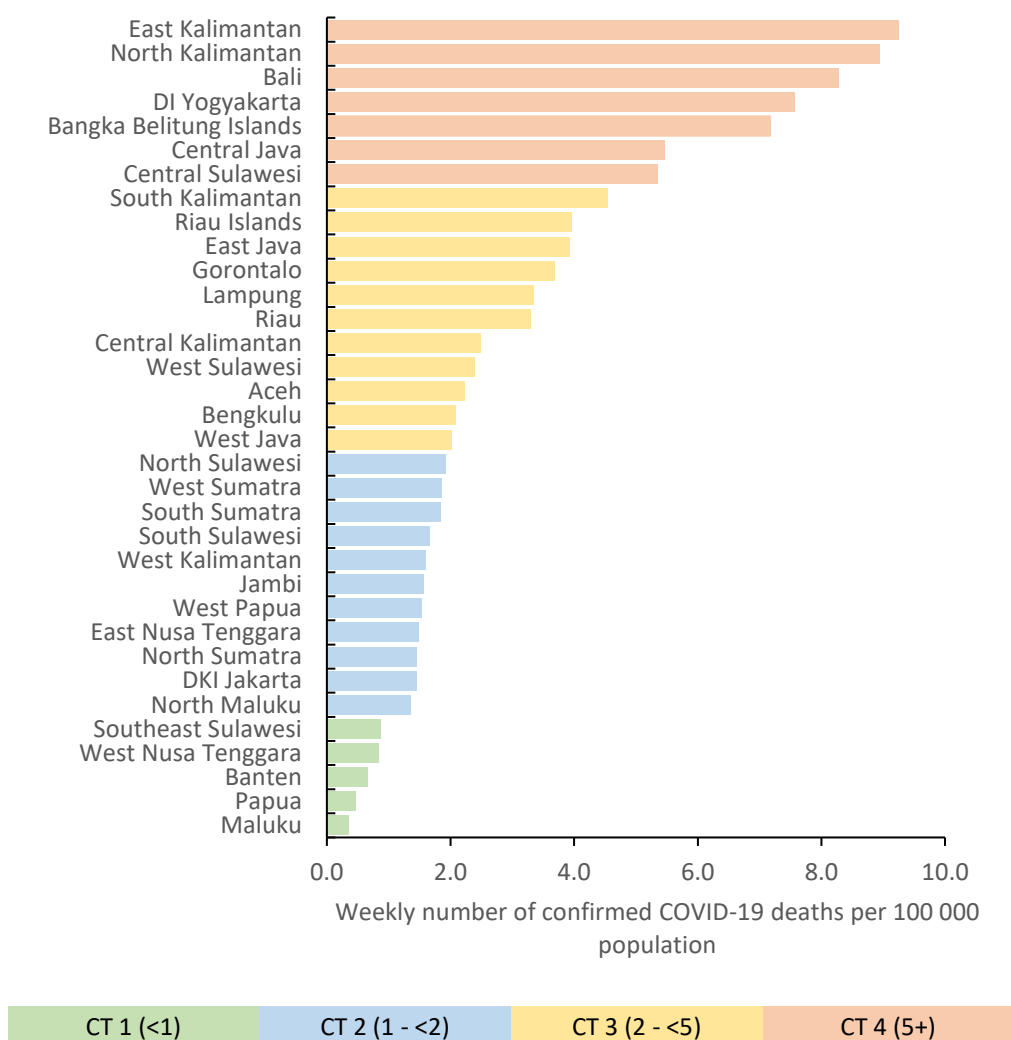


Fig. 7. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 23 to 29 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [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 23 to 29 August, the number of confirmed COVID-19 deaths in Indonesia was 3.0 deaths per 100 000 population, compared to 3.8 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. A similar 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 23 to 29 August, the weekly number of confirmed COVID-19 deaths per 100 000 population decreased after the surge in deaths in both Java-Bali and non-Java-Bali regions, but remained at CT3 (high incidence) (Fig. 8).

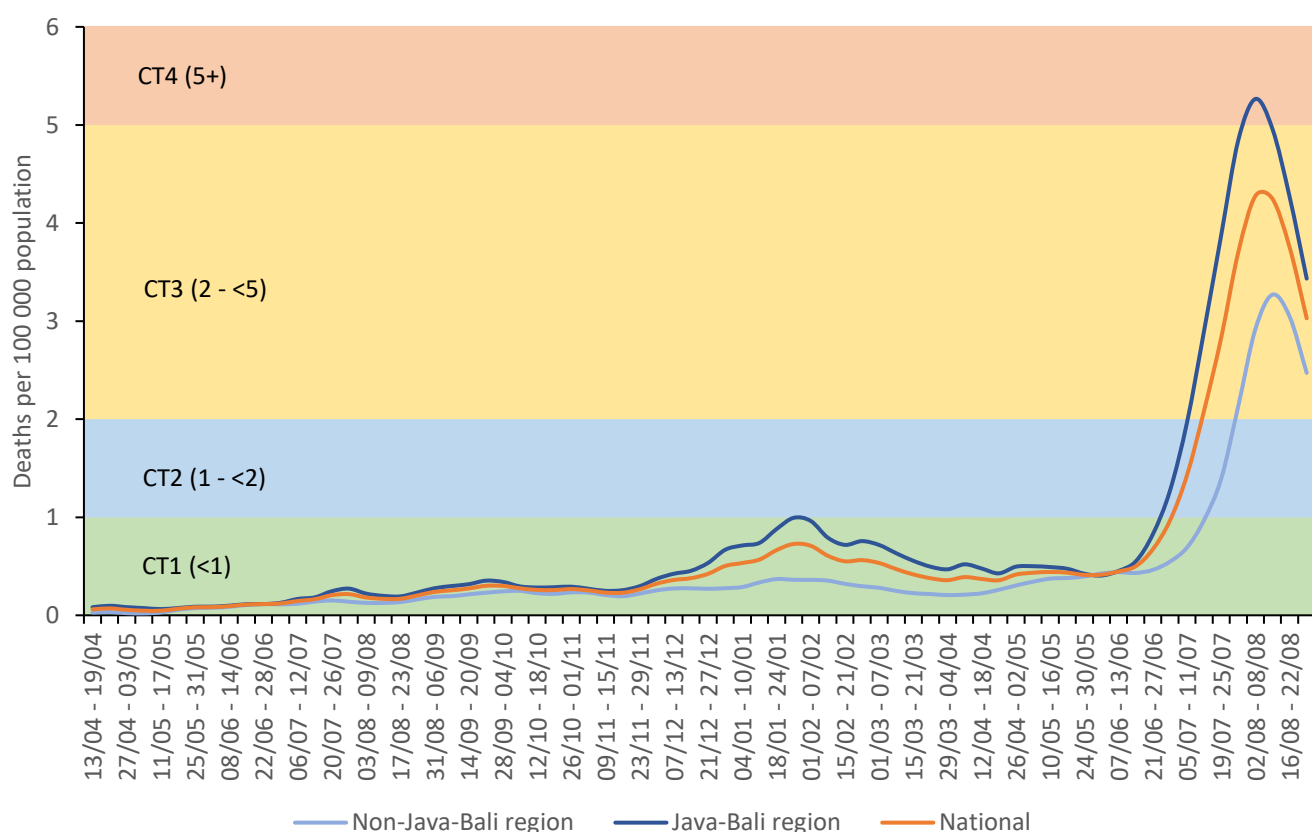


Fig. 8. Weekly number of confirmed COVID-19 deaths per 100 000 population at national level and in Java-Bali and non-Java-Bali regions, as of 29 August 2021. [Source of data](#)

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 30 August, the number of people tested using NAAT decreased significantly to 19 458, compared to the highest recorded number on 15 July (119 586). In this same time period, the proportion of people tested using NAAT (vs. Ag-RDT) also decreased from 64.5% to 24.9%. 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.

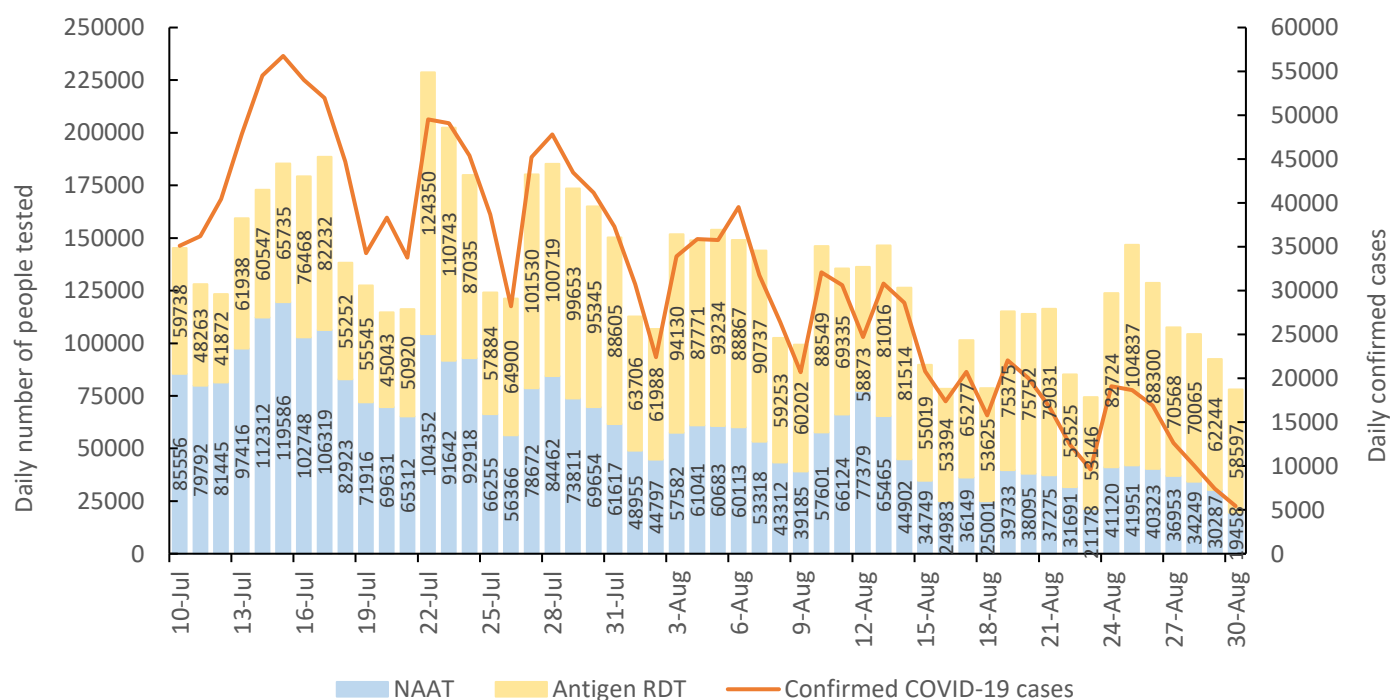


Fig. 9. Number of confirmed COVID-19 cases and people tested per day, from 10 July to 30 August 2021.

[Source of data](#)

- On 29 August, the number of COVID-19 cases hospitalized in DKI Jakarta decreased to 2256 cases from 2947 cases one week prior, on 22 August. In the same time period, the number of cases in self-isolation slightly decreased to 5497 cases from 5584 cases (Fig. 10). In the new guidelines of clinical management of COVID-19 (KMK No. 5671/2021), MoH provides detailed eligibility criteria and management of care for COVID-19 patients in isolation, both at home and in centralized facilities.

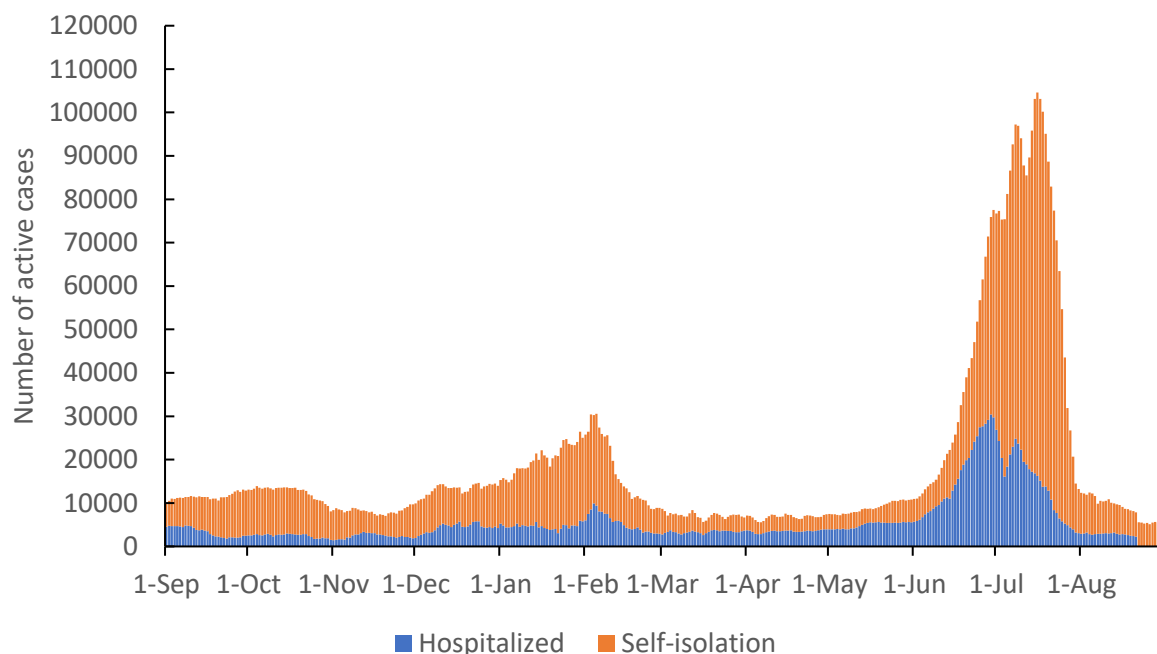


Fig. 10. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 29 August 2021. [Source of data](#)

- Based on the data published by the Ministry of Health (MoH), the overall bed occupancy rate (BOR) in COVID-19 referral hospitals continued to decline over the past two weeks. As of 29 August, BOR at the national level was 26% compared to 41% recorded on 16 August. As of the same day, BOR in intensive care unit (ICU) wards was 38% compared to 51% on 16 August.
- In July and August 2021, the Government of Indonesia implemented several short-term strategies to meet the oxygen needs of COVID-19 patients. These strategies included: conversion of 90% industrial oxygen into medical oxygen, development of oxygen monitoring dashboard embedded into the online-based Hospital Information Systems (Sistem Informasi Rumah Sakit (SIRS)) and procurement of oxygen concentrators and International Organization for Standardization (ISO) tanks. As of 27 August, MoH have distributed more than 10 000 oxygen concentrators to health facilities across the country. A total of 59

ISO tanks were available as of 28 August, including 24 ISO tanks donated by the Government of Singapore. Further improvement will be implemented until the end of 2021 to meet the remaining gaps, including installation of ISO tanks and Pressure Swing Adsorption (PSA) oxygen generation plants.

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:](#)

- [Delta variant](#)



Fig. 11. WHO infographics on '[Delta variant](#)', August 2021.

RISK AND NEEDS ASSESSMENT, AND PLANNING

- From 23 to 25 August, WHO supported MoH to conduct a monitoring meeting to review the implementation of Intra-Action Review (IAR) recommendations. During the meeting, achievements in response were shared, persistent challenges and gaps were identified and recommendations for the ten pillars of the COVID-19 response were formulated. Priority recommendations include:
 - 1) Review of the COVID-19 response plan, with adoption of a cluster approach in the command and coordination structure.
 - 2) Ensure the availability of integrated logistic information system.
 - 3) Engage volunteers, cadres, including Indonesian Red Cross (Palang Merah Indonesia (PMI)) volunteers and university students, to enhance testing, tracing and isolation.
 - 4) Improve data quality and analysis through organizing regular technical meetings with epidemiologists and experts.
 - 5) Improve timeliness and completeness of Influenza-Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance to monitor COVID-19 trends.
 - 6) Develop guidelines for waste management at health facilities.
 - 7) Continue public campaigns, including for vaccination, through various risk communication channels involving communities and ensure timely hoax management.
 - 8) Improve implementation of telemedicine for essential health services.
 - 9) Continue monitoring of indicators for public health and social measures (epidemiology and response capacity).
 - 10) Review vaccination acceleration strategy to improve the vaccination target to reach two million people per day.

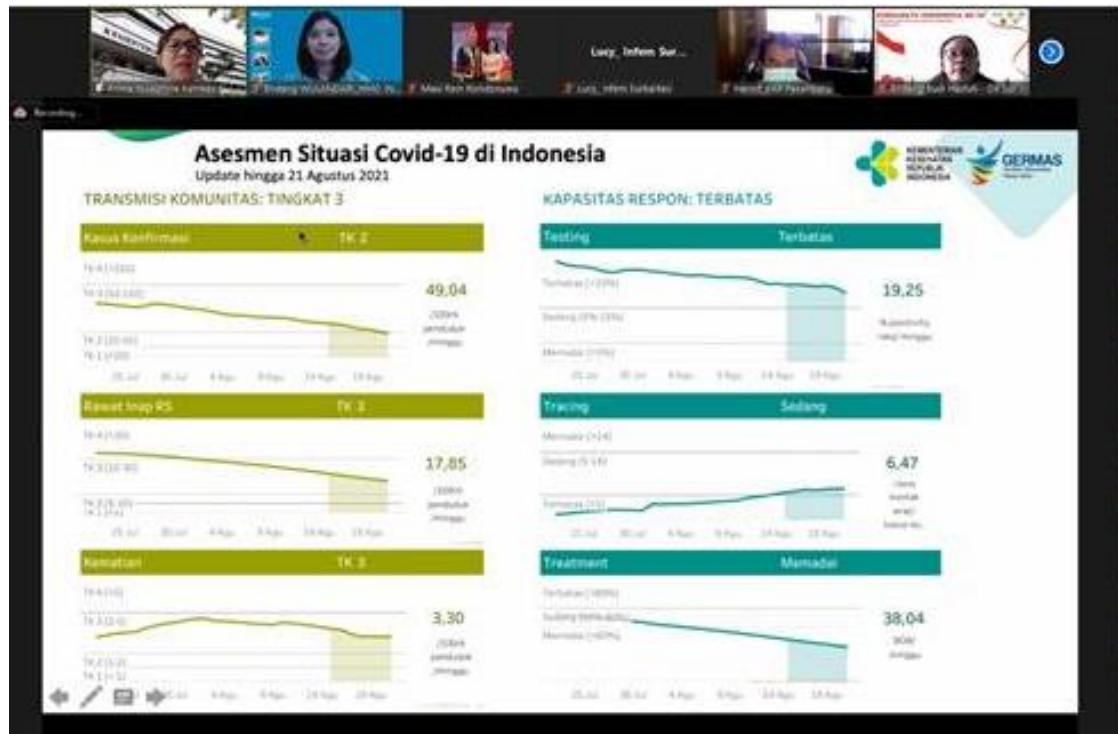


Fig. 12. Monitoring meeting to review the implementation of Intra-Action Review (IAR) recommendations, organized by the Ministry of Health from 23 to 25 August 2021. Credit: WHO/Endang Wulandari

- On 26 August, WHO supported MoH to conduct the COVID-19 risk assessment for the 20th National Sport Events (Pekan Olahraga Nasional (PON) XX), which will be held in Papua in October 2021. The meeting was attended by more than 60 participants from MoH, Papua Provincial Health Office (PHO), selected District Health Offices (DHOs), public health laboratories and relevant stakeholders. WHO presented '[WHO mass gathering COVID-19 risk assessment tool - sports events](#)' and '[Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19](#)' and supported MoH to facilitate a discussion on COVID-19 risk assessment for PON. During the risk assessment exercise, priority gaps were identified, and recommendations were formulated to improve COVID-19 prevention and mitigation during the implementation of PON XX in Papua.

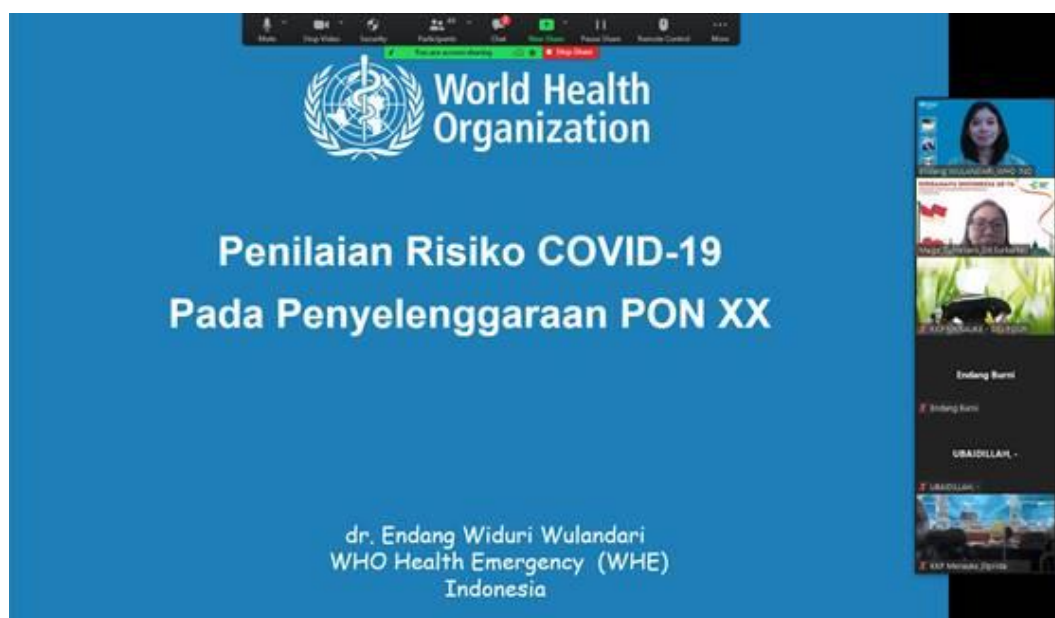


Fig. 13. WHO supported the Ministry of Health to conduct COVID-19 risk assessment for the 20th National Sports Events (Pekan Olahraga Nasional (PON)), organized on 26 August 2021. Credit: WHO/Endang Wulandari

VACCINATION

- As of 1 September, 100 684 323 vaccine doses have been administered in the national COVID-19 vaccination campaign; 27 775 457 people (13.3% of the target population) have been partially vaccinated⁶ and 36 454 433 people (17.5% of the target population) have been fully vaccinated. The weekly trend of COVID-19 vaccine doses administered from 23 to 29 August was 7 202 799 doses, an increase compared to 6 263 103 doses in the previous week. As of 1 September, the number of people fully vaccinated per 100 population was 13.4 nationwide; DKI Jakarta reported the highest number of people fully vaccinated per 100 population (56.3), followed by Bali (41.0), Riau Islands (22.1) and East Java (14.4) (Fig. 14).

⁶ Partially vaccinated calculation = number of people who have received the first dose subtracted by the number of people who have received the second dose.

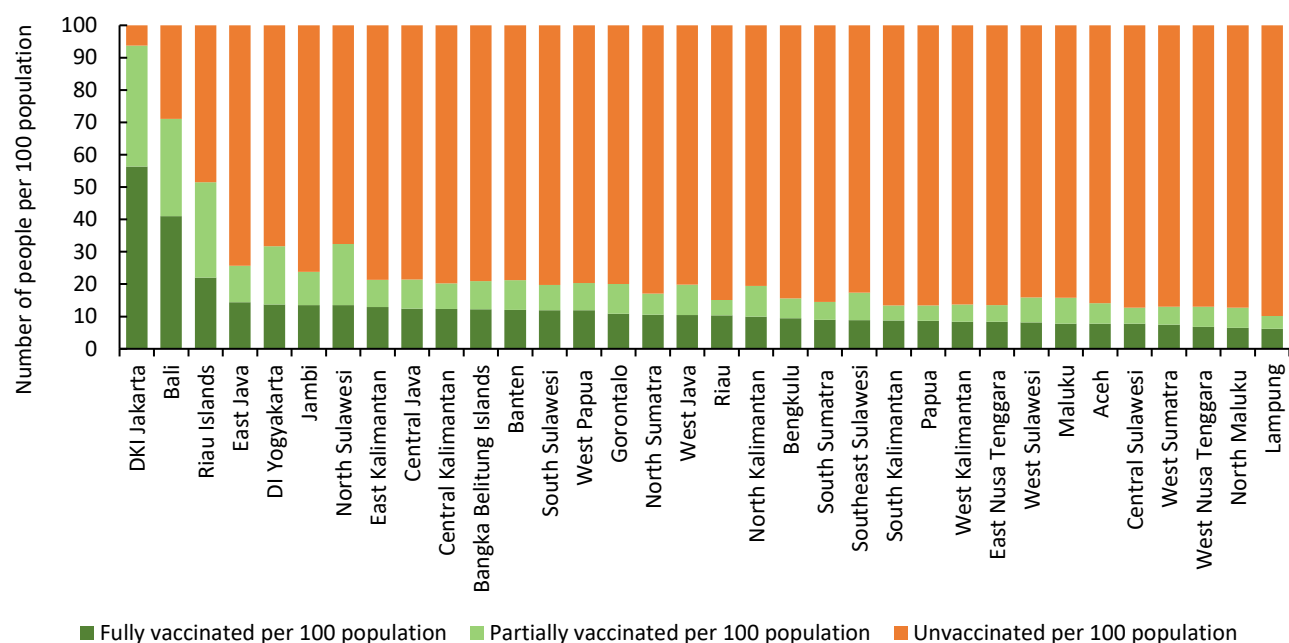


Fig. 14. Number of people fully vaccinated, partially vaccinated and unvaccinated (zero dose) for COVID-19 per 100 total population by province in Indonesia, as of 1 September 2021. [Source of data](#)

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 1 September 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	120 417	8.2	1 532 177	104.3	0	0
Older people	21 553 118	1 535 209	7.1	3 776 532	17.5	16 241 377	75.4
Essential public service workers	17 327 167	14 829 558	85.6	19 390 587	111.9	0	0

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of unvaccinated	%
General population	141 211 181	10 078 589	7.1	9 452 643	6.7	121 679 949	86.2
Children aged 12-17	26 705 490	894 576	3.3	1 796 315	6.7	24 014 599	89.9
Eligible target population	208 265 720	27 775 457	13.3	36 454 433	17.5	144 035 830	69.2

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 1 September, provinces with the highest percentage of unvaccinated (zero dose) health workers were Papua (18.1%) and Maluku (11.7%). In 30 out of 34 provinces, more than 60% of their older populations remained unvaccinated. Eight provinces reported a proportion of unvaccinated older populations greater than or equal to 90%: Aceh, West Sumatra, North Maluku, Papua, Lampung, West Papua, Southeast Sulawesi and West Sulawesi.
- An increase in the weekly trend of vaccine doses administered was observed in 21 out of 34 provinces compared to the previous week. Among the older population, however, a declining trend of weekly vaccine doses administered was observed in 18 provinces, including in six provinces which reported proportion of unvaccinated older populations greater than or equal to 90%: Aceh, West Sumatra, Southeast Sulawesi, North Maluku and West Papua. As of 30 August, provinces which showed a high increase in their weekly trend of doses administered (compared to the previous week) among older population were: Gorontalo (41.8%), DI Yogyakarta (38.3%) and Bangka Belitung Islands (34.7%). Details of vaccination by province and target populations are available [here](#).
- As part of the government's initiative to reopen Bali for tourism, the Governor of Bali has proposed eleven select areas in Denpasar City and Badung and Gianyar Districts to be the 'green zone' areas of COVID-19. To support the initiative, MoH assisted Bali Provincial Government in the preparatory planning and actions needed, including acceleration of COVID-19 vaccination. As part of the efforts, on 24 August, WHO supported MoH in conducting rapid community assessment and data validation to understand vaccination gaps and needs to reach the remaining target population in these areas.

PARTNER COORDINATION

- 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 September 2021 (Fig. 15).

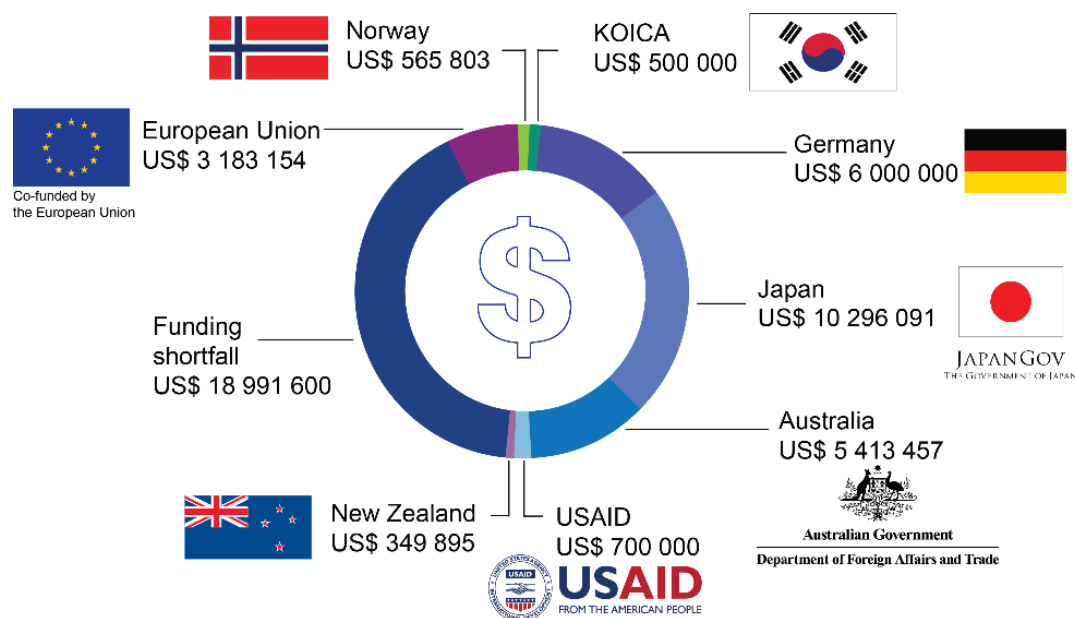


Fig. 15 WHO funding situation for COVID-19 response, September 2021.

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 \(pages 24-28\)](#), [Situation Report 68 \(pages 20-24\)](#) and [Situation Report 69 \(pages 16-18\)](#). Updates on mobility analysis in West Java, Central Java and Banten are presented in Fig. 16-18. Updates on mobility analysis in other provinces in Java and Bali are available [here](#).
- Considering the current epidemiological situation at national and subnational level, on 30 August, the Government of Indonesia announced the continuation of the implementation of level 3 and 4 PPKM in [Java and Bali](#) and [in provinces outside Java and Bali](#). From 31 August until 6 September, level 4 PPKM will be implemented in 25 districts in Java and Bali (previously 51 districts) and 85 districts outside Java and Bali (previously 104 districts).⁷
- 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 West Java, Central Java and Banten, 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.

⁷ <https://covid19.go.id/berita/penanganan-covid-19-membaik-pemerintah-sesuaikan-level-ppkm-di-beberapa-wilayah>

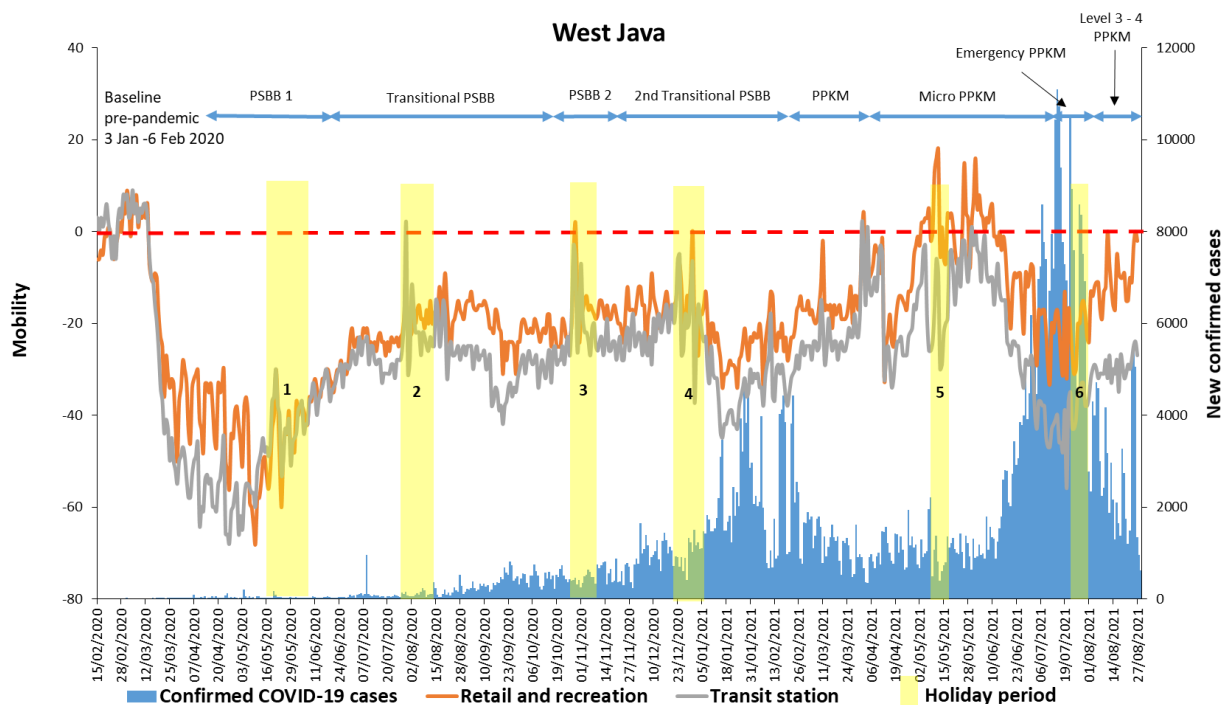


Fig. 16. Mobility analysis in West Java, as of 27 August 2021

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. 16-18.

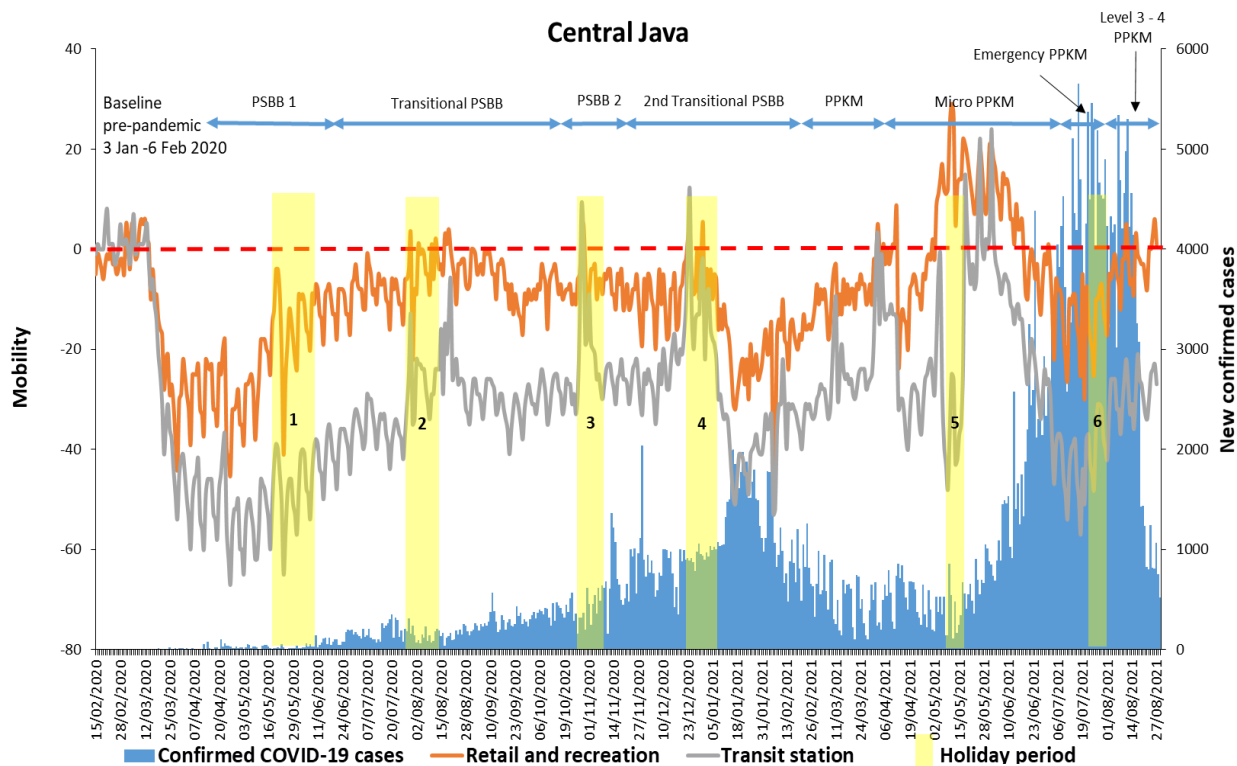


Fig. 17. Mobility analysis in Central Java, as of 27 August 2021. Source of data: [mobility](#); [cases](#).

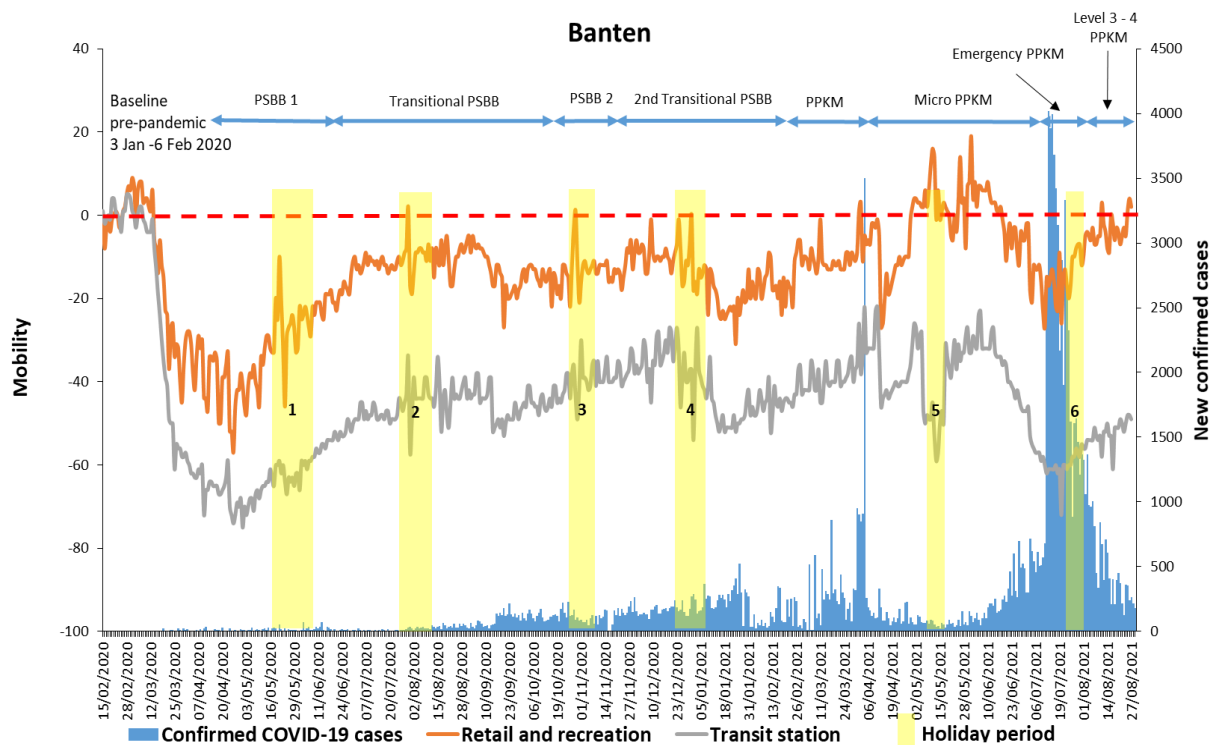


Fig. 18. Mobility analysis in Banten, as of 27 August 2021. Source of data: [mobility](#); [cases](#).

WEEKLY RISK ASSESSMENT

Table 2. Weekly risk assessment by province in Indonesia, as of 29 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 proportion in the last 7 days (%)	2nd dose vaccination among target population (%)	2nd dose vaccination among older population (%)	Cumulative number of Delta variant cases reported	BOR ICU
Aceh	Increase	2342	-11%	128	-3%	1.06	40%	10.1%	3.2%	18	56%
North Sumatra	Decrease	6094	-20%	222	8%	1.91	22%	13.3%	15.7%	73	59%
West Sumatra	Decrease	2158	-10%	85	-8%	2.44	16%	9.3%	3.7%	75	47%
Riau	Decrease	3309	-31%	193	-18%	1.94	24%	14.7%	11.4%	30	63%
Jambi	Decrease	1059	-43%	68	33%	0.79	36%	17.6%	18.3%	1	50%
South Sumatra	Decrease	1286	-24%	133	-16%	1.07	14%	12.2%	12.4%	9	43%
Bengkulu	Decrease	424	-32%	42	-13%	0.88	24%	11.9%	12.3%	3	22%
Lampung	Decrease	1609	-29%	179	-39%	0.40	47%	7.8%	5.8%	4	45%
Bangka Belitung Islands	Decrease	2220	-9%	113	15%	2.61	56%	15.5%	23.0%	27	68%
Riau Islands	Decrease	726	-43%	55	-45%	3.82	8%	30.6%	28.9%	3	40%
DKI Jakarta	Decrease	3909	-29%	74	-51%	7.56	5%	67.5%	74.2%	751	33%
West Java	Decrease	20189	44%	922	-17%	1.00	40%	13.1%	14.0%	322	37%
Central Java	Decrease	5999	-60%	530	-77%	1.93	9%	14.5%	23.6%	191	35%
DI Yogyakarta	Decrease	4534	-26%	206	-28%	7.87	15%	23.7%	29.5%	20	48%
East Java	Decrease	8900	-38%	1214	-23%	1.07	21%	16.8%	14.1%	20	38%
Banten	Decrease	1737	-23%	48	-38%	1.29	10%	15.9%	15.9%	22	39%
Bali	Decrease	4013	-34%	329	-19%	4.47	21%	51.3%	34.4%	24	59%
West Nusa Tenggara	Decrease	1048	-21%	38	-3%	1.10	19%	8.9%	9.6%	45	46%
East Nusa Tenggara	Decrease	2352	-33%	56	-28%	1.44	30%	11.9%	7.5%	102	29%
West Kalimantan	Decrease	1796	-17%	65	-32%	1.44	24%	11.1%	8.7%	28	44%
Central Kalimantan	Decrease	1239	-40%	62	32%	1.92	23%	16.2%	21.4%	3	77%
South Kalimantan	Decrease	2535	-40%	150	-28%	1.76	33%	11.8%	7.1%	28	72%
East Kalimantan	Decrease	4096	-25%	213	-43%	8.18	13%	16.1%	21.9%	299	63%
North Kalimantan	Decrease	1627	-21%	47	-23%	3.88	55%	12.9%	16.0%	16	39%
North Sulawesi	Decrease	1006	-32%	47	9%	1.96	20%	15.8%	11.4%	8	39%
Central Sulawesi	Decrease	2777	-33%	116	-33%	1.10	82%	10.9%	6.7%	20	51%
South Sulawesi	Decrease	2708	-30%	120	-21%	2.42	13%	14.8%	8.3%	14	41%
Southeast Sulawesi	Decrease	425	-24%	14	-44%	0.83	19%	11.8%	5.2%	20	24%
Gorontalo	Decrease	349	-40%	22	-58%	1.86	15%	13.3%	6.1%	1	44%
West Sulawesi	Decrease	359	-45%	31	-3%	0.70	36%	10.0%	4.5%	0	48%
Maluku	Decrease	75	-52%	5	-29%	1.11	4%	9.6%	9.2%	9	3%
North Maluku	Decrease	342	56%	10	-52%	1.88	14%	8.3%	3.7%	30	56%
West Papua	Decrease	319	-1%	9	-44%	8.16	4%	14.6%	5.8%	12	11%
Papua	Decrease	814	-31%	5	-75%	1.59	15%	11.3%	4.7%	12	29%

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 $\geq 20\%$ 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, older persons, vulnerable populations and people aged 18 years and above and children (aged 12-17 years).

- Continuous action is needed in provinces in light red (Aceh, North Sumatra, Riau, Bangka Belitung Islands, West Java, DI Yogyakarta, Bali, Central Kalimantan, South Kalimantan, East Kalimantan, North Kalimantan, and Central Sulawesi) 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.⁸
- Increased testing rates were observed in several districts and provinces during the implementation of emergency PPKM. However, as of 29 August, five out of 34 provinces did not achieve the recommended benchmark of 1 person tested per 1000 population per week: South Sumatra, Bengkulu, Lampung, Southeast Sulawesi and West Sulawesi. High test positivity proportion ($\geq 20\%$) is still observed in 18 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 29 August, the BOR in ICU wards remained above 50% in ten provinces (Central Kalimantan, South Kalimantan, Bangka Belitung Islands, Riau, East Kalimantan, North Sumatra, Bali, Aceh, North Maluku and Central Sulawesi). 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 63%, a decrease compared to 75% in the previous week (on 22 August). 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 29 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.

⁸ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

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 55) , 31 August 2021	This edition includes epidemiological updates as of 29 August 2021 with a special focus on the SARS-CoV-2 Variants of Concerns (VOCs) Alpha, Beta, Gamma and Delta, and their geographic distribution as well as description of a newly classified Variant of Interest (VOI), Mu.
Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance , 27 August 2021	This document provides a guidance for countries and implementing partners on the technical requirements for developing digital information systems for issuing standard-based interoperable digital certificates for COVID-19 status, for the purposes of continuity of care and proof of vaccination.
Episode 51 of Science in 5 , WHO's series of conversations in science, 27 August 2021	Dr Laurence Grummer-Strawn, WHO Unit Head, Food & Nutrition Action in Health Systems, explains breastfeeding 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:

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