**HIGHLIGHTS**

- DKI Jakarta reported between 12 July and 1 August a 42% decrease in the COVID-19 incidence rate per 100 000 population (753.9 to 439.7); a 60.9% decrease in the test positivity proportion (from 41% to 16%); and a decrease in hospitalization from 16 106 to 6 485. A 37% decrease in the number of deaths was reported in the last week compared to the previous week (from 1272 to 805). The enhanced testing (14.9 per 1000 population per week), strict implementation of Public Health and Social Measures (PHSM), accelerated vaccination (69% older populations received the second dose), and some immunity from natural infection may have contributed to the reduction of new cases and deaths in DKI Jakarta. To maintain this downward trend, all efforts should continue to be made and the situation needs to be carefully monitored especially considering the recent increase in community mobility.

- At the national level, 24 (eight new from the previous week) out of 34 provinces continued to experience increase in reported cases, with five provinces experiencing an increase of above 50 %. Ramping up testing, intensifying measures to increase oxygen supplies outside of Java, stringent implementation of PHSM and increasing the vaccination coverage are critical to suppress the transmission and prevent deaths.

---

**Situation in Indonesia**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total confirmed cases</td>
<td>3 532 567</td>
</tr>
<tr>
<td>Total deaths</td>
<td>100 636</td>
</tr>
<tr>
<td>Total cases recovered</td>
<td>2 907 920</td>
</tr>
<tr>
<td>Total people tested</td>
<td>18 382 837</td>
</tr>
</tbody>
</table>

---

**Fig. 1.** Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100 000 population in Indonesia across the provinces reported from 29 July to 4 August 2021. [Source of data]

**Disclaimer:** The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.
The Government of Indonesia has started administering the third dose of COVID-19 vaccine (booster vaccine) for health workers using the Moderna COVID-19 (mRNA-1273) vaccine. Last week, the Ministry of Health (MoH) kick-started the booster vaccination for over 3800 health workers from 14 government hospitals in DKI Jakarta. These health workers have previously received two doses of either Sinovac-CoronaVac vaccine or Oxford/AstraZeneca COVID-19 vaccine. On 2 August, MoH reported that around 1.5 million doses of the Moderna vaccine were distributed to all provinces across the country.¹

Despite the national target to administer two million doses of vaccine per day in August, many provinces and districts continued to report vaccine shortages. Central Java has been experiencing vaccine shortage for several weeks. Similarly, the Provincial Health Office (PHO) of South Sumatra reported that there were only 100 000 doses of vaccine remaining for August, which is a third of the supply needed. MoH stated that the government will continue to explore various channels to bring additional vaccines to the country to address the remaining gaps². On 1 August, Indonesia received a total of 3.5 million doses of Moderna COVID-19 vaccine and additional 620 000 doses of Oxford/AstraZeneca COVID-19 vaccine. The Minister of Foreign Affairs reported that these vaccines were donated by the United States and the United Kingdom through the COVAX’s dose-sharing mechanism.³

As of 1 August, MoH stated that the Delta variant of SARS-CoV-2 was reported in 24 out of 34 provinces in Indonesia. The Director of Disease Prevention and Control in MoH stated that the Delta variant was found in 86% of the samples sequenced in the last 60 days. In addition, MoH reported that cases with Alpha and Beta variants were also found in the country. MoH reminded the public that transmission is still high in all parts of the country and it is therefore critical to strengthen testing and tracing. MoH also requested the public to continue to strictly adhere to health protocols and help the government to curb the transmission and reduce case incidence.⁴

---

³ https://www.kompas.id/baca/kesehatan/2021/08/01/35-juta-dosis-vaksin-moderna-dan-620-000-dosis-astrazeneca-tiba-di-indonesia
⁴ https://nasional.kompas.com/read/2021/08/01/17192231/kemenkes-sebut-varian-delta-menyebar-hampir-merata-di-seluruh-indonesia
On 4 August, 35 867 new and 3 532 567 cumulative cases were reported nationwide (Fig. 2). From 27 July to 4 August, the average number of new cases per day was 34 977 cases; a slight decrease compared to the average of 43 414 cases per day in the previous week.

**SURVEILLANCE**

![Graph showing daily and cumulative number of cases reported in Indonesia, as of 4 August 2021. Source of data](source_of_data)

**Fig. 2.** Daily and cumulative number of cases reported in Indonesia, as of 4 August 2021. **Source of data**

**Disclaimer:** Since 10 February 2021, confirmed cases include those who tested positive using nucleic acid amplification test (NAAT) (e.g. polymerase chain reaction (PCR)) or 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. 17); 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, either at the national or subnational level.
During the week of 26 July to 1 August, 24 (eight new compared to the previous week) out of 34 provinces continued to experience an increase in the number of reported cases. Five provinces experienced an increase of 50% or more: Gorontalo (118%), Aceh (97%), Central Sulawesi (88%), Riau (74%) and Bengkulu (57%) (Fig. 3). Therefore, stringent public health and social measures (PHSM) should continue to be implemented throughout the country. It is critical to note that ten of the provinces mentioned above experiencing a significant increase in cases are located outside Java, and their swift action to increase the hospital capacity is critical.

Fig. 3. Percentage change of weekly number of confirmed cases by province during 26 July to 1 August 2021 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 and mortality, should be considered to guide adjustment of PHSM.
During the week of 26 July to 1 August, the incidence\(^5\) of COVID-19 cases in Indonesia slightly decreased from 114.0 per 100 000 population in the previous week to 110.8 per 100 000 population (Fig. 4). This was the first decrease since mid-May. Nevertheless, this number remains three-fold greater than the previously recorded highest incidence in February (31.5 per 100 000 population).

Weekly incidence of COVID-19 is calculated as the number of new cases per 100 000 population per week averaged over a two-week period.

**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](https://www.who.int/emergencies/diseases/novel-coronavirus-2019). Other epidemiological indicators also need to be evaluated to decide on the level of community transmission. This disclaimer applies to indicators at national (Fig. 4) and subnational levels (Figs. 5 to 10).

\(^5\) Weekly incidence of COVID-19 is calculated as the number of new cases per 100 000 population per week averaged over a two-week period. [Source of population data](https://www.who.int/countries/idn)
During the week of 26 July to 1 August, only one province experienced low incidence of COVID-19 cases (CT1). Eight provinces, as opposed to seven in the previous week, were at the highest level of community transmission (CT4) with the incidence rates per 100 000 population of 439.7 in DKI Jakarta, 369.2 in DI Yogyakarta, 314.7 in North Kalimantan, 288.9 in East Kalimantan, 220.1 in Bangka Belitung Islands, 209.9 in Riau Islands, 174.2 in Bali and 162.1 in West Papua (Fig. 5). Based on the WHO interim guidance, this meant 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.

Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 26 July to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
Java and Bali have been experiencing a steep increase in incidence rates since June. The weekly incidence of COVID-19 cases increased in four provinces during the week of 26 July to 1 August (Fig. 6). Although DKI Jakarta reported a decrease in incidence, it has remained at the highest level of community transmission scenario (CT4) since mid-June. DI Yogyakarta remained to be at CT4 since the first week of July and Bali had reached CT4 in the last week.

Fig. 6. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in Java - Bali, from 13 April 2020 to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
In Sumatra, the weekly incidence of COVID-19 increased in all provinces during the week of 26 July to 1 August. There has been an increasing trend in incidence since April in most provinces. Bangka Belitung Islands and Riau Islands had experienced a consistent and substantial increase in weekly incidence and had been in the highest level of community transmission scenario (CT4) in the last three weeks. There has also been a recent surge in weekly incidence in Aceh, North Sumatra, West Sumatra, Riau, Jambi, South Sumatra, Bengkulu and Lampung (Fig. 7).

Fig. 7. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in Sumatra, from 13 April 2020 to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

who.int/indonesia
In Kalimantan, the weekly incidence of COVID-19 increased in all provinces, except for West Kalimantan, during the week of 26 July to 1 August (Fig. 8). In particular, East Kalimantan and North Kalimantan experienced a substantial increase in cases and continued to be at the highest level of community transmission scenario (CT4) for the last three weeks.

Fig. 8. Incidence of COVID-19 cases per 100,000 population per week averaged over a two-week period in Kalimantan, from 13 April 2020 to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
In Sulawesi, the incidence has been consistently increasing in all provinces since the end of May. The weekly incidence of COVID-19 cases increased in all provinces during the period of 26 July to 1 August, particularly in North and Central Sulawesi which had been at the level CT3 (high incidence) in the past two weeks (Fig. 9).

Fig. 9. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in Sulawesi, from 13 April 2020 to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
During the week of 26 July to 1 August, the weekly incidence of COVID-19 decreased in West Nusa Tenggara, Maluku, North Maluku and West Papua (Fig. 10). However, West Papua have remained at CT4 for the last three weeks. East Nusa Tenggara and Papua have been experiencing a consistent and substantial increase in weekly incidence since June.

Fig. 10. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua, from 13 April 2020 to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
• Nationwide test positivity proportion increased sharply in December 2020; and reached the first peak of 30.5% in mid-February 2021. It slowly declined thereafter and remained between 9% and 20% between mid-March and end of June (corresponding to CT3 – high incidence). Since then, however, the positivity proportion increased rapidly and reached the level CT4 (very high incidence). As of 1 August, the positivity proportion had slightly declined to 26.3% as opposed to 29.0% in the previous week; however, it remained at CT4 (Fig. 11).

Fig. 11. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Source of data

Disclaimer: 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.

• Indonesia has started to use Nucleic Acid Amplification Test (NAAT) and antigen-detecting rapid diagnostic test (Ag-RDT) for confirmation of cases of COVID-19 since 10 February 2021. During the period from 1 July to 4 August, the proportions of people tested with NAAT and Ag-RDT were consistent over time. During the last seven days, however, the number of people tested using Ag-RDT was relatively higher compared to NAAT, which is in line with the WHO recommendation to use Ag-RDT to accelerate case findings and ensure rapid and timely public health intervention. A daily fluctuation in reported cases may be
explained by the number of tests performed per day. This points to the importance of maintaining a high level of testing to accurately evaluate transmission in the community. In addition, it is important to note that the percentage of positive samples can be interpreted reliably only with comprehensive surveillance and testing (Fig. 12).

As of 1 August, DI Yogyakarta continued to report the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by East Kalimantan and DKI Jakarta. Riau Islands, Bangka Belitung Islands and Central Java which remained at CT4 over the past two weeks. In addition, North Kalimantan and East Java had reached CT4 over the past week (Fig. 13).

Fig. 12. Number of daily confirmed COVID-19 cases and daily number of people tested in Indonesia during the period of 1 July to 4 August 2021. Source of data

- As of 1 August, DI Yogyakarta continued to report the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by East Kalimantan and DKI Jakarta. Riau Islands, Bangka Belitung Islands and Central Java which remained at CT4 over the past two weeks. In addition, North Kalimantan and East Java had reached CT4 over the past week (Fig. 13).
Fig. 13. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 26 July to 1 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.  

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 the national level, during the week of 26 July to 1 August, the number of confirmed COVID-19 deaths increased from 2.83 deaths per 100,000 in the previous week to 3.70 per 100,000 population\(^6\). The number of deaths has increased steadily and sharply since June and has reached the highest number of deaths to date (Fig. 14).

---

\(^6\) Weekly mortality of COVID-19 is calculated as the number of COVID-19 deaths per 100,000 population per week averaged over a two-week period. Source of population 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 the level of community transmission could not be conducted due to data limitations.
During the week of 26 July to 1 August, the total number of weekly confirmed COVID-19 deaths in DKI Jakarta was 876, a decrease from 1230 in the previous week which was the highest weekly number of deaths ever reported (Fig. 15).

![Weekly number of confirmed COVID-19 deaths in DKI Jakarta, as of 1 August 2021. Source of data](source)

**Disclaimer:** The data are provisional. There may be a discrepancy in the number of deaths in confirmed COVID-19 cases between national and provincial data sources.

Considering the increasing trend of COVID-19 deaths in Indonesia for the past several weeks, MoH and key partners organized a virtual meeting on 30 July to discuss the estimation of excess mortality to better understand the actual impact of COVID-19 in the country. The meeting was attended by representatives from the Directorate General of Civil Registration of the Ministry of Home Affairs, the Indonesian Hospital Association (Perhimpunan Rumah Sakit Seluruh Indonesia (PERSI)) and WHO. The meeting identified several challenges in capturing the full extent of COVID-19 deaths which included delays in reporting and data discrepancies across existing information systems. MoH will conduct an exercise to estimate excess mortality by comparing current data with the baseline data provided by the Directorate General of Civil Registration. The Ministry of Home Affairs will assist MoH particularly in addressing issues related to data quality.
WHO assisted the PHO and the Regional Police (Kepolisian Daerah (POLDA)) in Banten to train contact tracing volunteers. Around 150 participants from Senkom Mitra Polri (a civilian group that assists the Indonesian National Police in providing information and reporting of threats to public security and order), public health students from the Salsabila Institute of Health Science and police personnel from Banten attended this training. Upon completion of the training, these volunteers were deployed to support the community health centres (puskesmas) in their respective areas to strengthen contact tracing activities.

As of 4 August, the daily number of people tested for COVID-19 was 148,812 and the cumulative number of people tested was 18,382,837 (Fig. 16). From 27 July to 4 August, the average number of people tested per day was 144,094; a decrease from the average of 174,547 people tested per day in the previous week.

Fig. 16. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 4 August 2021. [Source of data]
• As of 4 August, the proportion of people recovered among the total confirmed cases was 82.3% and there were 524,011 active cases (Fig. 17).

**Fig. 17.** Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 4 August 2021. *Source of data*

• The reported number of confirmed cases hospitalized in DKI Jakarta increased sharply in June and the beginning of July, reaching to the highest recorded number of hospitalizations (30,418) on 7 July. It has since decreased to 6,485 hospitalizations on 1 August (Fig. 18).

**Fig. 18.** Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 November 2020 to 1 August 2021. *Source of data*
The WHO online course on ‘Clinical management of patients with COVID-19: General considerations’ has been translated into Indonesian and is also available on the OpenWHO platform. This course provides background on the COVID-19 pandemic and discusses facility operations and preparation, referral systems and interfacility transfer, infection prevention and control, and the role of palliative care for patients at national and subnational levels. It also covers ethical issues related to COVID-19 care including the principles of allocating critical resources for providing care.

From 27 to 29 July, WHO convened the Biregional Technical Advisory Group Meeting on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) which was attended by around 190 participants from Member States in the South-East Asia and Western Pacific regions. The meeting highlighted lessons learned from the COVID-19 pandemic response in both regions and emphasized the importance of national, regional and global actions, investment and coordination to address the remaining gaps identified during the 74th World Health Assembly held on 5 and 17 May 2021. Delegates from Indonesia shared their experience on the national COVID-19 response and the status of implementing the Intra-Action Review (IAR) recommendations. In addition, Indonesia highlighted the potential threats of the pandemic on antimicrobial stewardship and antimicrobial resistance (AMR) and emphasized on timely interventions to ensure prevention and control of AMR and mitigate the risks of its impact.

Overview of the recommendations from the APSED III meeting:
1) To continue to strengthen the International Health Regulations (IHR) core capacities
2) Countries and areas to monitor and evaluate intervention measures for COVID-19 and adjust resources according to the needs at national and subnational levels
3) To strengthen information systems and response capacities at the national and subnational levels to facilitate evidence-based decision-making with a risk-based approach, laboratory-based surveillance including genomic surveillance, improvement of healthcare pathways at national and subnational levels, contact tracing, risk assessment, and application of social and behavioural science in risk communication.
4) To strengthen points of entry (POEs) capacities through enhanced quarantine systems, sharing of information and partnership with other sectors.
5) To increase vaccine coverage and strengthen effective use of vaccines.
6) To prioritise vulnerable groups and at-risk groups.
7) To strengthen the health security systems towards achieving universal health coverage.
8) To expand strategic operational partnerships and networks such as the Global Outbreak Alert and Response Network and enhance public health emergency rapid response and preparedness capacity at global, regional and national levels.
9) To continue to engage with partners to address the operational needs in COVID-19 response and enhance public health emergency rapid response and preparedness capacities.

- As of 2 August, 68 918 275 vaccine doses have been administered in the national COVID-19 vaccination campaign; 47 847 179 people have received the first dose and 21 071 096 people have received the second dose (Fig. 19).

**VACCINATION**

Fig. 19. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 2 August 2021. [Source of data]

Disclaimer: COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.
As of 2 August, the number of older people who have received the first dose of the COVID-19 vaccine was 4,861,985 (22.6% of the targeted 21,553,118); only 3,199,592 (14.8%) have received the second dose (fully vaccinated). The number of essential public service workers who have received the second dose was 11,935,647 (68.9% of the target population of 17,327,167); among them, 2,226,096 teachers (39.3% of the targeted 5,659,560) have received the first dose and 1,740,546 (30.8%) have received the second dose. The number of people from vulnerable populations and those aged 18 years and older who have received the first dose was 14,209,830 (10.1% of the targeted 141,211,181) and 4,461,848 (3.2%) have received the second dose. The number of children aged 12 to 17 years who have received the first dose was 975,256 (3.7% of the targeted 26,705,490) and 13,520 (0.1%) have received the second dose. The number of health workers who have received the second dose was 1,460,489 (99.4% of the targeted 1,468,764) (Fig. 20).

As of 2 August, provinces with the highest percentage of unvaccinated (zero dose) health workers were Papua (19.6%) and Maluku (15.2%) (Fig. 21).

Fig. 20. Cumulative number of people who have received COVID-19 vaccine in Indonesia, as of 2 August 2021. Source of data

Disclaimer: COVID-19 vaccination started with health workers on 13 January. The second stage of COVID-19 vaccination started on 17 February, targeting essential public service workers and older people (above 60 years old). Published data from MoH is available starting from 22 January. Vaccination coverage over 100% is due to differences in actual versus estimated target population.
As of 2 August, DKI Jakarta was the province with the highest first-dose vaccination coverage among all eligible target populations (health workers, older people, essential public service workers, vulnerable populations, children aged 12-17 years and people aged 18 and above), followed by Bali, Riau Islands, DI Yogyakarta and North Sulawesi. As of the same day, DKI Jakarta had the highest second-dose vaccination coverage among the same target groups, followed by Bali, DI Yogyakarta, Riau Islands and Central Kalimantan (Fig. 22).

Fig. 21. Percentage of unvaccinated health workers by province in Indonesia, as of 2 August 2021.

Source of data
As of 2 August, the number of people who received two doses (fully vaccinated) per 100 population was 7.7 nationwide; and DKI Jakarta reported the highest number of people fully vaccinated (26.3 per 100 population) amongst all provinces, followed by Bali (20.2), Riau Islands (10.2), Central Kalimantan (8.8) and East Kalimantan (8.6) (Fig. 23).

**Disclaimer:** Vaccination coverage has been adjusted according to the updated denominator published by the Ministry of Health. Published data from MoH includes target populations of the third stage of national vaccination campaign, which was available starting from 13 July 2021.
As of 2 August, DKI Jakarta reported the highest first-dose vaccination coverage among older people, followed by Bali, DI Yogyakarta and Riau Islands. On the same day, DKI Jakarta reported the highest second-dose vaccination coverage among this target group, followed by DI Yogyakarta, Bali and Riau Islands (Fig. 24). Most provinces reported that more than 60% of their older populations remained unvaccinated (zero dose), including 12 provinces reported above 90% of unvaccinated older populations (Fig. 25).

Fig. 24. COVID-19 vaccination coverage among older people by province in Indonesia, as of 2 August 2021. [Source of data]

Disclaimer: Vaccination coverage for older people has been adjusted according to the published data which was available starting 13 July 2021.
As of 2 August, DKI Jakarta reported the highest first-dose vaccination coverage among vulnerable populations and people aged 18 years and above, followed by Bali, Riau Islands and DI Yogyakarta. On the same day, DKI Jakarta reported the highest second-dose vaccination coverage among this target group, followed by Bali, Riau Islands, and Riau (Fig. 26).
As of 26 July, DKI Jakarta reported the highest first-dose vaccination coverage among children (aged 12 to 17 years), followed by Bali, Riau Islands and DI Yogyakarta (Fig. 27).
On 2 August, the MoH Directorate General of Disease Prevention and Control issued a circular letter to allow pregnant women in their second trimester to receive COVID-19 vaccination in priority provinces which was based on the recommendation from the Indonesian Technical Advisory Group of Immunization (ITAGI). For this target group, COVID-19 mRNA-based vaccines such as Pfizer/BioNTech and Moderna as well as Sinovac-CoronaVac will be used. On the same day, the Secretary General of MoH also issued a circular letter on acceleration of vaccination of vulnerable populations, including persons with disability, indigenous people, marginalized populations, migrant workers and people without national identification numbers. MoH instructed all PHOs and District Health Offices (DHOs) to coordinate with relevant government institutions and stakeholders to facilitate these groups to be vaccinated swiftly.
The overall funding request for WHO operations and technical assistance is US$ 46 million (US$ 27 million for response and US$ 19 million for recovery phase), based on estimated needs as of August 2021 (Fig. 28).

Fig. 28. WHO funding situation for COVID-19 response, August 2021.

Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.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.
Mobility analysis can be used as a proxy to monitor population mobility during the implementation of movement restriction policies during the COVID-19 pandemic. Increased mobility may lead to increased interactions among people, which may affect COVID-19 transmission. Mobility of populations can be measured using several approaches. More information on the movement restriction policies that have been implemented in Indonesia and previous analyses on mobility trends in Java and Bali is available on WHO Situation Report 63 (pages 27-31), Situation Report 64 (pages 34-38) and Situation Report 65 (pages 30-33) Updates on mobility analysis in provinces in Java and Bali, as of 31 July, are presented in figures 29 to 35.

On 2 August, the Government of Indonesia announced to continue the implementation of the level 3 and 4 restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) until 9 August, considering the current epidemiological situation at the national and subnational levels, particularly related to the increasing trend of cases and mortality. As some of the movement restrictions have been lifted since 26 July, signs of increase in community mobility have been observed in the last few days. It is crucial to anticipate and prepare for the impact of increased mobility on transmission and health system capacity at the national level.

For purposes of current analysis in Indonesia, COVID-19 Community Mobility Reports (Google) have been used.
Fig. 29. Mobility analysis in DKI Jakarta, as of 31 July 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 Figs. 29-35.
Fig. 30. Mobility analysis in West Java, as of 31 July 2021. Source of data: mobility; cases.

Fig. 31. Mobility analysis in Central Java, as of 31 July 2021. Source of data: mobility; cases.
Fig. 32. Mobility analysis in DI Yogyakarta, as of 31 July 2021. Source of data: mobility; cases.

Fig. 33. Mobility analysis in East Java, as of 31 July 2021. Source of data: mobility; cases.
Fig. 34. Mobility analysis in Banten, as of 31 July 2021. Source of data: mobility; cases.

Fig. 35. Mobility analysis in Bali, as of 31 July 2021. Source of data: mobility; cases.
Table 1. Weekly risk assessment by province in Indonesia, as of 1 August 2021.

<table>
<thead>
<tr>
<th>Province</th>
<th>Case incidence trend</th>
<th>New cases in last 7 days</th>
<th>Change in new cases in last 7 days (%)</th>
<th>New deaths in last 7 days</th>
<th>Change in new deaths in last 7 days (%)</th>
<th>Testing rate (per 1000 population per week)</th>
<th>Weekly test positivity proportion in last 7 days (%)</th>
<th>2nd dose vaccination among target population (%)</th>
<th>2nd dose vaccination among older population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Increase</td>
<td>1526</td>
<td>7%</td>
<td>52</td>
<td>174%</td>
<td>1.1</td>
<td>25%</td>
<td>6.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Increase</td>
<td>9633</td>
<td>28%</td>
<td>118</td>
<td>100%</td>
<td>1.7</td>
<td>31%</td>
<td>8.9%</td>
<td>12.9%</td>
</tr>
<tr>
<td>West Sumatra</td>
<td>Increase</td>
<td>5884</td>
<td>35%</td>
<td>122</td>
<td>165%</td>
<td>4.2</td>
<td>25%</td>
<td>5.3%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Bali</td>
<td>Increase</td>
<td>10432</td>
<td>7%</td>
<td>241</td>
<td>24%</td>
<td>2.1</td>
<td>68%</td>
<td>11.6%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Jambi</td>
<td>Increase</td>
<td>2371</td>
<td>28%</td>
<td>67</td>
<td>52%</td>
<td>1.2</td>
<td>52%</td>
<td>9.5%</td>
<td>14.1%</td>
</tr>
<tr>
<td>South Sumatra</td>
<td>Increase</td>
<td>6155</td>
<td>49%</td>
<td>243</td>
<td>63%</td>
<td>1.5</td>
<td>42%</td>
<td>8.3%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Bengkulu</td>
<td>Increase</td>
<td>2519</td>
<td>5%</td>
<td>8</td>
<td>-56%</td>
<td>1.7</td>
<td>75%</td>
<td>7.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Lampung</td>
<td>Increase</td>
<td>4062</td>
<td>24%</td>
<td>750</td>
<td>862%</td>
<td>0.9</td>
<td>54%</td>
<td>5.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Bangka Belitung</td>
<td>Increase</td>
<td>3815</td>
<td>18%</td>
<td>128</td>
<td>22%</td>
<td>3.7</td>
<td>61%</td>
<td>11.0%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Riau Islands</td>
<td>Increase</td>
<td>3737</td>
<td>-23%</td>
<td>226</td>
<td>71%</td>
<td>4.7</td>
<td>36%</td>
<td>15.0%</td>
<td>22.8%</td>
</tr>
<tr>
<td>DKI Jakarta</td>
<td>Decrease</td>
<td>25081</td>
<td>-45%</td>
<td>805</td>
<td>-33%</td>
<td>14.9</td>
<td>16%</td>
<td>32.7%</td>
<td>69.0%</td>
</tr>
<tr>
<td>West Java</td>
<td>Decrease</td>
<td>42727</td>
<td>-19%</td>
<td>1406</td>
<td>74%</td>
<td>2.4</td>
<td>36%</td>
<td>7.5%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Central Java</td>
<td>Increase</td>
<td>32041</td>
<td>-2%</td>
<td>2674</td>
<td>19%</td>
<td>1.3</td>
<td>70%</td>
<td>9.8%</td>
<td>21.7%</td>
</tr>
<tr>
<td>DI Yogyakarta</td>
<td>Increase</td>
<td>13458</td>
<td>13%</td>
<td>533</td>
<td>-2%</td>
<td>15.5</td>
<td>24%</td>
<td>15.2%</td>
<td>27.1%</td>
</tr>
<tr>
<td>East Java</td>
<td>Increase</td>
<td>35800</td>
<td>-8%</td>
<td>2822</td>
<td>8%</td>
<td>3.6</td>
<td>40%</td>
<td>10.0%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Banten</td>
<td>Increase</td>
<td>9499</td>
<td>-44%</td>
<td>322</td>
<td>17%</td>
<td>2.5</td>
<td>25%</td>
<td>8.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Bali</td>
<td>Increase</td>
<td>8754</td>
<td>18%</td>
<td>227</td>
<td>21%</td>
<td>4.4</td>
<td>45%</td>
<td>25.7%</td>
<td>26.5%</td>
</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Increase</td>
<td>1941</td>
<td>15%</td>
<td>22</td>
<td>400%</td>
<td>0.9</td>
<td>43%</td>
<td>5.5%</td>
<td>8.4%</td>
</tr>
<tr>
<td>East Nusa Tenggara</td>
<td>Increase</td>
<td>5727</td>
<td>-3%</td>
<td>121</td>
<td>68%</td>
<td>1.5</td>
<td>71%</td>
<td>7.6%</td>
<td>5.5%</td>
</tr>
<tr>
<td>West Kalimantan</td>
<td>Increase</td>
<td>2899</td>
<td>28%</td>
<td>62</td>
<td>6%</td>
<td>1.5</td>
<td>30%</td>
<td>6.8%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Central Kalimantan</td>
<td>Increase</td>
<td>2475</td>
<td>11%</td>
<td>222</td>
<td>23%</td>
<td>1.8</td>
<td>40%</td>
<td>11.7%</td>
<td>17.0%</td>
</tr>
<tr>
<td>South Kalimantan</td>
<td>Increase</td>
<td>4830</td>
<td>27%</td>
<td>378</td>
<td>19%</td>
<td>2.0</td>
<td>57%</td>
<td>8.1%</td>
<td>5.7%</td>
</tr>
<tr>
<td>East Kalimantan</td>
<td>Increase</td>
<td>12362</td>
<td>20%</td>
<td>525</td>
<td>4%</td>
<td>7.0</td>
<td>47%</td>
<td>11.0%</td>
<td>20.4%</td>
</tr>
<tr>
<td>North Kalimantan</td>
<td>Increase</td>
<td>3330</td>
<td>43%</td>
<td>68</td>
<td>45%</td>
<td>5.5</td>
<td>70%</td>
<td>7.9%</td>
<td>13.0%</td>
</tr>
<tr>
<td>North Sulawesi</td>
<td>Increase</td>
<td>3004</td>
<td>44%</td>
<td>89</td>
<td>218%</td>
<td>2.2</td>
<td>54%</td>
<td>9.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Central Sulawesi</td>
<td>Increase</td>
<td>4352</td>
<td>88%</td>
<td>138</td>
<td>14%</td>
<td>1.9</td>
<td>72%</td>
<td>6.7%</td>
<td>5.2%</td>
</tr>
<tr>
<td>South Sulawesi</td>
<td>Increase</td>
<td>7261</td>
<td>45%</td>
<td>163</td>
<td>50%</td>
<td>1.8</td>
<td>45%</td>
<td>9.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Southeast Sulawesi</td>
<td>Increase</td>
<td>1345</td>
<td>-13%</td>
<td>52</td>
<td>86%</td>
<td>1.0</td>
<td>40%</td>
<td>7.5%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Gorontalo</td>
<td>Increase</td>
<td>913</td>
<td>118%</td>
<td>24</td>
<td>140%</td>
<td>1.1</td>
<td>69%</td>
<td>10.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>West Sulawesi</td>
<td>Increase</td>
<td>870</td>
<td>18%</td>
<td>22</td>
<td>57%</td>
<td>1.2</td>
<td>51%</td>
<td>7.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Maluku</td>
<td>Decrease</td>
<td>444</td>
<td>-48%</td>
<td>11</td>
<td>-61%</td>
<td>0.9</td>
<td>21%</td>
<td>6.0%</td>
<td>7.9%</td>
</tr>
<tr>
<td>North Maluku</td>
<td>Increase</td>
<td>820</td>
<td>-21%</td>
<td>32</td>
<td>10%</td>
<td>1.5</td>
<td>44%</td>
<td>4.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>West Papua</td>
<td>Increase</td>
<td>1458</td>
<td>3%</td>
<td>24</td>
<td>-14%</td>
<td>4.2</td>
<td>35%</td>
<td>8.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Papua</td>
<td>Increase</td>
<td>2146</td>
<td>27%</td>
<td>49</td>
<td>0%</td>
<td>2.5</td>
<td>25%</td>
<td>6.6%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Source of data: Cases, deaths and testing; vaccination

Note: Case incidence considers the trend of cases over the last three weeks. The change in new cases in the last seven days is marked as light red if there is an increase of 50% compared to the previous week. The change in new deaths is marked as light red if there is any increase in the percentage of deaths (and number of deaths ≥ 10) compared to the previous week. The testing rate is marked as yellow if it is less than 1/1000 population. Test positivity proportion is marked as light red if ≥ 20% and yellow if between 5% and 20%. The second dose vaccination is marked as light red if < 5% and yellow if between 5% and 10%. Target population for vaccination includes health workers, essential public service workers, older persons, vulnerable populations and people aged 18 years and above and children (aged 12-17 years).
Urgent action is needed to address the continuing surge of cases, notably in provinces in light red (Aceh, West Sumatra, Riau, South Sumatra, Bangka Belitung Islands, Riau Islands, West Java, Central Java, DI Yogyakarta, East Java, Banten, Bali, East Kalimantan and North Maluku) and in yellow. Bed occupancy rate has also been reported to be high in these provinces and is considered in the risk assessment.8,9,10,11

Strict implementation of PHSM throughout the country is crucial, 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 other countries that are facing a similar surge of cases.12

Strengthening genomic surveillance and investigation of clusters are also highly important when cases with VOCs are suspected/confirmed. Between 26 July and 1 August 2021, Indonesia submitted a total of 599 genetic sequences to the Global Initiative on Sharing All Influenza Data (GISAID) platform. These sequenced samples were collected at various times in Bali, Banten, Central Java, DKI Jakarta, East Kalimantan, Central Kalimantan, North Kalimantan, East Nusa Tenggara, Jambi, Riau, Riau Islands, North Sumatra, North Sulawesi, South Sulawesi, Maluku, West Papua and West Java during the period of February-July 2021 (Table 2). A total of 313 Delta variant cases were reported from samples collected in May-July 2021. Most of the cases were from East Kalimantan (165), Jakarta (40), and West Java (20). This data should be interpreted with caution as several factors such as the sampling strategy, number of specimens collected, and sample collection dates need to be considered.

Table 2. Number of the Delta variant reported by province in Indonesia, as of 1 August 2021. Source of data

<table>
<thead>
<tr>
<th>No.</th>
<th>Provinces</th>
<th>Number of cases</th>
<th>Number of whole genomic sequencing (WGS) performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DKI Jakarta</td>
<td>336</td>
<td>953</td>
</tr>
<tr>
<td>2</td>
<td>West Java</td>
<td>279</td>
<td>808</td>
</tr>
<tr>
<td>3</td>
<td>East Kalimantan</td>
<td>178</td>
<td>237</td>
</tr>
<tr>
<td>4</td>
<td>Central Java</td>
<td>171</td>
<td>255</td>
</tr>
<tr>
<td>5</td>
<td>East Nusa Tenggara</td>
<td>51</td>
<td>88</td>
</tr>
<tr>
<td>6</td>
<td>Bali</td>
<td>25</td>
<td>457</td>
</tr>
</tbody>
</table>

During the implementation of emergency PPKM, testing rates increased in some provinces and districts; however, other provinces such as Lampung, West Nusa Tenggara and Maluku continue to experience challenges in meeting the recommended benchmark of 1 suspected case tested per 1000 population per week. Testing services should be further strengthened and maintained across these provinces. Early diagnosis of cases is a backbone of public health response to COVID-19 as it enables timely isolation of cases, tracing and quarantine of contacts.

It is critical to continue and strength the following measures: intensifying measures to increase oxygen capacities outside Java; continuous implementation of criteria for proper patient referral to isolation facilities/shelters or hospitals; improving care for self-isolated patients through telemedicine services and dissemination of comprehensive home isolation kits which contains medicines, oximeter, and information and education materials on home care for COVID-19 patients.
• The pace of vaccination needs to be accelerated, especially for provinces with the limited vaccination coverage for older populations. Several provinces recorded the second-dose vaccination coverage below 5% among older populations, including Aceh, West Sumatra, Lampung, Southeast Sulawesi, Gorontalo, West Sulawesi, North Maluku and West Papua. Actions to improve accessibility and awareness of the benefits of COVID-19 vaccination among older and vulnerable populations need to be strengthened. Moreover, vaccinated people should continue to adhere to PHSM.

• Health facilities should continue to adhere to key WHO recommended IPC measures including contact, droplet and airborne precautions, hand hygiene practices, adequate environmental cleaning and disinfection, and adequate ventilation.
## 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 51), 3 August 2021</strong></td>
<td>This edition includes epidemiological updates as of 1 August 2021 with a special focus on SARS-CoV-2 VOCs, Alpha, Beta, Gamma and Delta, and their geographic distribution.</td>
</tr>
<tr>
<td><strong>Holding gatherings during the COVID-19 pandemic: WHO policy brief, 2 August 2021, 3 August 2021</strong></td>
<td>This document aims to present the WHO’s position on, and guidance in relation to, holding gatherings during the COVID-19 pandemic. It is. The information provided is intended for policy-makers and derived from WHO publications and a review scientific literature.</td>
</tr>
<tr>
<td><strong>Interim recommendations for use of the ChAdOx1-S [recombinant] vaccine against COVID-19 (AstraZeneca COVID-19 vaccine AZD1222 Vaxzevria™, SII COVISHIELD™), Interim guidance, 30 July 2021</strong></td>
<td>This document includes WHO interim recommendations on the use of the AstraZeneca – Oxford University AZD1222 vaccine against COVID-19 which were developed on the basis of the advice issued by the Strategic Advisory Group of Experts on Immunization (SAGE) at its meeting on 8 February 2021 and updated on 21 April and 30 July.</td>
</tr>
<tr>
<td><strong>Annexes to the interim recommendations for use of the ChAdOx1-S [recombinant] vaccine against COVID-19 (AstraZeneca COVID-19 vaccine AZD1222 Vaxzevria™, SII COVISHIELD™), 30 July 2021</strong></td>
<td>These are the annexes to the WHO interim recommendations on the use of the AstraZeneca – Oxford University AZD1222 vaccine against COVID-19. Annexes 1-6 contain tables that summarize the grading of recommendations, assessment, development and evaluations (GRADE). Annexes 7-9 contain the SAGE evidence-to-recommendation framework tables (ETR tables). The GRADE and ETR tables have been updated on 30 July.</td>
</tr>
<tr>
<td><strong>Episode 47 of Science in 5</strong>, WHO's series of conversations in science, 30 July 2021</td>
<td>Dr Janet Diaz, the Head of Clinical Care at WHO explains post COVID-19 condition.</td>
</tr>
</tbody>
</table>
Online WHO COVID-19 courses:
- 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:

Infographics:
- Young people and COVID-19
- Managing COVID-19 at home: Checking blood oxygen levels
- 5 Steps for managing patients with COVID-19 at home: Tips for health care providers
- 5 Steps for managing patients with COVID-19 at home: for the public

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

Videos:
- Science in 5: Evolution of the SARS-CoV-2 virus
- Time to abide (1-10)
- COVID-19 virus variants

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