As of 07 October, the Government of Indonesia announced 315 714 (4 538 new) confirmed cases of COVID-19, 11 472 (98 new) deaths and 240 291 recovered cases from 498 districts across all 34 provinces¹.

WHO supported a training convened by DKI Jakarta Province Health Office (PHO) to strengthen contact tracing (page 14).

WHO is supporting Wahana Visi Indonesia to conduct a series of webinars for healthcare workers in West Kalimantan on risk communication and community engagement (page 20).

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¹ https://infeksiemerging.kemkes.go.id/
The Indonesian Medical Association (IDI) stated that the health of 25 million toddlers in Indonesia could be at risk as the COVID-19 pandemic has disrupted services provided by integrated community health posts (posyandu). The disruption has caused millions of children to lose access to regular immunization, vitamin A supplementation and growth and developmental monitoring and screening. Recent data from the Ministry of Health (MoH) revealed that 89.3% of basic services provided by posyandu were suboptimal during the pandemic; for example, many pregnant women were unable to receive sufficient prenatal care. IDI urged the regional administrations to prioritize basic healthcare for children and pregnant women by continuing posyandu services.

The national COVID-19 Task Force has requested the National Population and Family Planning Board (BKKBN) to assist in communicating messages on the 3M health protocols: ‘menggunakan masker’ (mask-wearing), ‘mencuci tangan’ (hand-washing) and ‘menjaga jarak’ (maintaining distance). BKKBN plans to involve around 22,000 family planning consultants to educate families, individuals and communities in all 34 provinces about the importance of practicing the 3M protocols. Additionally, they will educate the community on ‘iman’ (faith), ‘aman’ (safety) and ‘imun’ (improving their immunity system). The Task Force believes that the public needs to know the benefits of the 3M practices because their actions are based on beliefs.

As of 02 October, isolation centres in towers four and five of Wisma Atlet in Jakarta had 1,984 out of 3,116 isolation beds occupied (63.7% bed occupancy rate). Meanwhile, Hotel Mangga Besar in West Jakarta and Ibis Style Hotel Mangga Dua in Central Jakarta ran out of available rooms to accommodate asymptomatic COVID-19 patients. The two hotels can accommodate 140 and 212 people, respectively. The Jakarta administration is currently preparing the Jakarta Islamic Centre in North Jakarta, Graha Wisata at Taman Mini Indonesia Indah in East Jakarta and Graha Wisata Ragunan at Jaya Raya Ragunan Sports Center in South Jakarta for isolation of additional asymptomatic patients.

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• On 07 October, 4,538 new and 315,714 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). During the week of 28 September to 04 October, there were 28,285 new cases (Fig. 3); an average of 4,041 new cases per day, a decline compared to 4,362 per day for the previous seven days.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 07 October 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 04 October 2020. Source of data
As of 07 October, 59.5% of confirmed cases were in Java: DKI Jakarta, East Java, West Java, and Central Java are the four top provinces in terms of number of confirmed cases. South Sulawesi is the only province outside Java that is among the top five provinces in terms of number of confirmed cases. The cumulative number of confirmed COVID-19 cases by province is shown in Figure 4.

Figure 4: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 07 October 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 biggest national makeshift hospital for COVID-19; some patients may not be residents of DKI Jakarta. The same may apply to other provinces.
As of 07 October, DKI Jakarta’s mortality rate of 172 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, North Sulawesi and Bali (Fig. 5).

Figure 5: Cumulative deaths per one million population by province in Indonesia, as of 07 October 2020.

Source of data

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included; however, as per the WHO definition, 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.
• As of 07 October, the daily numbers of specimens and people tested were 44,212 and 32,167, respectively. As of the same day, the daily number of suspected cases was 142,213 (Fig. 6). There was a decline in the number of people tested from 01 to 05 October which may have led to the decrease in number of confirmed COVID-19 cases. The gap between suspected cases and people tested remains wide, therefore, it is crucial to increase laboratory capacity to ensure testing of all suspected cases. The use of antigen-detecting rapid diagnostic tests (Ag-RDT) could be an option to scale-up the testing capacity for COVID-19. WHO shared a list of Ag-RDTs with MoH from the WHO Emergency Use Listing for In Vitro Diagnostics (IVDs) Detecting SARS-CoV-2.

![Figure 6: The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 01 June to 07 October 2020.](source of data)

Disclaimer: Due to the transition to a new data management application, there may have been reporting issues in timing. Therefore, on certain days the number of specimens tested is almost the same as the number of suspected cases tested, which might not have been the situation.
### Table 1: Assessment of epidemiological criteria for six provinces in Java for the three-week period from 14 September to 04 October 2020.

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</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>No</td>
</tr>
<tr>
<td>West Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak may differ for each province (see Figs. 7 to 12 for details)

**decrease in deaths is calculated from 14 September to 04 October 2020 (see Fig. 14 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% for three weeks since the latest peak. (Figs. 7 to 12).
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 04 October 2020. [Source of data](who.int/indonesia)

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 04 October 2020. [Source of data](who.int/indonesia)
Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 04 October 2020. [Source of data]

Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 04 October 2020. [Source of data]
Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 04 October 2020. Source of data

Figure 12: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 04 October 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

- East Kalimantan has started publishing data on the number of people tested for COVID-19 using PCR (polymerase chain reaction). 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 Yogyakarta, DKI Jakarta, West Sumatra, East Kalimantan and West Papua for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 13).

Figure 13: Positivity rate of samples, and people tested per 1,000 population per week:
Week 1: 14/09/20 - 20/09/20; Week 2: 21/09/20 - 27/09/20; Week 3: 28/09/20 - 04/10/20

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: Indonesia, Yogyakarta, DKI Jakarta, West Sumatra, South Sumatra, Central Kalimantan, East Kalimantan, West Papua

Note: Due to a limitation in data, other provinces could not be evaluated.
Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last 3 weeks

DKI Jakarta

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-Confirmed-Case</th>
<th>Other death with COVID-19 protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>327</td>
<td>151</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>339</td>
<td>131</td>
</tr>
<tr>
<td>28/09/20 - 04/10/20</td>
<td>362</td>
<td>69</td>
</tr>
</tbody>
</table>

West Java

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-Confirmed-Case</th>
<th>Death-Probable-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>93</td>
<td>70</td>
</tr>
<tr>
<td>28/09/20 - 04/10/20</td>
<td>23</td>
<td>93</td>
</tr>
</tbody>
</table>

Central Java

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>127</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>137</td>
</tr>
<tr>
<td>28/09/20 - 04/10/20</td>
<td>91</td>
</tr>
</tbody>
</table>

Yogyakarta

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>8</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>7</td>
</tr>
<tr>
<td>28/09/20 - 04/10/20</td>
<td>10</td>
</tr>
</tbody>
</table>

East Java

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-Confirmed-Case</th>
<th>Death-Probable-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>34</td>
<td>2</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>28/09/20 - 04/10/20</td>
<td>37</td>
<td>2</td>
</tr>
</tbody>
</table>

Banten

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-Confirmed-Case</th>
<th>Death-Probable-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>28/09/20 - 04/10/20</td>
<td>18</td>
<td>2</td>
</tr>
</tbody>
</table>
Figure 14: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 14 September to 04 October 2020 in six provinces in Java. Source of data: DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, 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.

- None of the provinces in Java have shown a decrease in the number of deaths among confirmed and probable cases for the last three weeks. DKI Jakarta had a higher number of deaths following the COVID-19 protocol compared to deaths among confirmed cases.

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 had gradually decreased until 07 July; from 08 July, it increased until the end of July, plateauing in August and was on the rise again in September. The number of cases hospitalized increased until 16 September and then declined until 01 October. Since that date there has been a slight increase (Fig. 15).

Figure 15: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 04 October 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
PUBLIC HEALTH SURVEILLANCE CRITERIA TO ASSESS COVID-19 TRANSMISSION

- **Public health surveillance criteria** indicators include that: 90% of suspected cases are isolated and confirmed/released within 48 hours of symptom onset; and at least 80% of new confirmed cases have their close contacts traced and quarantined within 72 hours of confirmation. There is no benchmark for the number of close contacts that need to be traced per confirmed case as this depends on how quickly the confirmed case is isolated to minimize contact with others.

- On 01 October, DKI Jakarta Province Health Office (PHO) conducted a training for volunteers to strengthen contact tracing efforts. The volunteers were recruited by the United States Agency for International Development (USAID) LINKAGES project. WHO, as the main technical resource, presented the basic principles to reduce COVID-19 transmission, effective communication for contact tracing and steps in conducting contact tracing, including appropriate use of personal protective equipment (PPE). A total of 100 participants from LINKAGES, representatives of health centres in Jakarta, partners, and representatives from the Directorate General of Disease Prevention and Control participated in the training. Given that these efforts successfully enhance contact tracing, the training programme will be scaled up to more provinces and involve larger numbers of volunteers.

SEROEPIDEMIOLOGICAL STUDY

- Since July, WHO has been providing technical assistance in developing the study protocol, logistics and resource mobilization for the seroepidemiological study (details can be found in WHO Situation Report 25, pages 14-16). On 25 September, WHO supported the second virtual orientation meeting for 17 PHOs and 69 District Health Offices in collaboration with the Directorate of Communicable Diseases Prevention and Control, MoH. Before data collection begins, pre-testing in the field will take place to identify any gaps in the questionnaire, estimate the required time for an interview, and revise the questionnaire and procedures as needed. The field pre-testing will be carried out in DKI Jakarta over 1-2 days during October.
As reported by the government on 07 October, the daily number of people tested for COVID-19 with PCR was 32 167 and the cumulative number of people tested was 2 177 675 (Fig. 16). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 76.1% (Fig. 17), and there were 63 951 active cases\(^5\).
• On 29 September and 02 October, WHO met with the National Institute of Health Research and Development (NIHRD) to discuss the preliminary results of the external quality assessment (EQA) as part of strengthening quality assurance for PCR testing. During the meeting it was discussed that not all laboratories in the COVID-19 laboratory network had sent their samples for validation and participants agreed it is essential to encourage laboratories to comply. A follow-up meeting will be conducted to incorporate the EQA results into the NIHRD laboratory data dashboard for public information.

COVID-19 AND ELDERLY HEALTH

• Globally, the case fatality rate for COVID-19 is approximately 3.5% for all ages but 12.0% for those aged 65 and older. In Indonesia, as of 04 October, 10.6% of the confirmed COVID-19 cases were people 60 years of age or older. In addition to the direct risk from COVID-19, older people experience challenges in accessing health care services.

• WHO and other UN agencies commemorated the International Day of Older Persons on 01 October through a virtual event with the theme: ‘Pandemics: Do They Change How We Address Age and Ageing?’. The event highlighted that older persons are confronted with higher risks during COVID-19 and that policy and programmatic interventions should target raising awareness of their needs. The event also promoted the Decade of Healthy Ageing (2020-2030) to bring together UN experts, civil society, government and the health professions to discuss the five strategic objectives of the Global Strategy and Action plan on Ageing and Health while noting the progress and challenges in their realization. In her speech on the same day, the WHO Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, urged all governments, civil society and other stakeholders and partners to come together for concerted, catalytic and collaborative action to improve the lives of older people, their families and communities.

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6 https://www.who.int/southeastasia/news/speeches/detail/un-international-day-of-older-persons
7 https://covid19.go.id/peta-sebaran - 4.1% data were not age-disaggregated
On 22 September, Indonesia commemorated the International Day of Older Persons through a webinar which was attended by more than 500 people, and streamed on Facebook and YouTube. During this event, the Minister of Health launched the National Action Plan on Elderly Health 2020-2024 which was recently developed by MoH with support from WHO and several key stakeholders including universities, hospitals and primary healthcare centres (puskesmas), professional associations and civil society organizations focusing on ageing and health. The National Action Plan is aligned with the Decade of Healthy Ageing (2020–2030) and is a reference document for governments at national and local levels, as well as other key stakeholders, to coordinate and implement the required interventions through an integrated approach. The six strategies of the National Action Plan are as follows:

i. Developing and disseminating policies, regulations, norms, standards, procedures, and criteria regarding elderly health services;

ii. Increasing quantity and quality of healthcare facilities and access to healthcare services, including long-term care, that are friendly to the elderly;
iii. Building and developing partnerships and networks for the implementation of elderly health services that are cross-programme and cross-sectoral, and involve professional organizations, educational institutions, research institutes, non-governmental organizations, entrepreneurs, mass media and other related stakeholders;

iv. Increasing availability of data and information on elderly health;

v. Enhancing participation and empowerment of families and communities to improve elderly health; and

vi. Enabling older persons to recognize their roles and responsibilities and increasing their engagement to improve their health.

- WHO published a series of infographics on ‘Older adults and COVID-19’ illustrating tips for an active lifestyle and to strengthen the immune system, in English and Indonesian.

Figure 19: An infographic from the series ‘Older adults and COVID-19’, September 2020
WHO conducted a series of webinars on ‘COVID-19 and Elderly Health’ during June and July 2020 on the following topics to minimize the impact of COVID-19 on older people:

i. Implementation of ‘WHO Guidelines on Integrated Care for Older People’ during COVID-19, with focus on caregivers;

ii. Information for the elderly to remain healthy and continue activities to stay active during COVID-19;

iii. Psychosocial and environmental support for elderly and pre-elderly; and

iv. Integrated geriatric health services in hospitals.

WHO and partners convened an event in late July to discuss practical actions that countries can take at local, national and regional levels to address the needs of older persons, and to support the Decade of Healthy Ageing (2020-2030). WHO also published a document on COVID-19 and violence against older people to inform and advocate for national action by governments, health providers, communities and older persons themselves.

Figure 20: An older person getting his blood sugar checked for diabetes; the photo dates from before the COVID-19 pandemic. WHO calls on everyone to support older people and promote healthy ageing. Credit: WHO
On 02 October, WHO participated in a meeting with the MoH and the COVID-19 Task Force to identify contact tracing needs to accelerate COVID-19 tracing and testing in priority provinces. The participants acknowledged that there is stigma associated with people who are listed contacts of a confirmed case, which in turn leads to a rejection of testing and isolation. Therefore, it is crucial to reduce stigma as well as strengthen the health promotion strategy to educate communities to adhere to health protocols.

WHO is supporting Wahana Visi Indonesia (WVI) to conduct a series of webinars on Risk Communication and Community Engagement for health workers in West Kalimantan. The first webinar was conducted on 06 October. WHO provided technical support in the development of training modules and information, education and communication (IEC) materials produced for the province with specific target groups such as parents with children under five years old and teenagers.

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

- **Videos** on:
  - When to wash hands
  - Organizing small gatherings
  - Attending small gatherings
  - Avoid crowding in small gatherings

- **Infographics** on:
  - Guidance on preventing COVID-19 in public transportation, in collaboration with the Indonesia Global Compact Network (IGCN), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP)
  - How to prevent COVID-19 (Fig. 21)
On 02 October, WHO convened the nineteenth 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 British Embassy, the European Union (EU), the Japan International Cooperation Agency (JICA), the United Nations Children’s Fund (UNICEF), USAID, the US Centers for Disease Prevention and Control (US CDC), the World Bank, and the World Food Programme (WFP) participated in the meeting.

- WHO updated partners on epidemiological and health system criteria analyses; shared results from a survey on contact tracing; and explained key WHO interventions to support national counterparts with the pandemic response.
- DFAT has handed over 20 noninvasive ventilators to the government which have been deployed to East Java; another 80 will arrive in Indonesia within the next two weeks.
- UNICEF, in collaboration with MoH and WHO, rolled out a survey on COVID-19 vaccine acceptance. The survey closed on 30 September and results will be available shortly.
- USAID has collaborated with the John Hopkins University to translate a course on contact tracing into Indonesian for national capacity building.
- The World Bank shared findings from the ‘High-Frequency Phone Survey on COVID-19’. Notably, of the respondents who required the services, 25% couldn’t access immunization and 17% were unable to access tuberculosis care; closure of health facilities was reported as the primary reason for inaccessibility, followed by fear of contracting COVID-19.
- WFP completed a logistic capacity assessment for 14 provinces.

- 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 October 2020 (Fig. 22).

![Figure 22: WHO funding situation for COVID-19 response, October 2020](image.png)

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

Infographics:
- How children can wear fabric masks
- Be active
- Addressing domestic violence
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in workplace
- Substance abuse

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

Videos:
- Guidance at workplace
- Immunization during COVID-19
- Stay healthy at home
- How to protect yourself from COVID-19
- Take care in your workplace
- Safe travel during COVID-19
- COVID-19 is a virus not bacteria
- Health workers and stigma
- Managing stress

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