Coronavirus Disease 2019 (COVID-19)
Situation Report - 68

World Health Organization
Indonesia

18 August 2021

HIGHLIGHTS

- As of 18 August, the Government of Indonesia reported 3 908 247 (15 768 new) confirmed cases of COVID-19, 121 141 (1128 new) deaths and 3 443 903 recovered cases from 510 districts across 34 provinces.[1] In the national vaccination campaign, the number of people who received two doses (fully vaccinated) per 100 population was 10.6 nationwide; DKI Jakarta reported the highest number of people fully vaccinated (42.3 per 100 population), followed by Bali (31.4).[2]

- North Kalimantan, East Kalimantan, Bangka Belitung Islands, DI Yogyakarta, Bali and Central Sulawesi remain at the highest level of community transmission (CT4) in terms of weekly incidence of COVID-19 per 100 000 population, weekly number of confirmed COVID-19 deaths per 100 000 population and test positivity proportion ranging from 22 to 57%. Continued implementation of public health and social measures (PHSM) and acceleration of vaccination are needed to reduce COVID-19 transmission and mortality in these and other provinces.

Situation in Indonesia

Total confirmed cases
3 908 247

Total deaths
121 141

Total cases recovered
3 443 903

Total people tested
20 070 696

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 12 to 18 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.

[1] https://covid19.go.id/peta-sebaran-covid19
[2] https://vaksin.kemkes.go.id/#/vaccines

GENERAL UPDATES

- The number of daily confirmed cases of COVID-19 in Indonesia continues to decline. However, the number of tests performed in the country is also declining. During the week of 5 to 11 August, the COVID-19 Task Force (Satuan Tugas (Satgas)) reported that the number of people tested was 930 513: a decline from a total of 1 008 665 people tested during the previous week.[3] On 18 August, the number of people tested per day had dropped to 78 626.[4]

- On 11 August, the independent data initiative LaporCOVID-19 recorded that over 19 000 COVID-19 deaths reported by the city and district governments were not registered in the national government's recording system. LaporCOVID-19 urged the government to improve data quality and transparency, particularly on the number of deaths among cases in self-isolation. As of 7 August, LaporCOVID-19 recorded a total of 124 790 COVID-19 deaths, compared to 105 598 deaths reported by the government. The biggest gaps in reporting were observed in Central Java, West Java, DI Yogyakarta, Papua, West Kalimantan, North Sumatra, Central Kalimantan, East Java, Banten, and West Nusa Tenggara. LaporCOVID-19 also stated that the data published by the government does not include deaths among probable cases and people in self-isolation. From the beginning of June to early August 2021, LaporCOVID-19 recorded that at least 3007 people have died during self-isolation.[5]

- During the press conference on 9 August, the Coordinating Minister for Maritime and Investment Affairs announced that the government will remove COVID-19 deaths as one of the indicators to determine the level of restrictions on public activities (Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)). This decision has been met with criticism. An epidemiologist from the University of Indonesia stated that mortality is an important indicator in the government's decision-making process. He recommended that the government should further improve the quality of data recording and reporting in the country. The government found that deaths reported in the national recording system were cumulative rather than based on daily data due to delays in reporting from subnational to national level. The Coordinating Minister said that this has led to a distortion in the analysis and assessment of PPKM. The Head of the Communication and Public Service Bureau of the Ministry of Health (MoH) stated that such delay in reporting was mainly due to lack of human resources at subnational level.[6]

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[3] https://www.cnnindonesia.com/nasional/20210816161454-20-681140/kemenkes-ungkap-alasan-tes-covid-turun-hingga-89-ribu-sehari
[4] https://covid19.go.id/peta-sebaran-covid19
[5] https://en.tempo.co/read/1493362/thousands-of-unrecorded-death-laporcovid-19-urges-for-data-transparency
[6] https://nasional.tempo.co/read/1493507/macam-macam-alasan-pemerintah-hapus-indikator-kematian-dalam-evaluasi-ppkm

SURVEILLANCE

- On 18 August, 15 768 new and 3 908 247 cumulative cases were reported nationwide (Fig. 2). From 12 to 18 August, the average number of new cases per day was 22 686; this is a decrease compared to the average of 30 983 cases per day in the previous week.

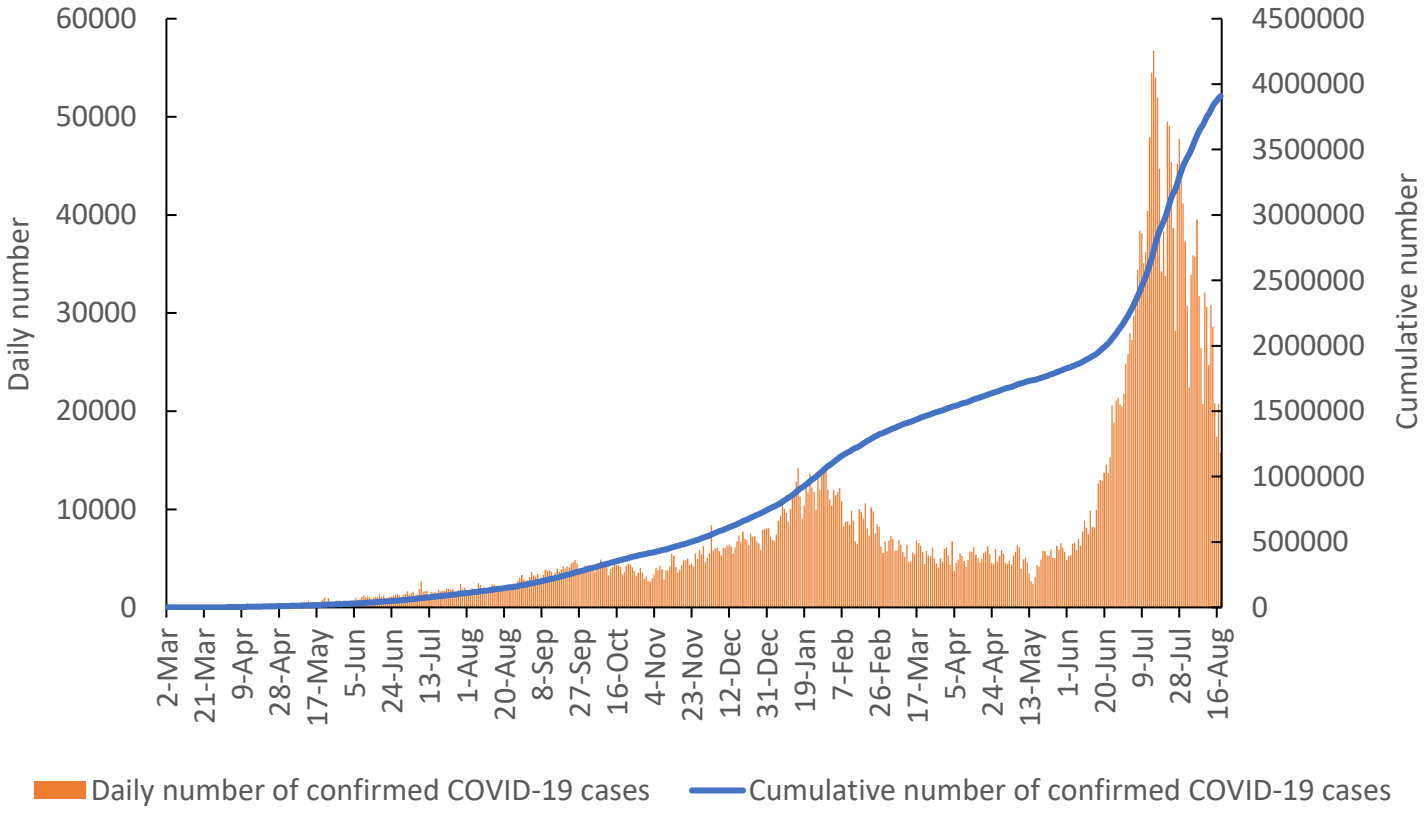

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 18 August 2021. *Source of data*

Disclaimer: Prior to 10 February 2021, SARS-CoV-2 diagnosis was conducted using polymerase chain reaction (PCR). Afterwards, confirmed cases include those who tested positive using nucleic acid amplification test (NAAT) (e.g. 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. 14); 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 9 to 15 August, 9 out of 34 provinces, mostly outside Java and Bali, continued to experience an overall increase in the number of reported cases. Four provinces experienced an increase of more than 25%: Maluku (73%), West Papua (65%), West Sulawesi (36%) and Central Kalimantan (26%) (Fig. 3). Therefore, stringent public health and social measures (PHSM) should be implemented throughout the country. Provinces experiencing an increase in cases are urgently called to take a swift action to increase hospital capacity.

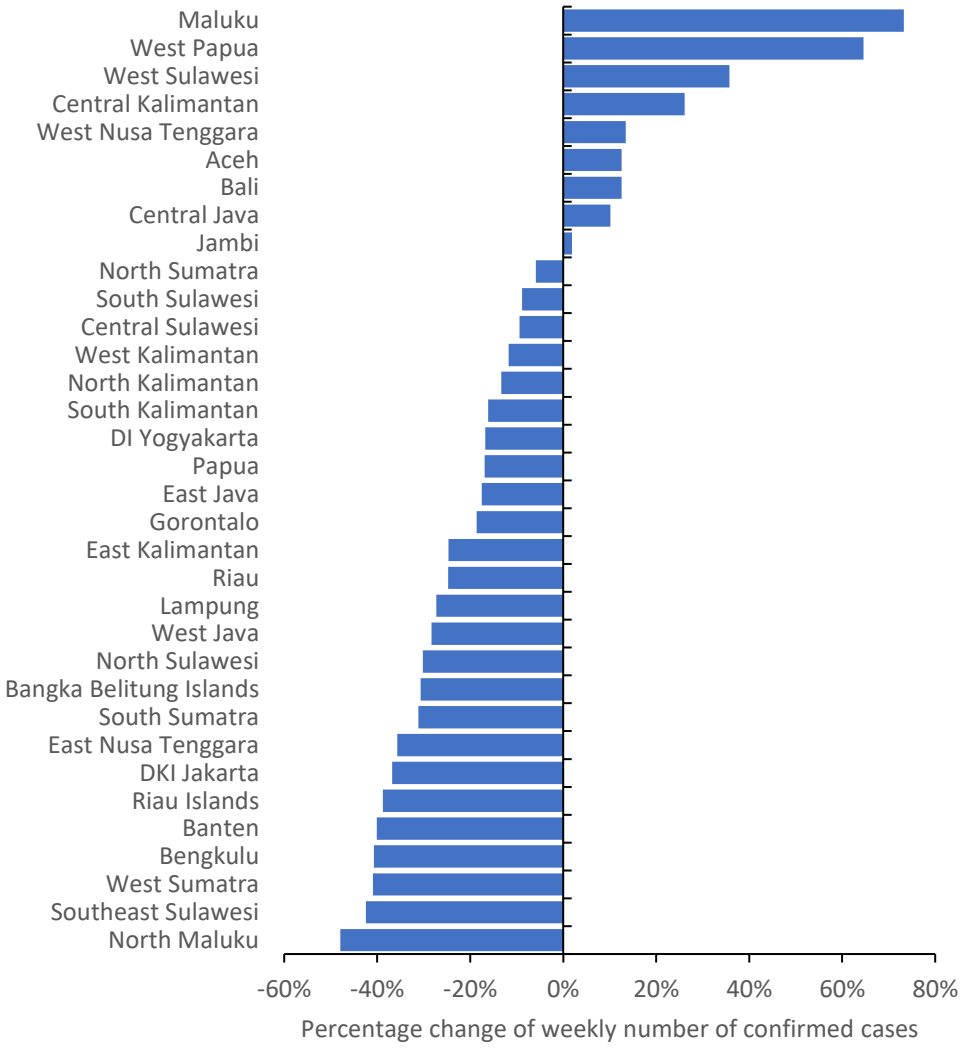

Fig. 3. Percentage change of weekly number of confirmed cases by province during 9 to 15 August 2021 compared to the previous week. *Source of data*

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 9 to 15 August, the incidence[7] of COVID-19 cases at national level decreased to 82.9 per 100 000 population from 98.0 in the previous week (Fig. 4). Despite the observed decrease, it is important to note that during the same period the number of suspected cases tested per 1000 population per week also decreased.

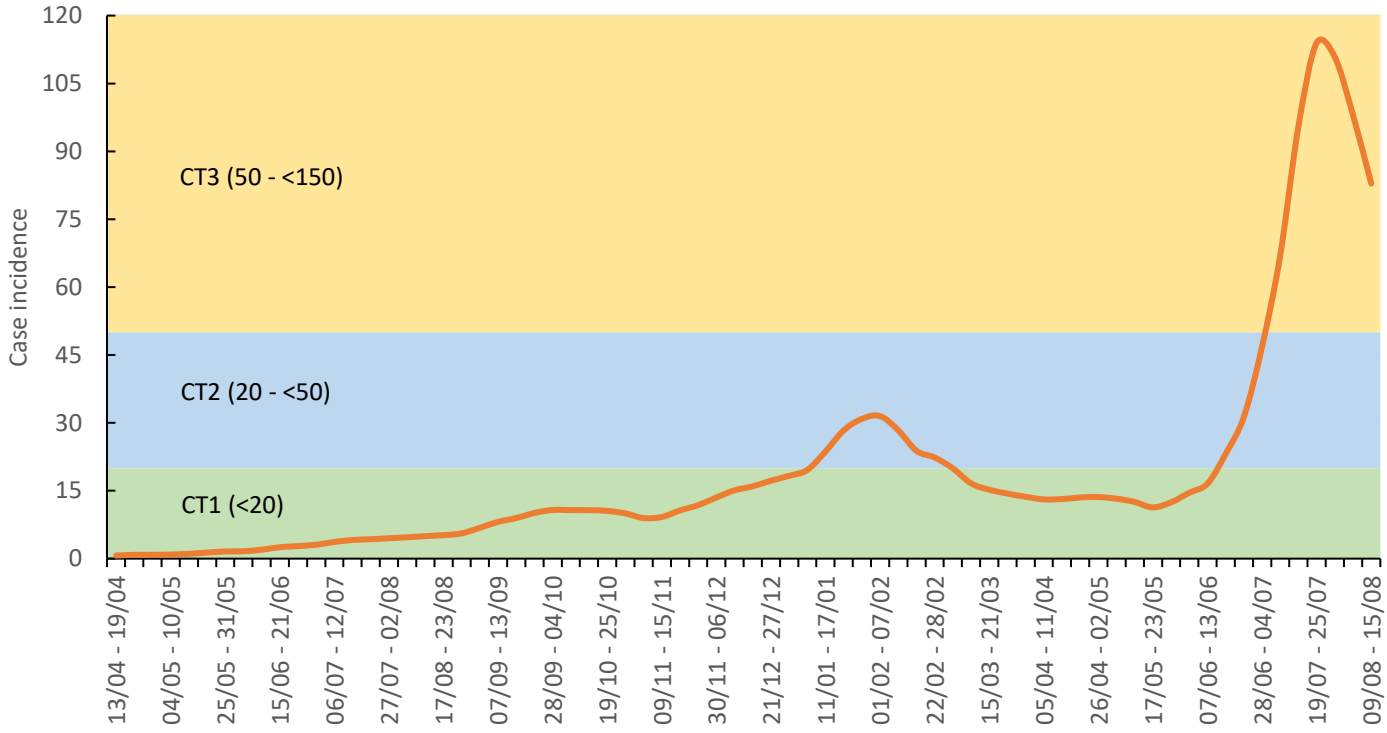

Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported in Indonesia from 13 April 2020 (when Indonesia first reported community transmission in the country) to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

Disclaimer: 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 (Fig. 5 to 10).

[7] 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*

- During the week of 9 to 15 August, seven provinces (highlighted in light red) remain at the highest level of community transmission (CT4) with incidence rates per 100 000 population of 421.1 in North Kalimantan, 303.2 in East Kalimantan, 275.2 in Bangka Belitung Islands, 265.3 in DI Yogyakarta, 204.1 in Bali, 177.9 in Central Sulawesi and 153.7 in West Papua (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. There were 19 provinces at community transmission level 3 (CT3).

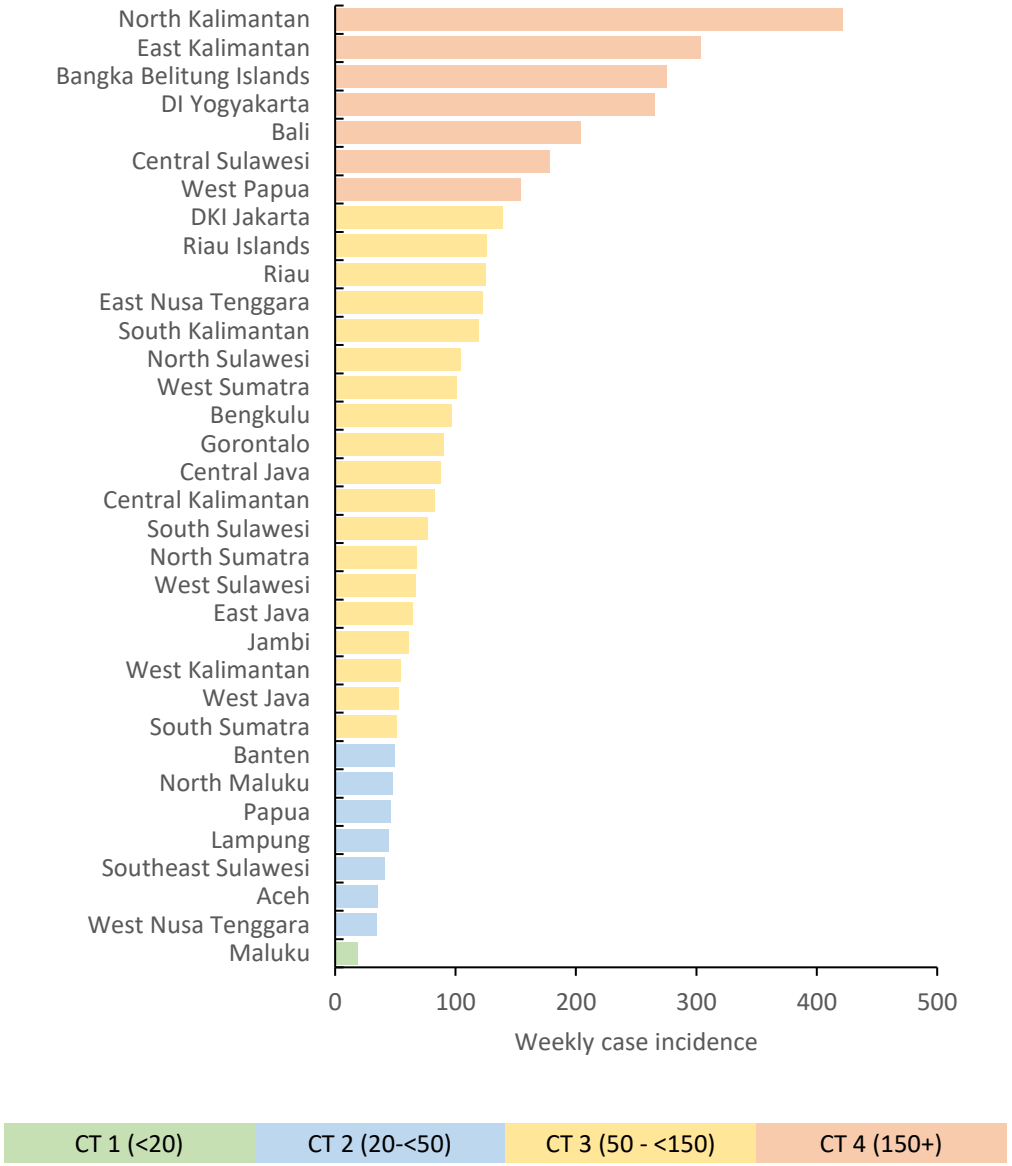

Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period by province in Indonesia during 9 to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

- The weekly incidence of COVID-19 cases per 100 000 population decreased in all provinces in Java during the week of 9 to 15 August (Fig. 6). The weekly incidence in DKI Jakarta changed from CT4 (very high incidence) to CT3 (high incidence). However, DI Yogyakarta has remained at CT4 since early July. In Bali, the weekly incidence of COVID-19 cases has been increasing substantially since mid-June and has been at the level of CT4 for the past three weeks.

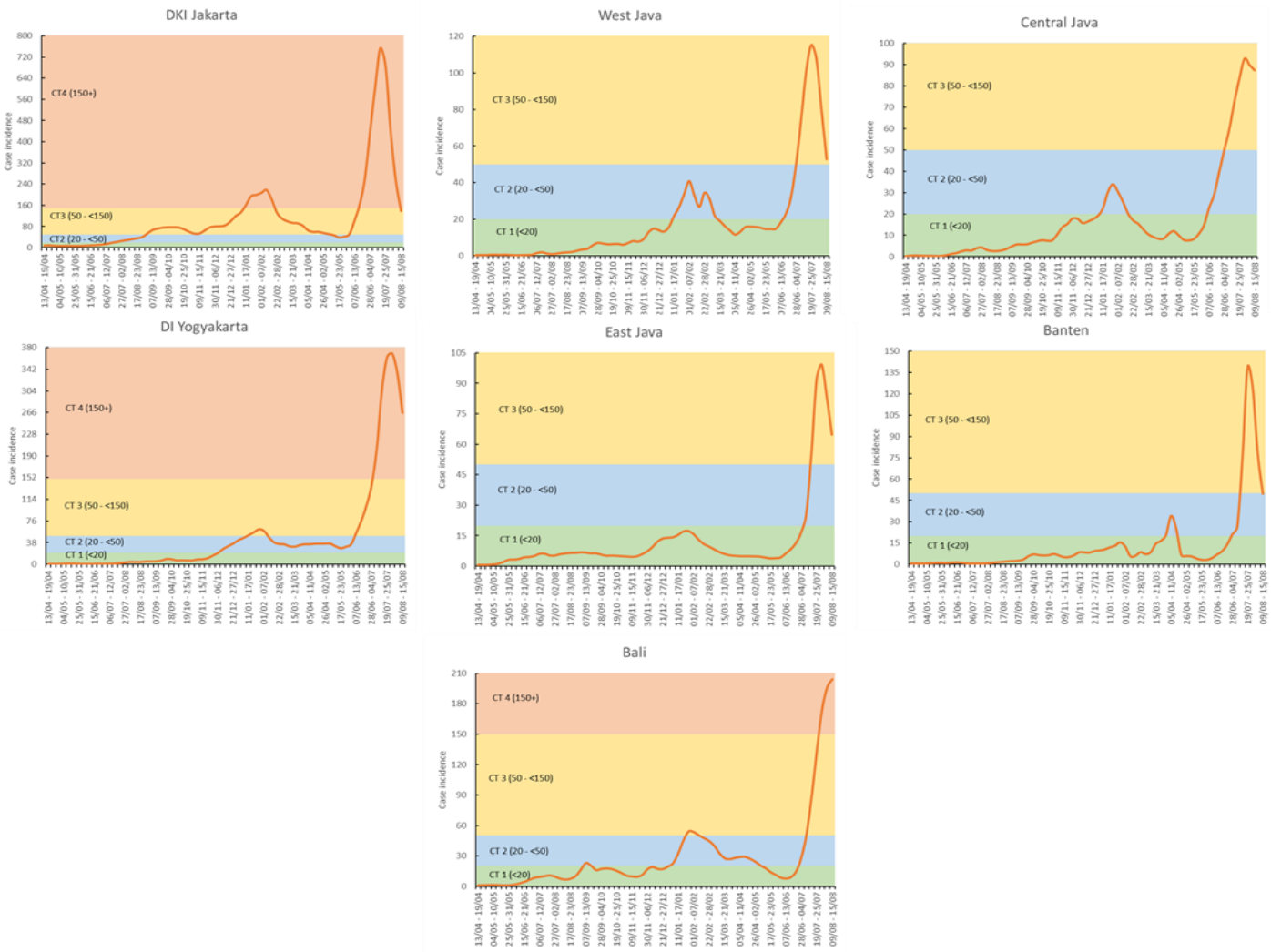

Fig. 6. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in Java - Bali, from 13 April 2020 to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

- In Sumatra, the weekly incidence of COVID-19 per 100 000 population increased in Aceh, North Sumatra and Bangka Belitung Islands during the week of 9 to 15 August. An increasing trend in incidence has been observed since April in most provinces. Since July, Bangka Belitung Islands has been at CT4 and North, West and South Sumatra as well as Riau, Jambi and Bengkulu have been at CT3. Riau Islands dropped from CT4 to CT3 in the past week (Fig. 7).

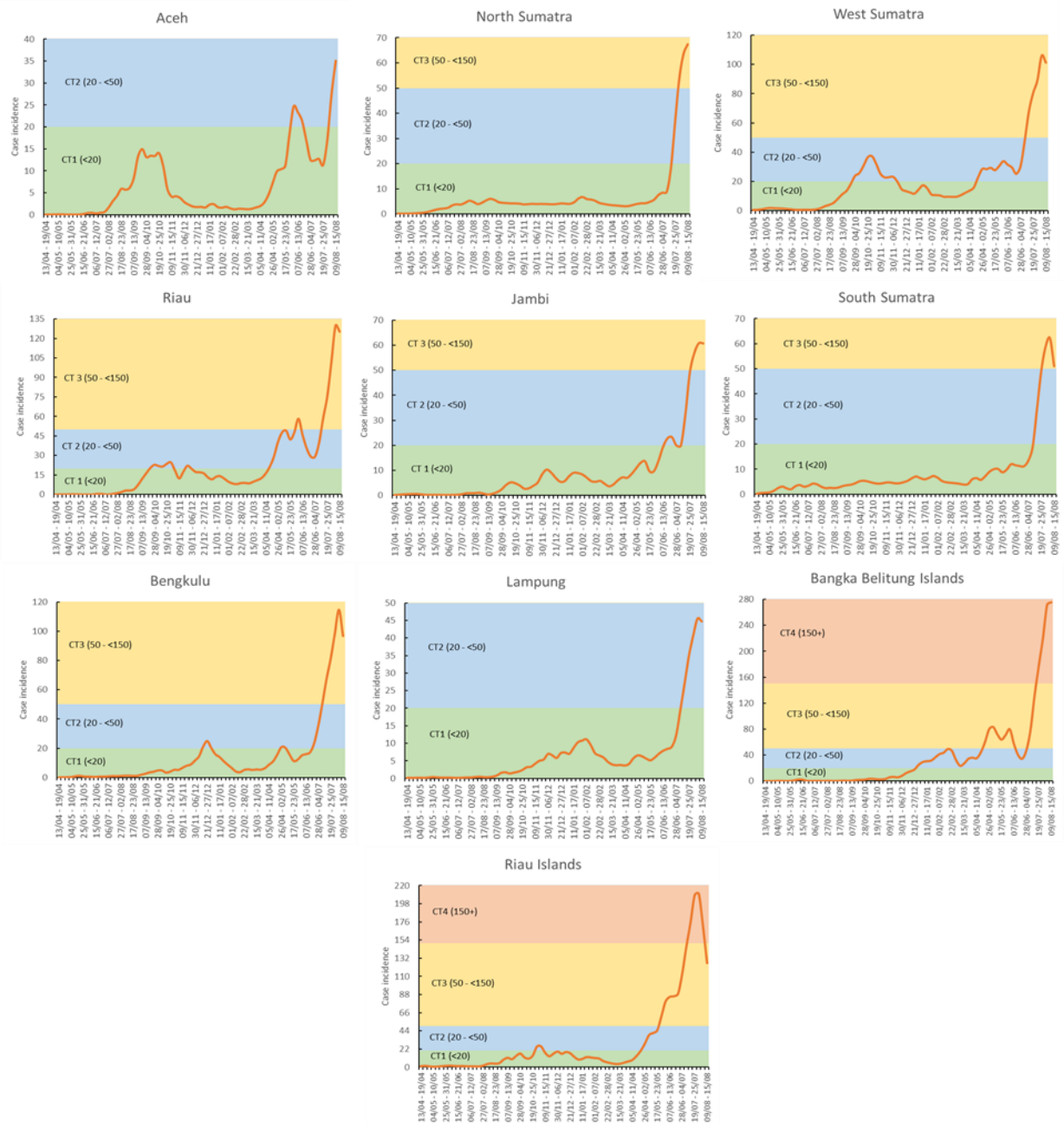

Fig. 7. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in Sumatra, from 13 April 2020 to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

- In Kalimantan, the weekly incidence of COVID-19 increased in South and North Kalimantan during the week of 9 to 15 August (Fig. 8). East and North Kalimantan have remained at the level of CT4 (very high incidence) since mid-July.

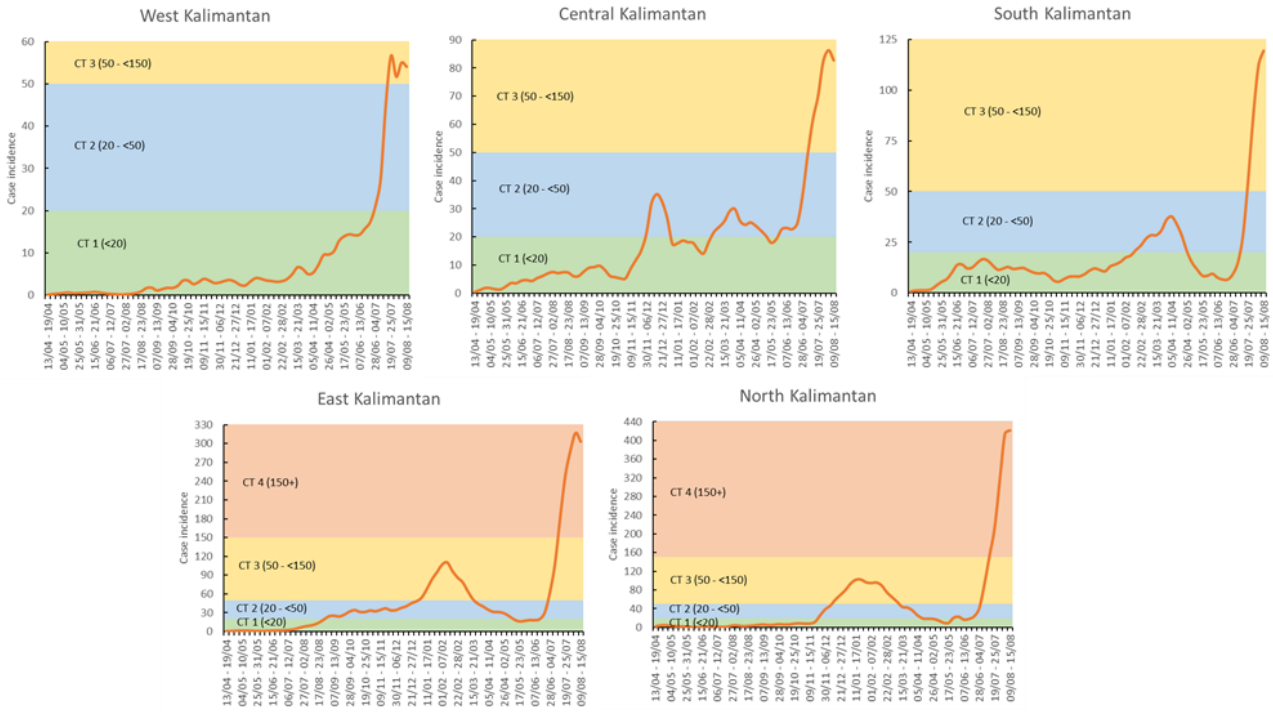

Fig. 8. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in Kalimantan, from 13 April 2020 to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

- In Sulawesi, the weekly incidence increased in Central Sulawesi, Gorontalo and West Sulawesi during the week of 9 to 15 August. North, South and West Sulawesi as well as Gorontalo remained at CT3, while Central Sulawesi has reached the CT4 level since last week (Fig. 9).

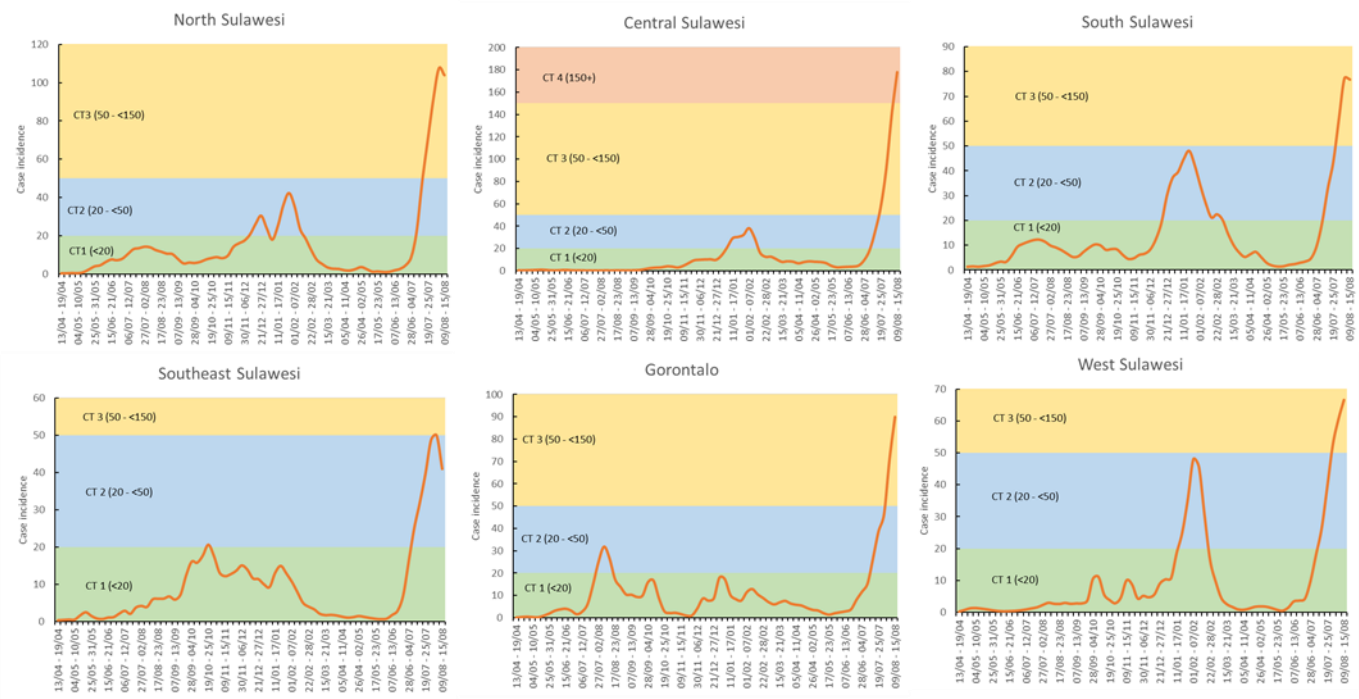

Fig. 9. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Sulawesi, from 13 April 2020 to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

- During the week of 9 to 15 August, the weekly incidence of COVID-19 decreased in Maluku, North Maluku and Papua (Fig. 10). In West Papua, the incidence increased to the level of CT4 (very high incidence) after a drop to CT3 (high incidence) in the previous week. An increasing trend of weekly incidence was also observed in East Nusa Tenggara (remaining at CT3 since mid-July) and West Nusa Tenggara (CT2 – moderate incidence).

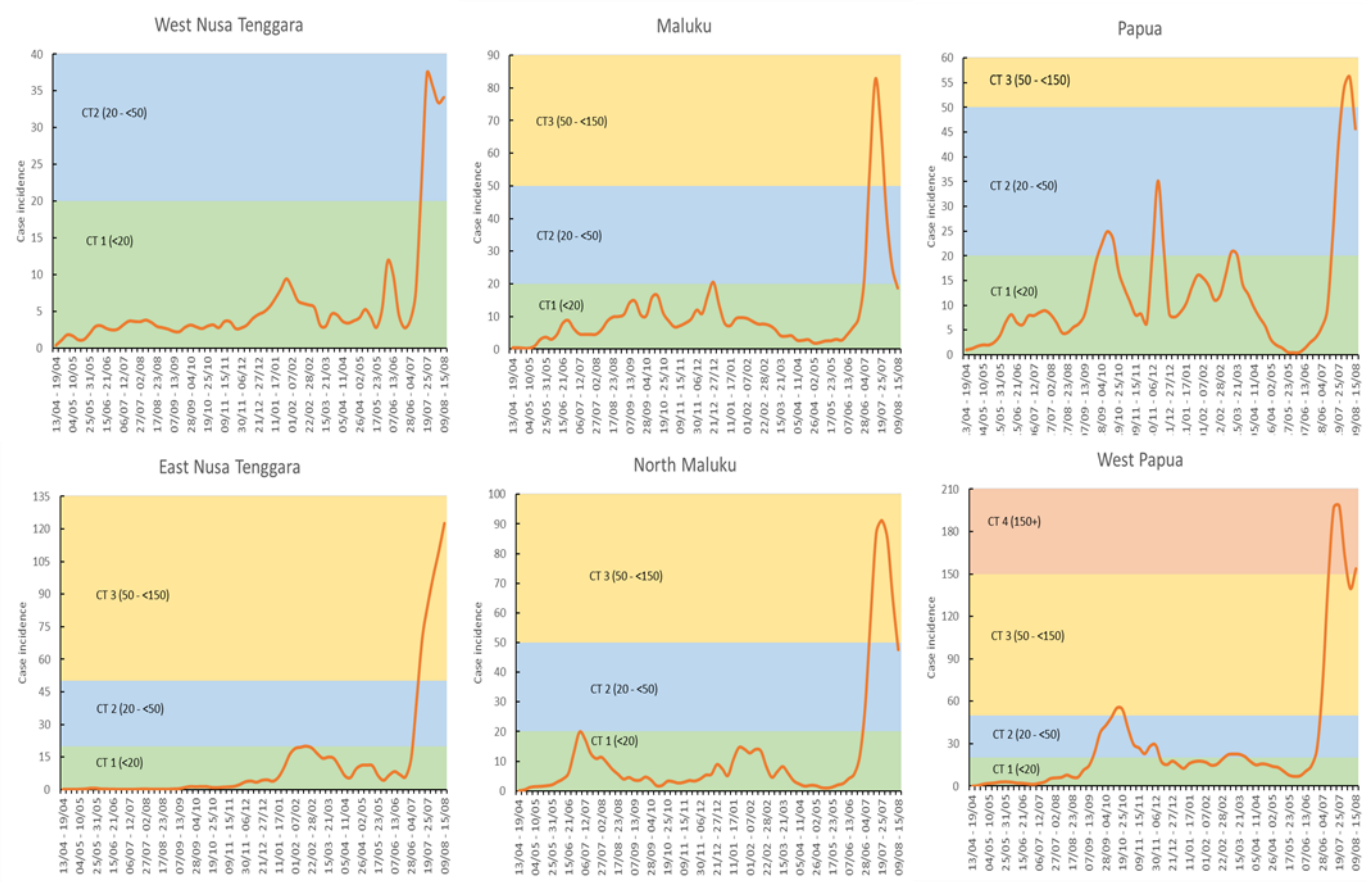

Fig. 10. Incidence of COVID-19 cases per 100 000 population per week averaged over a two-week period in West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua, from 13 April 2020 to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: 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 15 August, the positivity proportion slightly declined to 22.5% from 24.4% in the previous week; it remains at CT4 (Fig. 11). It is important to note that during the week of 9 to 15 August, the number of suspected cases tested decreased from 3.5 to 3.3 per 1000 population per week (approximately 80% lower than the highest testing rate of 4.2 per 1000 population per week recorded in mid-July).

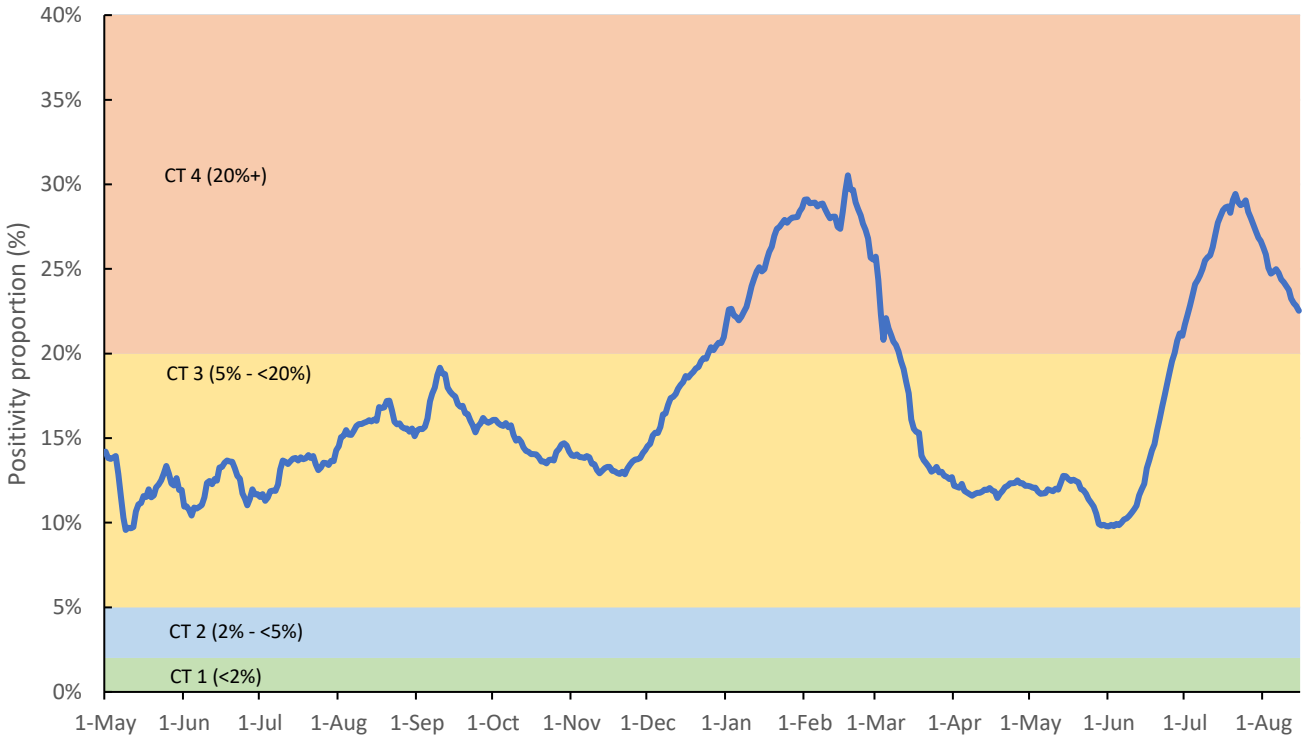

Fig. 11. Test positivity proportion averaged over a two-week period at the national level in Indonesia, as of 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

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

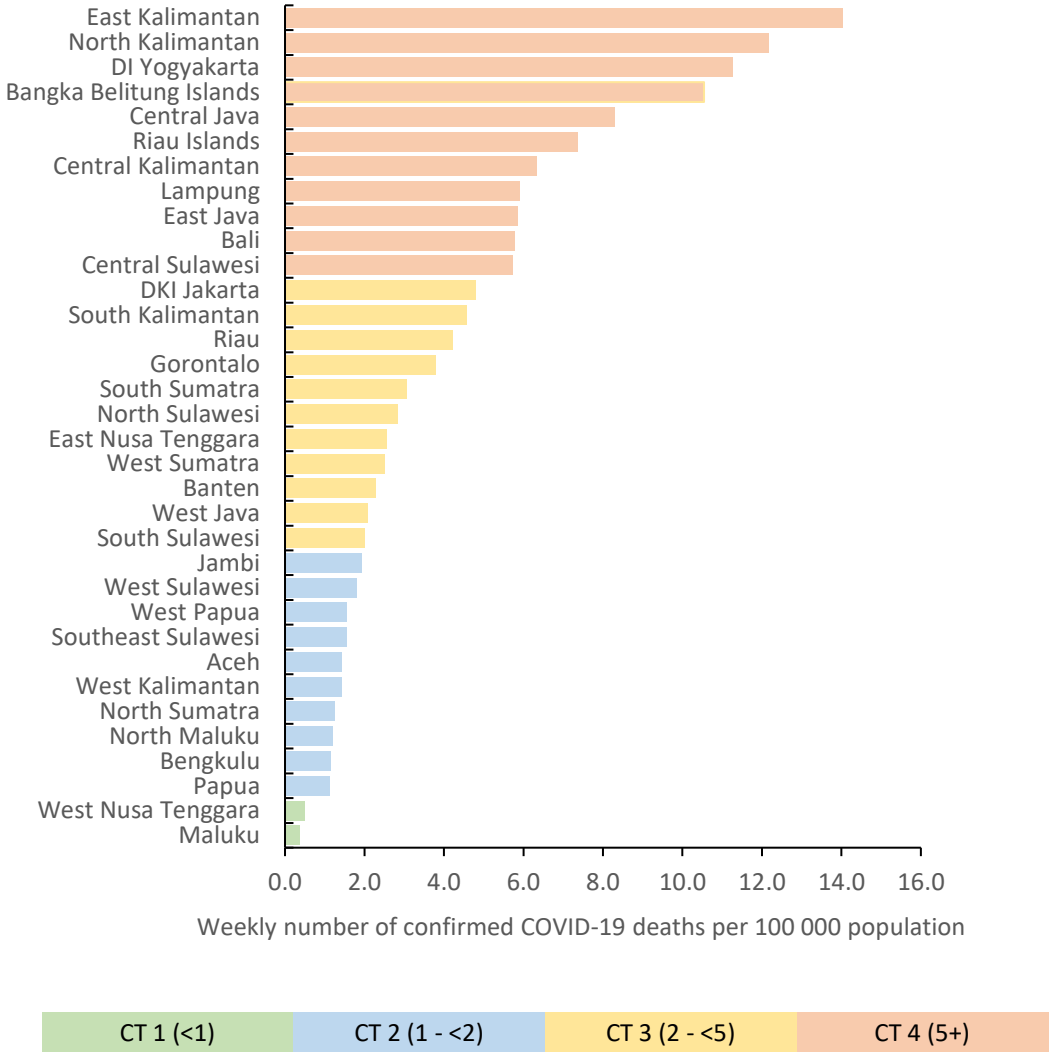

Fig. 12. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 26 July to 15 August 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high 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 national level, during the week of 9 to 15 August, the number of confirmed COVID-19 deaths was 4.28 deaths, compared to 4.25 deaths per 100 000 population in the previous week[8] (Fig. 13). A rapid increase of deaths has been observed particularly in provinces outside of Java and Bali for more than two weeks.

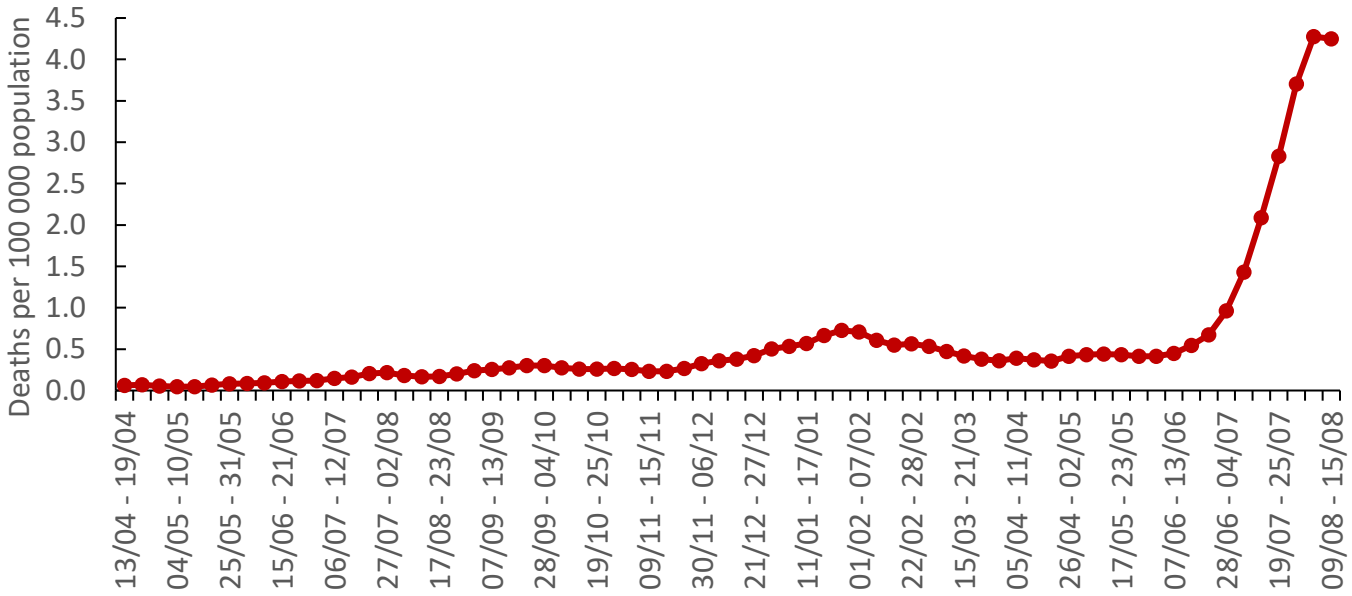

Fig. 13. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 15 August 2021. *Source of data*

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per WHO definition, however, death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case is a COVID-19-related death, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma); there should be no period of complete recovery between the illness and death. Evaluation of the level of community transmission could not be conducted due to data limitations.

HEALTH OPERATIONS

- As of 18 August, the daily number of people tested for COVID-19 was 78 626 and the cumulative number of people tested was 20 070 696 (Fig. 14). From 12 to 18 August, the average number of people tested per day was 108 192: almost half of the highest reported number of 228 702 people tested per day on 22 July.

[8] 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*

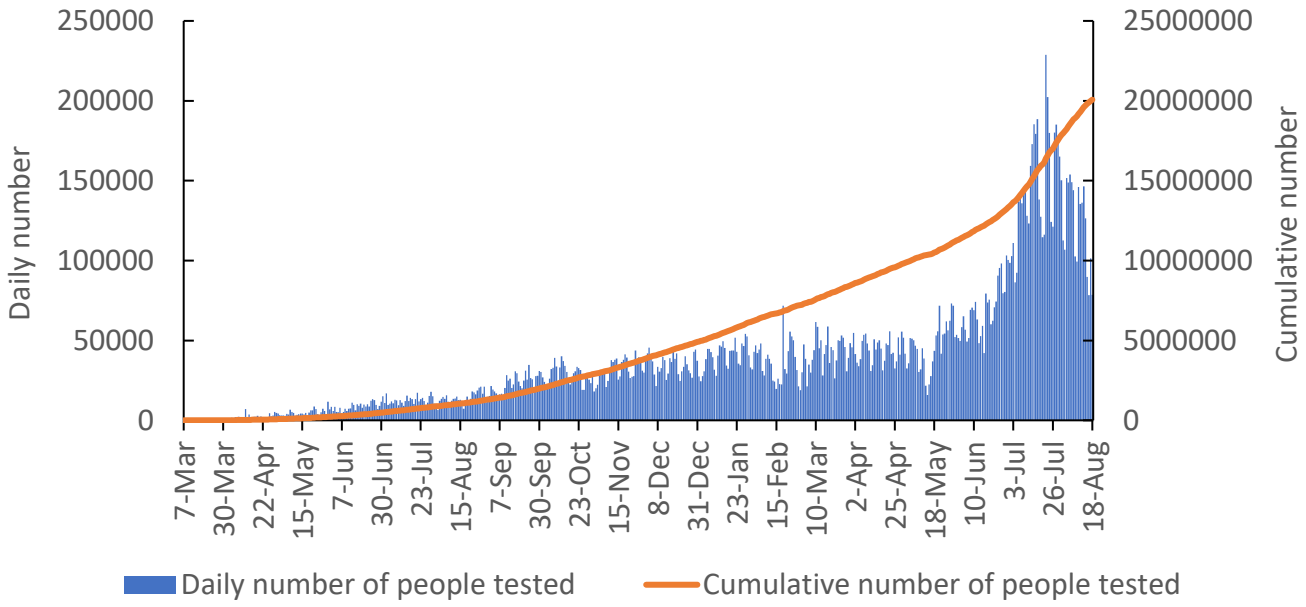

Fig. 14. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 18 August 2021. *Source of data*

- During the week of 12 to 18 August, the proportion of recovered cases among total confirmed cases slightly increased to 88.1%, compared to 86.1% in the previous week. As of 18 August, the number of active cases decreased by 16.9% to 343 203 cases compared to 412 776 cases reported on 12 August (Fig. 15).

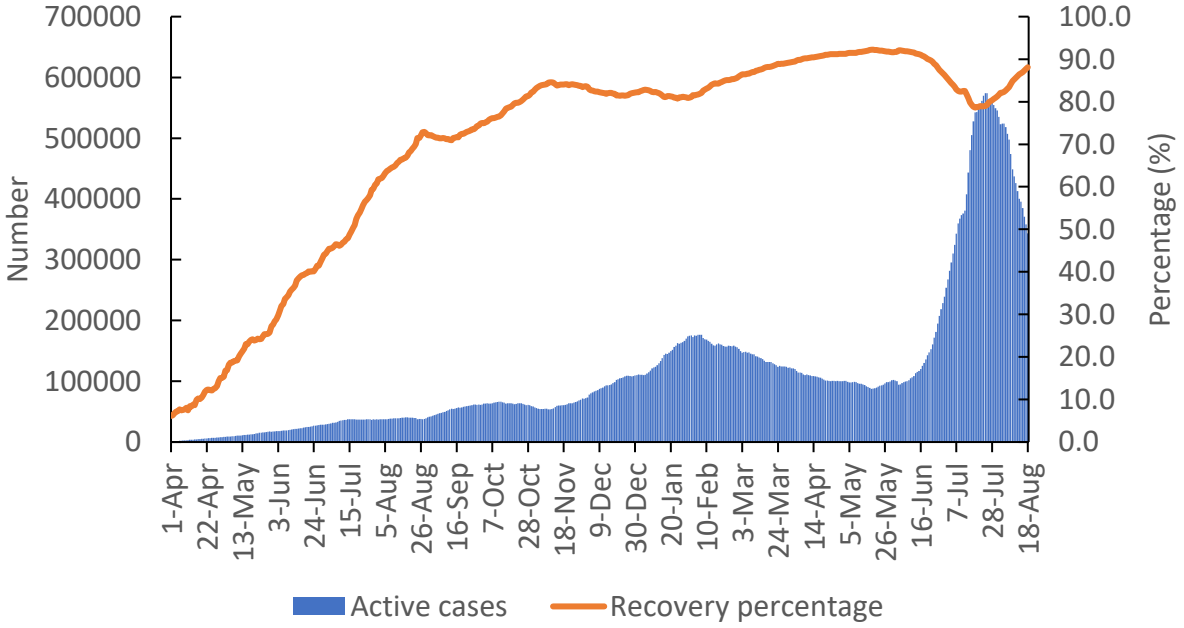

Fig. 15. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 18 August 2021. *Source of data*

- During the week of 9 to 15 August, the reported number of confirmed cases hospitalized in DKI Jakarta has been relatively stable from 2926 cases on 9 August to 2901 cases on 15 August (Fig. 16). Hospitalizations have decreased by over 85% since the same time last month.

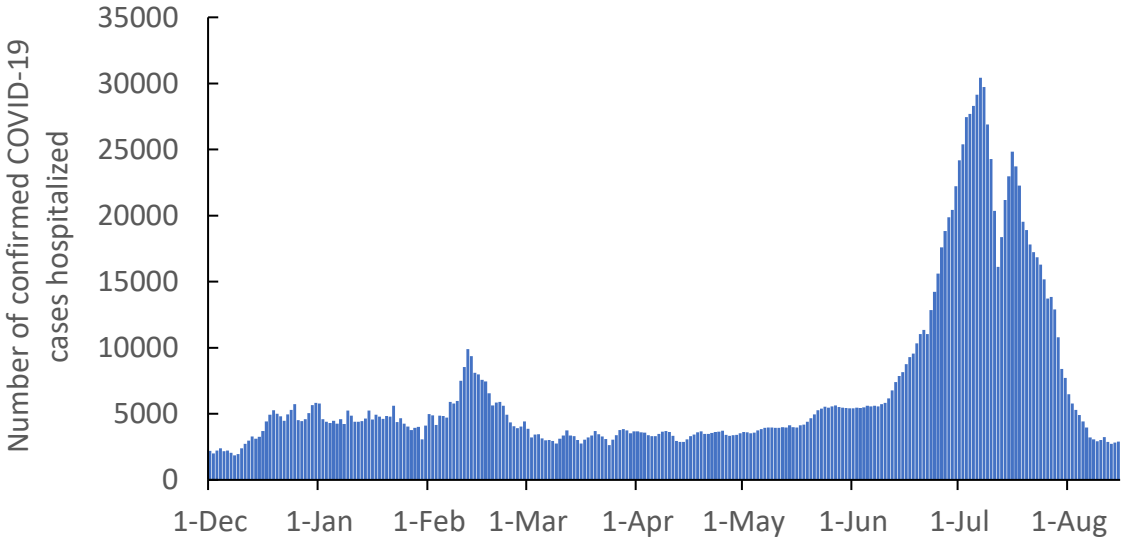

Fig. 16. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 November 2020 to 16 August 2021. *Source of data*

RISK COMMUNICATION

- WHO continues to translate and share important health messages on its website and social medial platforms – Twitter and Instagram – and has recently published:

  Infographics:
  - Vaccination facts

Fig. 17. WHO infographics on '[Vaccination facts](#)', August 2021.

VACCINATION

- As of 16 August, 83 619 832 vaccine doses have been administered in the national COVID-19 vaccination campaign; 54 674 912 people have received the first dose and 28 944 920 people have received the second dose (Fig. 18).

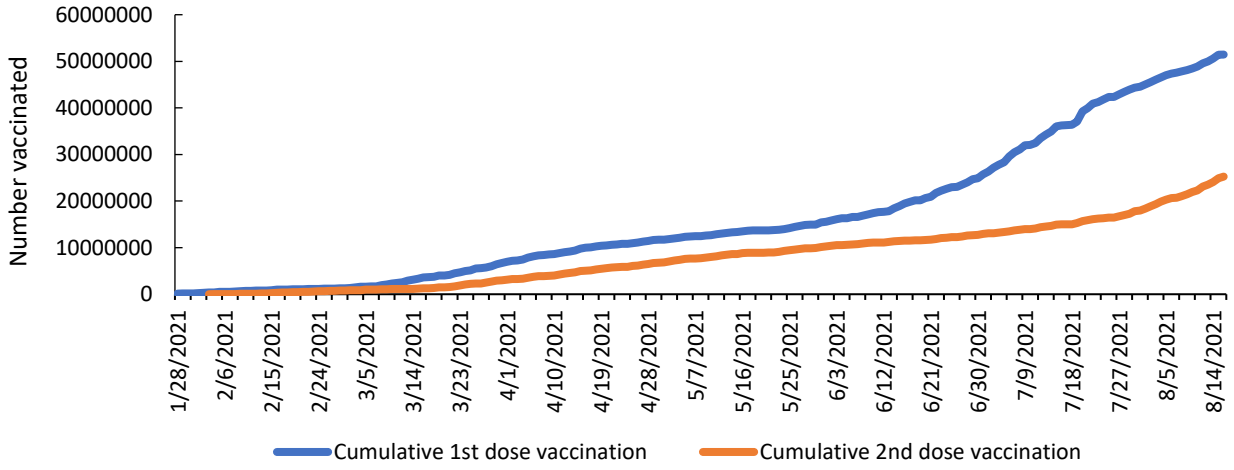

Fig. 18. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 16 August 2021. *Source of data*

Disclaimer: COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.

- As of 16 August, DKI Jakarta had the highest first and second dose vaccination coverage among all eligible target populations[9], followed by Bali, Riau Islands and DI Yogyakarta (Fig. 19).

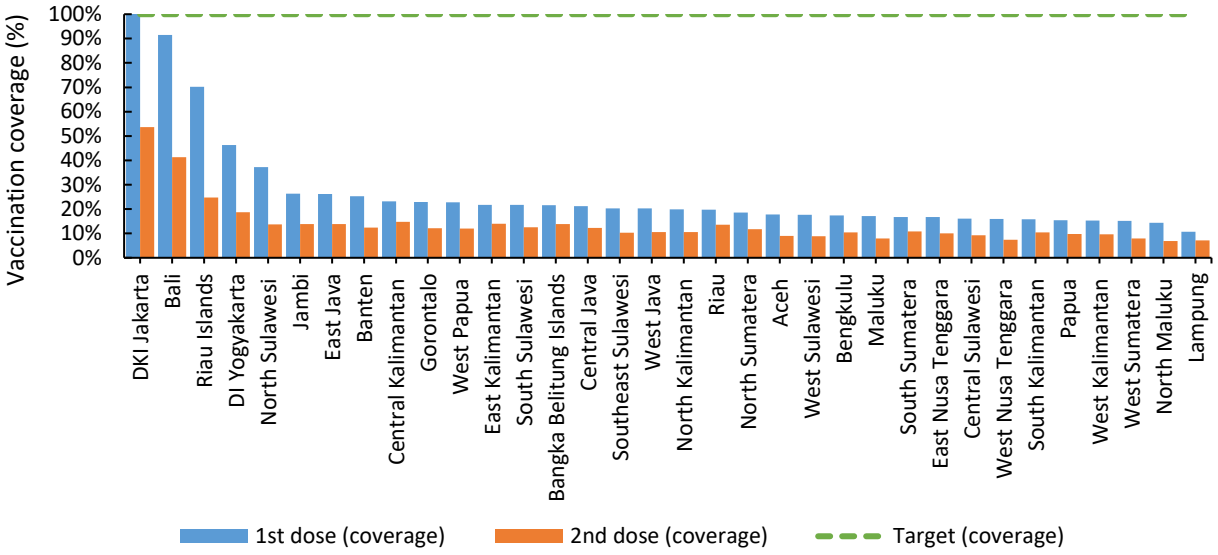

Fig. 19. COVID-19 vaccination coverage among all eligible target population by province in Indonesia, as of 16 August 2021. *Source of data.*

Disclaimer: Vaccination coverage has been adjusted according to the updated denominator published by MoH. Published data from MoH includes target populations of the third stage of the national vaccination campaign, which was available starting from 13 July 2021.

- As of 16 August, the number of people who received two doses (fully vaccinated) per 100 population was 10.6 nationwide; DKI Jakarta reported the highest number of people fully vaccinated (42.3 per 100 population), followed by Bali (31.4), Riau Islands (16.4), East Java (11.4), North Sulawesi (11.2) and Central Kalimantan (11.1) (Fig. 20).

[9] Current target populations in the national COVID-19 vaccination programme include health workers, older people, essential public service workers, vulnerable populations, children aged 12-17 years and people aged 18 and above.

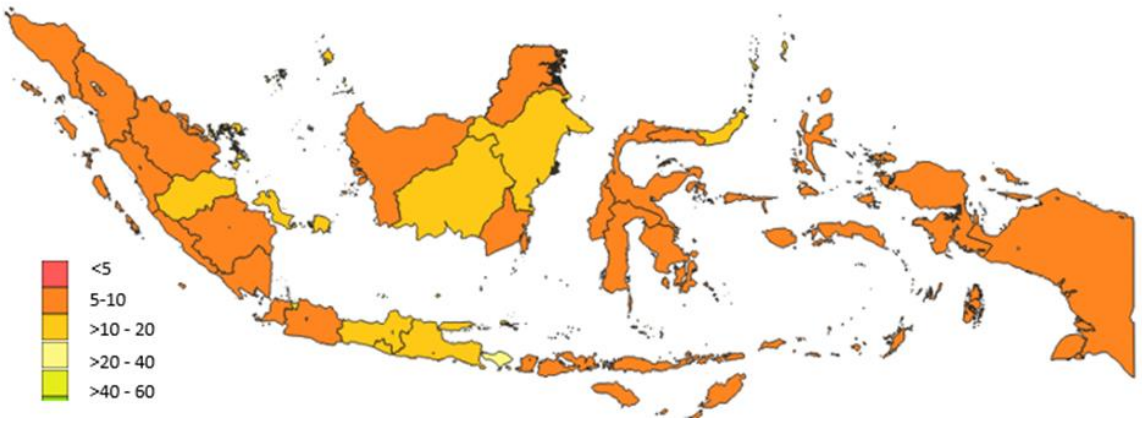

Fig. 20. Number of people vaccinated with two COVID-19 vaccine doses (fully vaccinated) per 100 population by province in Indonesia, as of 16 August 2021. *Source of data*

PARTNER COORDINATION

- The overall funding request for WHO operations and technical assistance is US$ 46 million (US$ 27 million for response and US$ 19 million for recovery phase), based on estimated needs as of August 2021 (Fig. 21).

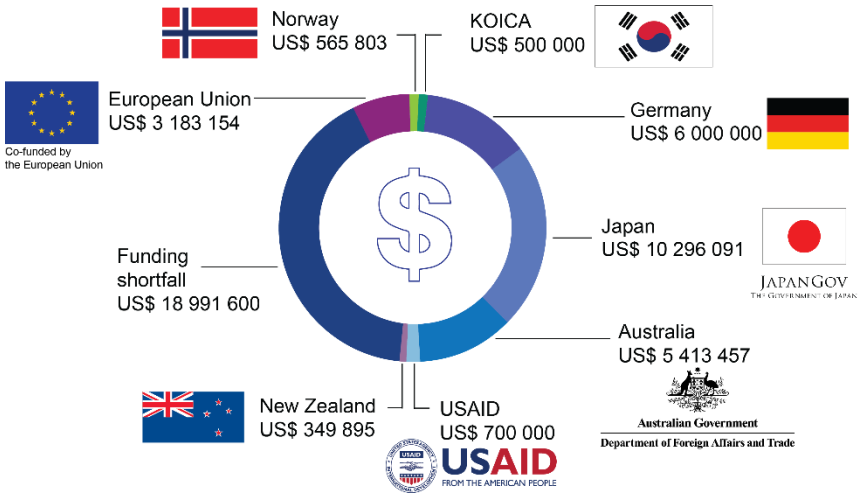

Fig. 21. WHO funding situation for COVID-19 response, August 2021.

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.

COVID-19 AND MOBILITY ANALYSIS

- Mobility analysis can be used as a proxy to monitor population mobility during the implementation of movement restriction policies. Increased mobility may lead to increased interactions among people, which may affect COVID-19 transmission. More information on movement restriction policies implemented in Indonesia and previous analyses on mobility trends in Java and Bali are available in WHO Situation Report 63 (pages 27-31), Situation Report 64 (pages 34-38), Situation Report 65 (pages 30-33), Situation Report 66 (pages 29-33) and Situation Report 67 (pages 24-28). Updates on mobility analysis in provinces in Java and Bali, as of 14 August, are presented in Fig. 22-28.

- Considering the current epidemiological situation at national and subnational levels, on 16 August, the Government of Indonesia announced the continuation of implementation of level 3 and 4 PPKM until 23 August in all provinces. PPKM levels in eight cities and districts of Java (Semarang City and districts of Semarang, Purworejo, Kendal, Demak, Wonosobo and Nganjuk) were lowered from level 4 to 3. In addition, level 4 PPKM will be implemented in 45 districts outside Java and Bali due to increased incidence and mortality rate.

- Despite the continued implementation of PPKM, the government has lifted several movement restrictions since 26 July. Subsequently, community mobility has increased particularly in transit stations and retail and recreation areas in all provinces in Java and Bali. A notable increase in community mobility in retail and recreation was observed, particularly in Banten, West Java and Central Java where pre-pandemic mobility levels have been reached. Formulation of a concrete plan and urgent action are crucial to anticipate and mitigate the impact of increased mobility on transmission and health system capacity at national and subnational levels.

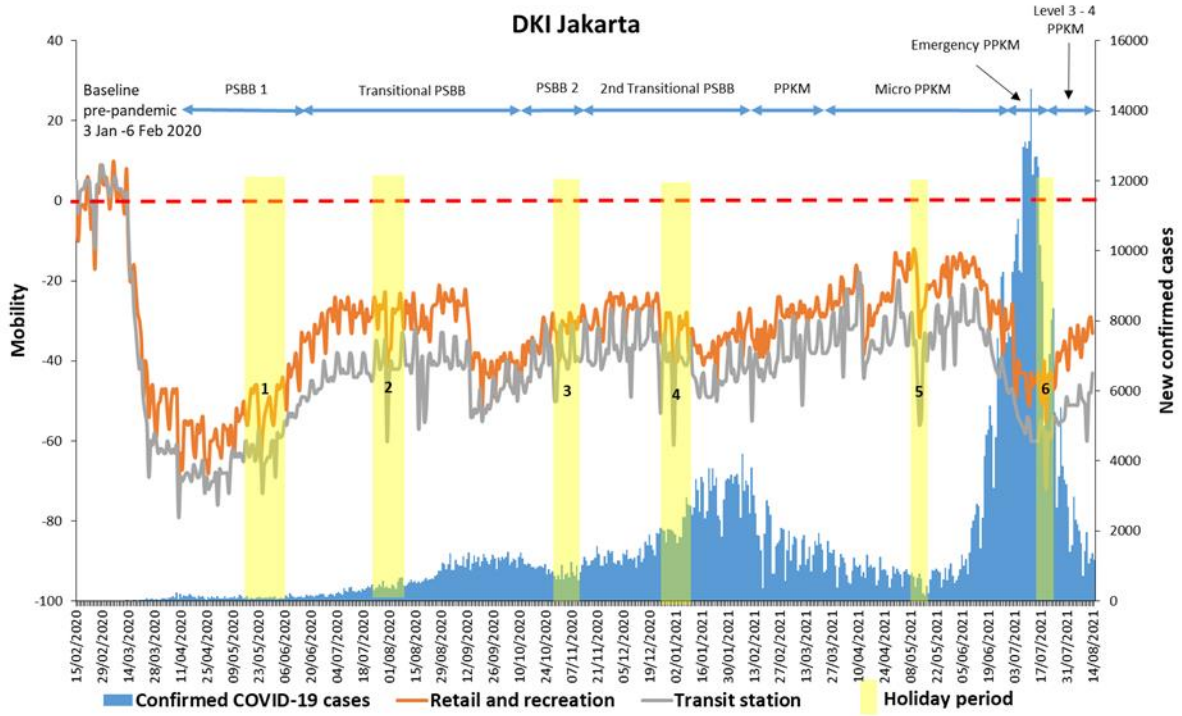

Fig. 22. Mobility analysis in DKI Jakarta, as of 14 August 2021

Holiday periods**:** 1. Eid al-Fitr 2020; 2. Eid al-Adha 2020; 3. Mawlid (Prophet Muhammad's Birthday) 2020; 4. Christmas and New Year 2021; 5. Eid al-Fitr 2021; 6. Eid al-Adha 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 Fig. 22-28.

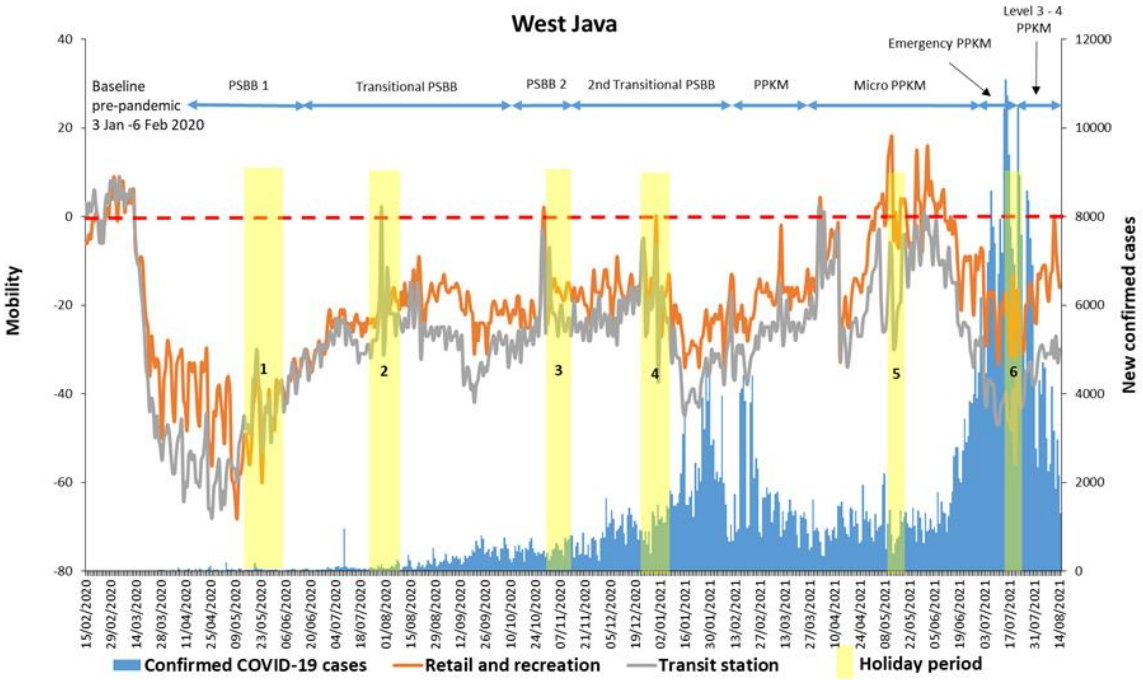

Fig. 23. Mobility analysis in West Java, as of 14 August 2021. *Source of data: mobility; cases.*

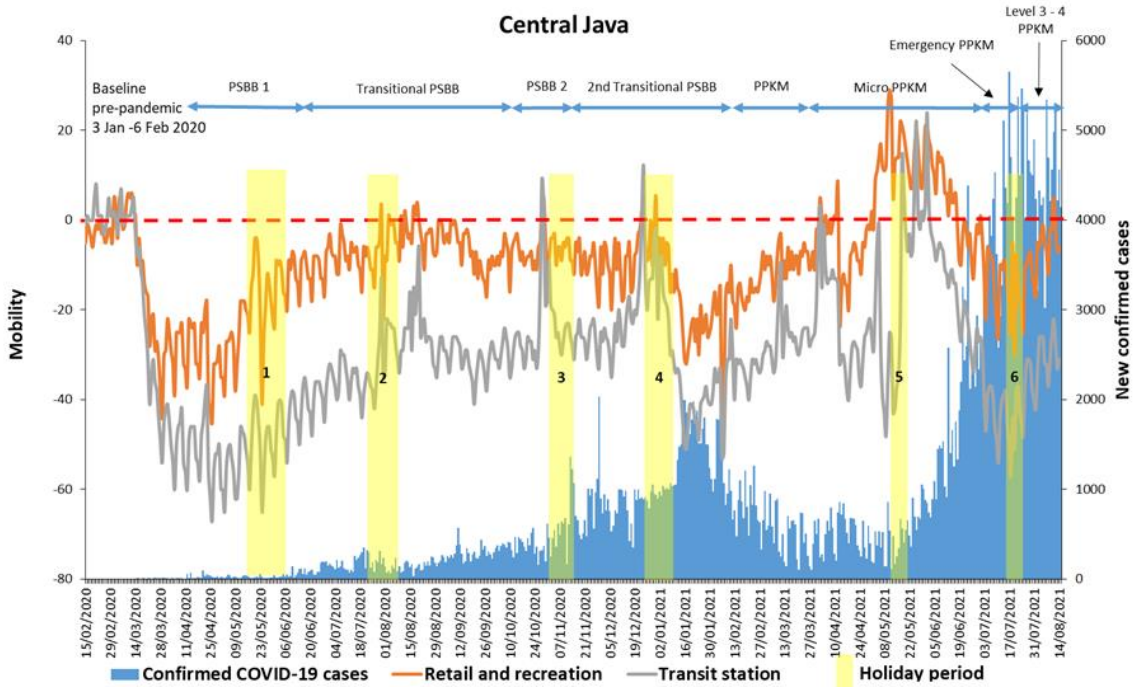

Fig. 24. Mobility analysis in Central Java, as of 14 August 2021. *Source of data: mobility; cases.*

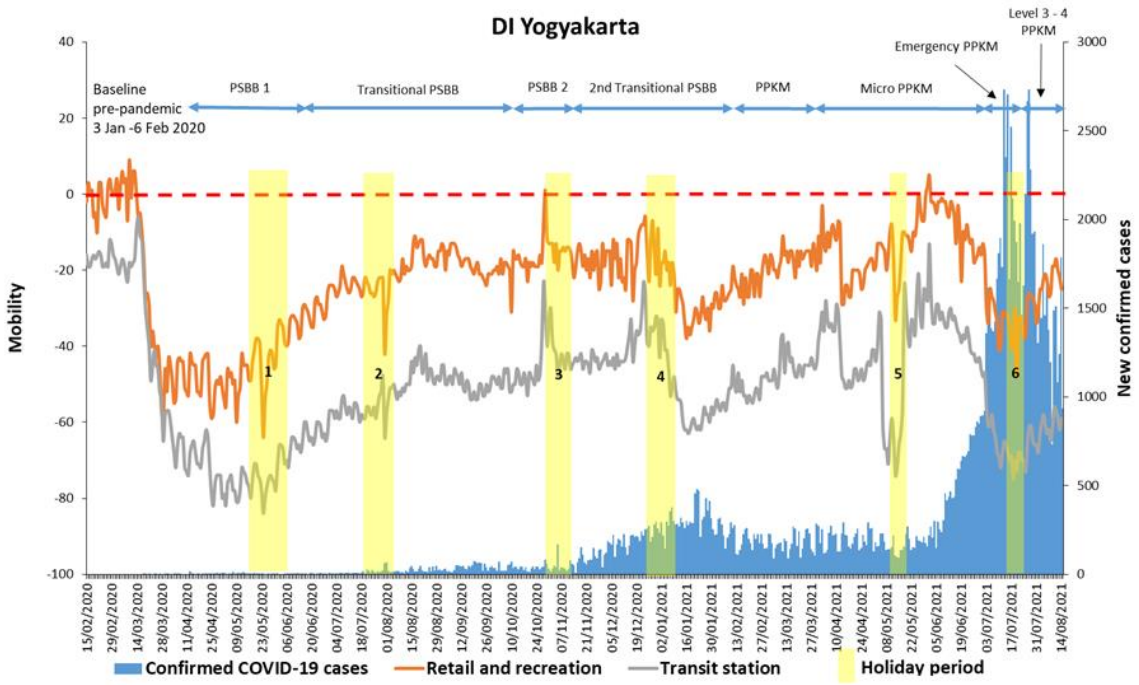

Fig. 25. Mobility analysis in DI Yogyakarta, as of 14 August 2021. *Source of data: mobility; cases.*

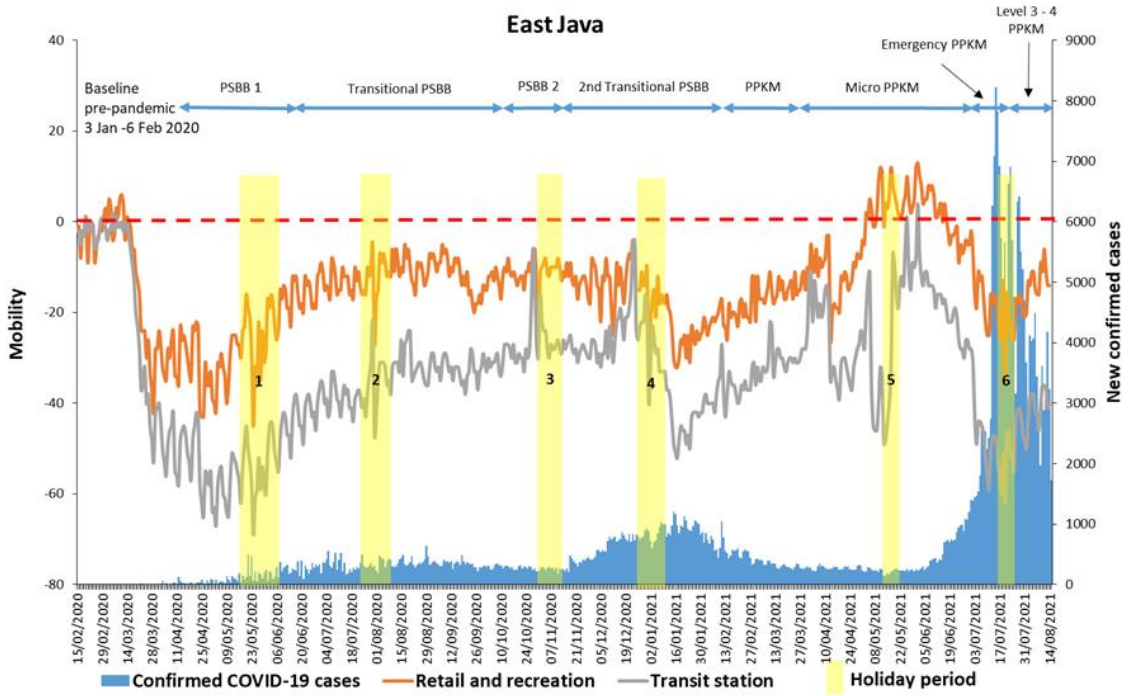

Fig. 26. Mobility analysis in East Java, as of 14 August 2021. *Source of data: mobility; cases.*

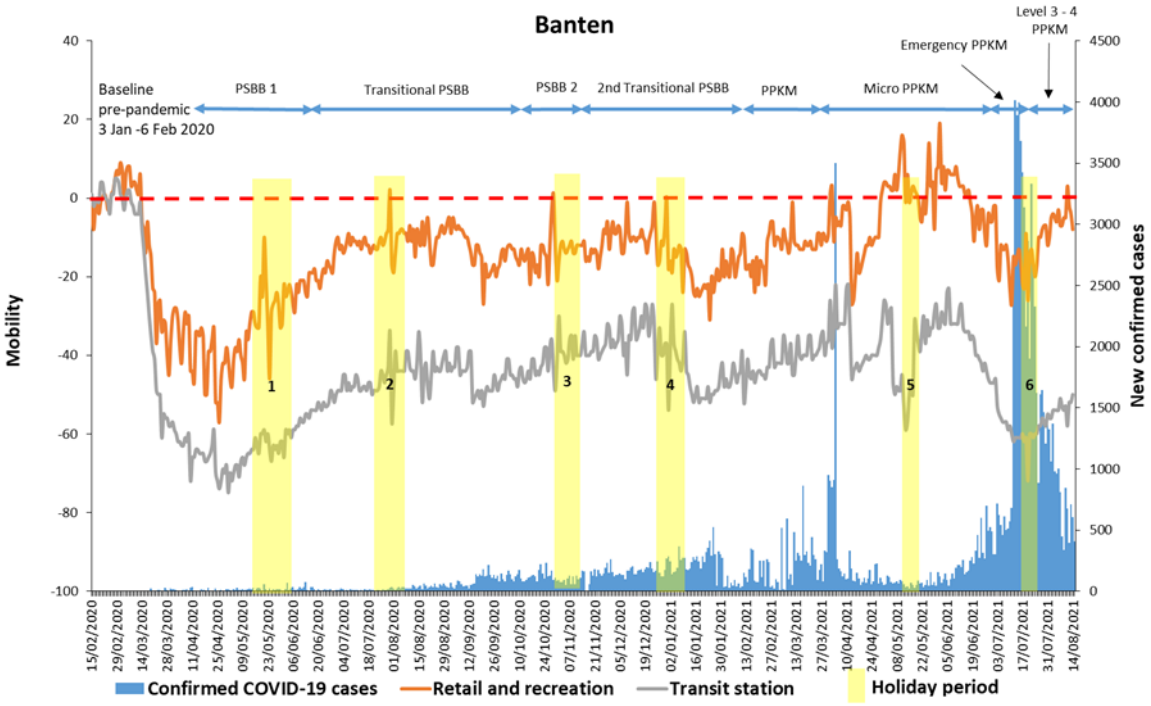

Fig. 27. Mobility analysis in Banten, as of 14 August 2021. *Source of data: mobility; cases.*

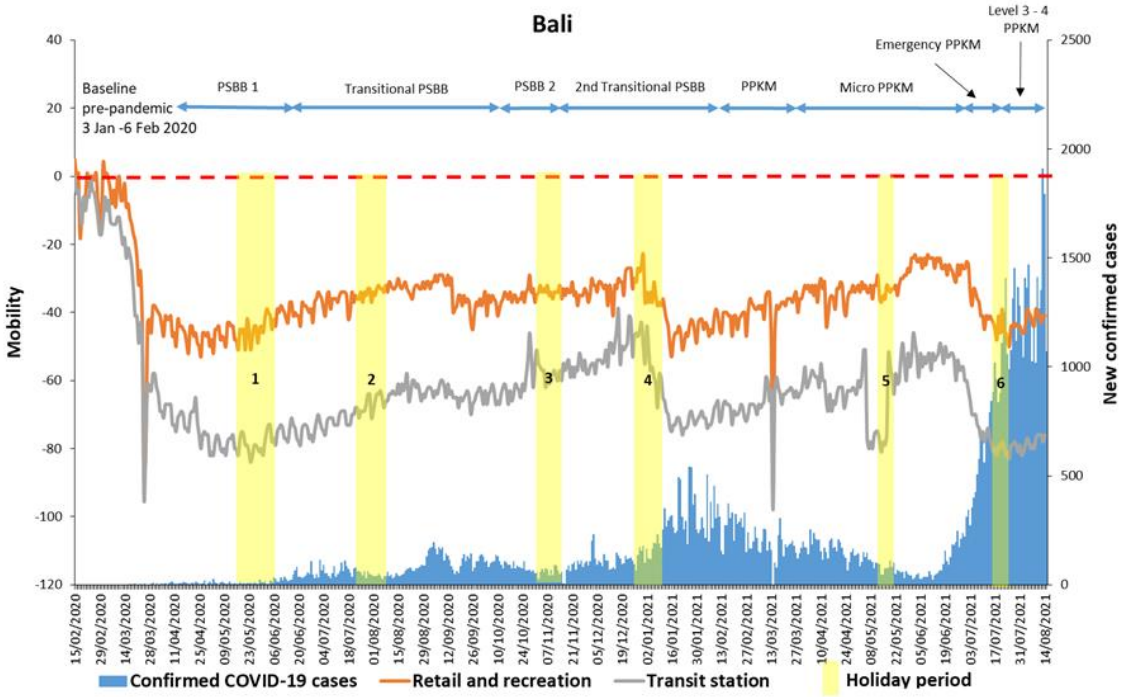

Fig. 28. Mobility analysis in Bali, as of 14 August 2021. *Source of data: mobility; cases.*

WEEKLY RISK ASSESSMENT

Table 1. Weekly risk assessment by province in Indonesia, as of 15 August 2021.

Province	Case incidence trend	New cases in last 7 days	Change in new cases in last 7 days (%)	New deaths in last 7 days	Change in new deaths in last 7 days (%)	Testing rate (per 1000 population per week)	Weekly test positivity proportion in last 7 days (%)	2nd dose vaccination among target population (%)	2nd dose vaccination among older population (%)	Cumulative number of Delta variant cases reported
Aceh	Increase	2215	13%	97	28%	1.24	33%	8.8%	2.6%	18
North Sumatra	Increase	9556	-6%	241	44%	2.29	28%	11.5%	14.7%	29
West Sumatra	Increase	3824	-41%	136	-6%	3.29	21%	7.7%	3.0%	75
Riau	Increase	6973	-25%	312	4%	2.50	39%	13.3%	10.8%	6
Jambi	Increase	2228	2%	60	-24%	1.68	36%	13.5%	16.2%	1
South Sumatra	Increase	2956	-31%	191	-34%	1.71	20%	10.6%	11.8%	9
Bengkulu	Increase	1203	-41%	40	135%	1.73	34%	10.2%	11.5%	3
Lampung	Increase	2980	-27%	352	-34%	1.29	27%	7.0%	5.5%	3
Bangka Belitung	Increase	3326	-31%	140	-19%	6.27	35%	13.7%	22.1%	5
Riau Islands	Decrease	1862	-39%	129	-15%	8.15	10%	23.9%	26.8%	3
DKI Jakarta	Decrease	8942	-37%	252	-55%	10.47	8%	51.3%	72.0%	576
West Java	Decrease	18058	-28%	980	19%	1.76	21%	10.1%	13.0%	280
Central Java	Decrease	31977	10%	2778	-5%	1.50	43%	12.1%	22.7%	190
DI Yogyakarta	Decrease	8777	-17%	391	-11%	10.19	22%	18.4%	28.2%	20
East Java	Decrease	20764	-18%	2136	-8%	2.06	25%	13.5%	12.3%	20
Banten	Decrease	3973	-40%	158	-52%	3.29	9%	12.0%	15.2%	20
Bali	Increase	9828	13%	268	4%	7.08	32%	40.4%	31.1%	23
West Nusa Tenggara	Decrease	1758	13%	37	400%	2.00	17%	7.4%	9.1%	42
East Nusa Tenggara	Increase	5163	-36%	136	-13%	3.32	28%	10.0%	6.6%	102
West Kalimantan	Increase	2527	-12%	62	-16%	1.76	28%	9.4%	8.1%	28
Central Kalimantan	Decrease	2668	26%	163	33%	2.75	35%	14.7%	20.5%	3
South Kalimantan	Increase	4572	-16%	195	-4%	2.21	48%	10.1%	6.6%	1
East Kalimantan	Increase	9030	-25%	478	-14%	6.99	34%	13.4%	21.4%	187
North Kalimantan	Increase	2820	-13%	115	28%	9.00	41%	10.4%	14.6%	16
North Sulawesi	Increase	1965	-30%	65	5%	3.69	21%	13.5%	9.7%	8
Central Sulawesi	Increase	5512	-9%	208	21%	3.15	57%	8.9%	6.1%	20
South Sulawesi	Increase	6241	-9%	182	8%	2.43	29%	12.4%	7.4%	14
Southeast Sulawesi	Increase	772	-42%	32	-30%	2.32	12%	10.0%	4.7%	0
Gorontalo	Increase	946	-19%	58	29%	1.90	41%	12.1%	5.5%	1
West Sulawesi	Increase	1120	36%	32	52%	1.56	51%	8.8%	4.0%	0
Maluku	Decrease	395	73%	4	-50%	1.90	11%	7.8%	8.8%	9
North Maluku	Decrease	382	-48%	14	27%	2.85	10%	6.2%	3.2%	0
West Papua	Increase	1700	65%	20	82%	7.68	23%	10.9%	5.2%	12
Papua	Increase	1310	-17%	30	0%	2.98	13%	9.5%	4.2%	12

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, Bali, East Nusa Tenggara, East Kalimantan, North Kalimantan, Central Sulawesi, Gorontalo) and in yellow.

- 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.[10]

- Increased testing rates were observed in several districts and provinces during the implementation of emergency PPKM. As of 15 August, all provinces had achieved the recommended benchmark of 1 person tested per 1000 population per week. However, high test positivity proportion (≥ 20%) is still observed in 26 provinces and remains a concern. It is crucial to maintain and further strengthen testing in all provinces, along with other containment measures, to curb transmission in the community.

- As of 15 August, the bed occupancy rate (BOR) of intensive care units reported in seven provinces (East Kalimantan, Bali, North Sumatra, South Sumatra, Aceh, East Sumatra and Gorontalo) remained above 70%. An increasing trend of mortality was also observed in North Sumatra, Aceh and Gorontalo. It is highly important to further improve planning and actions to respond to the surge of cases and increased mortality in these provinces, including obtaining data on the needs of critical and lifesaving medical supplies such as oxygen, ventilators and medicines to treat COVID-19 patients.[11]

- The coverage of second-dose vaccination among the older population continues to be low in majority of the provinces. As of 16 August, only DKI Jakarta recorded above 70% coverage among this target group; 17 provinces still reported second-dose coverage below 10%. Continued efforts to further improve the accessibility and awareness of the benefits of COVID-19 vaccination among older and vulnerable populations remain critical to reduce morbidity and mortality.

[10] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications
[11] https://www.kemkes.go.id/article/view/21081700003/Data-Ketersediaan-Tempat-Tidur-RS-COVID-19.html

RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 2. Title and details of recent WHO resource materials

Source : https://www.who.int

Title	Details
WHO Weekly Epidemiological Update on COVID-19 (Edition 53), 17 August 2021	This edition includes epidemiological updates as of 15 August 2021 with a special focus on SARS-CoV-2 variants of concern (VOCs), Alpha, Beta, Gamma and Delta, and their geographic distribution, as well as COVID-19 in prisons.
Episode 49 of Science in 5, WHO's series of conversations in science, 13 August 2021	Dr Katherine O'Brien, the Director of Immunization, Vaccines and Biologicals at WHO, explains COVID-19 vaccine breakthrough infections.

A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:

- Clinical management of patients with COVID-19: General considerations
- COVID-19 vaccination training for health workers
- Standard precautions: Environmental cleaning and disinfection
- Management of COVID-19 in long-term care facilities
- Operational planning guidelines and COVID-19
- Clinical management of severe acute respiratory infections
- Health and safety briefing for respiratory diseases – eProtect

WHO guidance:

- Guidance for surveillance of SARS-CoV-2 variants: Interim guidance, 9 August 2021
- Training on handling, storing and transporting Pfizer BioNTech COVID-19 Vaccine COMIRNATY® (Tozinameran)

Infographics:

- Health facilities
- Vaccine facts
- Asymptomatic COVID-19
- 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