HIGHLIGHTS

- As of 4 November, the Government of Indonesia announced 421,731 (3,356 new) confirmed cases of COVID-19, 14,259 (113 new) deaths and 353,282 recovered cases from 502 districts across all 34 provinces.¹

- WHO continues to support the government in strengthening contact tracing at provincial and district levels (page 13).

- The Ministry of Health, University of Indonesia and WHO conducted field testing in Jakarta for a seroepidemiological study (pages 14 and 15).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 29 October to 4 November 2020. **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://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)

WHO Indonesia Situation Report - 32

[who.int/indonesia](http://who.int/indonesia)
The National Nurses Association (PPNI) informed the media that nurses were increasingly suffering from exhaustion and burnout. PPNI requested the government to impose strict limits on nurses' working hours and asked the public to help relieve the burden on nurses by following the 3M health protocols (‘menggunakan masker’ (mask-wearing), ‘mencuci tangan’ (hand-washing) and ‘menjaga jarak’ (maintaining distance)).

The rate of stunting in children under five years of age declined from 30.8% in 2018 to 27.6% in 2020. The National Medium-Term Development Plan for 2020-2024 (RPJMN) aims to reduce stunting to below 20%, but the pandemic has had an adverse effect on achieving this goal. Limited access to healthy food, loss of family income and overburdened health facilities are some of the issues contributing to malnourishment in children during the pandemic. Minister of Health Terawan Agus Putranto has stated that programmes to eliminate stunting will continue to be a priority. The government plans to support stunting prevention through protection programmes run by the Ministry of Social Affairs, such as the Family Hope Program (PKH) and non-cash food assistance (BPNT). The government has allocated a total of 695.2 trillion Indonesian Rupiah (IDR) (approximately US$ 47.5 billion) for the COVID-19 response, of which IDR 203.9 trillion (approximately US$ 13.9 million) is aimed at social protection, including PKH and the staple food programme, which is part of BPNT.

The National COVID-19 Task Force (Satuan Tugas (Satgas)) and the Ministry of Health (MoH) are aiming to increase the number of contact tracers in community health centres (puskesmas) to strengthen contact tracing in 10 priority provinces, namely Aceh, Bali, Central Java, DKI Jakarta, East Java, North Sumatra, Papua, South Kalimantan, South Sulawesi and West Java. Currently there are 32 000 people in the COVID-19 volunteer team; 6 500 of them are ready to be deployed to puskesmas for contact tracing across the country.

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- On 4 November, 3,356 new and 421,731 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). During the week of 26 October to 1 November, there were 23,072 new cases (Fig. 3), with an average of 3,296 new cases per day.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 4 November 2020. [Source of data]

Disclaimer: The number of cases reported daily is not 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. Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis.

Figure 3: Weekly number of cases reported in Indonesia as of 1 November 2020. [Source of data]
As of 4 November, 59.2% of the cumulative number of confirmed COVID-19 cases were in Java. DKI Jakarta had the highest confirmed cases per one million population, followed by West Papua, East Kalimantan, South Kalimantan and West Sumatra (Fig. 4).

Figure 4: Cumulative confirmed cases per one million population by province in Indonesia, as of 4 November 2020. [Source of data]

Disclaimer: Data from DKI Jakarta include patients isolated or hospitalized in Wisma Atlet (RSDC: Rumah Sakit Darurat COVID-19), which is the largest national makeshift hospital for COVID-19; some patients may not be residents of DKI Jakarta. The same may apply to other provinces.
As of 4 November, the mortality rate in DKI Jakarta of 218 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, Bali and North Sulawesi (Fig. 5).

Figure 5: Cumulative deaths per one million population by province in Indonesia, as of 4 November 2020.

Source of data

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per the 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.
Table 1: Assessment of epidemiological criteria for six provinces in Java for the three-week period from 12 October to 1 November 2020.

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</th>
<th>Less than 5% of samples positive for COVID-19 at least for the last 2 weeks**</th>
<th>Decrease in the number of confirmed and probable case deaths for the last 3 weeks***</th>
</tr>
</thead>
<tbody>
<tr>
<td>DKI Jakarta</td>
<td>Less than 50% since latest peak</td>
<td>More than 5%</td>
<td>Yes</td>
</tr>
<tr>
<td>West Java</td>
<td>Less than 50% since latest peak</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Less than 50% since latest peak</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Banten</td>
<td>Less than 50% since latest peak</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*date of latest peak may differ for each province (see Figs. 6 to 11 for details)

**positivity rate is calculated from 19 October to 1 November 2020 for Jakarta; none of the other provinces in Table 1 have met the minimum surveillance benchmark (in criterion 2) and, therefore, have not been considered for calculation (see Fig. 12 for details)

***decrease in deaths is calculated from 12 October to 1 November 2020 (see Fig. 13 for details)

Criterion 1: Decline of at least 50% over a three-week period since the latest peak and continuous decline in the observed incidence of confirmed and probable cases

- None of the provinces in Java have shown a decline of at least 50% for three weeks since the latest peak (Figs. 6 to 11).
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 1 November 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 1 November 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 1 November 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 1 November 2020. Source of data
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 1 November 2020. Source of data

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 1 November 2020. Source of data
Criterion 2: Less than 5% of samples positive for COVID-19, at least for the last two weeks, assuming that surveillance for suspected cases is comprehensive

- The percentage of positive samples can be interpreted only with comprehensive surveillance and testing in the order of one person tested per 1,000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, East Kalimantan and West Sumatra for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 12).

Figure 12: Positivity rate of samples, and people tested per 1,000 population per week:
Week 1: 12/10/20 - 18/10/20; Week 2: 19/10/20 - 25/10/20; Week 3: 26/10/20 - 1/11/20
Source of data: Indonesia, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten, West Sumatra, East Kalimantan, West Papua, Central Kalimantan, South Sumatra

Note: Due to a limitation in data, other provinces could not be evaluated. For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis.
Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last three weeks

- DKI Jakarta, East Java and Banten have shown a decline in the number of confirmed and probable case deaths in the last three weeks (Fig. 13). In DKI Jakarta, there were more deaths in probable cases than in confirmed cases from 12 October to 1 November.

Figure 13: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 12 October to 1 November 2020 in Java. Source of data: DKI Jakarta, West Java, Central Java, Yogyakarta

Disclaimer: The data are provisional. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.
Health System Criteria to Assess COVID-19 Transmission

- The number of confirmed COVID-19 cases hospitalized in DKI Jakarta since the beginning of June remained consistent and gradually decreased until 7 July; from 8 July, it increased until the end of July, plateaued in August and rose again in September. The number of cases hospitalized increased until 16 September and then declined until 1 October. There was an overall increase during the month of October from 1 795 confirmed COVID-19 cases hospitalized on 1 October to 2 839 on 30 October, followed by a slight decrease with 2 384 on 31 October and 2 178 on 1 November (Fig. 14).

Figure 13 (continued): Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 12 October to 1 November 2020 in Java. Source of data: East Java, Banten

Disclaimer: The data are provisional. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.
On 3 November, MoH, Satgas and WHO convened a workshop focusing on strengthening contact tracing in 51 priority districts in 10 priority provinces (Aceh, Bali, Central Java, East Java, Jakarta, North Sumatra, South Kalimantan, South Sulawesi, Papua and West Java). During the workshop, the mobile and desktop versions of the contact tracing application which was jointly developed by the Food and Agriculture Organization, MoH, Satgas and WHO were officially launched. The application will be used by volunteer contact tracers and data managers to enhance contact tracing at the provincial and district levels. More than 300 volunteers participated in the workshop.
Since July, WHO has been providing technical assistance to MoH for a seroepidemiological study as part of the WHO Unity Study (further details can be found in WHO Situation Report 25, pages 14-16). Key activities from September and October are highlighted below:

i. On 25 September, MoH, the University of Indonesia (UI) and WHO conducted an orientation for 69 districts. The principal investigator (PI) from UI presented the study protocol, including the methodology, selection of provinces and districts, sample collection at the village level, use of the questionnaire and laboratory requirements. Six laboratories in six provinces have agreed to participate as testing laboratories. The National Institute of Health Research and Development (NIHRD) has been appointed as the national reference laboratory for quality assurance.
ii. On 17 October, WHO and UI finalized the sampling frame for the seroepidemiological study. A total of 1,020 villages have been randomly selected in 69 districts. Serological specimens from 10,200 respondents will be collected from 620 puskesmas in the randomly selected districts.

iii. On 26 and 27 October, MoH, UI and WHO conducted field testing in five puskesmas in Jakarta: Menteng, Matraman, Kelapa Gading, Kalideres and Kebayoran Baru. The objective was to identify any gaps in the questionnaire, estimate the required time for an interview and revise the questionnaire and procedures as needed. UI interviewed 30 respondents (six respondents at each puskesmas) and NIHRD collected blood samples from 18 of these respondents at three puskesmas. The average duration for interviewing and collecting a blood sample from each respondent was 35 to 45 minutes.

Figure 16: An enumerator from University of Indonesia interviewing a respondent during the field testing in Jakarta for the seroepidemiological study, October 2020. Credit: WHO/Naufal
As reported by the government on 4 November, the daily number of people tested for COVID-19 with polymerase chain reaction (PCR) was 28 105 and the cumulative number of people tested was 2,969,883 (Fig. 17). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 83.8% (Fig. 18), and there were 54,190 active cases.5

Figure 17: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 4 November 2020. Source of data

Figure 18: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 4 November 2020. Source of data

5 https://covid19.go.id/
WHO, in collaboration with the MoH Directorate of Health Services, is continuing the oxygen therapy capacity survey for COVID-19. As of 2 November, 193 out of 826 (23%) hospitals have completed the oxygen survey. The data collection phase of the survey has been extended for the second time until the end of November.

On 26 and 27 October, MoH, with support from WHO, conducted a webinar on infection prevention and control (IPC) for hospitals in the eastern region of the country. This is the final webinar in the series which was delivered following a recommendation from the results of the risk assessment of COVID-19 exposure in healthcare workers. The webinar was attended by more than 120 participants, including medical doctors, nurses, midwives and occupational health workers.


On 27 October, WHO participated in a meeting with NIHRD on the new data management system (New All Record or NAR). During the meeting, a national expert provided guidance on how to use the data obtained from the system for monitoring and evaluation. Participants discussed the importance of complete data submission to NAR by health facilities to enable analysis and action.

On 2 and 3 November, NIHRD convened a workshop as part of the preparation for the external quality assurance (EQA) panel production. WHO participated as a technical resource. On the first day, Jakarta Provincial Laboratory (BBLK) shared their experience on EQA and on the second day, NIHRD discussed safety protocols for producing EQA panels.
WHO is regularly translating and sharing important health messages on its website and social media platforms – Twitter and Instagram – and has recently published:

- Questions and answers on lockdown and herd immunity
- Guidance on preventing and addressing stigma
- OpenWHO course on management of COVID-19 in long-term care facilities

On 30 October, WHO convened the twenty-first meeting of key development partners to discuss and coordinate COVID-19 response activities. The Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), the European Union (EU), the Japan International Cooperation Agency (JICA), the United Nations Children’s Fund (UNICEF), the United States Agency for International Development (USAID), the World Bank, and the World Food Programme (WFP) participated in the meeting. WHO informed partners on epidemiological and health system criteria analyses, and explained key WHO interventions to support national counterparts with the pandemic response.

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 November 2020 (Fig. 19).
Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id/), BNPB (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.
Table 2: Title and details of recent WHO resources

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Unity Studies</strong>: schools and other educational institutions transmission investigation protocol for COVID-19</td>
<td>WHO has launched a global initiative which aims to enable any country, in any resource setting, to gather robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic. The overall aim of ‘Schools and other educational institutions transmission investigation protocol for COVID-19’ is to gain an understanding of the transmission dynamics of COVID-19 infection among confirmed cases and contacts within schools and other educational institutions.</td>
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<tr>
<td><strong>Episode 10 of Science in 5</strong>, WHO’s series of conversations in science</td>
<td>WHO’s Director of Public Health, Environmental and Social Determinants of Health, Dr Maria Neira, explained the role of ventilation in keeping indoor spaces safe from COVID-19.</td>
</tr>
<tr>
<td>Calibrating public health and social measures (PHSMs) in the context of the COVID-19: Interim Framework for the South-East Asia Region</td>
<td>This document proposes an interim framework for adjusting PHSMs in the South-East Asia Region, focusing on sustainable application at the subnational level. The document builds upon countries’ experiences and lessons learnt and promotes data-driven decision-making of the PHSMs.</td>
</tr>
<tr>
<td><strong>Statement</strong> on the fifth meeting of the International Health Regulations (IHR) (2005) Emergency Committee regarding the COVID-19 pandemic</td>
<td>On 29 October 2020, the fifth meeting of the Emergency Committee was convened by WHO Director-General, Dr. Tedros Adhanom Ghebreyesus under IHR (2005) on COVID-19. The Director-General welcomed the committee, highlighted global advances and challenges in addressing the COVID-19 pandemic, and expressed his appreciation to the committee for their continued support and advice.</td>
</tr>
</tbody>
</table>
Online WHO COVID-19 courses:
- Operational planning guidelines and COVID-19
- Clinical management of severe acute respiratory infections
- Health and safety briefing for respiratory diseases – eProtect
- Infection prevention and control
- Emerging respiratory viruses, including COVID-19
- Design of severe acute respiratory infection treatment facility

WHO guidance:
- Adverse events of special interest (AESI) for COVID-19 vaccine
- Considerations for school-related public health measures
- Cleaning and disinfection of environmental surfaces
- Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays
- Diagnostic testing for SARS-CoV-2

Infographics:
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in the workplace
- Substance abuse
- Contact tracing
- Flu and COVID-19
- Flu vaccine
- Tips of the day

Questions and answers:
- Children and masks
- COVID-19 transmission
- Contact tracing

Videos:
- Guidance to prevent COVID-19 in the food sector
- When to wash hands
- Organizing small gatherings
- Can Vitamin D cure COVID-19

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