As of 8 September, the Government of Indonesia reported 4 147 365 (6731 new) confirmed cases of COVID-19, 137 782 (626 new) deaths and 3 876 760 recovered cases from 510 districts across 34 provinces. As of the same date, the number of people fully vaccinated per 100 population was 14.7 nationwide; DKI Jakarta reported the highest number among all provinces (63.5).

The weekly case incidence per 100 000 population nationwide, in Java-Bali and non-Java-Bali regions were 32.9, 28.5 and 38.9, respectively, as of 5 September. The weekly case incidence nationwide and in Java-Bali and non-Java-Bali regions has declined to the level of moderate incidence (CT2). North Kalimantan, however, remained at the highest level of community transmission (CT4) with an incidence of 206.9 per 100 000 population.

Fig. 1. Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100 000 population in Indonesia across provinces, from 2 to 8 September 2021. 

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
On 6 September, the Government of Indonesia announced that the implementation of restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) level 3 and 4 will be extended until 13 September in Java and Bali, and until 20 September in provinces outside Java and Bali. Despite the extension, the government continues to ease several restrictions. Restaurants are now allowed to operate with 50% capacity. In addition, the government plans to pilot reopening of 20 tourist destinations in areas implementing level 3 PPKM. The Coordinating Minister for Maritime and Investment Affairs stated that despite the declining trend in confirmed COVID-19 cases, the public should remain vigilant and continue to adhere to health protocols to prevent another surge of cases.

The Deputy Minister of Health stated that the government is using the PeduliLindungi application to regularly trace and monitor the public’s mobility during the implementation of PPKM. He explained that there are four criteria in the application: green for those who have received the second dose of vaccination and with no record of close contacts; yellow for those who only received the first dose of the vaccine or who have recovered from COVID-19; red for those who have not been vaccinated; and black for those who are a confirmed COVID-19 case or close contact. As of 6 September, the application recorded more than 1600 people in the black category. The Deputy Minister of Health also said that PeduliLindungi is currently being used in six sectors, including trade, tourism and transportation.

Vaccination coverage among older people remains low in most provinces. In Tasikmalaya City of West Java, the Head of the City Health Office reported that out of the target of 58 522 older people, only 12 563 have received the first dose of the vaccine as of 6 September (only 9615 have received the second dose). The figure was lower than the coverage among children aged 12-17 years. She explained that one of the major challenges was related to accessibility. Continuous efforts to accelerate vaccination among this target group are being conducted by the City Health Office, in collaboration with other government institutions and partners.
On 8 September, 6731 new and 4,147,365 cumulative cases were reported nationwide. The weekly number of cases from 30 August to 5 September was 55,189, a decrease of 42% compared to the previous week. On 8 September, Indonesia reported 626 new and 137,782 cumulative number of COVID-19 deaths. The weekly number of new deaths from 30 August to 5 September was 3,938, a decrease of 29% compared to the previous week (Fig. 2).

Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 5 September 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 5 September, the weekly case incidence per 100,000 population nationwide, in Java-Bali region and in provinces outside of the region (non-Java-Bali) were 32.9, 28.5 and 38.9, respectively (Fig. 3). Overall, the weekly incidence has declined to the moderate level (community transmission 2 (CT2)). 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 5 September 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 30 August to 5 September, North Kalimantan (highlighted in light red) remained at the highest level of community transmission (CT4), with an incidence rate per 100 000 population of 206.9 (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. Bangka Belitung Islands (143.4), DI Yogyakarta (112.1), East Kalimantan (107.6), Bali (90.3), Central Sulawesi (87.4) and South Kalimantan (61.5) were 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 30 August to 5 September 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

who.int/indonesia
As of 5 September, the region of Kalimantan recorded the highest incidence per 100,000 population in the country. East and North Kalimantan provinces mainly contributed to the higher number of new cases in this region over the past two months. Sulawesi and Sumatra regions showed a significant increase in incidence from late June until the second week of August. From 19 July to 15 August, the 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 six weeks (Fig. 5). Details of case incidence in each province are available [here](https://www.who.int/indonesia).

**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 5 September 2021, classified by level of community transmission (CT1): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](https://www.who.int/indonesia)
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 30 August to 5 September, the positivity proportion declined to 6.6% from 12.1% 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 5 September, all 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 5 September 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.
During the week of 30 August to 5 September, Bali reported the highest weekly number of confirmed COVID-19 deaths per 100 000 population (7.0), followed by Bangka Belitung Islands (6.2), North Kalimantan (6.2), DI Yogyakarta (5.7) and East Kalimantan (5.5), 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 30 August to 5 September 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. [Source of data](http://who.int/about)

**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 30 August to 5 September, the number of confirmed COVID-19 deaths in Indonesia was 2.1 per 100,000 population, compared to 3.0 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 30 August to 5 September, the weekly number of confirmed COVID-19 deaths per 100,000 population continued to decrease after the surge in deaths 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 5 September 2021. Source of data](source)

**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 beginning of the implementation of emergency PPKM (PPKM Darurat) on 3 July 2021, a substantial increase in testing was 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 6 September, the number of people tested using NAAT decreased significantly to 20,573, 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 21.3%. 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 6 September 2021. Source of data
• On 5 September, the number of COVID-19 cases hospitalized in DKI Jakarta decreased to 1765 cases from 2256 cases one week prior, on 29 August. In the same time period, the number of cases in self-isolation decreased to 3820 cases from 5497 cases (Fig. 10).

Fig. 10. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 5 September 2021. Source of data

• The overall bed occupancy rate (BOR) in COVID-19 referral hospitals continued to decline over the past three weeks. As of 5 September, BOR at the national level was 20% compared to 41% recorded on 16 August. As of the same day, BOR in intensive care unit (ICU) wards was 30% compared to 51% on 16 August.6

WHO continues to translate and share important health messages on its website and social medial platforms – Twitter and Instagram – and has recently published:

Infographics:
- Precaution
- Pregnancy, breastfeeding, fertility, and COVID-19 vaccines

Fig. 11. WHO infographics on ‘Pregnancy, breastfeeding, fertility, and COVID-19 vaccines’, September 2021.
As of 8 September, 109 749 082 vaccine doses have been administered in the national COVID-19 vaccination campaign; 29 807 724 people (14.3% of the target population) have been partially vaccinated\(^7\) and 39 970 679 people (19.2% of the target population) have been fully vaccinated. The weekly trend of COVID-19 vaccine doses administered from 30 August to 5 September was 8 116 887 doses, the highest recorded and an increase compared to 7 346 803 doses in the previous week. As of 8 September, the number of people fully vaccinated per 100 population was 14.7 nationwide; DKI Jakarta reported the highest number of people fully vaccinated per 100 population (63.5), followed by Bali (46.8), Riau Islands (26.0) and East Java (15.8) (Fig. 12).

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\(^7\) Partially vaccinated calculation = number of people who have received the first dose subtracted by the number of people who have received the second dose.

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**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 8 September 2021. [Source of data]

<table>
<thead>
<tr>
<th>Target population</th>
<th>Total target population</th>
<th>Number of partially vaccinated</th>
<th>%</th>
<th>Number of fully vaccinated</th>
<th>%</th>
<th>Number of unvaccinated</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workers</td>
<td>1 468 764</td>
<td>120 680</td>
<td>8.2</td>
<td>1 543 629</td>
<td>105.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>21 553 118</td>
<td>1 574 979</td>
<td>7.3</td>
<td>3 913 690</td>
<td>18.2</td>
<td>16 064 449</td>
<td>74.5</td>
</tr>
<tr>
<td>Essential public service workers</td>
<td>17 327 167</td>
<td>17 443 291</td>
<td>100.7</td>
<td>20 823 256</td>
<td>120.2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General population</td>
<td>141 211 181</td>
<td>9 523 306</td>
<td>6.7</td>
<td>11 103 017</td>
<td>7.9</td>
<td>120 584 858</td>
<td>85.4</td>
</tr>
<tr>
<td>Children aged 12-17</td>
<td>26 705 490</td>
<td>870 309</td>
<td>3.3</td>
<td>1 986 675</td>
<td>7.4</td>
<td>23 848 506</td>
<td>89.3</td>
</tr>
<tr>
<td>Eligible target population</td>
<td>208 265 720</td>
<td>29 807 724</td>
<td>14.3</td>
<td>39 970 679</td>
<td>19.2</td>
<td>138 487 317</td>
<td>66.5</td>
</tr>
</tbody>
</table>

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 8 September, provinces with the highest percentage of unvaccinated (zero dose) health workers were Papua (17.6%) and Maluku (10.8%). In 30 out of 34 provinces, more than 60% of older populations remained unvaccinated. Eight provinces reported a proportion of unvaccinated older populations greater than or equal to 90%: Aceh, West Sumatra, Papua, North Maluku, Lampung, Southeast Sulawesi, West Papua and West Sulawesi.

- An increase in the weekly trend of vaccine doses administered was observed in 22 out of 34 provinces compared to the previous week. Among the older population, however, a declining trend was observed in 11 provinces (North Kalimantan, North Sumatra, North Maluku, West Sumatra, Papua, Jambi, Bangka Belitung Islands, Bengkulu, South Sulawesi, West Kalimantan and West Papua), which includes three provinces reporting proportion of unvaccinated older populations greater than or equal to 90%: West Sumatra, North Maluku and Papua. As of 6 September, provinces which showed a high increase in their weekly trend of doses administered among older populations were: Riau (51.1%), Bali.
(46.3%), DI Yogyakarta (41.0%) and Central Kalimantan (40.6%). Details of vaccination by province and target populations are available here.

- On 20 August, WHO assisted Barru District Health Office (DHO), South Sulawesi to monitor a vaccination session targeting the general population above 18 years of age and older people, organized at Puskesmas Palarro. A total of 125 people were vaccinated during the session. In addition, WHO discussed safe administration of Moderna COVID-19 vaccine with the Head of Puskesmas Palarro and Barru DHO.

![Vaccination session for general population above 18 years of age and older people at Puskesmas Palarro, organized by Barru District Health Office, South Sulawesi on 20 August. Credit: WHO/Yurniati](image)

- On 21 August, WHO assisted Ternate City Health Office and Family Welfare Programme (Pemberdayaan Kesejahteraan Keluarga (PKK)) of Ternate City to monitor the implementation of a mass vaccination session targeting the general population above 18 years of age and older people, organized at Taman Nukila of Ternate City, North Maluku. The session was conducted in collaboration with several puskesmas and partners, including Ternate Army Hospital. During the session, 200 people received their first dose of the vaccine and 77 people received the second dose. A debriefing session with health workers to discuss findings from the observation during the vaccination session was conducted afterwards.
On 21 August, WHO assisted the Tangerang DHO to conduct virtual socialization and training sessions to health workers on the use of Pfizer-BioNTech COVID-19 vaccine. The training was attended by a total of 170 participants from 25 hospitals and 44 puskesmas in the district. WHO also assisted similar activities conducted by Tangerang City Health Office (on 24 August; attended by 220 participants from 32 puskesmas) as well as Bogor DHO and Bekasi City Health Office (24 and 25 August). More than 250 participants from DHOs and health facilities attended the sessions conducted by Bogor DHO and Bekasi City Health Office.
On 3 September, WHO convened the 37th 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), World Bank 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, vaccination among vulnerable populations, and COVID-19 risk communication.

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).
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), Situation Report 69 (pages 16-18) and Situation Report 70 (pages 19-21).

Considering the current epidemiological situation at national and subnational level, on 6 September, the Government of Indonesia announced the continuation of the implementation of level 2, 3 and 4 PPKM in Java and Bali (from 7 until 13 September) and in provinces outside Java and Bali (from 7 until 20 September). Implementation of level 4 PPKM is in 11 districts in Java and Bali and in 23 districts outside Java and 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 West Java, Central Java and Banten, where pre-pandemic mobility levels have been reached (Situation Report 70 (pages 19-21)). 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.

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.
Fig. 16. Mobility analysis in West Java, as of 3 September 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. 17. Mobility analysis in Central Java, as of 3 September 2021. Source of data: mobility; cases.

Fig. 18. Mobility analysis in Banten, as of 3 September 2021. Source of data: mobility; cases.
Table 2. Weekly risk assessment by province in Indonesia, as of 5 September 2021.

<table>
<thead>
<tr>
<th>Province</th>
<th>Case incidence trend</th>
<th>Incidence per 100 000 population</th>
<th>Death per 100 000 population</th>
<th>Testing rate (per 1000 population per week)</th>
<th>Weekly positivity proportion in the last 7 days (%)</th>
<th>2nd dose vaccination % among all target</th>
<th>2nd dose vaccination % among older population</th>
<th>BOR ICU</th>
<th>Cumulative number of Delta variant cases reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Decrease</td>
<td>42.3</td>
<td>2.4</td>
<td>2.1</td>
<td>17%</td>
<td>10.8%</td>
<td>3.4%</td>
<td>54%</td>
<td>18</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Decrease</td>
<td>40.6</td>
<td>1.3</td>
<td>3.4</td>
<td>8%</td>
<td>14.3%</td>
<td>16.2%</td>
<td>57%</td>
<td>73</td>
</tr>
<tr>
<td>West Sumatra</td>
<td>Decrease</td>
<td>35.7</td>
<td>1.3</td>
<td>2.0</td>
<td>10%</td>
<td>9.7%</td>
<td>3.8%</td>
<td>64%</td>
<td>75</td>
</tr>
<tr>
<td>Riau</td>
<td>Decrease</td>
<td>46.1</td>
<td>2.7</td>
<td>2.9</td>
<td>10%</td>
<td>15.5%</td>
<td>11.7%</td>
<td>34%</td>
<td>30</td>
</tr>
<tr>
<td>Lampung</td>
<td>Decrease</td>
<td>30.9</td>
<td>1.5</td>
<td>2.5</td>
<td>8%</td>
<td>19.0%</td>
<td>19.1%</td>
<td>41%</td>
<td>1</td>
</tr>
<tr>
<td>South Sumatra</td>
<td>Decrease</td>
<td>13.4</td>
<td>1.4</td>
<td>2.3</td>
<td>3%</td>
<td>12.8%</td>
<td>12.6%</td>
<td>34%</td>
<td>9</td>
</tr>
<tr>
<td>Bengkulu</td>
<td>Decrease</td>
<td>20.8</td>
<td>1.9</td>
<td>4.9</td>
<td>3%</td>
<td>12.5%</td>
<td>12.9%</td>
<td>25%</td>
<td>3</td>
</tr>
<tr>
<td>Lombok</td>
<td>Decrease</td>
<td>18.6</td>
<td>2.4</td>
<td>1.9</td>
<td>7%</td>
<td>8.2%</td>
<td>5.9%</td>
<td>4%</td>
<td>2</td>
</tr>
<tr>
<td>Bangka Belitung Islands</td>
<td>Decrease</td>
<td>143.4</td>
<td>6.2</td>
<td>7.8</td>
<td>15%</td>
<td>16.7%</td>
<td>23.5%</td>
<td>37%</td>
<td>27</td>
</tr>
<tr>
<td>Berau Islands</td>
<td>Decrease</td>
<td>33.5</td>
<td>2.8</td>
<td>9.9</td>
<td>3%</td>
<td>36.4%</td>
<td>30.2%</td>
<td>41%</td>
<td>3</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>Decrease</td>
<td>38.1</td>
<td>0.9</td>
<td>8.0</td>
<td>3%</td>
<td>75.9%</td>
<td>75.9%</td>
<td>54%</td>
<td>811</td>
</tr>
<tr>
<td>West Java</td>
<td>Decrease</td>
<td>29.5</td>
<td>1.7</td>
<td>2.4</td>
<td>5%</td>
<td>14.6%</td>
<td>14.4%</td>
<td>52%</td>
<td>322</td>
</tr>
<tr>
<td>Central Java</td>
<td>Decrease</td>
<td>19.0</td>
<td>2.7</td>
<td>2.2</td>
<td>7%</td>
<td>15.8%</td>
<td>24.0%</td>
<td>28%</td>
<td>191</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Decrease</td>
<td>19.5</td>
<td>0.7</td>
<td>3.0</td>
<td>4%</td>
<td>9.5%</td>
<td>9.8%</td>
<td>28%</td>
<td>45</td>
</tr>
<tr>
<td>East Nusa Tenggara</td>
<td>Decrease</td>
<td>40.7</td>
<td>1.2</td>
<td>4.5</td>
<td>5%</td>
<td>12.4%</td>
<td>12.4%</td>
<td>23%</td>
<td>102</td>
</tr>
<tr>
<td>West Kalimantan</td>
<td>Decrease</td>
<td>34.6</td>
<td>1.2</td>
<td>3.6</td>
<td>8%</td>
<td>11.4%</td>
<td>8.8%</td>
<td>32%</td>
<td>28</td>
</tr>
<tr>
<td>Central Kalimantan</td>
<td>Decrease</td>
<td>43.9</td>
<td>1.7</td>
<td>3.3</td>
<td>8%</td>
<td>12.2%</td>
<td>7.3%</td>
<td>26%</td>
<td>28</td>
</tr>
<tr>
<td>South Kalimantan</td>
<td>Decrease</td>
<td>61.5</td>
<td>3.3</td>
<td>4.6</td>
<td>9%</td>
<td>12.2%</td>
<td>7.3%</td>
<td>26%</td>
<td>28</td>
</tr>
<tr>
<td>East Kalimantan</td>
<td>Decrease</td>
<td>107.6</td>
<td>5.5</td>
<td>12.2</td>
<td>6%</td>
<td>17.3%</td>
<td>22.4%</td>
<td>32%</td>
<td>299</td>
</tr>
<tr>
<td>North Kalimantan</td>
<td>Decrease</td>
<td>206.9</td>
<td>6.2</td>
<td>8.0</td>
<td>19%</td>
<td>13.6%</td>
<td>16.5%</td>
<td>19%</td>
<td>16</td>
</tr>
<tr>
<td>North Sulawesi</td>
<td>Decrease</td>
<td>42.6</td>
<td>1.6</td>
<td>4.6</td>
<td>7%</td>
<td>17.0%</td>
<td>12.5%</td>
<td>26%</td>
<td>8</td>
</tr>
<tr>
<td>Central Sulawesi</td>
<td>Decrease</td>
<td>87.4</td>
<td>3.8</td>
<td>3.1</td>
<td>18%</td>
<td>11.7%</td>
<td>7.0%</td>
<td>29%</td>
<td>20</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Decrease</td>
<td>30.4</td>
<td>1.4</td>
<td>3.7</td>
<td>5%</td>
<td>15.5%</td>
<td>8.5%</td>
<td>17%</td>
<td>14</td>
</tr>
<tr>
<td>Southeast Sulawesi</td>
<td>Decrease</td>
<td>13.6</td>
<td>0.6</td>
<td>2.3</td>
<td>3%</td>
<td>12.5%</td>
<td>5.3%</td>
<td>25%</td>
<td>9</td>
</tr>
<tr>
<td>Gorontalo</td>
<td>Decrease</td>
<td>28.9</td>
<td>2.7</td>
<td>2.8</td>
<td>5%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>1%</td>
<td>1</td>
</tr>
<tr>
<td>West Sulawesi</td>
<td>Decrease</td>
<td>28.1</td>
<td>2.1</td>
<td>1.0</td>
<td>18%</td>
<td>10.7%</td>
<td>4.8%</td>
<td>22%</td>
<td>0</td>
</tr>
<tr>
<td>Maluku</td>
<td>Decrease</td>
<td>4.3</td>
<td>0.1</td>
<td>4.4</td>
<td>1%</td>
<td>10.8%</td>
<td>9.4%</td>
<td>22%</td>
<td>9</td>
</tr>
<tr>
<td>North Maluku</td>
<td>Decrease</td>
<td>19.0</td>
<td>0.9</td>
<td>4.2</td>
<td>2%</td>
<td>9.0%</td>
<td>3.9%</td>
<td>20%</td>
<td>30</td>
</tr>
<tr>
<td>South Maluku</td>
<td>Decrease</td>
<td>34.4</td>
<td>0.9</td>
<td>8.5</td>
<td>5%</td>
<td>15.6%</td>
<td>16.1%</td>
<td>10%</td>
<td>12</td>
</tr>
<tr>
<td>West Papua</td>
<td>Decrease</td>
<td>23.6</td>
<td>0.1</td>
<td>4.2</td>
<td>4%</td>
<td>11.8%</td>
<td>4.9%</td>
<td>11%</td>
<td>12</td>
</tr>
</tbody>
</table>

Source of data: Cases, deaths and testing; vaccination; BOR.

Note: Case incidence trend considers the trend of cases over the last three weeks. Incidence per 100 000 population is marked as light red if >150 and orange if between 50 to 150. Death per 100 000 population is marked as light red if > 5 and orange if between 2 and 5. 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. 

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Continuous action is needed in provinces in light red (Bangka Belitung Islands, DI Yogyakarta, Bali, East Kalimantan and North Kalimantan) 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. As of 5 September, all provinces achieved the recommended benchmark of 1 person tested per 1000 population per week. However, test positivity proportion 15% and above is still observed in 5 provinces: Aceh, Bangka Belitung Islands, North Kalimantan, Central Sulawesi and West Sulawesi, 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 5 September, above 50% of BOR in ICU wards was observed in six provinces (Aceh, North Sumatra, West Sumatra, DKI Jakarta, West Java and Bali). High mortality rate per 100 000 population was also observed in Bali (7.0) and Bangka Belitung Islands (6.2). Further investigation and analysis are needed to identify the bottlenecks and formulate strategy to reduce the mortality rate in these provinces. 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 5 September, 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.

### Table 3. Title and details of recent WHO resource materials

Source: [https://www.who.int](https://www.who.int)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Weekly Epidemiological Update on COVID-19 (Edition 56), 7 September 2021</strong></td>
<td>This edition includes epidemiological updates as of 5 September 2021 with a special focus on detailed update on the phenotypic characteristics of the SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta, and their geographic distribution.</td>
</tr>
<tr>
<td><strong>Episode 52 of Science in 5, WHO’s series of conversations in science, 3 September 2021</strong></td>
<td>Dr Hebe Gouda, WHO Project Officer for the Tobacco Free Initiative, explains the risk COVID-19 poses to tobacco user and the health benefits of quitting tobacco.</td>
</tr>
<tr>
<td><strong>How to manage COVID-19 vaccines without VVM at vaccination service points?</strong>, 31 August 2021</td>
<td>This WHO COVID-19 vaccine job aid explains how WHO Emergency Use Listing (EUL) COVID-19 vaccines without vaccine vial monitor (VVM) should be handled at the vaccination site to ensure safe administration and efficacy of the vaccines.</td>
</tr>
</tbody>
</table>
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:
- Digital documentation of COVID-19 certificates: vaccination status: technical specifications and implementation guidance

Infographics:
- Delta variant
- Do it all
- Authorized vaccines
- Vaccination facts
- Health facilities
- Vaccine facts
- Asymptomatic COVID-19
- Young people and COVID-19

Questions and answers:
- How to talk about vaccines
- COVID-19: Vaccines
- COVID-19: Vaccine research and development
- COVID-19: Vaccine access and allocation

Videos:
- Misinformation and disinformation
- Delta variant and vaccination
- COVID-19 & Tests
- COVID-19: Immunity after recovery
- COVID-19: prolonged symptoms
- Safe care at home

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