Coronavirus Disease 2019 (COVID-19)
Situation Report – 92

World Health Organization
Indonesia

13 July 2022

HIGHLIGHTS

- As of 12 July, the Government of Indonesia reported a cumulative 6 116 347 confirmed cases of COVID-19 (3361 new cases were reported on 12 July), 156 806 deaths (8 new deaths were reported on 12 July), and 5 937 625 recovered cases from 514 districts across 34 provinces.[1] During the week of 4 to 10 July, the weekly COVID-19 incidence per 100 000 population was 5.3 nationwide, this represents a significant increase compared to 1.6 per 100 000 population reported three weeks prior.

COVID-19 Situation in Indonesia

(as of 12 July 2022)

Confirmed cases
6 116 347

Deaths
156 806

Recovered cases
5 937 625

People tested
67 177 423

Total vaccinated

Fully vaccinated	At least one dose
169 392 315 (62.7 per 100 total population)	201 802 967 (74.7 per 100 total 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 6 to 12 July 2022. *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

SURVEILLANCE

Case incidence

- The weekly number of cases between 4 and 10 July was 17 388, an increase of 29% compared to the previous week (an increase of 629% compared to the weekly number reported in week 30 May to 5 June; WHO Situation Report 91 (page 2)). The weekly number of new deaths from 4 to 10 July was 42, an increase of 31% compared to the previous week (Fig. 2).

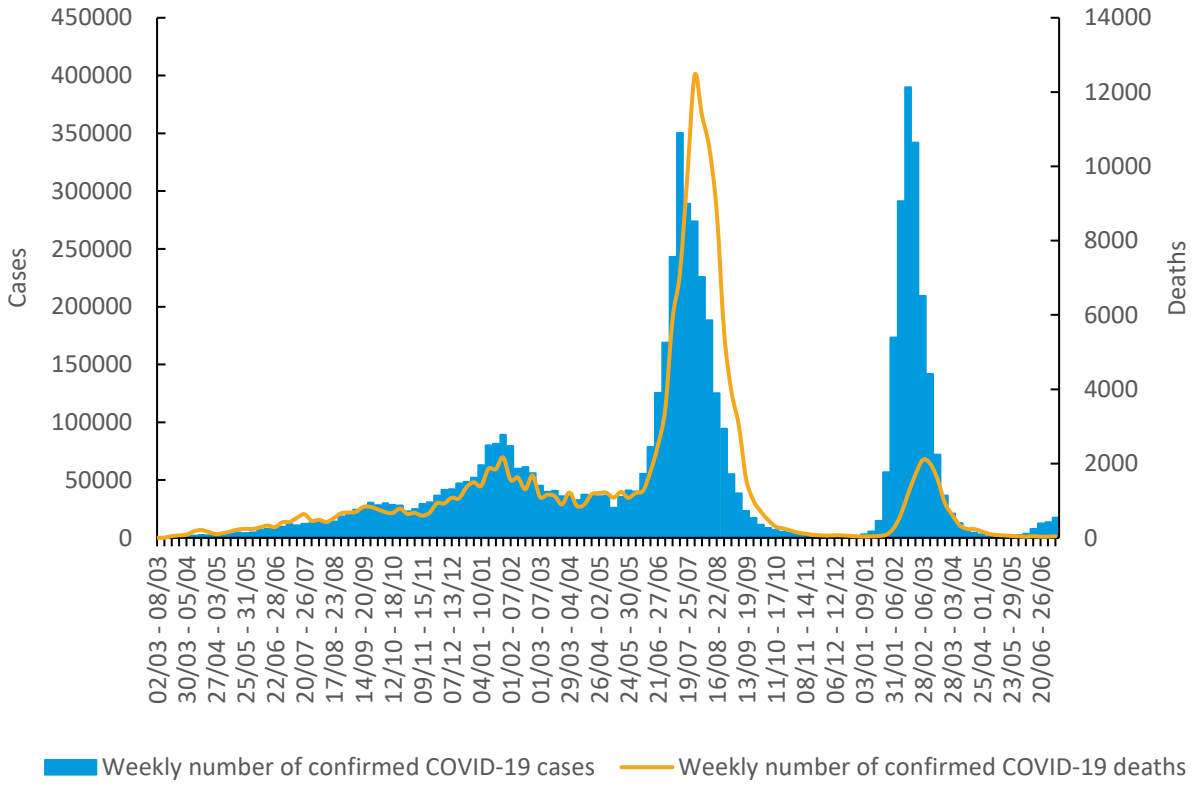

Fig. 2. Weekly number of confirmed COVID-19 cases and deaths reported in Indonesia, as of 10 July 2022. *Source of data*

Disclaimer: Prior to 10 February 2021, SARS-CoV-2 diagnosis was conducted using polymerase chain reaction (PCR). Since this date, confirmed cases also include those 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. 7). Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis, both at the national and subnational level.

- During the week of 4 to 10 July, 25 out of 34 provinces experienced an increase in the number of cases (Fig. 3). It is important to note that adjustments to public health and social measures (PHSM), such as the use of well-fitting masks, physical distancing, ventilation of indoor spaces, and hand hygiene, are critical taking into consideration the current situation in the country.

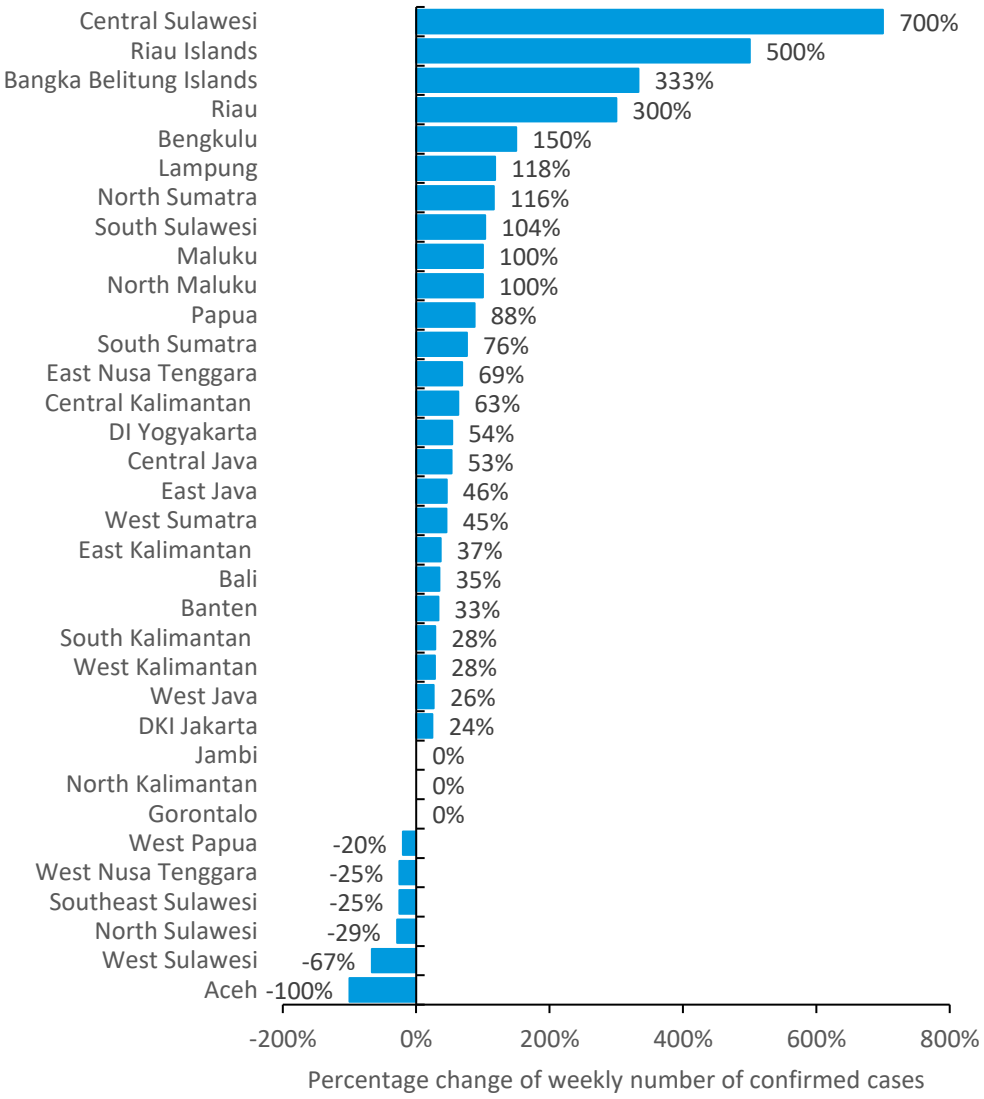

Fig. 3. Percentage change of weekly number of confirmed cases by province during 4 to 10 July 2022, compared to the previous week. *Source of data*

Disclaimer: The number of weekly confirmed cases is calculated taking into consideration the daily number of reported cases. It is important to conduct further investigation if there is a substantial change in new cases, especially in provinces with a change of 50% or more. Other factors, such as testing and contact tracing, may help elucidate the reasons behind substantial changes. Additional indicators, including case incidence, mortality, response capacities, vaccination coverage and public perception of the risk should be considered to guide the adjustment of PHSM.

- During the week of 4 to 10 July, the weekly COVID-19 incidence per 100 000 population was 5.3 nationwide; 8.8 in Java-Bali region; and 0.4 in provinces outside Java-Bali region (non-Java-Bali) (Fig. 4). Increases in case incidence in both Java-Bali and non-Java-Bali regions were observed over the past three weeks.

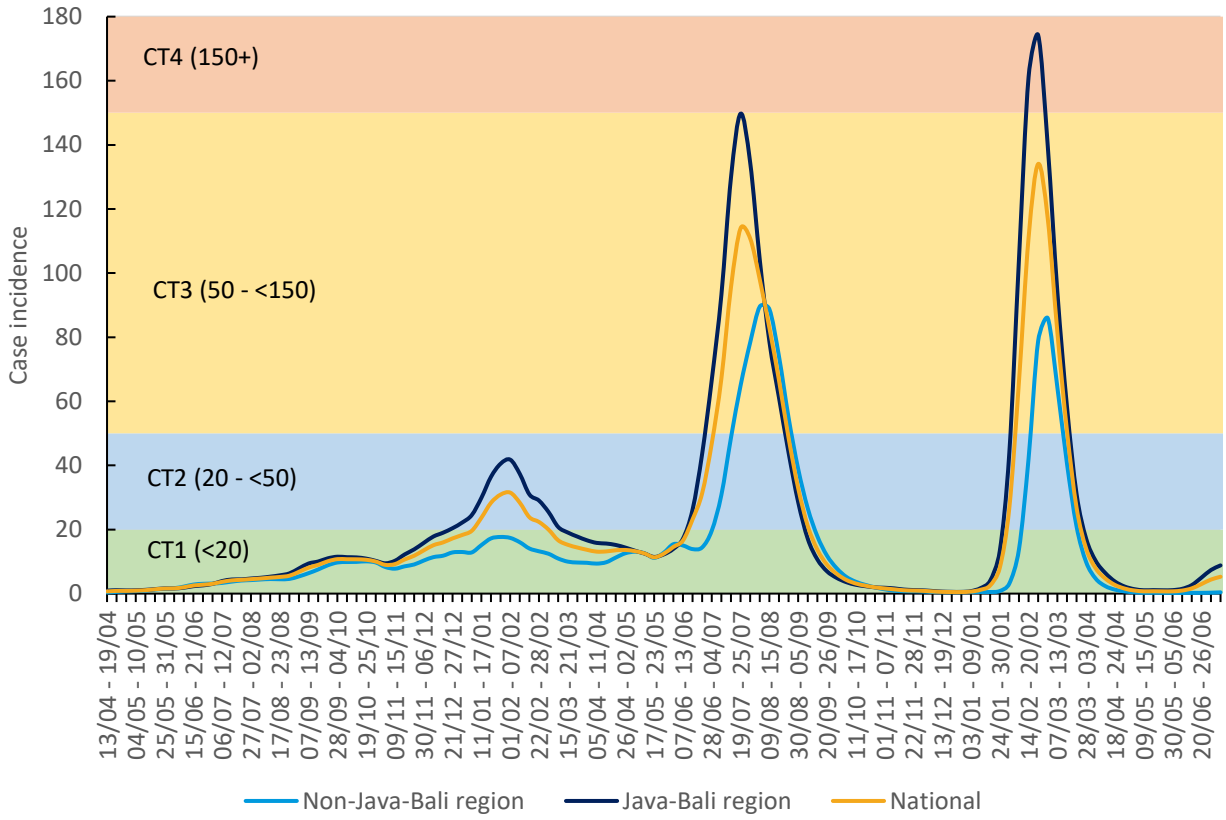

Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported at national and subnational levels (Java-Bali and non-Java-Bali) from 13 April 2020 (when Indonesia first reported community transmission in the country) to 10 July 2022, classified by level of community 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 to national (Fig. 4) and subnational levels (Fig. 5-6).

- At province level, during the week of 4 to 10 July, DKI Jakarta recorded the highest case incidence with 73.8 per 100 000 population (classified as a moderate level of community transmission (CT3)). The remaining 33 provinces were at a low level of community transmission (CT1) with a weekly case incidence of < 20 per 100 000 population (Fig. 5). In general, the risk of COVID-19 infection in the general population remains high. Therefore, PHSM should be maintained.

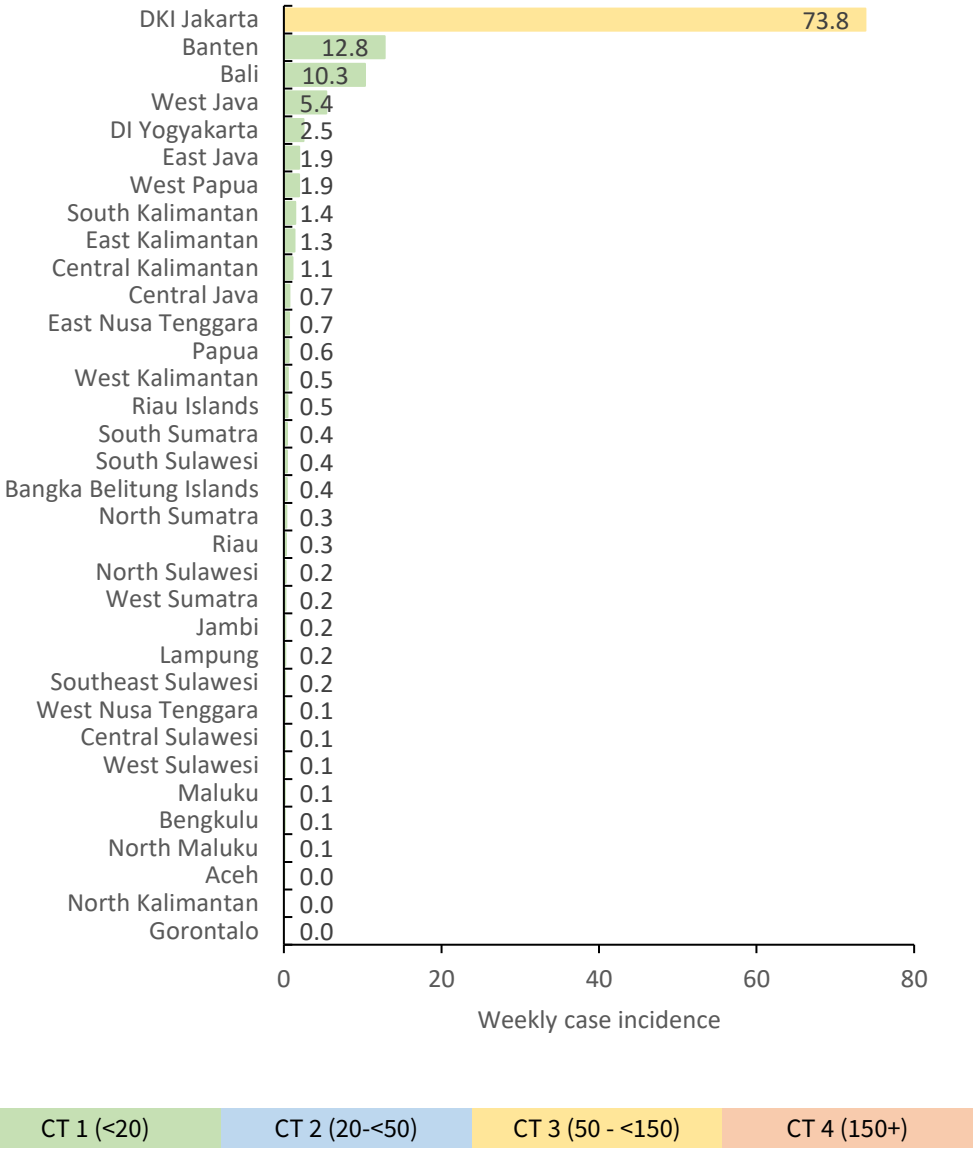

Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 4 to 10 July 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

- An increase in case incidence was observed in all regions during the week of 4 July to 10 July. As of 10 July, case incidence per 100 000 population increased to 8.8 in Java-Bali; 0.3 in Sumatra; 1.0 in Kalimantan; 0.3 in Sulawesi and 0.5 in Nusa Tenggara-Maluku-Papua, compared to the previous week (a significant increase compared to the figures reported in week 30 May to 5 June (WHO Situation Report 91, page 6) (Fig. 6). Details on incidence for each province are available here.

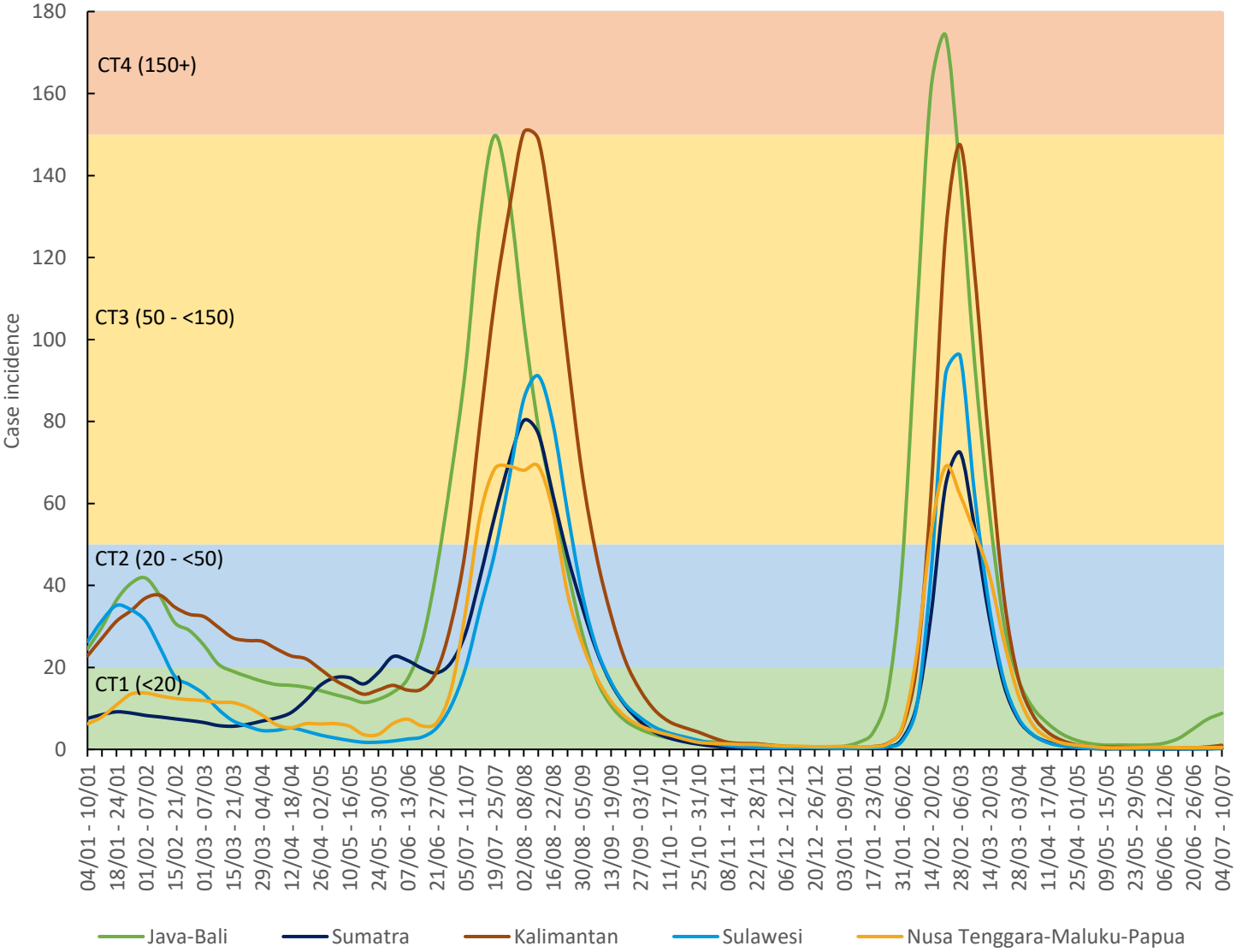

Fig. 6. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in five regions in Indonesia (Java-Bali, Sumatra, Kalimantan, Sulawesi and Nusa Tenggara-Maluku-Papua), from 4 January 2021 to 10 July 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

Test positivity proportion

- Over the past eight weeks since 23 June 2022, nationwide test positivity proportion has increased significantly to 5.1% (high incidence (CT3)). This proportion can be interpreted reliably only with comprehensive surveillance and testing in the order of at least one person tested per 1000 population per week. During the week of 4 to 10 July, the testing rate was maintained at > 1 per 1000 population (Fig. 7). It is critical to ensure the continuation of a rigorous testing strategy to rapidly identify COVID-19 cases among suspected cases and close contacts. Analysis of the testing rate at subnational level is also critical to identify gaps in testing (Table 2. Weekly risk assessment, page 18).

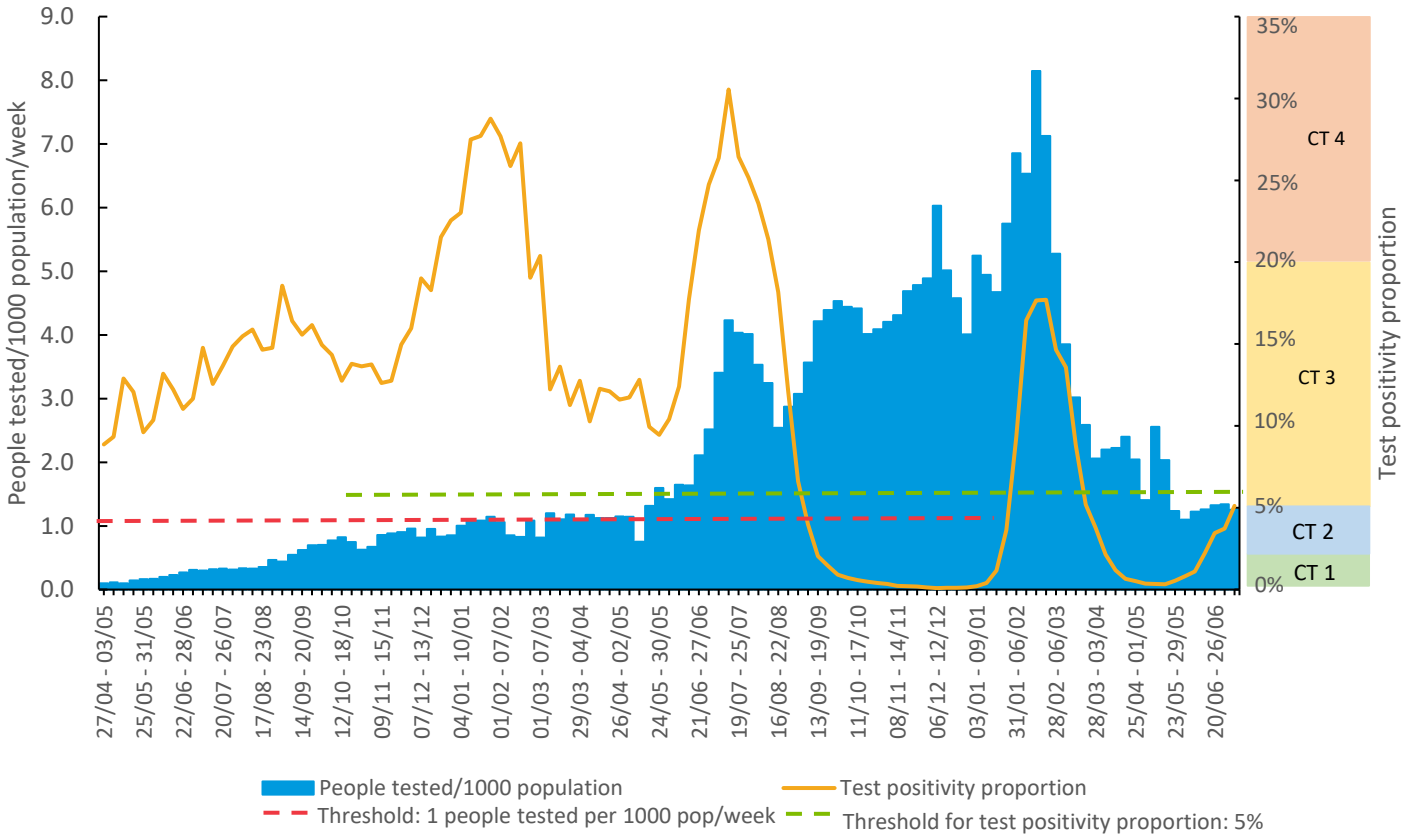

Fig. 7. Weekly test positivity proportion and people tested per 1000 population per week at the national level, as of 10 July 2022, classified by level of community transmission (CT): CT1: low incidence (< 2%); CT2: moderate incidence (2% - < 5%); CT3: high incidence (5% - < 20%); CT4: very high incidence (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.

Mortality

- During the week of 4 to 10 July, West Nusa Tenggara (0.12), DKI Jakarta (0.09) and Bali (0.05) reported the highest number of confirmed COVID-19 deaths per 100 000 population out of 34 provinces (Fig. 8).

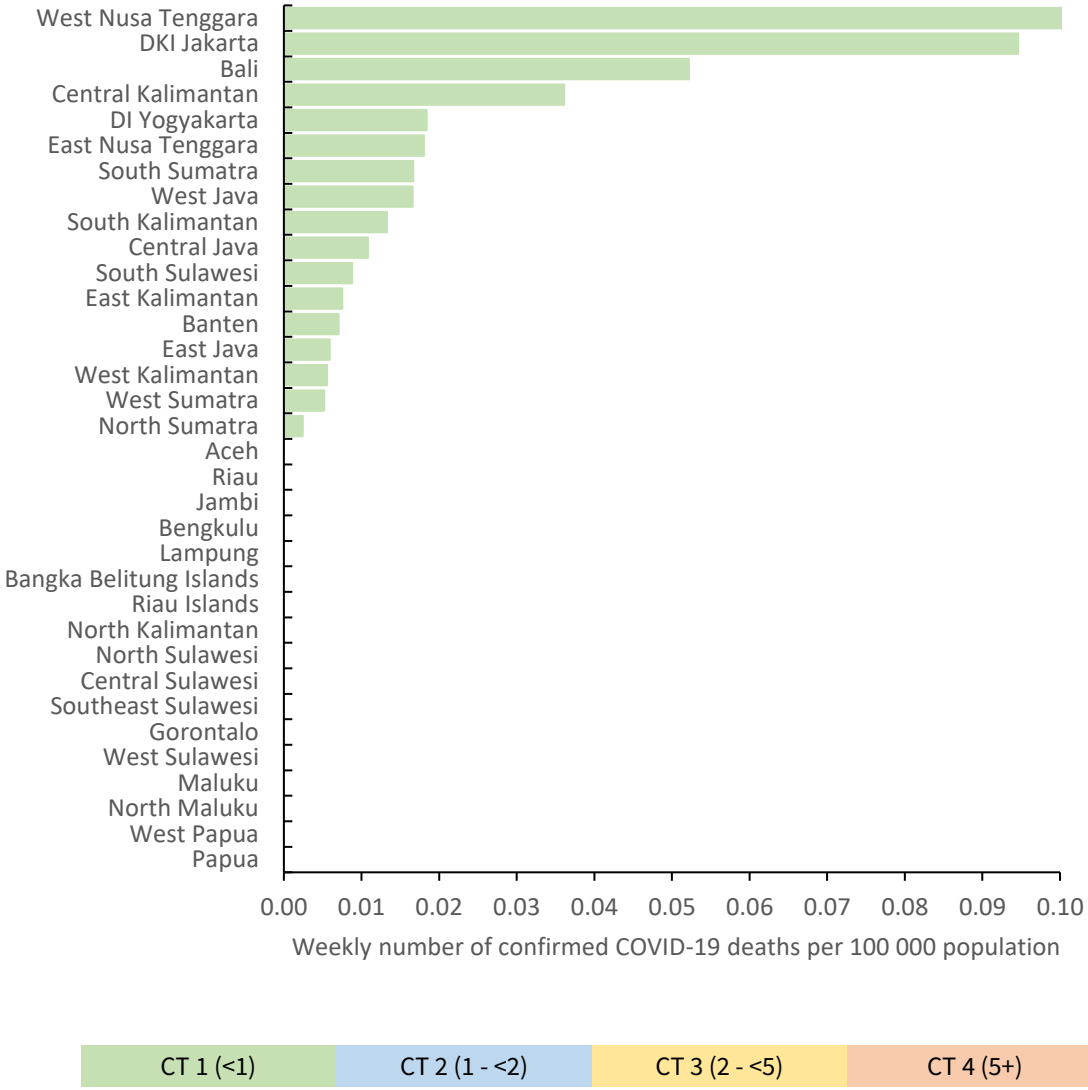

Fig. 8. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 4 July to 10 July 2022, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *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.

- During the week of 4 to 10 July, the number of confirmed COVID-19 deaths per 100 000 population was 0.01 at national level; 0.02 in Java-Bali region; and 0.01 in non-Java-Bali region (Fig. 9). The number of COVID-19 deaths per 100 000 population has decreased gradually since the week of 14 to 20 March 2022.

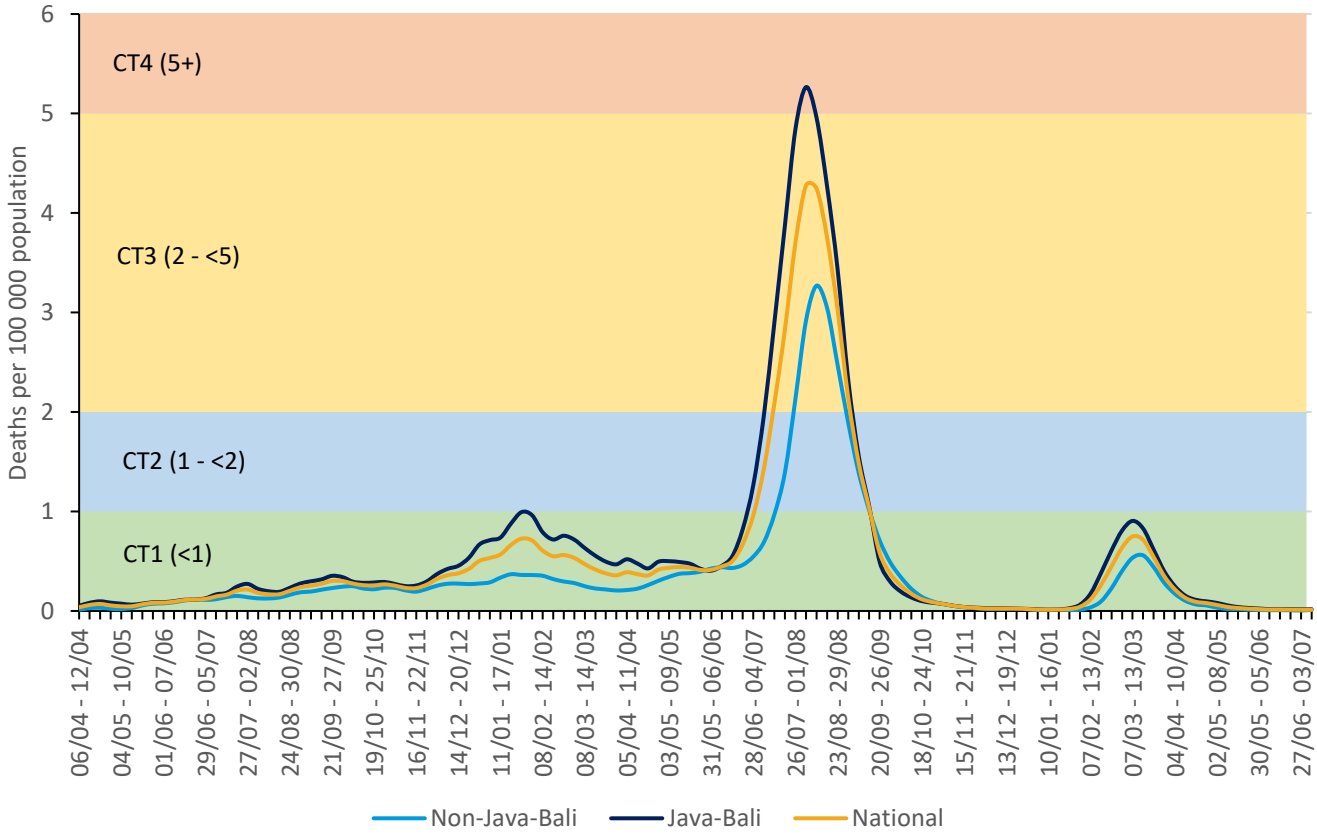

Fig. 9. Weekly number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period reported at national level and in Java-Bali and non-Java-Bali regions, as of 10 July 2022. *Source of data*

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.

Variants of concern (VOCs) and Omicron

- As of 10 July 2022, a total of 14 149 Omicron cases were reported by the Ministry of Health (MoH) to the Global Initiative on Sharing All Influenza Data (GISAID) (Fig. 10).

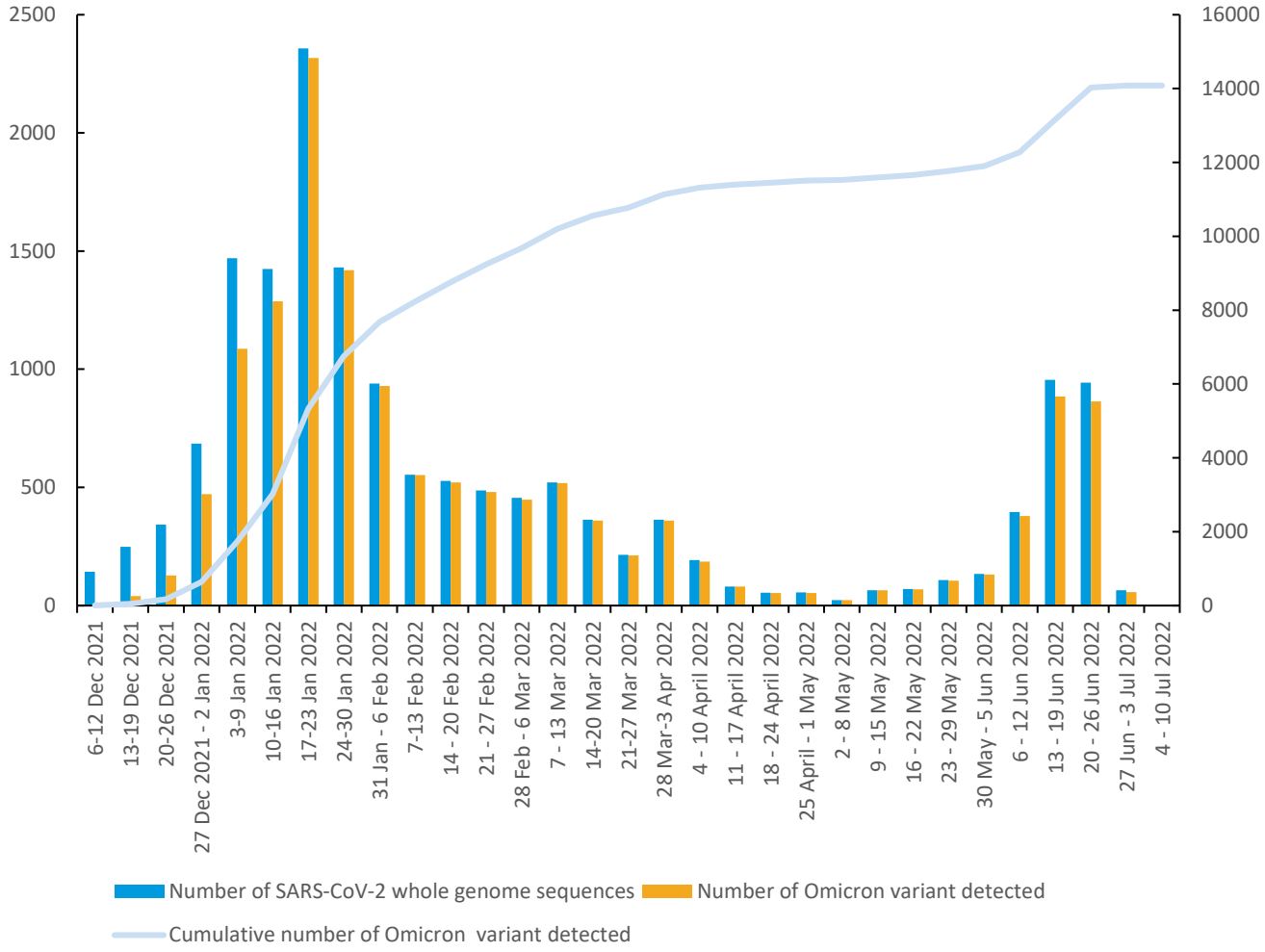

Fig. 10. The number of SARS-CoV-2 whole genome sequences data reported at national level from samples collected on 6 December 2021 to 10 July 2022. Source of data: Global Initiative on Sharing All Influenza Data (GISAID).

Disclaimer: Data was retrieved from GISAID (Pango v.4.1.1 PLEARN-v1.11) on 11 July 2022. The number of SARS-CoV-2 sequences is dynamic and will change when the genomic surveillance laboratory network submits new data to GISAID. Caution is needed in interpreting the graph as it depends on the genomic surveillance sampling strategy implemented in the country (e.g., targeted sampling for international travellers, random sampling from the community).

- As of 10 July, Indonesia reported 80 Omicron lineages (from the parent lineage of B.1.529) (Fig. 11). The lineages of BA.5.2 has been the most dominant in Indonesia over the past weeks.

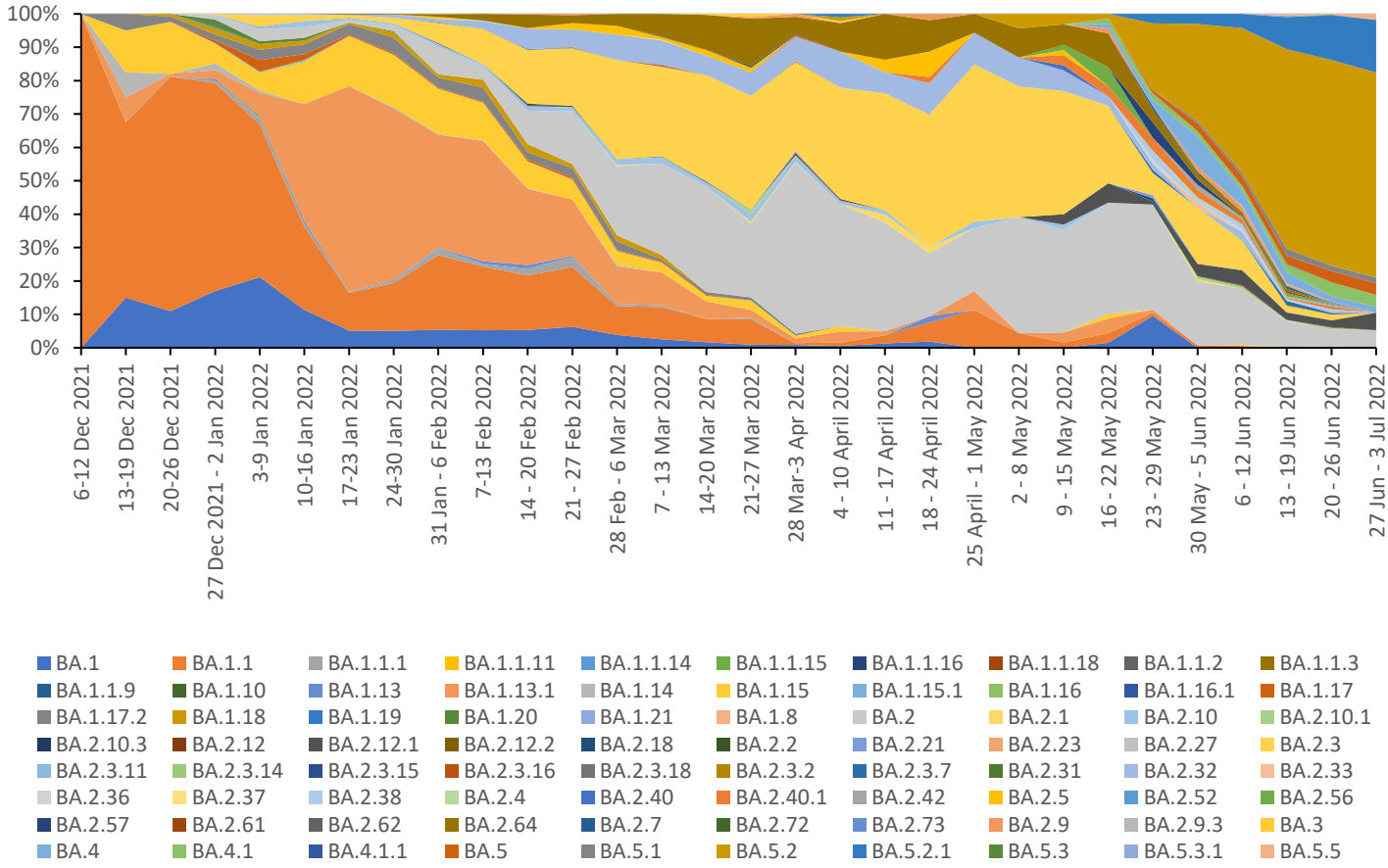

Fig. 11. Omicron lineages in Indonesia. Source of data: Global Initiative on Sharing All Influenza Data (GISAID).

Disclaimer: Data was retrieved from GISAID (Pango v.4.1.1 PLEARN-v1.11) on 11 July 2022. The number of SARS-CoV-2 sequences is dynamic and will change when the genomic surveillance laboratory network submits new data to GISAID.

HEALTH OPERATIONS

- On 10 July, the reported number of COVID-19 cases hospitalized in DKI Jakarta was 812, an increase of 8.9% from 745 cases reported one week prior (3 July). On the same date, the reported number of cases in self-isolation increased to 10 006 cases, compared to 8333 cases reported one week prior (Fig. 12).

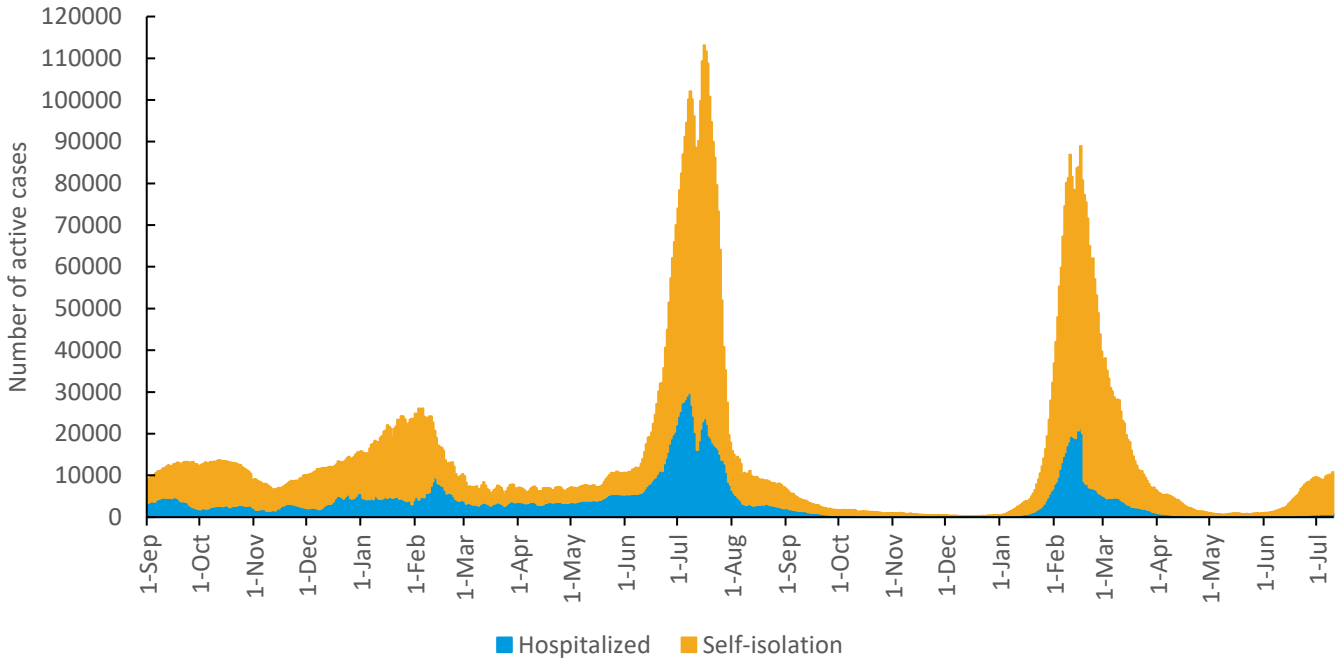

Fig. 12. Number of COVID-19 cases hospitalized and in self-isolation in DKI Jakarta, from 1 September 2020 to 10 July 2022. *Source of data*

- On 10 July, bed occupancy rate (BOR) at national level increased slightly to 2.83%[2] compared to the previous week[3]. On the same date, BOR in intensive care units (ICU) increased to 3.03% compared to the previous week.

[2] https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-10-JULI-2022.pdf
[3] https://www.kemkes.go.id/downloads/resources/download/Ketersediaan-Tempat-Tidur-RS-Covid19/BOR-RS-3-JULI-2022.pdf

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:
  - COVID-19 Appropriate Behaviour

Fig. 13. WHO infographics on 'COVID-19 Appropriate Behaviour', July 2022.

VACCINATION

- As of 12 July, 422 406 804 vaccine doses have been administered in the national COVID-19 vaccination campaign. On the same date, 169 392 315 people out of 270 203 917 total population (62.7 per 100 total population) have been fully vaccinated; 201 802 967 people (74.7 per 100 total population) have received at least one dose of the vaccine (Fig. 14). As of 12 July, 52 095 747 people out of 270 203 917 total population (19.3 per 100 total population) have received a booster dose. Nationwide, 54.4 per 100 total population of older people have been fully vaccinated; 67.2 per 100 total population have received at least one dose of the vaccine and 20.3 per 100 total population have received a booster dose.

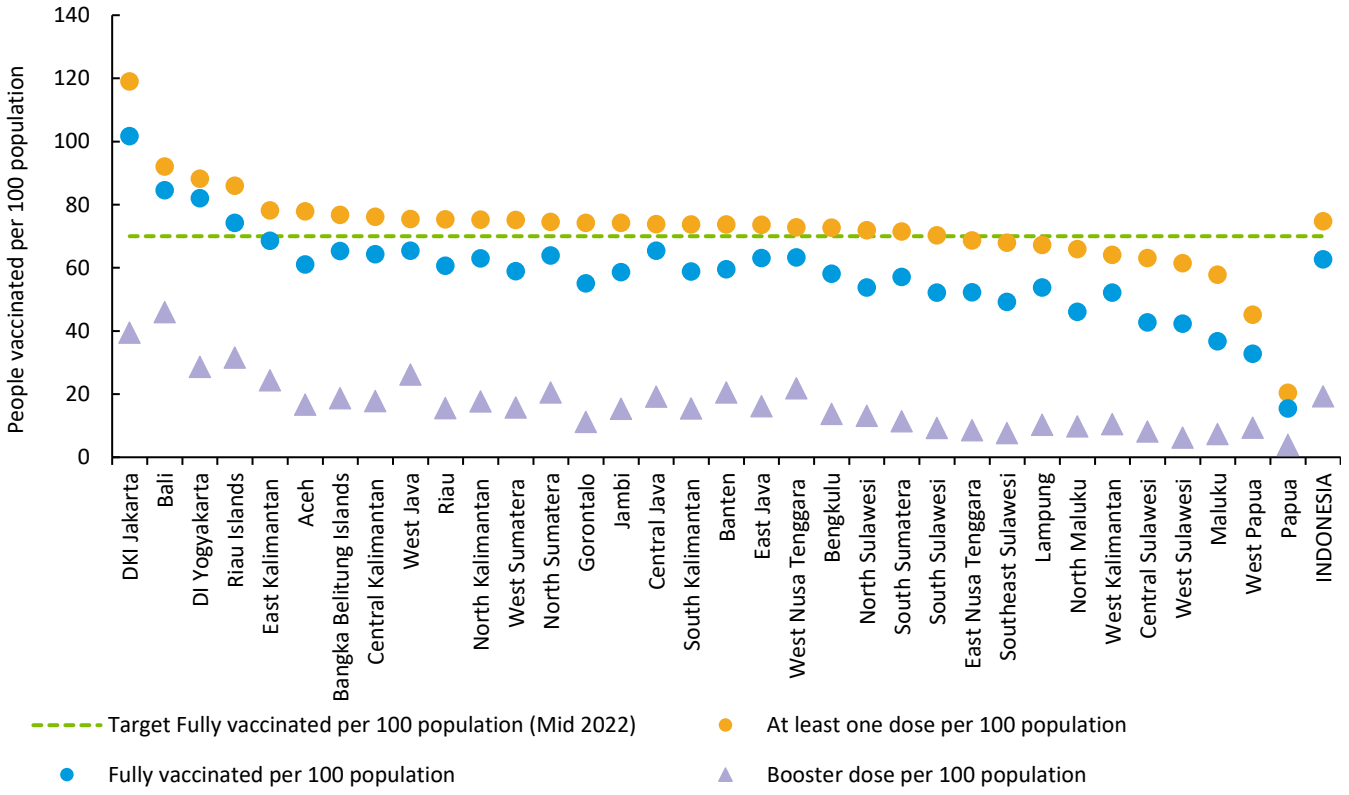

Fig. 14. Number of people fully vaccinated, number of people received at least one dose and number of people received a booster dose of COVID-19 vaccine per 100 total population by province in Indonesia, as of 12 July 2022. *Source of data*

Source of population data: 2020 Census result, Central Bureau of Statistics

Disclaimer: Data are recorded based on the location of the vaccination site. Total population is calculated based on provincial data (national identification number (Nomor Induk Kependudukan (NIK)).

- As of 12 July, only four out of 34 provinces have achieved the global target of at least 70% of the total population fully vaccinated by the end of June 2022: DKI Jakarta, Bali, DI Yogyakarta, Riau Islands.

Table 1. COVID-19 vaccination by each target population in Indonesia, as of 12 July 2022. Source of data

Target population	Total target population	Number of partially vaccinated	%	Number of fully vaccinated	%	Number of booster	%	Number of unvaccinated	%
Health workers	1 468 764	50 335	3.4	1 981 176	134.9	1 657 370	112.8	0	0
Older people	21 553 118	3 419 298	15.9	14 614 059	67.8	5 444 586	25.3	3 519 761	16.3
Essential public service workers	17 327 167	1 540 550	8.9	16 759 931	96.7	7 540 716	43.5	0	0
General population	141 211 181	19 704 850	14.0	95 677 128	67.8	36 135 894	25.6	25 829 203	18.3
Adolescents aged 12-17	26 705 490	3 455 307	12.9	21 996 816	82.4	754 240	2.8	1 253 367	4.7
Children aged 6-11	26 400 300	4 180 951	15.8	17 249 032	65.3			4 970 317	18.8
Gotong Royong scheme*		58 525		1 106 571		557 932			

Note: General population includes vulnerable groups (e.g., persons with disabilities and marginalized groups); 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 number versus estimated number of target population. Ongoing data cleaning process may also have an impact on the change of vaccination coverage.

- The weekly number of COVID-19 vaccine doses administered from 4 to 10 July was 1 084 718, a 15.5% decrease compared to 1 282 938 doses in the previous week. By age group, the highest number of doses administered was for vaccination of the general population above 18 years of age; followed by older people, adolescents aged 12 to 17 years, and children aged 6 to 11 years (Fig. 15). A significant increase in vaccine uptake was observed during the period of March-April 2022. This may be due to the implementation of a regulation that requires booster dose to waive COVID-19 testing for domestic travel before the Eid al-Fitr holiday. The trend in vaccine uptake declined significantly afterward.

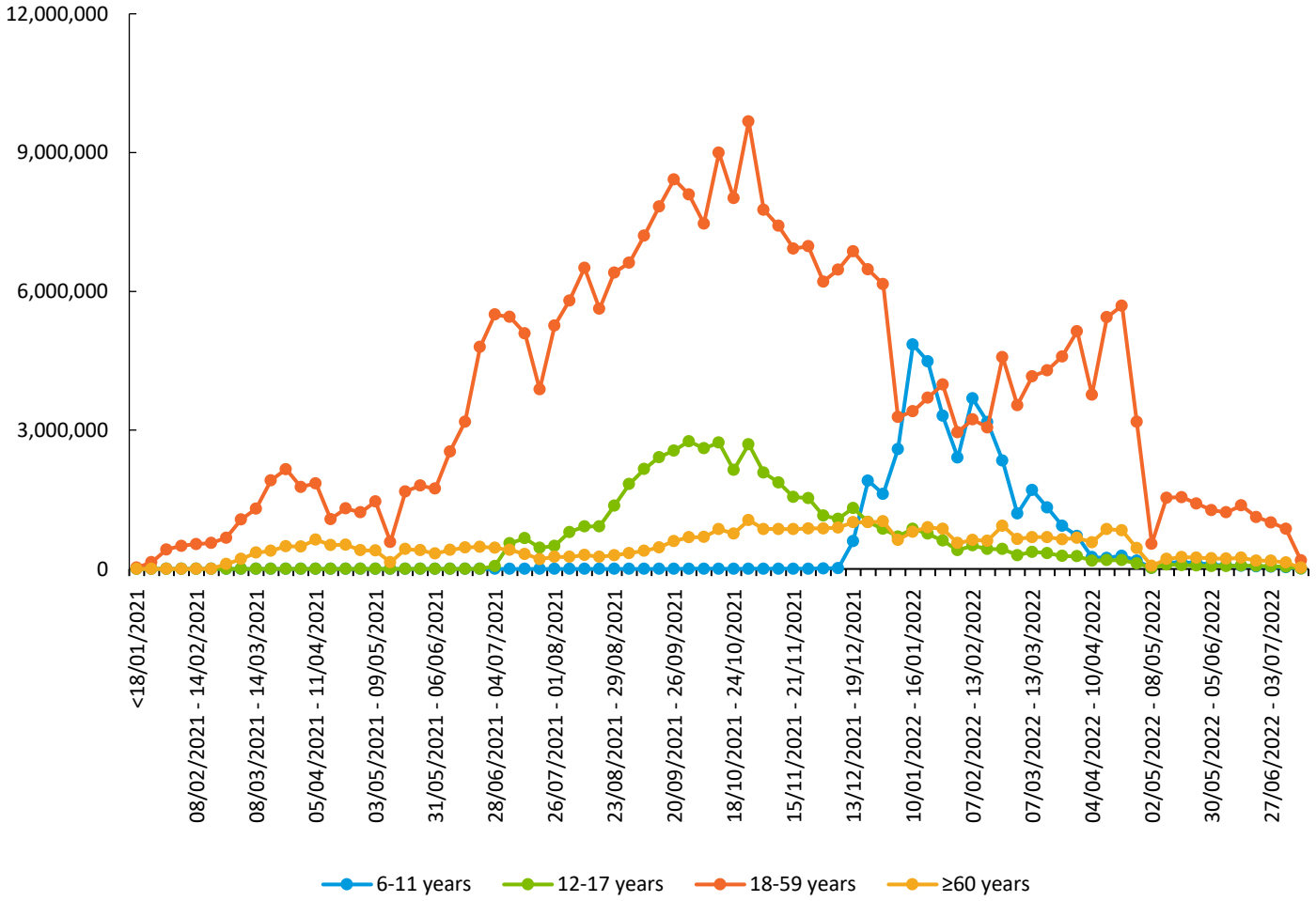

Fig. 15. Number of weekly vaccine doses administered by age group. Data as of 12 July 2022, accessed on 13 July at 7:00 AM. *Source of data*

Note: People aged 18 – 59 years calculation = health workers + essential public service workers + general population + people who received vaccination through Gotong Royong scheme. Doses administered calculation = Dose 1 + Dose 2.

PARTNER COORDINATION

- The overall funding request for WHO operations and technical assistance for 2022/23 is US$ 12 million, based on estimated needs as of July 2022 (Fig. 16).

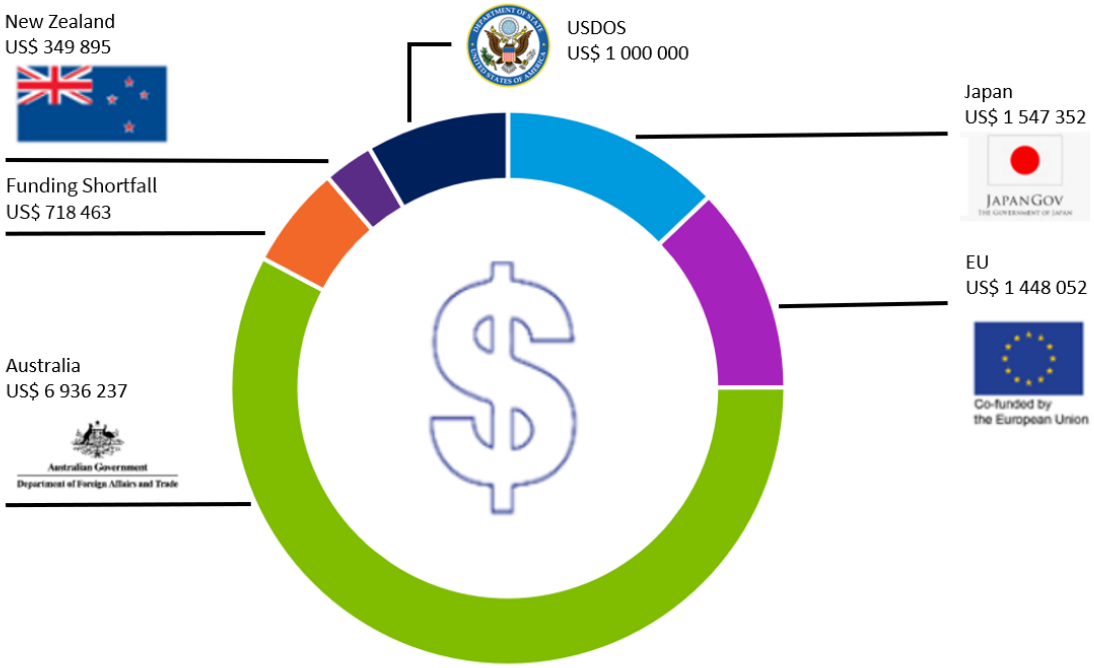

Fig. 16. WHO funding situation for COVID-19 response, July 2022.

Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id; https://vaksin.kemkes.go.id), COVID-19 Mitigation and National Economic Recovery Team (KPCPEN) (http://covid19.go.id) and provincial websites. There may be differences in national and provincial data depending on the source used. All data are provisional and subject to change.

WEEKLY RISK ASSESSMENT

Table 2. Weekly risk assessment, 4 – 10 July 2022

Name of province	Case incidence trend	Incidence per 100.000 population	Death per 100.000 population	Testing Rate (per 1000 population per week)	Weekly positivity proportion (in the last 7 days)	Fully vaccinated % -among all population	Fully vaccinated %-among older population
Aceh	Decrease	0.0	0.00	0.23	0.00%	61.0%	70.9%
North Sumatra	Increase	0.3	0.00	0.75	0.72%	63.8%	73.3%
West Sumatra	Increase	0.2	0.01	0.37	0.79%	58.9%	79.4%
Riau	Increase	0.3	0.00	0.61	1.02%	60.6%	57.9%
Jambi	Decrease	0.2	0.00	0.43	0.44%	58.5%	56.9%
South Sumatra	Increase	0.4	0.02	0.72	0.72%	57.1%	56.6%
Bengkulu	Increase	0.1	0.00	0.45	0.55%	58.1%	60.3%
Lampung	Decrease	0.2	0.00	0.67	0.42%	53.7%	56.9%
Bangka Belitung Islands	Increase	0.4	0.00	0.97	0.88%	65.2%	66.6%
Riau Islands	Increase	0.5	0.00	1.44	0.74%	74.2%	72.0%
DKI Jakarta	Increase	73.8	0.09	7.31	11.96%	101.7%	96.3%
West Java	Increase	5.4	0.02	1.38	4.74%	65.4%	83.0%
Central Java	Increase	0.7	0.01	0.74	1.27%	65.4%	68.2%
DI Yogyakarta	Increase	2.5	0.02	1.47	2.34%	14.6%	77.2%
East Java	Increase	1.9	0.01	0.91	2.88%	63.0%	65.1%
Banten	Increase	12.8	0.01	2.14	7.30%	59.5%	71.9%
Bali	Increase	10.3	0.05	2.89	4.52%	84.5%	75.8%
West Nusa Tenggara	Decrease	0.1	0.00	0.36	0.32%	63.2%	69.6%
East Nusa Tenggara	Increase	0.7	0.02	0.76	1.17%	52.2%	48.3%
West Kalimantan	Increase	0.5	0.01	0.61	1.02%	52.1%	46.9%
Central Kalimantan	Increase	1.1	0.04	0.77	2.05%	64.3%	61.8%
South Kalimantan	Increase	1.4	0.01	0.79	2.54%	58.8%	59.9%
East Kalimantan	Increase	1.3	0.01	2.28	0.82%	68.6%	66.0%
North Kalimantan	Increase	0.0	0.00	1.39	0.00%	62.9%	60.8%
North Sulawesi	Decrease	0.2	0.00	0.76	0.26%	53.7%	54.6%
Central Sulawesi	Decrease	0.1	0.00	0.41	0.62%	42.7%	36.6%
South Sulawesi	Increase	0.4	0.01	0.63	1.02%	52.1%	49.1%
Southeast Sulawesi	Decrease	0.2	0.00	0.59	0.19%	49.2%	43.2%
Gorontalo	Decrease	0.0	0.00	0.33	0.00%	55.0%	48.5%
West Sulawesi	Decrease	0.1	0.00	0.27	0.26%	42.3%	45.8%
Maluku	Decrease	0.1	0.00	0.80	0.48%	36.7%	34.6%
North Maluku	Decrease	0.1	0.00	0.55	0.14%	46.0%	49.7%
West Papua	Decrease	1.9	0.00	2.92	0.56%	32.7%	23.8%
Papua	Increase	0.6	0.00	1.46	0.60%	15.4%	11.9%

Note: Case incidence trend considers the trend of cases over the last three weeks. Case incidence is marked as light red if > 150 per 100 000 population and orange if between 50 to 150. Death is marked as light red if > 5 per 100 000 population 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 proportion of those fully vaccinated among older population is marked as light red if < 20%, orange if between 20% and 50%, yellow if between 50% and 80% and green if the vaccination rate > 80%. Target population for vaccination includes health workers, essential public service workers, older persons, vulnerable populations and people aged 18 years and above, children aged 6-11 years and adolescents aged 12-17 years. Vaccination coverage greater than 100% is due to differences in actual number versus estimated number of target population.

RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 3. Title and details of recent WHO resource materials

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

Title	Details
WHO mass gathering COVID-19 risk assessment tool: generic events, version 3, 16 June 2022	This is the updated version of the 'WHO Mass Gathering COVID-19 Risk Assessment Tool – Generic Events' that was first published on 20 March 2022 and last updated on 10 July 2022. This assessment tool has been updated to reflect new WHO technical guidance and new evidence on both COVID-19 and mass gatherings as well as feedback from users. It includes newly published research and evidence from WHO pertaining to areas such as improved SARS-CoV-2 diagnostics, vaccines, variants of concern (VOCs), ventilation considerations, and risk communication and community engagement and infodemic management (RCCE-IM) event strategies.

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:

- Interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine
- Annexes to the interim recommendations for use of the Janssen Ad26.COV2.S vaccine
- COVID-19 and mandatory vaccination: Ethical considerations

Infographics:

- COVID-19 Vaccine Fact
- Back to work
- Celebrations
- Ramadhan and COVID-19 2022
- Mental health and COVID-19
- Be a hero
- Good ventilation
- Waste management

Questions and answers:

- Monkeypox
- Coronavirus disease (COVID-19): Mask
- Coronavirus disease (COVID-19): Contact tracing
- How to talk about vaccines
- COVID-19: Vaccines
- COVID-19: Vaccine research and development

Videos:

- COVID-19: Omicron
- Omicron and COVID-19

- Omicron and reinfection
- Diabetes & COVID-19

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