In supporting the Ministry of Health (MoH) to increase its capacity to treat COVID-19 patients, WHO has procured 700 oxygen concentrators for Indonesia as critical medical lifesaving supplies. The first consignment arrived on 6 August. WHO also supported MoH in securing 1.6 million antigen-detecting rapid diagnostic tests (Ag-RDTs) to accelerate detection of SARS-CoV-2 and enable swift isolation of cases and timely contact tracing to reduce the transmission of COVID-19 (page 17).

More than 2000 Indonesian COVID-19 research publications from various disciplines and sectors are now accessible through the WHO COVID-19 Research Database, making them more visible and easy to search for national and global researchers, policy-makers and knowledge brokers. This worldwide access followed by systematic utilization of local and global research evidence can facilitate formulation of tailored and targeted public health decisions, evidence-informed pandemic response and systematic application and learning of good practice at national and global levels (pages 18).

Fig. 1. Geographic distribution of confirmed COVID-19 cases reported in the last seven days per 100 000 population in Indonesia across provinces reported from 5 to 11 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.
On 9 August, the Government of Indonesia announced that the implementation of level 4 restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)) across Java and Bali will be extended until 16 August. The decision was made amid the persistently high daily death toll in these regions. PPKM will also be extended for another two weeks in several districts and cities outside Java and Bali due to the increasing number of cases reported over the past several weeks.¹

On 9 August, during a virtual discussion on exclusive breastfeeding in Jakarta, the Head of the Public Health Division of DKI Jakarta Provincial Health Office (PHO) encouraged breastfeeding women to get vaccinated to reduce the risk of infection as per the latest recommendation from the Ministry of Health (MoH). She noted that the benefits of vaccination outweigh the potential risks for breastfeeding women.²

The Coordinating Minister for Economic Affairs and Head of the COVID-19 Mitigation and National Economic Recovery Team (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional (KPCPEN)) reported an increase in the number of active cases in provinces outside Java and Bali during the week of 1 to 9 August. The highest number of cases were reported in North Sumatra, East Kalimantan, West Sumatra and Riau. The Head of KPCPEN also noted that this increase will have a significant impact on the bed occupancy rate (BOR) in intensive care units (ICU) of COVID-19 referral hospitals in these provinces. On 8 August, MoH reported that the highest ICU BOR was recorded in Gorontalo (91%), followed by West Sumatra (84%), South Sumatra (81%) and Riau (80%).³

As of 7 August, MoH reported that Indonesia recorded a total of 1477 COVID-19 cases with variants of concern (VOCs). A total of 1368 cases of the Delta variant were detected in 25 out of 34 provinces, followed by 62 cases of the Alpha variant and 17 cases of the Beta variant. The majority of the Delta variant cases were reported in DKI Jakarta (425 cases), followed by West Java (281), Central Java (191) and East Kalimantan (187).⁴

¹ https://jakartaglobe.id/news/indonesia‐extends‐covid‐lockdown‐amid‐death‐toll‐concerns

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On 11 August, 30,625 new and 3,749,446 cumulative cases were reported nationwide (Fig. 2). From 5 to 11 August, the average number of new cases per day was 30,983; a decrease compared to the average of 34,977 cases per day in the previous week.

**Fig. 2.** Daily and cumulative number of cases reported in Indonesia, as of 11 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 2 to 8 August, 10 out of 34 provinces, all outside of Java, continued to experience an overall increase in the number of reported cases. Five provinces experienced an increase of 25% or more: East Nusa Tenggara (40%), Central Sulawesi (40%), Aceh (29%), Gorontalo (27%) and Bangka Belitung Islands (26%) (Fig. 3). Therefore, stringent public health and social measures (PHSM) should continue to be implemented throughout the country. Provinces experiencing an increase in cases are urgently called to take a swift action to increase the hospital capacity.

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 2 to 8 August, the incidence\(^5\) of COVID-19 cases decreased from 110.8 per 100 000 population in the previous week to 98.0 per 100 000 population at the national level (Fig. 4). Despite the observed decrease, the incidence was three-fold greater than the previously recorded highest incidence in February (31.5 per 100 000 population). It is important to note that, during the same period, the number of suspected cases tested decreased from 4.01 per 1000 population per week to 3.53 per 1000 population per week.

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\(^5\) 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

**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. 4) and subnational levels (Figs. 5 to 10).
During the week of 2 to 8 August, 23 provinces (as opposed to 20 in the previous week) were at the Community Transmission 3 (CT3). Seven provinces (highlighted in light red) remain at the highest level of community transmission (CT4) with incidence rates per 100 000 population of 413.9 in North Kalimantan, 334.8 in DI Yogyakarta, 316.8 in East Kalimantan, 271.2 in Bangka Belitung Islands, 252.9 in DKI Jakarta, 196.3 in Bali and 171.1 in Riau Islands (Fig. 5). 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.

Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 2 to 8 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

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The weekly incidence of COVID-19 cases decreased in all provinces in Java during the week of 2 to 8 August (Fig. 6). However, DKI Jakarta and DI Yogyakarta remained at CT4 (very high incidence) since mid-June and early July, respectively. In Bali, however, the weekly incidence of COVID-19 cases has been increasing substantially since mid-June and had been at the level of CT4 in the past two weeks.

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 8 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, except for Riau Islands, during the week of 2 to 8 August. An increasing trend in incidence has been observed since April in most provinces. Bangka Belitung Islands and Riau Islands have been at the level CT4 (very high incidence) in the past few weeks (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 8 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 Kalimantan, the weekly incidence of COVID-19 increased in all provinces during the week of 2 to 8 August (Fig. 8). In particular, East and North Kalimantan continued to experience a substantial increase in cases and remained at the level CT4 (very high incidence) over the past four 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 8 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. North, Central, South and West Sulawesi have been at the level of CT3 (high incidence) in the past two weeks and Southeast Sulawesi and Gorontalo reached the level of CT3 over the past week (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 8 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 2 to 8 August, the weekly incidence of COVID-19 decreased in West Nusa Tenggara, Maluku, North Maluku and West Papua (Fig. 10). In West Papua, the incidence dropped from the level CT4 (very high incidence) to CT3 (high incidence) for the first time since mid-July. East Nusa Tenggara and Papua have been experiencing a consistent and substantial increase in weekly incidence since June and have been at CT3 (high incidence) over the past two weeks.

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 8 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 CT4 (very high incidence). As of 8 August, the positivity proportion slightly declined to 24.4% as opposed to 26.3% in the previous week; however, it remained at CT4 (Fig. 11).

As of 8 August, East Kalimantan reported the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by DI Yogyakarta and North Kalimantan. Bangka Belitung Islands, Central Java, Riau Islands, DKI Jakarta and East Java remain at the highest level of community transmission (CT4) over the past two to three weeks. In addition, Lampung, Central Kalimantan and Bali also reached CT4 (very high incidence) over the past week (Fig. 12).

Fig. 11. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 8 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.

As of 8 August, East Kalimantan reported the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by DI Yogyakarta and North Kalimantan. Bangka Belitung Islands, Central Java, Riau Islands, DKI Jakarta and East Java remain at the highest level of community transmission (CT4) over the past two to three weeks. In addition, Lampung, Central Kalimantan and Bali also reached CT4 (very high incidence) over the past week (Fig. 12).
Fig. 12. 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 8 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per WHO definition, however, death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case is a COVID-19-related death, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma); there should be no period of complete recovery between the illness and death. Evaluation of excess mortality is also beneficial to complement information on COVID-19 death.
At the national level, during the week of 2 to 8 August, the number of confirmed COVID-19 deaths increased from 3.70 deaths in the previous week to 4.28 deaths per 100,000 population\(^6\). There has been a sharp increase in the number of deaths since June and has reached the highest number of deaths to date (Fig. 13). A rapid increase of deaths has been observed particularly in provinces outside of Java and Bali over the past two weeks.

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\(^6\) 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.
As of 11 August, the daily number of people tested for COVID-19 was 135,459 and the cumulative number of people tested was 19,313,350 (Fig. 14). From 5 to 11 August, the average number of people tested per day was 132,930; a decrease from the average of 144,094 people tested per day in the previous week.

As of 11 August, the proportion of people recovered among the total confirmed cases was 85.6% and there were 426,170 active cases (Fig. 15).

Fig. 14. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 11 August 2021. Source of data

As of 11 August, the proportion of people recovered among the total confirmed cases was 85.6% and there were 426,170 active cases (Fig. 15).
The reported number of confirmed cases hospitalized in DKI Jakarta increased sharply in June and the beginning of July, reaching the highest recorded number of hospitalizations (30,418) on 7 July. It has since decreased to 3,075 hospitalizations on 8 August (Fig. 16).

Fig. 15. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 11 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 the highest recorded number of hospitalizations (30,418) on 7 July. It has since decreased to 3,075 hospitalizations on 8 August (Fig. 16).

Fig. 16. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 November 2020 to 8 August 2021. [Source of data]
Indonesia is among the countries reporting a significant increase in COVID-19 cases and deaths over the past several months. With an unprecedented increase in the number of cases throughout the country, Indonesia is experiencing a significant strain on its health system. Hospitals and ICUs face limited capacity to respond to the surge of cases and oxygen shortages are reported in many provinces. Towards this, WHO had procured 700 oxygen concentrators and supporting equipment as critical medical lifesaving supplies. The first consignment of oxygen concentrators arrived on 6 August and will be distributed to health facilities by MoH. The WHO Representative to Indonesia, Dr N. Paranietharan noted that national and international actions are needed to address the shortage of medical supplies such as oxygen. He highlighted that the mobilization of critical COVID-19 supplies to countries such as Indonesia would show solidarity in addressing a global threat.7

In line with the MoH ministerial degree No. HK.01.07/Menkes/4794/2021 issued on February 2021 and the WHO guidance on the use of antigen-detecting rapid diagnostic test (Ag-RDT), WHO supported MoH in securing 1.6 million Ag-RDTs to strengthen the diagnosis of SARS-CoV-2 infection. These Ag-RDTs arrived in Jakarta on 7 August and will be distributed to several provinces.

Fig. 17. WHO procured 1.6 million Ag-RDTs to strengthen diagnosis of SARS-CoV-2 infection in Indonesia. Credit: Getty Images/Robertus Pudyanto

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From 3 to 5 August, WHO convened a ‘Regional Meeting to Strengthen Implementation of the Risk Communication Strategy for Public Health Emergencies in the WHO South-East Asia Region: Learning from best practices and lessons from COVID-19 response’. Over 80 participants including representatives from Member States in the Region and civil society organizations (CSOs) attended this meeting. The representatives from the Bureau of Communication and Public Service of MoH and Masyarakat Anti Fitnah Indonesia (MAFINDO), a community organization, presented Indonesia’s experience and lessons learned on misinformation management and hoax debunking. MAFINDO highlighted the importance of hoax debunking to address vaccine hesitancy and improve vaccine acceptance in the community. The meeting concluded that risk communication and community engagement continues to play a critical role in public health emergency response, particularly to address issues of stigma and discrimination in the community, especially related to contact tracing, testing and clinical management, improve vaccine confidence, and overcome pandemic fatigue in following recommended protective behaviours.

WHO is regularly translating and sharing important health messages on its website and social medial platforms – Twitter and Instagram – and has recently published:

Infographics:
- Health facilities
- Vaccine facts
- Asymptomatic COVID-19
Since January 2020, WHO has brought together scientists from around the world to accelerate research and development on diagnostics, vaccines and therapeutics for COVID-19 and develop norms and standards to tackle the pandemic. Toward this, WHO continuously gathers the latest international multilingual scientific findings and knowledge on COVID-19 in the WHO COVID-19 Research Database which provides central and free access to bibliographical and full-text information.

In Indonesia, WHO retrieved publications from two major national databases, Garuda (Garba Rujukan Digital) and SINTA (Science and Technology Index), with support from the National Research and Innovation Agency (Badan Riset dan Inovasi Nasional (BRIN)). Publications from nationally accredited journals in various disciplines, sectors and languages (Indonesian and English) were screened and indexed in the database. As of July 2021, more than 2000 COVID-19 publications from Indonesia can be easily found using the dedicated filter ‘Indonesian Research’. The Indonesian Research collection is planned to be updated on a monthly basis. Further details can be found in the media release published on 9 August.
As of 9 August, 76 284 585 vaccine doses have been administered in the national COVID-19 vaccination campaign; 51 396 079 people have received the first dose and 24 888 506 people have received the second dose (Fig. 19).

As of 9 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 those target groups, followed by Bali, Riau Islands, DI Yogyakarta and Central Kalimantan (Fig. 20).

Fig. 19. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 9 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 9 August, the number of people who received two doses (fully vaccinated) per 100 population was 9.0 nationwide; and DKI Jakarta reported the highest number of people fully vaccinated (33.7 per 100 population), followed by Bali (25.5), Riau Islands (13.4), Central Kalimantan (10.1), North Sulawesi (9.8) and Bangka Belitung Islands (9.8) (Fig. 21).

Fig. 21. Number of people vaccinated with two COVID-19 vaccine doses (fully vaccinated) per 100 population by province in Indonesia, as of 9 August 2021. Source of data
WHO in collaboration with the United Nations Children’s Fund (UNICEF) and key partners supported MoH in the development of training modules and information, education and communication (IEC) materials on the handling of Moderna COVID-19 and Pfizer/BioNTech vaccines in line with WHO guidelines and local context. WHO supported PHOs and District Health Offices (DHOs) in training healthcare workers in several districts in West Java (7 and 9 August) and West Papua (9 August) on the management and administration of the Moderna COVID-19 vaccine.

In partnership with the Clinton Health Access Initiative (CHAI) and UNICEF, WHO supported MoH in developing a monitoring and evaluation tool for COVID-19 vaccination and integrating it into Routine Immunization (RI). From 9 to 12 August, an integrated monitoring and evaluation activity of COVID-19 vaccination and RI is virtually piloted in three provinces (Lampung, South Sulawesi, North Maluku).

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8 Interim recommendations for use of the Pfizer-BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing (15 June 2021); Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19 (15 June 2021); Pfizer/BioNTech COMIRNATY®, COVID-19 vaccine (18 January 2021); Moderna mRNA-1273, COVID-19 vaccine (7 February 2020);

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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. 23).

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. Increased mobility may lead to increased interactions among people, which may affect COVID-19 transmission. Mobility of populations can be measured using several approaches\(^9\). 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), Situation Report 65 (pages 30-33) and Situation Report 66 (pages 29-33)]. Updates on mobility analysis in provinces in Java and Bali, as of 7 August, are presented in figures 24 to 30.

On 9 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 16 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, community mobility has increased particularly in transit stations and retail and recreation areas in all provinces in Java-Bali region.

In Banten and Central Java, community mobility in retail and recreation areas increased by more than 60% during the week of 1 to 7 August 2021 compared to the week of 14 to 20 July 2021. Same observations apply to other provinces outside Java and Bali. It is crucial to anticipate and prepare for the impact of increased mobility on transmission and health system capacity at the national level.

\(^9\) For purposes of current analysis in Indonesia, COVID-19 Community Mobility Reports (Google) have been used.
Fig. 24. Mobility analysis in DKI Jakarta, as of 7 August 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. 24-30.
Fig. 25. Mobility analysis in West Java, as of 7 August 2021. Source of data: mobility; cases.

Fig. 26. Mobility analysis in Central Java, as of 7 August 2021. Source of data: mobility; cases.
Fig. 27. Mobility analysis in DI Yogyakarta, as of 7 August 2021. Source of data: mobility; cases.

Fig. 28. Mobility analysis in East Java, as of 7 August 2021. Source of data: mobility; cases.
Fig. 29. Mobility analysis in Banten, as of 7 August 2021. Source of data: mobility; cases.

Fig. 30. Mobility analysis in Bali, as of 7 August 2021. Source of data: mobility; cases.
Table 1. Weekly risk assessment by province in Indonesia, as of 8 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>
<th>Voc Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceh</td>
<td>Increase</td>
<td>1968</td>
<td>29%</td>
<td>76</td>
<td>46%</td>
<td>1.14</td>
<td>32%</td>
<td>7.6%</td>
<td>2.1%</td>
<td>0</td>
</tr>
<tr>
<td>North Sumatra</td>
<td>Increase</td>
<td>10153</td>
<td>5%</td>
<td>167</td>
<td>42%</td>
<td>1.73</td>
<td>40%</td>
<td>10.1%</td>
<td>13.7%</td>
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</tr>
<tr>
<td>West Sumatra</td>
<td>Increase</td>
<td>6471</td>
<td>10%</td>
<td>144</td>
<td>18%</td>
<td>5.04</td>
<td>25%</td>
<td>6.3%</td>
<td>2.4%</td>
<td>0</td>
</tr>
<tr>
<td>Riau</td>
<td>Increase</td>
<td>9265</td>
<td>-11%</td>
<td>300</td>
<td>24%</td>
<td>1.93</td>
<td>67%</td>
<td>12.2%</td>
<td>10.3%</td>
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</tr>
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<td>Increase</td>
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<td>79</td>
<td>18%</td>
<td>1.09</td>
<td>54%</td>
<td>11.3%</td>
<td>15.1%</td>
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<td>South Sumatra</td>
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<td>19%</td>
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<td>45%</td>
<td>9.4%</td>
<td>11.2%</td>
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<td>Bengkulu</td>
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<td>17</td>
<td>113%</td>
<td>1.40</td>
<td>72%</td>
<td>8.9%</td>
<td>10.7%</td>
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</tr>
<tr>
<td>Lampung</td>
<td>Increase</td>
<td>4098</td>
<td>-1%</td>
<td>532</td>
<td>-29%</td>
<td>0.77</td>
<td>63%</td>
<td>6.3%</td>
<td>5.2%</td>
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<tr>
<td>Bangka Belitung</td>
<td>Increase</td>
<td>4797</td>
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<td>172</td>
<td>34%</td>
<td>4.36</td>
<td>72%</td>
<td>12.5%</td>
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<td>Riau Islands</td>
<td>Increase</td>
<td>3042</td>
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<td>-33%</td>
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<tr>
<td>DKI Jakarta</td>
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<td>554</td>
<td>-31%</td>
<td>11.81</td>
<td>11%</td>
<td>42.1%</td>
<td>70.6%</td>
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<td>West Java</td>
<td>Decrease</td>
<td>25186</td>
<td>-41%</td>
<td>825</td>
<td>-41%</td>
<td>1.48</td>
<td>34%</td>
<td>8.6%</td>
<td>12.4%</td>
<td>280</td>
</tr>
<tr>
<td>Central Java</td>
<td>Decrease</td>
<td>29025</td>
<td>-9%</td>
<td>2915</td>
<td>1%</td>
<td>0.98</td>
<td>84%</td>
<td>11.0%</td>
<td>22.3%</td>
<td>191</td>
</tr>
<tr>
<td>DI Yogyakarta</td>
<td>Decrease</td>
<td>10545</td>
<td>-27%</td>
<td>440</td>
<td>-17%</td>
<td>11.53</td>
<td>24%</td>
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<td>27.6%</td>
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<td>East Java</td>
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<td>25171</td>
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<td>2327</td>
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<td>47%</td>
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</tr>
<tr>
<td>Banten</td>
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<td>6632</td>
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<td>327</td>
<td>2%</td>
<td>2.13</td>
<td>24%</td>
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<tr>
<td>Bali</td>
<td>Decrease</td>
<td>8734</td>
<td>0%</td>
<td>257</td>
<td>13%</td>
<td>6.73</td>
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<td>31.9%</td>
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</tr>
<tr>
<td>West Nusa Tenggara</td>
<td>Decrease</td>
<td>1550</td>
<td>-20%</td>
<td>24</td>
<td>400%</td>
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<td>38%</td>
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<td>8030</td>
<td>40%</td>
<td>157</td>
<td>30%</td>
<td>1.93</td>
<td>75%</td>
<td>6.0%</td>
<td>6.6%</td>
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<tr>
<td>West Kalimantan</td>
<td>Decrease</td>
<td>2863</td>
<td>-1%</td>
<td>74</td>
<td>-10%</td>
<td>1.35</td>
<td>41%</td>
<td>8.2%</td>
<td>7.6%</td>
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<tr>
<td>Central Kalimantan</td>
<td>Decrease</td>
<td>2115</td>
<td>-15%</td>
<td>123</td>
<td>-45%</td>
<td>1.44</td>
<td>53%</td>
<td>13.1%</td>
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</tr>
<tr>
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<td>15%</td>
<td>2.00</td>
<td>63%</td>
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<td>6.1%</td>
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</tr>
<tr>
<td>East Kalimantan</td>
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<td>45%</td>
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<tr>
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<td>5.5%</td>
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<td>8%</td>
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<td>-12%</td>
<td>1.01</td>
<td>48%</td>
<td>8.9%</td>
<td>4.3%</td>
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</tr>
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<td>Gorontalo</td>
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<td>27%</td>
<td>45</td>
<td>88%</td>
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<td>68%</td>
<td>11.4%</td>
<td>5.2%</td>
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<tr>
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<td>21</td>
<td>-5%</td>
<td>0.97</td>
<td>60%</td>
<td>7.9%</td>
<td>3.5%</td>
<td>0</td>
</tr>
<tr>
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<td>-49%</td>
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<td>-27%</td>
<td>0.78</td>
<td>16%</td>
<td>7.0%</td>
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<td>11</td>
<td>-66%</td>
<td>1.62</td>
<td>35%</td>
<td>5.3%</td>
<td>2.9%</td>
<td>0</td>
</tr>
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<td>West Papua</td>
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<td>-29%</td>
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<td>-54%</td>
<td>6.14</td>
<td>17%</td>
<td>9.6%</td>
<td>4.8%</td>
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</tr>
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<td>Papua</td>
<td>Increase</td>
<td>1576</td>
<td>-27%</td>
<td>30</td>
<td>-39%</td>
<td>1.40</td>
<td>33%</td>
<td>8.1%</td>
<td>3.7%</td>
<td>12</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 (North Sumatra, West Sumatra, Riau, South Sumatra, Bangka Belitung Islands, West Java, Central Java, DI Yogyakarta, East Java, Banten, Bali, East Kalimantan, Gorontalo and North Maluku) and in yellow. Bed occupancy rate has also been reported to be high in these provinces.\textsuperscript{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.\textsuperscript{12}

• During the implementation of emergency PPKM, testing rates increased in some provinces and districts; however, other provinces such as Lampung, Central Java, West Nusa Tenggara, West Sulawesi 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.

• It is critical to continue and strengthen the following measures: increase oxygen capacities outside Java; continue implementation of criteria for proper patient referral to isolation facilities/shelters or hospitals; improve care for self-isolated patients though 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 second stage of the national COVID-19 vaccination programme has started since February, targeting essential public service workers and older population. However, vaccination coverage among older population has been stagnated over the past several months. Second-dose vaccination coverage among this target group is still relatively low in majority of the provinces, including in seven provinces which reported below 5% coverage (Aceh, West Sumatra, Southeast Sulawesi, Gorontalo, West Sulawesi, North Maluku and West Papua). Urgent actions are needed to improve accessibility and awareness of the benefits of COVID-19 vaccination among older and vulnerable populations as these groups have shown to have a higher risk of morbidity and mortality due to COVID-19\textsuperscript{13}.

\textsuperscript{10} \url{https://www.cnnindonesia.com/nasional/20210809075309-20-678053/bor-rs-covid-secara-umum-melandai-mash-tinggi-di-luar-jawa}
\textsuperscript{11} \url{https://katadata.co.id/ariayudhistira/analisisdata/61120e4be65c/waspada-dampak-besar-ledakan-covid-19-di-luar-jawa-bali}
\textsuperscript{12} \url{https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications}
\textsuperscript{13} Prioritization of vaccination among older and vulnerable populations is in line with ‘WHO Strategic Advisory Group of Experts on Immunization (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination’ and ‘WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply’.
## Table 2. 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 52), 10 August 2021</strong></td>
<td>This edition includes epidemiological updates as of 8 August 2021 with a special focus on phenotypic characteristics of SARS-CoV-2 Variants of Concern (VOCs), Alpha, Beta, Gamma and Delta, and their geographic distribution.</td>
</tr>
<tr>
<td>Guidance for surveillance of SARS-CoV-2 variants: Interim guidance, 9 August 2021</td>
<td>This document describes a minimum set of surveillance activities recommended at the national level to detect and monitor the relative prevalence of SARS-CoV-2 variants and outline a set of activities for the characterization and assessment of risk posed by these variants. A set of indicators is also provided to standardize monitoring and public reporting of variant circulation. It is primarily intended for national and subnational public health authorities and partners who support the implementation of surveillance for SARS-CoV-2 variants. It complements the interim guidance on 'Public health surveillance for COVID-19'.</td>
</tr>
<tr>
<td>Training on handling, storing and transporting Pfizer BioNTech COVID-19 Vaccine COMIRNATY® (Tozinameran), 4 August 2021</td>
<td>This document is intended for health workers in charge of managing the storage, transport and administration of Pfizer BioNTech COVID-19 vaccine COMIRNATY® (Tozinameran). The document provides guidance on the management of storage, transport and administration of the vaccine, effective monitoring and evaluation of performance of storage equipment and infrastructure.</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:
- Holding gatherings during the COVID-19 pandemic: WHO policy brief, 2 August 2021
- Interim recommendations for use of the ChAdOx1-S [recombinant] vaccine against COVID-19 (AstraZeneca COVID-19 vaccine AZD1222 Vaxzevria™, SII COVISHIELD™)
- Annexes to the interim recommendations for use of the ChAdOx1-S [recombinant] vaccine against COVID-19 (AstraZeneca COVID-19 vaccine AZD1222 Vaxzevria™, SII COVISHIELD™)

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