HIGHLIGHTS

- As of 15 September, the Government of Indonesia reported 4 178 164 (3948 new) confirmed cases of COVID-19, 139 682 (267 new) deaths and 3 953 519 recovered cases from 510 districts across 34 provinces.\(^1\) As of the same date, the number of people fully vaccinated per 100 population was 15.9 nationwide; DKI Jakarta reported the highest number among all provinces (69.3).\(^2\)

- The weekly incidence per 100 000 population nationwide, in Java-Bali and non-Java-Bali regions were 21.1, 17.1 and 26.6, respectively, as of 12 September. The incidence in Java-Bali region has declined to low level (CT1). The incidence nationwide and in non-Java-Bali region, however, remained at moderate level (CT2). North Kalimantan remained at the highest level of community transmission (CT4), with an incidence of 152.7 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 9 to 15 September 2021. [Source of data](https://covid19.go.id/peta-sebaran-covid19)

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

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2. [https://vaksin.kemkes.go.id/#/vaccines](https://vaksin.kemkes.go.id/#/vaccines)
On 13 September, the Ministry of Health (MoH) announced that Indonesian citizens and foreign nationals who have received vaccination outside of Indonesia can now verify their vaccination status through a website developed by the Centre for Data and Information (Pusat Data dan Informasi (Pusdatin)), MoH. Registration and request of verification which has been submitted through the website will be verified by MoH (for Indonesian citizens) and respective embassies (for foreign nationals). Once vaccination status is verified, individuals will be able to register on the PeduliLindungi application, which will enable them to access public facilities, such as shopping malls and public transportation. MoH stated that 43 embassies and 21 international organizations have assisted around 600 foreign nationals to register on the PeduliLindungi application.

On 13 September, the Government of Indonesia announced that the level of restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) in all provinces has been lowered to level 3. This development allows further relaxation in community restrictions. The Coordinating Minister for Maritime and Investment Affairs stated that movie theatres are now allowed to reopen with 50% capacity. While the level of PPKM has declined at the provincial level, level 4 will still be implemented in nine out of 514 districts, including six districts and cities which the government considers to have the highest risk of COVID-19 transmission: Banda Aceh, Bangka, Medan, Kota Baru, Palangkaraya and Palu.

About one month into their offline learning activities, 54 students from SMA 1 Padang Panjang (public high school), West Sumatra were confirmed to have COVID-19 on 11 September. The Head of the Padang Panjang City Health Office said that these students are currently in self-isolation at the school's dormitory facility. A cluster of cases was also reported in Shanti Bhuana Institute at Bengkayang District, West Kalimantan. On 12 September, the Head of West Kalimantan Provincial Health Office (PHO) reported that based on the results of polymerase chain reaction (PCR) testing, 139 students of the institute were confirmed to have COVID-19.
On 15 September, 3948 new and 4,178,164 cumulative cases were reported nationwide. The weekly number of cases from 6 to 12 September was 38,491, a decrease of 30% compared to the previous week. On 15 September, Indonesia reported 267 new and 139,682 cumulative number of COVID-19 deaths. The weekly number of new deaths from 6 to 12 September was 3028, a decrease of 23% compared to the previous week (Fig. 2).

![Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 12 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 12 September, the weekly COVID-19 incidence per 100,000 population nationwide, in Java-Bali region and in provinces outside of the region (non-Java-Bali) were 21.1, 17.1 and 26.6, respectively (Fig. 3). The weekly incidence in Java-Bali region has declined to low level of community transmission (CT1) over the past week. However, the weekly incidence nationwide and in non-Java-Bali region remained at moderate level (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 12 September 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. 

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 6 to 12 September, North Kalimantan (highlighted in light red) remained at the highest level of community transmission (CT4) over the past nine weeks, with an incidence per 100,000 population of 152.7 (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 (114.6), East Kalimantan (73.8), DI Yogyakarta (66.5), Bali (56.2) and Central Sulawesi (55.7) 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 6 to 12 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 Indonesia Situation Report - 72
who.int/indonesia
The region of Kalimantan has continued to record the highest incidence per 100 000 population since the first week of August. East and North Kalimantan provinces mainly contributed to the high 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, with a subsequent decrease. 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 seven weeks (Fig. 5). Details on 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 13 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
Nationwide test positivity proportion increased sharply in December 2020 and reached 28.8% (corresponding to CT4 – very high incidence) in late January 2021. It declined thereafter and varied between 9% and 20% between mid-March and mid-June (corresponding to CT3 – high incidence). From the week of 21 to 27 June until the week of 9 to 15 August, the positivity proportion reached CT4, with a peak of 30.5% in mid-July. During the week of 6 to 12 September, the positivity proportion declined to 4.0% from 6.6% 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 20).

Fig. 6. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 12 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 exercised when interpreting this indicator due to limitations listed in the WHO interim guidance. Other epidemiological indicators also need to be evaluated to determine the level of community transmission.
During the week of 6 to 12 September, North Kalimantan reported the highest weekly number of confirmed COVID-19 deaths per 100,000 population (4.7), followed by Bangka Belitung Islands (4.5), Bali (4.2), DI Yogyakarta (4.1) and East Kalimantan (3.6), which decreased to high level of community transmission (CT3) compared to very high level (CT4) in the previous week (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 6 to 12 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)

**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 6 to 12 September, the number of confirmed COVID-19 deaths in Indonesia was 1.5 per 100 000 population, compared to 2.1 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 6 to 12 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 12 September 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.
At the beginning of the implementation of emergency PPKM (PPKM Darurat) on 3 July 2021, a substantial increase in testing was reported at 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 13 September, the number of people tested using NAAT decreased significantly to 21,708, 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 18.0%. It is crucial to identify underlying reasons behind the decrease in the proportion of testing using NAAT and to evaluate the current implementation, including capacity, of NAAT laboratories and Ag-RDT. On 14 September, MoH issued a circular letter (Surat Edaran No. H.K.02.02/II/2406/2021), instructing subnational level to re-evaluate district-level criteria for implementation of Ag-RDT and PCR and to improve testing among suspected cases and close contacts.

Fig. 9. Number of confirmed COVID-19 cases and people tested per day, from 10 July to 13 September 2021. [Source of data](who.int/indonesia)
- On 12 September, the number of COVID-19 cases hospitalized in DKI Jakarta decreased to 1402 cases from 1765 cases one week prior. In the same time period, the number of cases in self-isolation decreased from 3820 to 2539 cases (Fig. 10).

Fig. 10. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 12 September 2021. [Source of data](https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-5-SEPTEMBER-2021.pdf)

- The overall BOR in COVID-19 referral hospitals continued to decline over the past three weeks. As of 12 September, BOR at national level was 15% compared to 20% recorded on 5 September. As of the same day, BOR in intensive care unit (ICU) wards was 22% compared to 30% on 5 September.7

On 10 September, WHO supported MoH to conduct a training on quarantine for Point of Entry (PoE) officers in Tanjung Priok. During the training, WHO presented the implementation of International Health Regulations (IHR) during the COVID-19 pandemic. Among others, WHO highlighted the IHR core capacities, monitoring frameworks (including Intra-Action Review), functions of IHR focal points, risk assessment for public health emergencies of international concern, and provided an update on the COVID-19 epidemiological situation and strategic response. Participants were also trained on the quarantine procedures for travellers and standard operating procedures (SOPs) for COVID-19 prevention and control among travellers.

**Strategi Rencana Respon COVID-19**

(Sejalan dengan manajemen risiko pandemi dan kapasitas inti IHR)

1. Komando dan koordinasi
2. Komunikasi risiko dan pemberdayaan masyarakat
3. Surveilans, tim gerak cepat, penyelidikan epidemiologi, pelacakan kontak
4. Pintu masuk negara, perjalanan internasional, Pembatasan sosial
5. Laboratorium
6. Pengendalian infeksi
7. Manajemen kасus
8. Dukungan operasional dan logistik
9. Keberlangsungan pelayanan kesehatan esensial
10. Vaksinasi

Fig. 11. WHO presented ‘COVID-19 Strategic Response Plan’ during a training on quarantine for Point of Entry (PoE) officers in Tanjung Priok, on 10 September 2021. Credit: WHO/Endang Wulandari
As of 15 September, 119,076,276 vaccine doses have been administered in the national COVID-19 vaccination campaign; 32,506,328 people (15.6% of the target population) have been partially vaccinated\(^8\) and 43,284,974 people (20.8% of the target population) have been fully vaccinated. The weekly trend of COVID-19 vaccine doses administered from 6 to 12 September was 9,036,567 doses, the highest recorded and an increase compared to 8,241,295 doses in the previous week. As of 15 September, the number of people fully vaccinated per 100 total population was 15.9 nationwide; DKI Jakarta reported the highest number of people fully vaccinated per 100 population (69.3), followed by Bali (51.4), Riau Islands (30.0) and DI Yogyakarta (17.9) (Fig. 12).

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\(^8\) Partially vaccinated: number of people who have received only the first dose of a two-dose vaccine regimen (calculated as the number of people who have received the first dose subtracted by the number of people who have received the second dose).
Table 1. COVID-19 vaccination by each target population in Indonesia, as of 15 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>164 785</td>
<td>11.2</td>
<td>1 794 891</td>
<td>122.2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Older people</td>
<td>21 553 118</td>
<td>1 694 880</td>
<td>7.9</td>
<td>4 076 671</td>
<td>18.9</td>
<td>15 781 567</td>
<td>73.2</td>
</tr>
<tr>
<td>Essential public service workers</td>
<td>17 327 167</td>
<td>13 280 174</td>
<td>76.6</td>
<td>14 289 388</td>
<td>82.5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General population</td>
<td>141 211 181</td>
<td>16 122 559</td>
<td>11.4</td>
<td>20 239 930</td>
<td>14.3</td>
<td>104 848 692</td>
<td>74.2</td>
</tr>
<tr>
<td>Children aged 12-17</td>
<td>26 705 490</td>
<td>996 358</td>
<td>3.7</td>
<td>2 200 521</td>
<td>8.2</td>
<td>23 508 611</td>
<td>88.0</td>
</tr>
<tr>
<td>Gotong Royong scheme</td>
<td></td>
<td>247 205</td>
<td></td>
<td>682 171</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible target population</td>
<td>208 265 720</td>
<td>32 506 328</td>
<td>15.6</td>
<td>43 284 974</td>
<td>20.8</td>
<td>132 474 418</td>
<td>63.6</td>
</tr>
</tbody>
</table>

Note: General population includes vulnerable groups (e.g. persons with disabilities, marginalized groups, etc.); total number vaccinated includes eligible target population with Gotong Royong scheme. *The Gotong Royong scheme does not have a separate total target population from the government vaccination programme.

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

- As of 15 September, the province with the highest percentage of unvaccinated (zero dose) health workers was Papua (718 people or 3.7%). In 30 out of 34 provinces, more than 60% of older populations remained unvaccinated. Six provinces reported a proportion of unvaccinated older populations greater than or equal to 90%: West Sumatra, Aceh, Papua, North Maluku, Lampung and Southeast Sulawesi.

- An overall increase in the weekly trend of vaccine doses administered was observed in 29 out of 34 provinces compared to the previous week. Among the older population, however, a declining trend was observed in 10 provinces (Aceh, Bengkulu, Central Kalimantan, DKI Jakarta, Riau Islands, South Sulawesi, South Sumatra, West Kalimantan, West Sulawesi and West Sumatra), which includes two provinces reporting a proportion of unvaccinated older populations greater
than or equal to 90%: Aceh and West Sumatra. As of 13 September, provinces which showed a high increase in their weekly trend of doses administered among older populations were: West Nusa Tenggara (55.4%), Bangka Belitung Islands (49.2%), Maluku (34.1%) and East Kalimantan (32.5%). Details of vaccination by province and target populations are available here.

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. 13).

Fig. 13 WHO funding situation for COVID-19 response, September 2021.
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), Situation Report 70 (pages 19-21) and Situation Report 71 (pages 18-20).

Considering the current epidemiological situation at national and subnational level, on 13 September, the Government of Indonesia announced the continuation of the implementation of level 2, 3 and 4 PPKM in Java and Bali, from 14 to 20 September. According to the new regulation, level 4 PPKM will be implemented in three districts in West and Central Java provinces: Cirebon, Purwakarta and Brebes. Level 4 PPKM is currently being implemented in 23 districts in provinces outside Java and Bali until 20 September.

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, East Java and Banten, where pre-pandemic mobility levels have been reached (Situation Report 70 (pages 19-21)). The 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, East Java and Banten, as of 10 September, are presented in Fig. 14-17. Updates on mobility analysis in other provinces in Java and Bali are available here.

**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. 14-17.
Fig. 15. Mobility analysis in Central Java, as of 10 September 2021. Source of data: mobility; cases.

Fig. 16. Mobility analysis in East Java, as of 10 September 2021. Source of data: mobility; cases.
Fig. 17. Mobility analysis in Banten, as of 10 September 2021. Source of data: mobility, cases.
Table 2. Weekly risk assessment by province in Indonesia, as of 12 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 older population</th>
<th>2nd dose vaccination %</th>
<th>Cumulative number of Delta variant cases reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Decrease</td>
<td>35.9</td>
<td>2.4</td>
<td>2.6</td>
<td>13%</td>
<td>11.4%</td>
<td>8.7%</td>
<td>46%</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Decrease</td>
<td>27.4</td>
<td>1.1</td>
<td>4.0</td>
<td>4%</td>
<td>15.4%</td>
<td>17.1%</td>
<td>28%</td>
</tr>
<tr>
<td>West Sumatra</td>
<td>Decrease</td>
<td>22.1</td>
<td>1.0</td>
<td>1.9</td>
<td>4%</td>
<td>10.1%</td>
<td>4.1%</td>
<td>27%</td>
</tr>
<tr>
<td>Riau</td>
<td>Decrease</td>
<td>20.2</td>
<td>2.3</td>
<td>3.5</td>
<td>3%</td>
<td>26.3%</td>
<td>12.9%</td>
<td>37%</td>
</tr>
<tr>
<td>Jambi</td>
<td>Decrease</td>
<td>16.7</td>
<td>1.0</td>
<td>2.8</td>
<td>4%</td>
<td>20.2%</td>
<td>20.9%</td>
<td>19%</td>
</tr>
<tr>
<td>South Sumatra</td>
<td>Decrease</td>
<td>7.8</td>
<td>0.9</td>
<td>3.4</td>
<td>2%</td>
<td>33.1%</td>
<td>13.0%</td>
<td>17%</td>
</tr>
<tr>
<td>Bengkulu</td>
<td>Decrease</td>
<td>14.2</td>
<td>1.0</td>
<td>5.4</td>
<td>2%</td>
<td>13.2%</td>
<td>13.1%</td>
<td>5%</td>
</tr>
<tr>
<td>Lampung</td>
<td>Decrease</td>
<td>12.7</td>
<td>1.2</td>
<td>3.0</td>
<td>3%</td>
<td>8.8%</td>
<td>6.3%</td>
<td>25%</td>
</tr>
<tr>
<td>Bangka Belitung</td>
<td>Decrease</td>
<td>114.6</td>
<td>4.5</td>
<td>11.5</td>
<td>8%</td>
<td>18.0%</td>
<td>24.7%</td>
<td>59%</td>
</tr>
<tr>
<td>Riau Islands</td>
<td>Decrease</td>
<td>25.5</td>
<td>2.0</td>
<td>13.2</td>
<td>3%</td>
<td>43.1%</td>
<td>32.9%</td>
<td>19%</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>Decrease</td>
<td>26.5</td>
<td>0.8</td>
<td>11.2</td>
<td>2%</td>
<td>84.5%</td>
<td>78.0%</td>
<td>15%</td>
</tr>
<tr>
<td>West Java</td>
<td>Decrease</td>
<td>24.2</td>
<td>1.2</td>
<td>4.1</td>
<td>2%</td>
<td>53.4%</td>
<td>15.1%</td>
<td>33%</td>
</tr>
<tr>
<td>Central Java</td>
<td>Decrease</td>
<td>16.5</td>
<td>1.8</td>
<td>2.8</td>
<td>4%</td>
<td>17.0%</td>
<td>24.7%</td>
<td>19%</td>
</tr>
<tr>
<td>North Sulawesi</td>
<td>Decrease</td>
<td>66.7</td>
<td>4.1</td>
<td>9.1</td>
<td>4%</td>
<td>31.1%</td>
<td>14.6%</td>
<td>34%</td>
</tr>
<tr>
<td>East Java</td>
<td>Decrease</td>
<td>53.2</td>
<td>1.9</td>
<td>4.6</td>
<td>2%</td>
<td>29.9%</td>
<td>15.7%</td>
<td>38%</td>
</tr>
<tr>
<td>Banten</td>
<td>Decrease</td>
<td>8.5</td>
<td>0.1</td>
<td>4.4</td>
<td>1%</td>
<td>20.6%</td>
<td>17.2%</td>
<td>11%</td>
</tr>
<tr>
<td>Bali</td>
<td>Decrease</td>
<td>56.2</td>
<td>4.3</td>
<td>15.2</td>
<td>3%</td>
<td>64.3%</td>
<td>40.0%</td>
<td>41%</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Decrease</td>
<td>13.1</td>
<td>0.6</td>
<td>4.6</td>
<td>2%</td>
<td>10.3%</td>
<td>10.8%</td>
<td>22%</td>
</tr>
<tr>
<td>East Nusa Tenggara</td>
<td>Decrease</td>
<td>25.8</td>
<td>1.0</td>
<td>6.9</td>
<td>3%</td>
<td>23.0%</td>
<td>8.1%</td>
<td>16%</td>
</tr>
<tr>
<td>West Kalimantan</td>
<td>Decrease</td>
<td>29.0</td>
<td>0.6</td>
<td>4.6</td>
<td>6%</td>
<td>22.0%</td>
<td>9.2%</td>
<td>25%</td>
</tr>
<tr>
<td>Central Kalimantan</td>
<td>Decrease</td>
<td>27.9</td>
<td>1.3</td>
<td>5.4</td>
<td>4%</td>
<td>18.2%</td>
<td>22.8%</td>
<td>14%</td>
</tr>
<tr>
<td>South Kalimantan</td>
<td>Decrease</td>
<td>36.0</td>
<td>2.2</td>
<td>5.6</td>
<td>6%</td>
<td>12.9%</td>
<td>7.6%</td>
<td>28%</td>
</tr>
<tr>
<td>East Kalimantan</td>
<td>Decrease</td>
<td>73.8</td>
<td>3.6</td>
<td>13.3</td>
<td>4%</td>
<td>35.9%</td>
<td>23.3%</td>
<td>41%</td>
</tr>
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<td>North Sulawesi</td>
<td>Decrease</td>
<td>31.2</td>
<td>1.4</td>
<td>7.4</td>
<td>3%</td>
<td>55.0%</td>
<td>17.3%</td>
<td>36%</td>
</tr>
<tr>
<td>Central Sulawesi</td>
<td>Decrease</td>
<td>55.7</td>
<td>2.8</td>
<td>5.0</td>
<td>7%</td>
<td>22.3%</td>
<td>7.8%</td>
<td>21%</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Decrease</td>
<td>19.6</td>
<td>1.0</td>
<td>4.2</td>
<td>3%</td>
<td>15.2%</td>
<td>8.5%</td>
<td>23%</td>
</tr>
<tr>
<td>Southeast Sulawesi</td>
<td>Decrease</td>
<td>7.1</td>
<td>0.6</td>
<td>3.3</td>
<td>2%</td>
<td>13.3%</td>
<td>5.6%</td>
<td>20%</td>
</tr>
<tr>
<td>Gorontalo</td>
<td>Decrease</td>
<td>17.9</td>
<td>1.9</td>
<td>4.5</td>
<td>8%</td>
<td>34.8%</td>
<td>6.8%</td>
<td>15%</td>
</tr>
<tr>
<td>West Sulawesi</td>
<td>Decrease</td>
<td>17.8</td>
<td>1.4</td>
<td>1.5</td>
<td>8%</td>
<td>11.2%</td>
<td>5.1%</td>
<td>23%</td>
</tr>
<tr>
<td>Moluku</td>
<td>Decrease</td>
<td>3.4</td>
<td>0.2</td>
<td>6.4</td>
<td>6%</td>
<td>11.2%</td>
<td>10.0%</td>
<td>15%</td>
</tr>
<tr>
<td>North Moluku</td>
<td>Decrease</td>
<td>9.7</td>
<td>0.3</td>
<td>6.3</td>
<td>1%</td>
<td>9.8%</td>
<td>4.8%</td>
<td>14%</td>
</tr>
<tr>
<td>West Papua</td>
<td>Decrease</td>
<td>32.0</td>
<td>0.4</td>
<td>9.3</td>
<td>2%</td>
<td>36.4%</td>
<td>6.7%</td>
<td>9%</td>
</tr>
<tr>
<td>Papua</td>
<td>Decrease</td>
<td>17.4</td>
<td>0.2</td>
<td>6.5</td>
<td>2%</td>
<td>12.5%</td>
<td>5.3%</td>
<td>33%</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.
• Continuous action is needed in provinces in light red (North Kalimantan) and in yellow (Aceh, West Sumatra, Riau, Bangka Belitung Islands, Riau Islands, DI Yogyakarta, Bali, West Kalimantan, South Kalimantan, East Kalimantan, Central Sulawesi and West Sulawesi).

• Continuous implementation of PHSM throughout the country is important, even as the national vaccination coverage increases and expands to additional target groups.⁹

• Increased testing rates were observed in several districts and provinces during the implementation of emergency PPKM. As of 12 September, all provinces achieved the recommended benchmark of 1 person tested per 1000 population per week. However, test positivity proportion of 6 – 12% is still observed in 7 provinces: North Kalimantan (12%), Aceh (11%), Bangka Belitung Islands (8%), West Sulawesi (8%), West Sumatra (8%), Central Sulawesi (7%) and West Kalimantan (6%). It is crucial to continue to strengthen testing, contact tracing, timely isolation and quarantine in all provinces to break the chain of transmission.

• As of 12 September, BOR above 50% in ICU wards was observed in one province (Bangka Belitung Islands) compared to six provinces in the previous week. A high mortality rate per 100 000 population was observed in North Kalimantan (4.7), Bangka Belitung Islands (4.5), Bali (4.2) and DI Yogyakarta (4.1). Further investigation and analysis are needed to identify the bottlenecks and formulate a strategy to reduce the mortality rate in these provinces.

• The coverage of second-dose vaccination among the older population continues to be low in most provinces. As of 12 September, only DKI Jakarta recorded above 70% coverage among this target group; 15 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.

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### 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 57)</strong>, 14 September 2021</td>
<td>This edition includes epidemiological updates as of 12 September 2021 with a special focus on SARS-CoV-2 Variants of Concern (VOCs) Alpha, Beta, Gamma and Delta and their geographic distribution, and COVID-19 in children and adolescents.</td>
</tr>
<tr>
<td><strong>Episode 53 of Science in 5</strong>, WHO’s series of conversations in science, 11 September 2021</td>
<td>Dr Katherine O’Brien, WHO Director of Immunization, Vaccines and Biologicals, explains COVID-19 vaccine booster doses.</td>
</tr>
</tbody>
</table>
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:
- How to manage COVID-19 vaccines without VVM at vaccination service points?

Infographics:
- Precaution
- Pregnancy, breastfeeding, fertility, and COVID-19 vaccines
- Delta variant
- Do it all
- Authorized vaccines
- Vaccination facts
- Health facilities
- Vaccine facts

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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