HIGHLIGHTS

- As of 24 June, the Government of Indonesia announced 49,009 confirmed cases of COVID-19, 2,573 deaths and 19,658 recovered cases from 443 districts across all 34 provinces¹.

- WHO supported the Ministry of Health (MoH) in finalizing the fifth revision of national guidance on COVID-19 (page 13).

- WHO published a series of questions and answers regarding the use of masks to reiterate and support the updated guidance (page 18).

- Indonesia joins WHO Solidarity II to implement the population-based age-stratified sero-epidemiological study (pages 18).

---

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 18 to 24 June 2020. [Source of data](https://infeksiemerging.kemkes.go.id/)

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/)
GENERAL UPDATES

- On 19 June, the MoH issued a set of health protocols governing activities in public places, including department stores, hotels, airports, restaurants, places of worship and tourist locations. The protocols contain essential measures, such as wearing face masks, washing hands with soap and physical distancing, to ensure that people are able to protect themselves from contracting COVID-19 when joining activities in public places².

- The COVID-19 Task Force expressed concern regarding large crowds seen during Car Free Day (CFD) on 21 June and that many people failed to adhere to health protocols, especially in maintaining physical distance. The government will evaluate CFD, reiterating that it is everyone’s responsibility to follow health protocols, especially in public places³.

SURVEILLANCE

- On 24 June, 1113 new and 49009 cumulative confirmed COVID-19 cases were reported (Fig. 2); the average for last seven days was 1083 cases per day.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 24 June 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.

As of 24 June, the cumulative number of confirmed COVID-19 cases in Jakarta and East Java surpassed 10,000. Most of the confirmed cases in Indonesia were in Java Island (Jakarta and East Java), Sulawesi (South Sulawesi) and Kalimantan (South Kalimantan); the cumulative number of confirmed COVID-19 cases by province is shown below (Fig. 3).

Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 24 June 2020. Source of data

Disclaimer: Data from Jakarta include patients isolated or hospitalized in Wisma Atlet (RSDC: Rumah Sakit Darurat COVID-19), which is the biggest national makeshift hospital for COVID-19; some patients may not be residents of Jakarta. The same may apply to other provinces.
Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 01 to 21 June 2020

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</th>
<th>Positivity rate (%) over 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>Jakarta</td>
<td>Latest peak last week</td>
<td>More than 5%</td>
<td>No</td>
</tr>
<tr>
<td>West Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Less than 50%</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50%</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>Less than 50%</td>
<td>Not applicable</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak differs for each province (see Figs. 4 to 9 for details)

**positivity rate is calculated from 08 to 21 June 2020 for Jakarta; none of the other provinces have met the minimum surveillance benchmark (explained in Criterion 2) and, therefore, have not been considered for calculation (see Fig. 10 for details)

***decrease in deaths is calculated from 01 to 21 June 2020 (see Fig. 11 for details)

Criterion 1: Decline of at least 50% over a 3-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% since the latest peak for the period of 01 to 21 June (Figs. 4 to 9).

Figure 4: Weekly and cumulative number of confirmed COVID-19 cases in Jakarta, March to June 2020. [Source of data](#)
**Figure 5:** Weekly and cumulative number of confirmed COVID-19 cases in West Java, March to June 2020. *Source of data*

**Figure 6:** Weekly and cumulative number of confirmed COVID-19 cases in Central Java, March to June 2020. *Source of data*
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, March to June 2020. Source of data

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in East Java, March to June 2020. Source of data
Criterion 2: Less than 5% of samples positive for COVID-19, at least for the last 2 weeks, assuming that surveillance for suspected cases is comprehensive.

- The percentage positive samples can be interpreted only with comprehensive surveillance and testing of suspected cases, in the order of 1 per 1000 population per week. Only DKI Jakarta has achieved this minimum case detection benchmark.
WHO Indonesia Situation Report - 13

who.int/indonesia

West Java

Central Java

East Java

Positivity rate (%)

Suspected cases tested
Criterion 3: Decline in the number of deaths among confirmed and probable cases at least for the last 3 weeks.

- Deaths among patients under surveillance (PDP) have been substantially higher than deaths among confirmed COVID-19 cases in all provinces in Java except East Java and West Java (Fig. 11). A continuous decrease in total number of deaths among confirmed COVID-19 cases, PDP and persons under observation (ODP) was not observed in the majority of Java island provinces.

Figure 10: Positivity rate of cases, and suspected cases tested per 1000 population per week. For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis. Source of data: Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.
Figure 11: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last 3 weeks from 01 June to 21 June 2020 in six provinces in Java Island. Source: Jakarta, West Java, East Java, Yogyakarta, Banten, Central Java.

Disclaimer: The data are provisional. Only some provinces are reporting data on deaths of PDP and ODP. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources. Due to a change in the method of data publication for Jakarta, the number of PDP and ODP deaths have been merged.

PLANNING, RISK AND NEEDS ASSESSMENT

- On 18 June, WHO participated in a virtual meeting with the MoH and the National Board for Disaster Management (BNPB) to discuss the requirements and gaps in logistics for COVID-19 response in the provinces. WHO presented the Essential Supplies Forecasting Tool to facilitate the estimation of the needs for supplies in the provinces based on respective clinical attack rates.

Figure 12: A virtual meeting to discuss the logistical needs and gaps for COVID-19 response, 18 June 2020. Credit: WHO

- On 19 June, WHO provided an orientation to prison healthcare facilities on COVID-19 strategic preparedness and response planning during a meeting convened by the MoH.
• As reported by the government on 24 June, the number of persons tested for COVID-19 with polymerase chain reaction (PCR) was 12,238 and the cumulative number of persons tested was 413,919 (Fig. 13).

• On 19 June, WHO handed over the following laboratory supplies to the National Institute of Health Research and Development (NIHRD):
  i) Reverse transcriptase PCR kits for 108,900 individual tests;
  ii) 126 nucleic acid extraction kits for preparing samples for testing; and
  iii) 3 sets of magnetic stands for processing extractions with reagents.

• From 15 to 19 June, the Board for Development and Empowerment Human Health Resources (PPSDM) and the MoH, in collaboration with the Association of Public Health Laboratories (APHL), conducted two batches of training on PCR testing for COVID-19. Around 200 laboratory students participated. WHO presented global and national updates on COVID-19, and the updated laboratory testing guidance for COVID-19.

• On 23 June, WHO, the NIHRD and the US Centers for Disease Control and Prevention (US CDC) discussed training preparation for PCR testing: six batches of training are planned for laboratory students and one for the Indonesia Food and Drug Administration (BPOM).
As of 24 June, the proportion of people that recovered among the total confirmed cases was 40.1% (Fig. 14). Of the confirmed cases 26,778 persons were under care or in isolation. The fifth revision of the national guidance on COVID-19 is being finalized. WHO provided inputs into all technical areas, including the definition and reporting of confirmed and suspected cases, case management, infection prevention and control (IPC), risk communication and community engagement, and laboratory testing, with a focus on increasing testing capacity and including a quality assurance mechanism. The revised guidance will be launched by the end of June.
• As reported by MoH on 17 June, 2.6% confirmed cases of COVID-19 were healthcare workers (1,077 persons), of which 78.9% recovered, 18.0% were hospitalized and 3.1% died. However, the actual figures were likely higher since information on occupation was missing for 81.8% of the confirmed cases. Infection among healthcare workers can be prevented using appropriate IPC measures – such as adhering to hand hygiene and wearing personal protective equipment (PPE) in all healthcare settings – and environmental and administrative control measures.

• WHO provided support to the MoH and the National Working Group on IPC to conduct a risk assessment of healthcare workers who are potentially at higher risk of contracting COVID-19 due to exposure in healthcare facilities. The results will be used to formulate interventions to enhance protection of healthcare workers. Data were collected from 05 May to 14 June from 105 COVID-19 referral hospitals through a questionnaire adopted from the WHO guidance on ‘Risk assessment and management of exposure of healthcare workers in the context of COVID-19’. Selected results of the risk assessment (unpublished data) from the 1,768 respondents include:

i. The proportion by specialization (Fig. 15):

<table>
<thead>
<tr>
<th>Specialization</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>52.5%</td>
</tr>
<tr>
<td>General practitioner</td>
<td>10.4%</td>
</tr>
<tr>
<td>Specialist</td>
<td>8.0%</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>7.9%</td>
</tr>
<tr>
<td>Midwife</td>
<td>5.4%</td>
</tr>
<tr>
<td>Laboratory technician</td>
<td>4.8%</td>
</tr>
<tr>
<td>Radiographer</td>
<td>4.2%</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>2.1%</td>
</tr>
<tr>
<td>Ambulance staff</td>
<td>1.9%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1.6%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>0.8%</td>
</tr>
<tr>
<td>Dentist</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Figure 15: Proportion of respondents by specialization for healthcare workers’ risk assessment for COVID-19 questionnaire. Source: Results from risk assessment questionnaire, June 2020 (unpublished data)
ii. Of healthcare workers that had exposure to COVID-19, 17.0% had the exposure from their community (history of staying in the same household or teaching facility or travelling with a confirmed COVID-19 patient). Around 88.0% had exposure to COVID-19 in their respective hospitals where they had contact with a confirmed COVID-19 patient; were present when any aerosol-generating procedures were performed on the patient; had direct contact with the environment where patient stayed; or were involved in healthcare interaction(s) (paid or unpaid) in another healthcare facility.

iii. Healthcare workers who had exposure to COVID-19 in hospitals were asked about adherence to IPC measures during service provision to confirmed COVID-19 cases, i.e.: performing hand hygiene; wearing respirator, single-use gloves, disposable gowns; removing and replacing PPE according to protocol; and wearing face-shield or protective glasses. Of the 1 560 healthcare workers with exposure, 40.0% were characterized as being at high risk as they didn’t always (>95% of the time) apply, as recommended, all IPC measures. For those at high risk, the percentage adherence to IPC measures is shown in the graph below (Fig. 16).

![Figure 16: Percentage of healthcare worker adherence to infection prevention and control measures within healthcare facilities. Source: Results from risk assessment questionnaire, June 2020 (unpublished data)
The key recommendations from this assessment were:

A) Recommendations at local level for healthcare workers categorized as being at high risk of contracting COVID-19, e.g.:
   i. Provide refresher IPC training for the healthcare facility staff; and
   ii. Provide psychosocial support to healthcare workers during quarantine, or throughout the duration of illness.

B) Recommendations at national level, e.g.:
   i. Build capacity of healthcare workers in IPC, particularly the use of personal protective equipment and consider additional precautions for specific transmission mechanisms (droplets, contact, aerosols for certain procedures); and
   ii. Healthcare facilities should be designed to allow adequate ventilation (natural or mechanical, as needed) and perform regular surface cleaning and disinfecting to prevent transmission of pathogens.

- On 23 June, the MoH and WHO convened a webinar on 'Waste Management during COVID-19'. The Ministry of Environment and Forestry, the MoH and WHO presented current policies on solid and liquid waste management, water, sanitation and hygiene as well as the use of incinerators and autoclaves (Fig. 17). A total of 512 participants from Province and District Health Offices from East Kalimantan and West Java provinces joined the webinar; and 4 378 persons streamed on YouTube. This webinar was the first of a series on this topic that will be conducted for all 34 provinces.
WHO is regularly sharing important health messages on the website and social media platforms – Twitter and Instagram, and has recently published:

i) An information note on COVID-19 and tobacco
ii) A video on breastfeeding and COVID-19
iii) Three videos on mental health: depression due to COVID-19
iv) Three sets of infographics on the ‘new normal’ scenario
v) A factsheet on COVID-19 and tobacco use (Fig. 18)

Figure 18: WHO translated and published a factsheet on COVID-19 and tobacco use, available online, June 2020
WHO published a series of questions and answers in Indonesian, regarding the use of masks to further reiterate and support the updated guidance that was published on 09 June and recommends the following measures:

i) In areas with community transmission, people aged 60 years or over, or those with underlying conditions, should wear a medical mask in situations where physical distancing is not possible; and

ii) Governments should encourage the public to wear masks where there is widespread transmission and physical distancing is difficult, such as on public transport, in shops or in other confined or crowded environments.

WHO is supporting Indonesia to participate in WHO Solidarity II, a global collaborative platform to build a robust evidence base for SARS-CoV-2 infection. This month, Indonesia committed to implementing a population-based age-stratified sero-epidemiological study as part of this evidence base. The study will involve more than 10,000 participants from 17 provinces and aims to estimate the national seroprevalence of antibodies to COVID-19. Through Solidarity II, Indonesia joins a global collaboration for serologic investigations to support the national COVID-19 response and decision-making, and to advance global understanding of COVID-19 epidemiology and control measures.

WHO is supporting the MoH for programme analysis of various essential health services to maintain their continuity during the pandemic. Highlights of the immunization programme are presented below:
Impacts of COVID-19 on the immunization programme in Indonesia:

i. Decline in vaccination coverage for selected vaccine-preventable diseases (VPD), ranging from 10 to 40% across different vaccines, in 2020 compared to 2019 during the period of March to April (Fig. 19).

![Figure 19: Cumulative coverage of routine immunization between March – April in 2020 compared to the same period in 2019. Source: Expanded Programme on Immunization (EPI) Unit, Ministry of Health (unpublished data)](chart)

- BCG: Bacillus Calmette–Guérin vaccine against meningitis and disseminated tuberculosis in children
- HB0: Hepatitis birth dose to prevent hepatitis-B transmission from mother to child
- OPV 4: Oral Polio Vaccine
- DPT-HB-HiB 1: Vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B – 1st dose
- DPT-HB-HiB 3: Vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B – 3rd dose
- MCV2: Measles-containing-vaccine – 2nd dose

ii. Immunization officers have been repurposed to the COVID-19 response. Health staff responsible for vaccination are concerned about contracting COVID-19 while performing immunization services.

iii. The large-scale social restrictions (PSBB) have led to a decline in vaccination services in many regions due to limitations in movement and closure of transportation.
iv. A significant decline in vaccine-preventable surveillance case reporting between January and June 2020 in comparison to the same period in 2019 was observed as follows: 68.0% for diphtheria, 57.0% for acute flaccid paralysis, 80.0% for measles with a 37.0% decrease in laboratory confirmed cases that are not measles or rubella (discarded cases).

To mitigate the impact of COVID-19 and maintain essential immunization programmes, the Government, WHO and partners are carrying out the following interventions:

i. Coordination of stakeholders across the country via webinars to address challenges and find solutions to maintain immunization programmes and VPD surveillance. Province and District Health Offices, the Indonesian Paediatric Society and various professional organizations have been joining the webinars.

ii. Sharing of WHO technical guidance on continuity of immunization programmes in the context of COVID-19 and ensuring that MoH guidance is in line with WHO recommendations.

iii. Development and dissemination of information, education and communication (IEC) materials to generate demand for immunization services during the COVID-19 pandemic (Fig. 20).

Figure 20: Webinars to disseminate information, education and communication (IEC) materials to generate demand for immunization services during the COVID-19 pandemic in Papua and South Sulawesi. Credit: WHO
iv. Mapping and analysis of unvaccinated/at-risk children and periodic feedback to subnational level programme managers.

v. Request support from the Ministry of Home Affairs to ensure continuity of immunization services by encouraging reopening of community health posts (posyandu), where feasible.

PARTNER COORDINATION

- On 20 June, WHO convened the eleventh weekly meeting of key development partners to discuss and coordinate COVID-19 response interventions. The Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), the Canadian Embassy, the European Union (EU), the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP), the United States Agency for International Development (USAID), US CDC, and the World Bank joined the meeting. Partners expressed concern about the confirmed COVID-19 cases and deaths among children; UNICEF and WHO continue to have weekly meetings with the Indonesian Paediatric Society to discuss the matter further. Partners share a mutual concern over difficulty to retrieve data for analysis of the situation, and plan to initiate maintaining a factsheet for publicly available data between agencies.
Overall funding request for WHO operations and technical assistance is US$ 46 million (27 million for response and 19 million for recovery phase), based on estimated needs as of June 2020 (Fig. 21).

Figure 21: WHO funding situation for COVID-19 response, June 2020

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.
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:
- Doing things that matter
- Considerations for school-related public health measures
- Cleaning and disinfection of environmental surfaces
- Guiding principles for immunization activities during the COVID-19 pandemic
- Maintaining a safe and adequate blood supply during the COVID-19 pandemic
- Advice for the use of immunodiagnostics tests (point-of-care) in health facilities

Infographics:
- The ‘new normal’
- World Blood Donation Day
- Domestic violence
- Staying healthy in the workplace
- Quarantine and self-monitoring
- Mental health
- Food safety
- Keep cool – health advice in hot weather
- Physical distancing is not social isolation
- Safe grocery shopping and food safety
- Medical workers: super heroes
- Healthy at home (Home ‘Dos’)
- Recognize and response
- A selection of myth-busters

Videos:
- Breastfeeding and COVID-19
- Depression due to COVID-19
- Children hand washing and staying mentally healthy
- Healthy at home
- Message for health workers

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