

Data as of: 15 July 2020

HIGHLIGHTS

- As of 15 July, the Government of Indonesia announced 80 094 confirmed cases of COVID-19, 3 797 deaths and 39 050 recovered cases from 463 districts across all 34 provinces¹.
- The fifth revision of the national guidelines on COVID-19 prevention and control was finalized on 13 July. The updated patient discharge criteria from the [WHO guidance](#) have been adopted (page 5).
- WHO has published a [scientific brief](#) on 'Transmission of SARS-CoV-2: implications for infection prevention precautions' which is being translated into Indonesian to be widely shared (pages 14-15).

Situation in Indonesia



Total confirmed cases
80 094



Total deaths
3 797



Total cases recovered
39 050



Total people tested
657 655



Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 09 to 15 July 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/>

GENERAL UPDATES

- On 09 July, there were 2 657 new confirmed cases of COVID-19 which is the highest number reported on a single day since the beginning of the pandemic. Out of those, a cluster of 1 280 people were from the Indonesian Army Officer Candidate School in West Java: 991 cadets and the rest staff and their family members. The Governor of West Java expressed regrets about the outbreak and urged residents to restrict their movements in and out of the neighbourhood where the academy is located until the outbreak is brought under control².
- The Governor of Jakarta, Anies Baswedan, stated that he will apply an 'emergency brake policy' and stop the transitional large-scale social restrictions (PSBB) if Jakarta sees an uncontrollable number of confirmed COVID-19 cases (if the daily number of infections double). He elaborated that in the past two weeks Jakarta has recorded three of its highest single-day surges in confirmed COVID-19 cases: on 05 July with 256 new confirmed cases, then 11 July with 359 and 12 July with 404 new infections. He demanded the public to strictly implement the predetermined government health protocols: wearing a face mask anywhere, anytime during any activity; maintaining a safe distance of at least one metre from others; and frequently washing hands with soap and water³.
- The European Union (EU) has signed three grant agreements worth 86 billion Indonesian Rupiah (approximately US\$ 6 million) with European and Indonesian NGOs working in partnership to help Indonesia contain the COVID-19 epidemic and its social and economic consequences. The projects aim to respond to the immediate health crisis and the resulting humanitarian needs of marginalized and high-risk populations; strengthening health, water and sanitation systems, as well as the country's capacity and preparedness to deal with the pandemic; mitigating the immediate social and economic consequences on vulnerable populations, including supporting the private sector with a focus on small and medium-sized enterprises; and government reforms to reduce poverty⁴.

² <https://www.straitstimes.com/asia/se-asia/nearly-1300-test-positive-for-virus-at-indonesian-military-academy>

³ <https://en.tempo.co/read/1364425/anies-baswedan-to-stop-transitional-psbb-if-necessary>

⁴ <https://en.antaraneews.com/news/152210/eu-signs-agreements-worth-rp86-billion-to-help-indonesia-on-covid-19>

SURVEILLANCE

- On 15 July, 1 522 new and 80 094 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 1 716 cases per day, compared to 1 473 per day for the previous seven days.

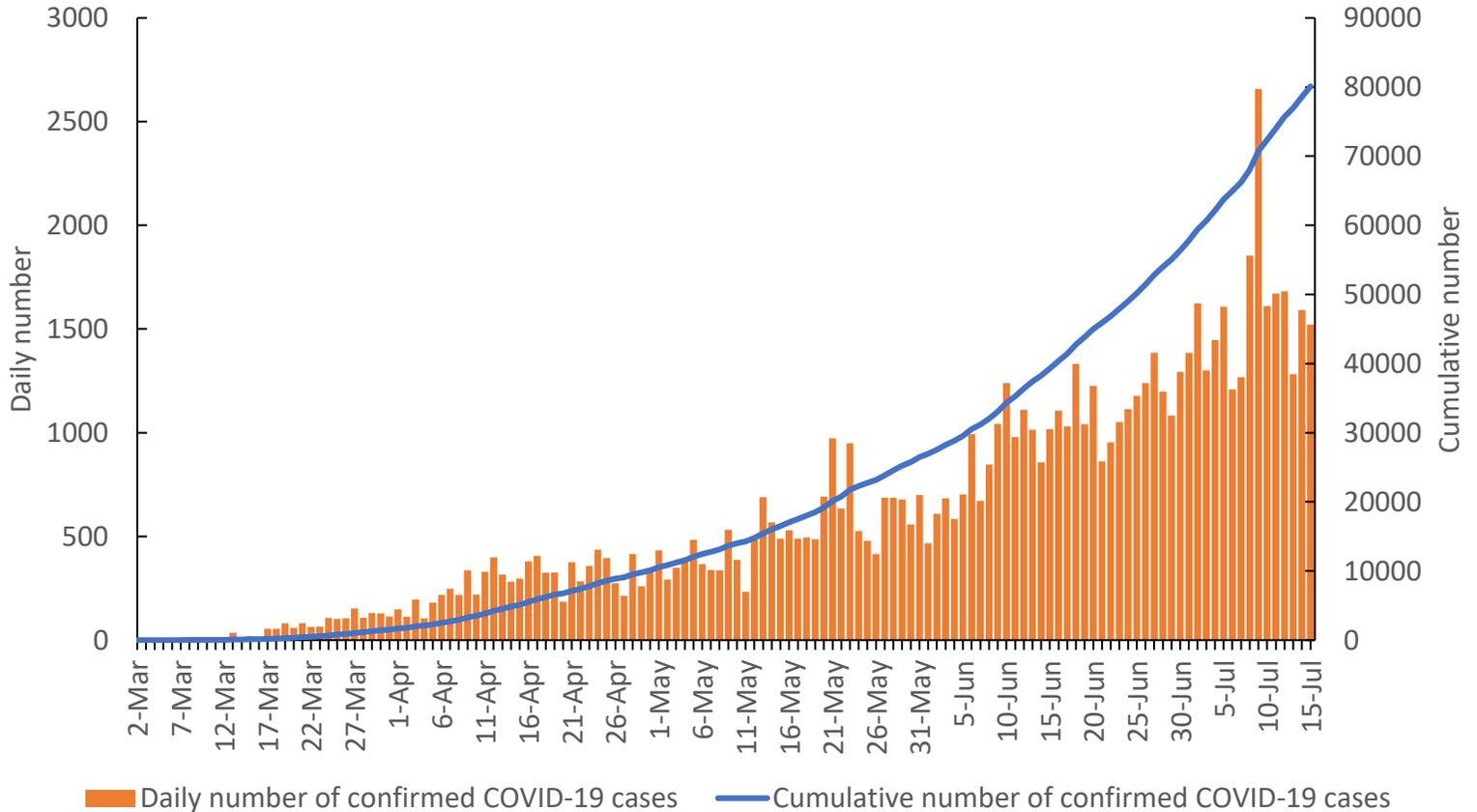


Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 15 July 2020.

[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 15 July, most confirmed cases were in East Java and Jakarta, followed by South Sulawesi, Central Java, West Java, South Kalimantan and South Sumatra. Java contributed to almost 60% of the total cases. The cumulative number of confirmed COVID-19 cases by province is shown in Fig. 3.

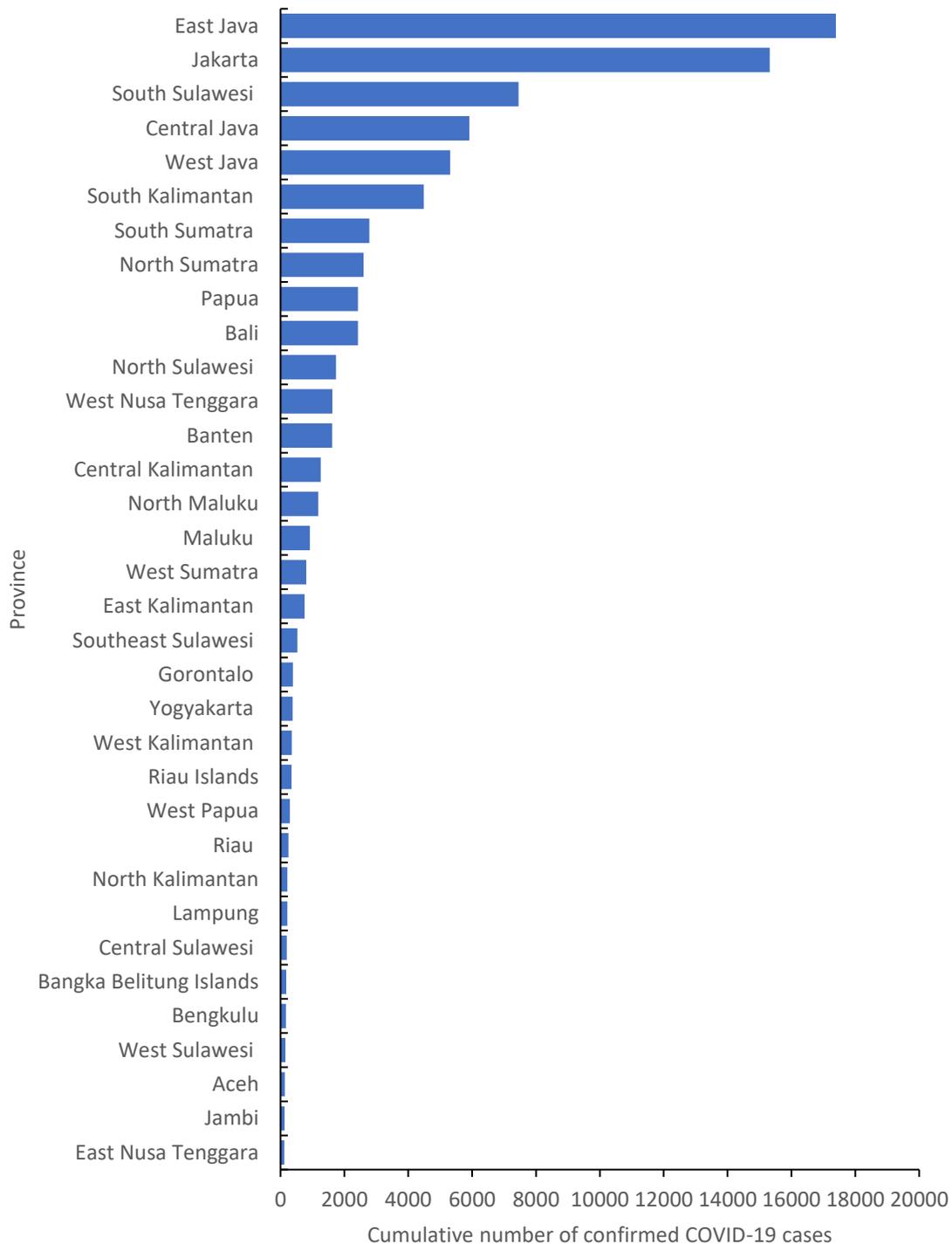


Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 15 July 2020. [Source of data](#)

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.

- On 11 July, WHO, the Directorate of Surveillance and Health Quarantine, the National Institute of Health Research and Development (NIHRD), and the COVID-19 Task Force had a meeting on optimizing testing capacity and strengthening the surveillance system at the subnational level. The three key recommendations were: (i) enhancing laboratory testing capacity; (ii) calculating the number of suspected cases that need to be tested in each district to meet the WHO target of testing 1 suspected case per 1 000 population per week; and (iii) improving contact tracing as part of the COVID-19 response plan.
- As of 15 July, the daily number of specimens tested remains higher than the number of suspected cases tested (Fig. 4). The Ministry of Health (MoH) has adopted the updated WHO criteria on patient discharge (from [‘Clinical management of COVID-19’](#) guidelines), in the fifth revision of the national guidelines on COVID-19 prevention and control that were finalized on 13 July. Consequently, an improvement in the diagnosis of suspected COVID-19 cases is expected, with a reduced gap between the numbers of specimens and suspected cases tested. Details can be found in [WHO Situation Report 15](#) (page 5).

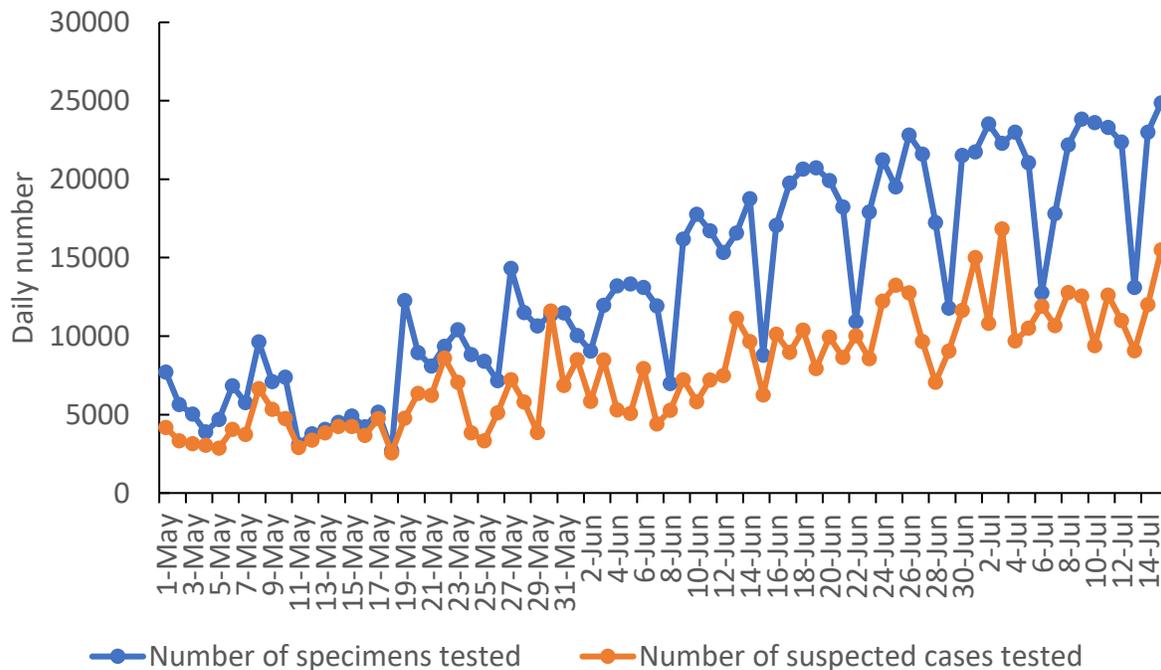


Figure 4: The number of specimens and the suspected COVID-19 cases tested in Indonesia, from 01 May to 15 July 2020. [Source of data](#)

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.

EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION

Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 22 June to 12 July.

Province	Decline in the number of confirmed COVID-19 cases since the latest peak*	Positivity rate (%) over 2 weeks**	Decrease in the number of confirmed and probable case deaths for the last 3 weeks***
Jakarta	Latest peak last week	More than 5%	No
West Java	Latest peak last week	Not applicable	No
Central Java	Less than 50%	Not applicable	No
Yogyakarta	Latest peak last week	Not applicable	No
East Java	Latest peak last week	Not applicable	No
Banten	More than 50% over the three-week period	Not applicable	Yes

*date of latest peak differs for each province (see Figs. 5 to 10 for details)

**positivity rate is calculated from 29 June to 12 July 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. 11 for details)

***decrease in deaths is calculated from 22 June to 12 July 2020 (see Fig. 12 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

- Banten is the only province in Java that has seen a decline in the number of confirmed COVID-19 cases of at least 50% for three weeks since the latest peak (Figs. 5 to 10).

Jakarta

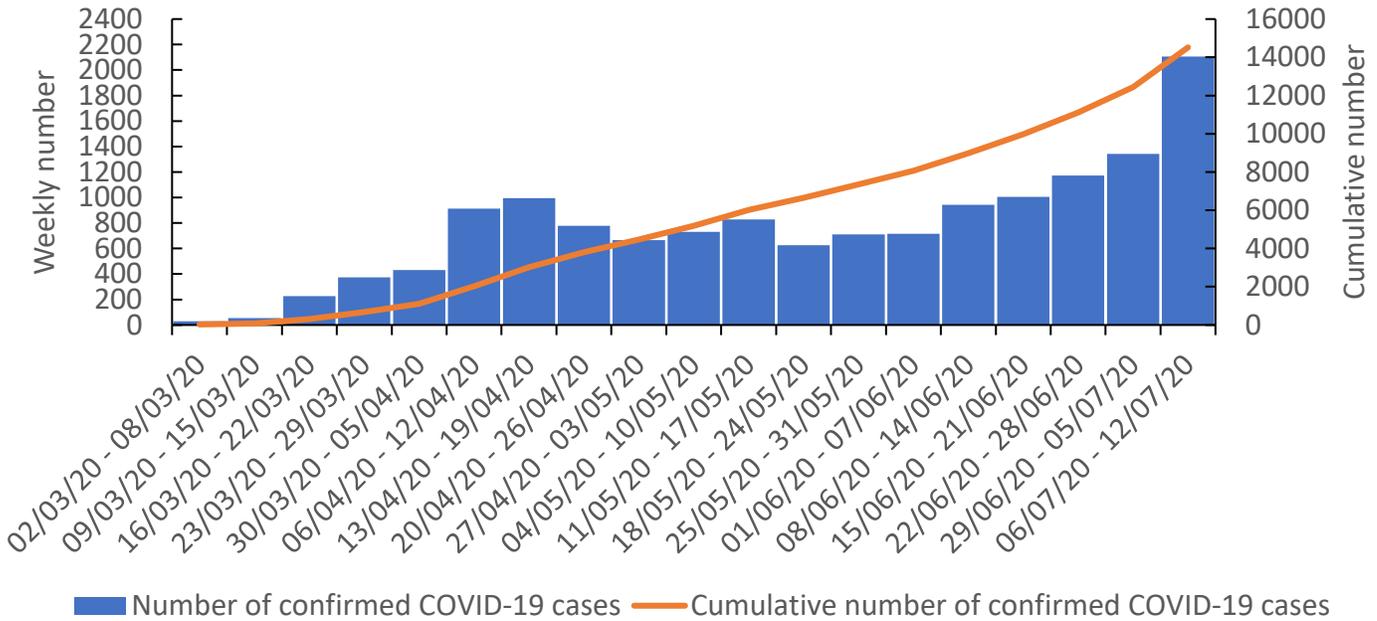


Figure 5: Weekly and cumulative number of confirmed COVID-19 cases in Jakarta, as of 12 July 2020. [Source of data](#)

West Java

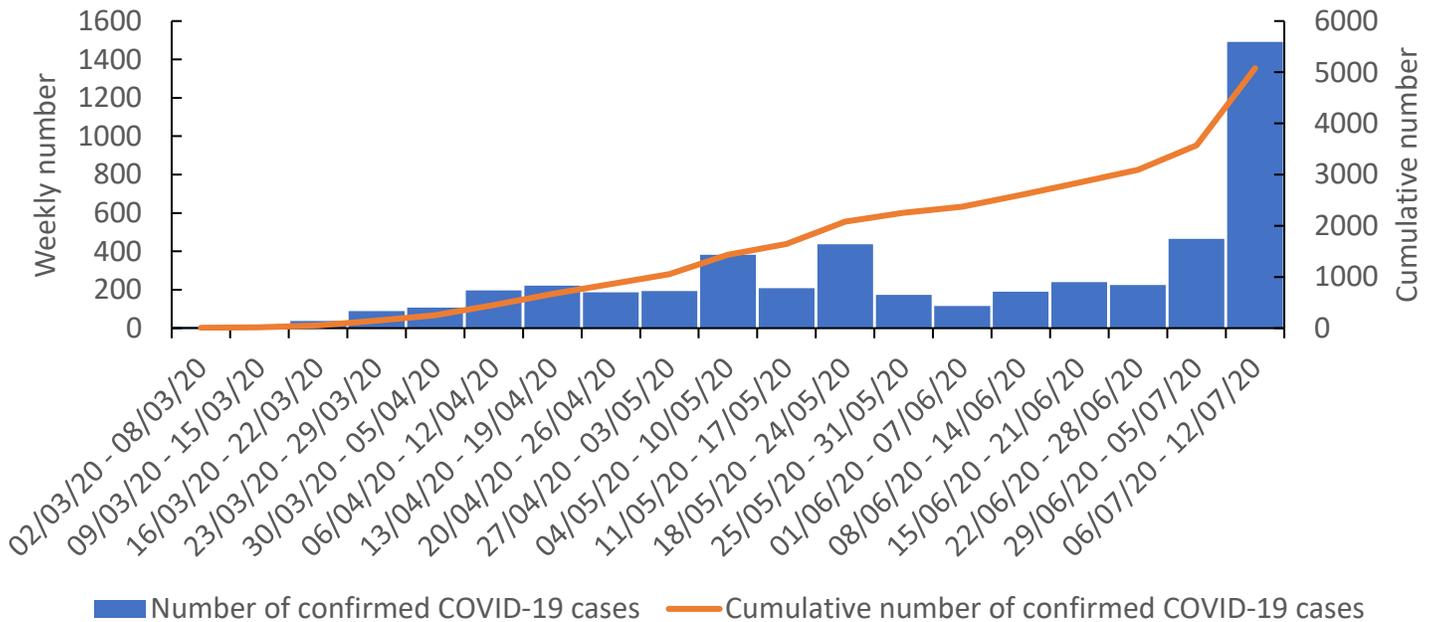


Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 12 July 2020. [Source of data](#)

Central Java

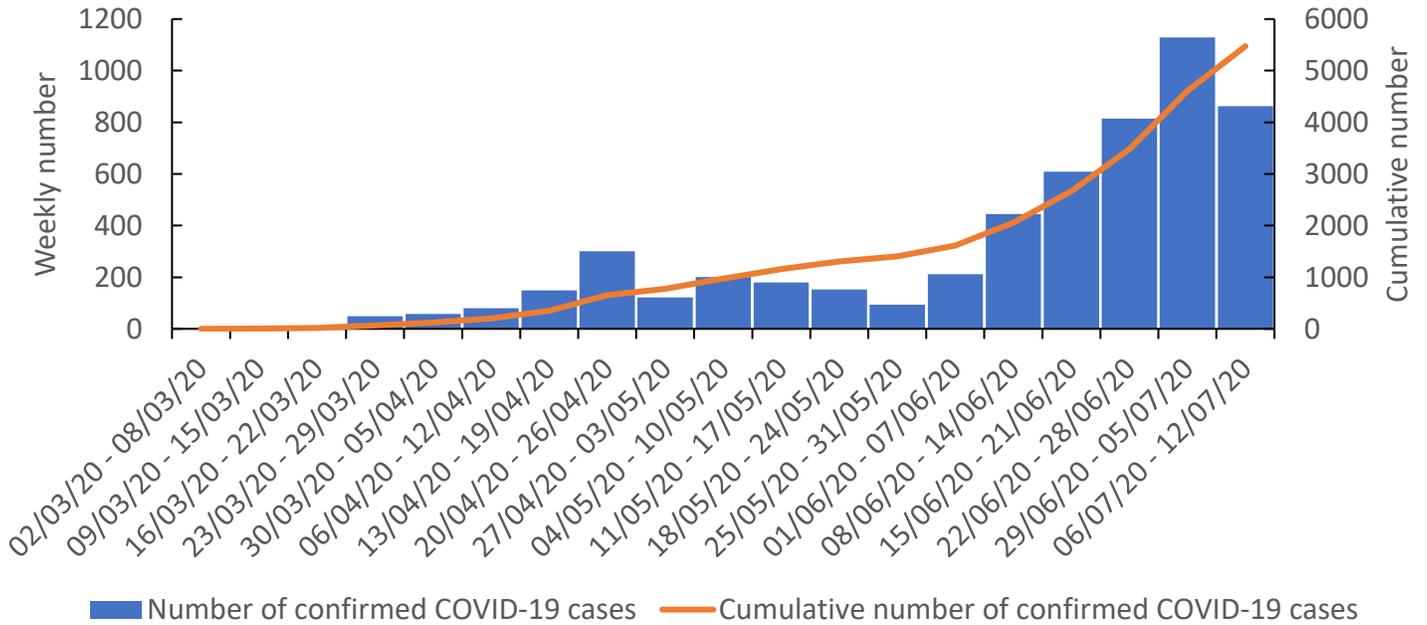


Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 12 July 2020. [Source of data](#)

Yogyakarta

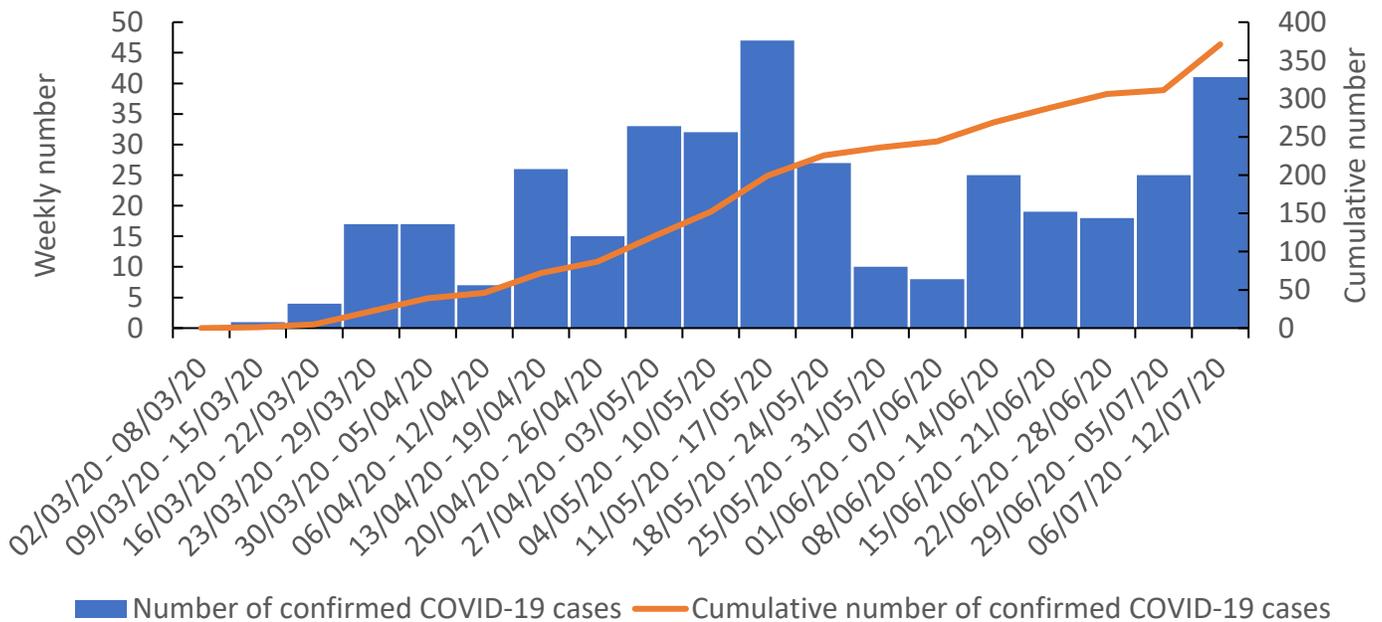


Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 12 July 2020. [Source of data](#)

East Java

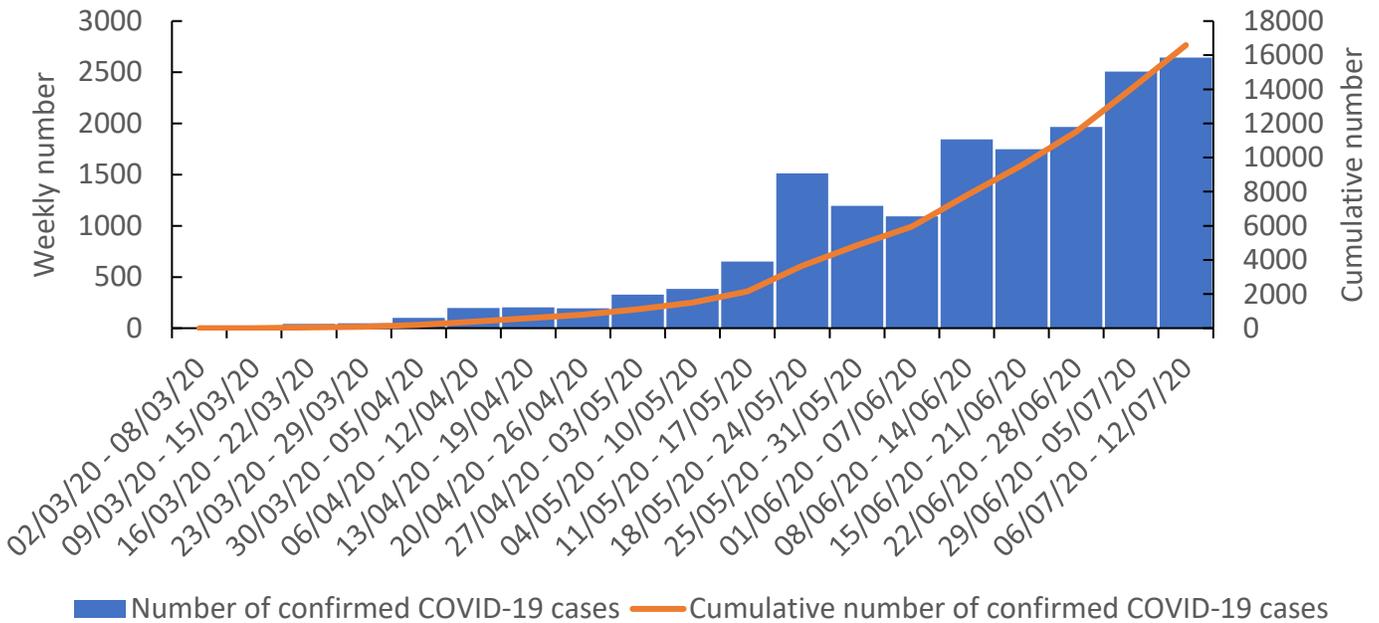


Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 12 July 2020. [Source of data](#)

Banten

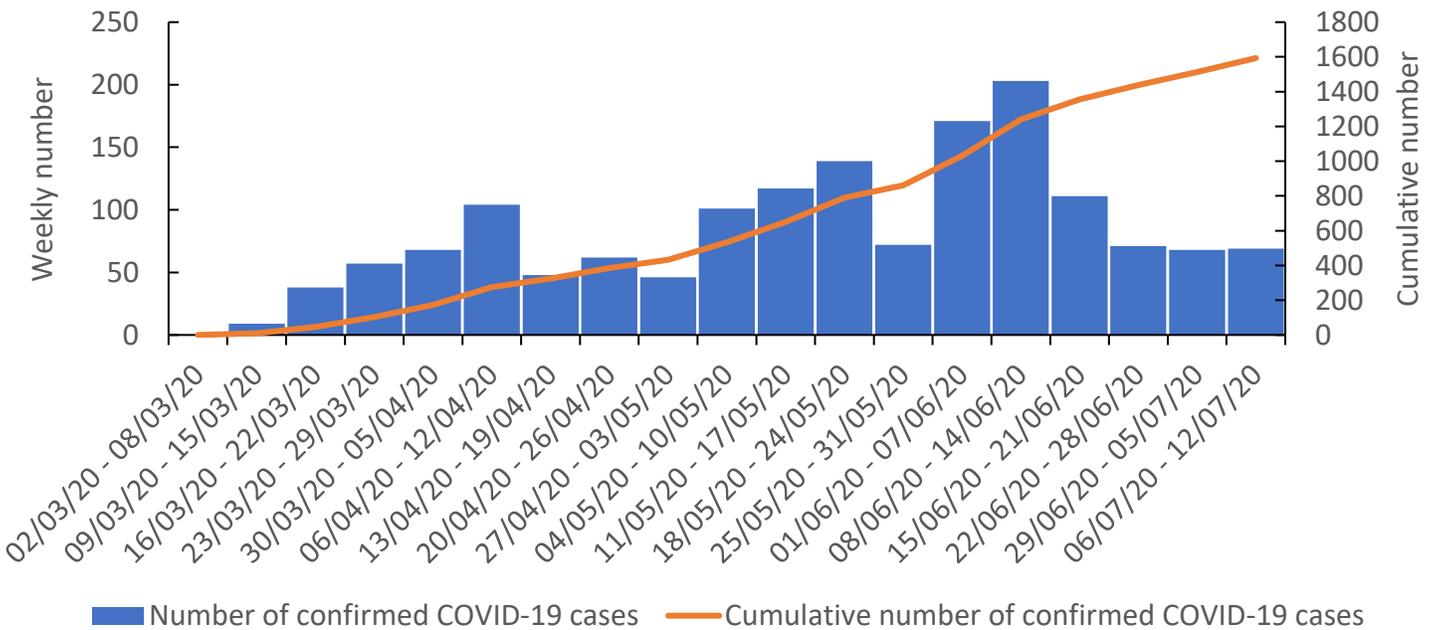


Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 12 July 2020. [Source of data](#)

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 of positive samples can be interpreted only with comprehensive surveillance and testing of suspected cases, in the order of 1 per 1 000 population per week. The only province in Java that has achieved this minimum case detection benchmark is Jakarta.

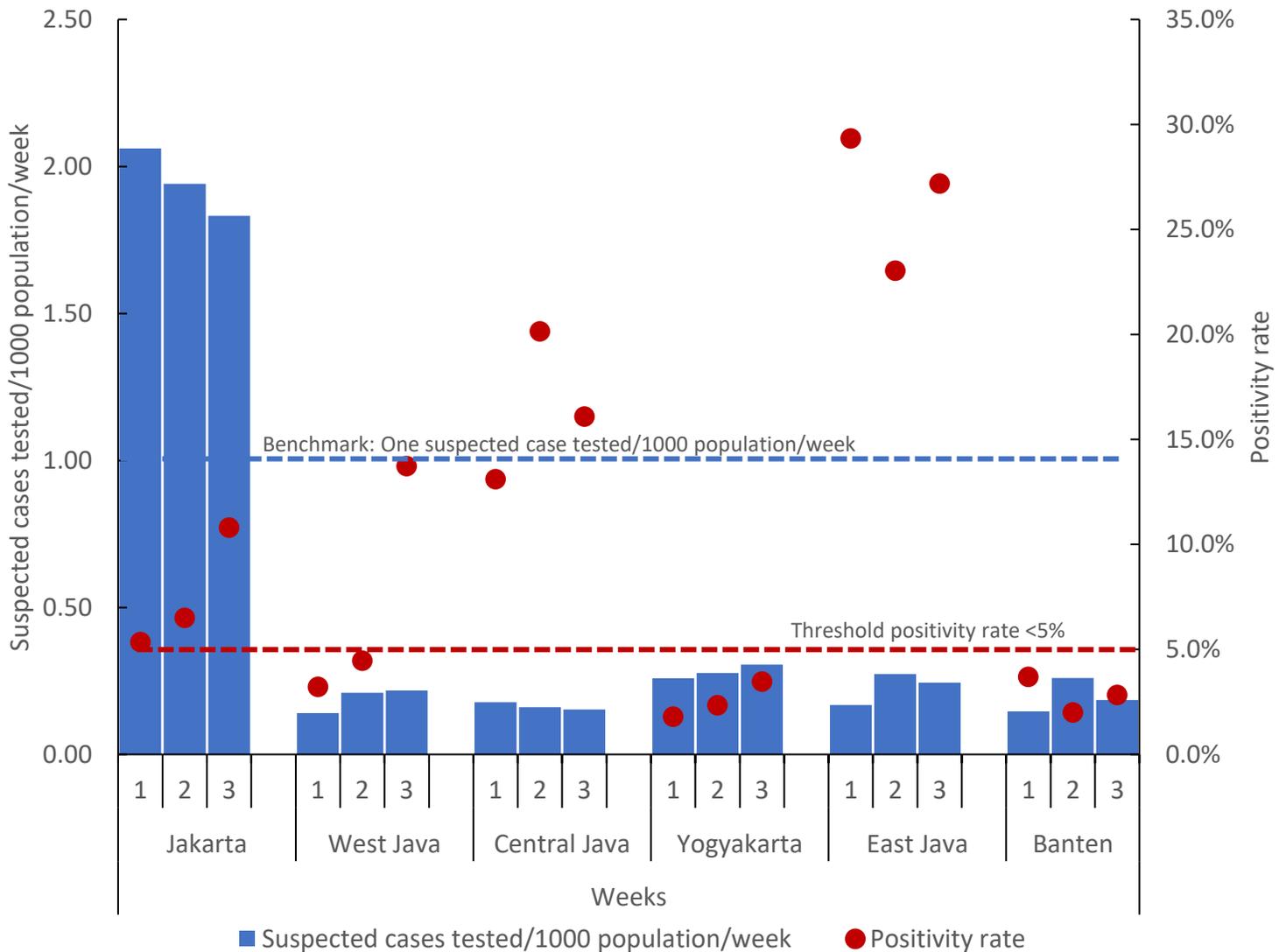
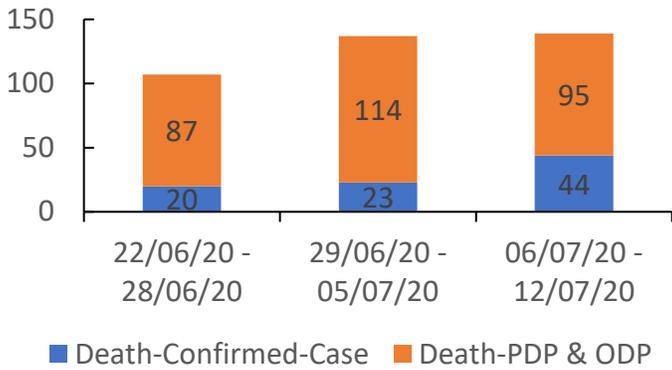


Figure 11: Positivity rate of cases, and suspected cases tested per 1 000 population per week: Week 1: 22/06/20 - 28/06/20; Week 2: 29/06/20 - 05/07/20; Week 3: 06/07/20 - 12/07/20

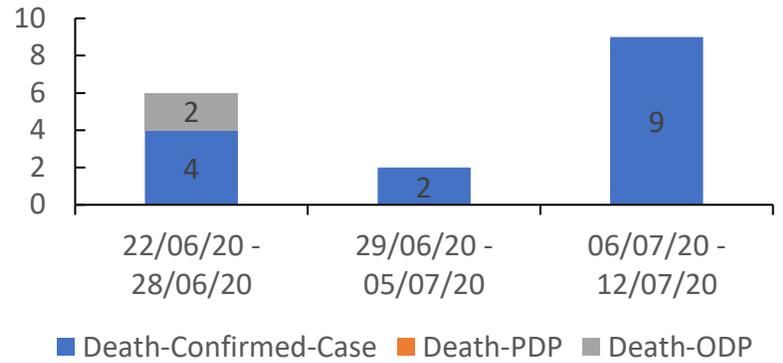
For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis. Source of data: [Jakarta](#), [West Java](#), [Central Java](#), [East Java](#), [Yogyakarta](#), [Banten](#).

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

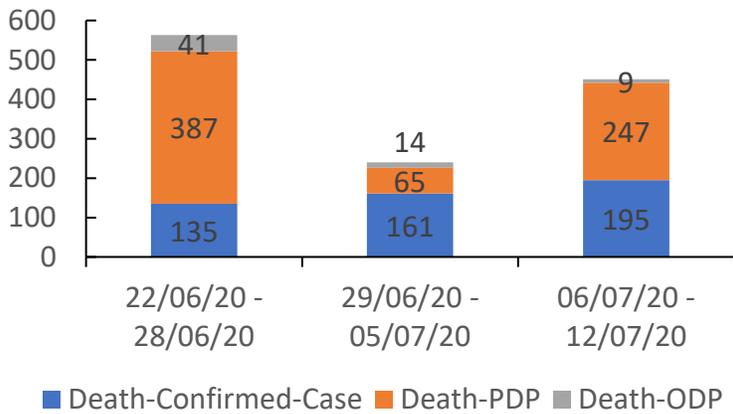
Jakarta



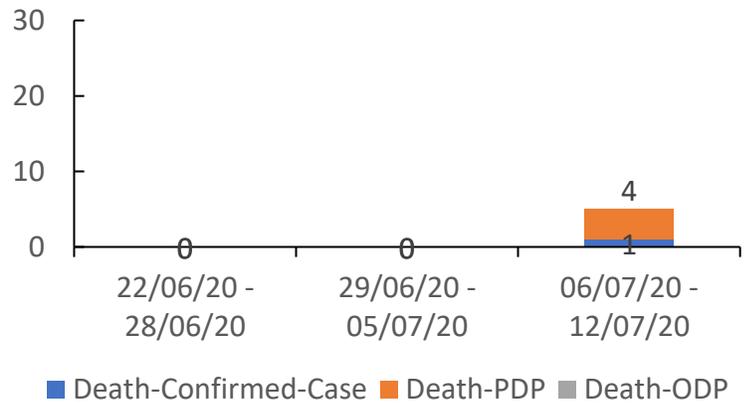
West Java



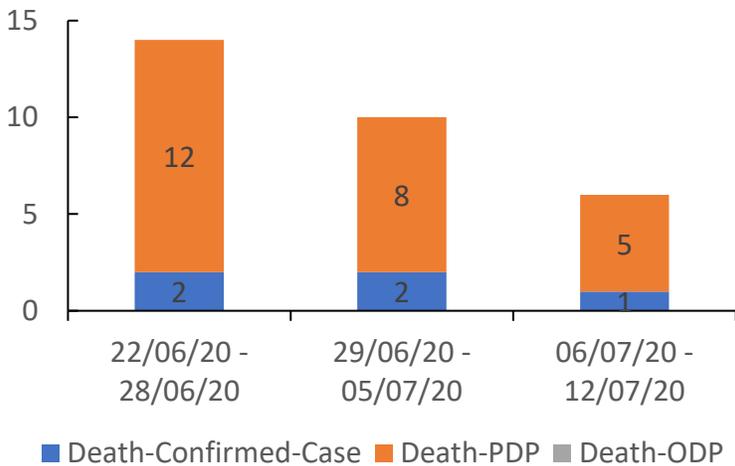
East Java



Yogyakarta



Banten



Central Java

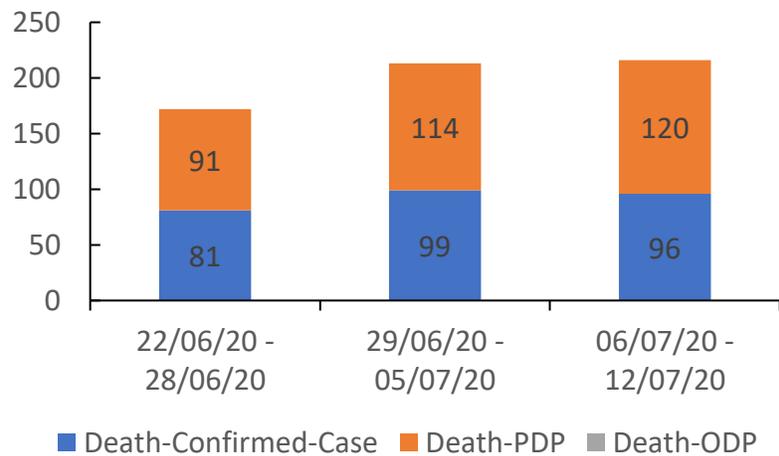


Figure 12: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last 3 weeks from 29 June to 12 July 2020 in six provinces in Java. *Source of data:* [Jakarta](#), [West Java](#), [Central Java](#), [East Java](#), [Yogyakarta](#), [Banten](#).

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.

- Deaths among patients under surveillance (PDP) have been substantially higher than deaths among confirmed COVID-19 cases in most provinces in Java (Fig. 12).

HEALTH SYSTEM CRITERIA TO ASSESS COVID-19 TRANSMISSION

- On 02 July, the Director General of Disease Prevention and Control, MoH, the spokesperson for COVID-19, mentioned during a press conference that the bed occupancy rate was 55% nationwide⁵. In some provinces, however, it was much higher, for example 72% in East Java⁶. As the number of cases continues to increase, as a precaution, quick actions need to be undertaken so the health system can cope with new hospitalizations without being overwhelmed while still maintaining the delivery of essential services. A monitoring system that captures details of the hospital occupancy and intensive care unit (ICU) admission rates due to COVID-19 needs to be strengthened to facilitate a swift response. Provinces with high bed occupancy rates should be alerted and requested to prepare a mitigation plan to cope with a potential sudden surge. Preparations should include ensuring sufficient staff, equipment and supportive care medicines in health facilities, the establishment of field hospitals, an increase in bed allocations and the repurposing of hospitals exclusively for COVID-19 care.

⁵ <https://republika.co.id/berita/qcu4n6382/yurianto-baru-separuh-kapasitas-rs-covid19-digunakan>

⁶ <https://www.liputan6.com/news/read/4296977/gugus-tugas-covid-19-kapasitas-ruang-isolasi-pasien-corona-jatim-masih-cukup>

PLANNING, RISK AND NEEDS ASSESSMENT

- WHO has been providing training to the Centre for Health Crisis Management, MoH, on the [Essential Supplies Forecasting Tool](#) (ESFT) since early April. The MoH convened a series of webinars from 08 to 10 July to mentor all provinces on ESFT to facilitate the estimation of needs for supplies and human resources based on respective clinical attack rates. As a result of WHO's intensive knowledge transfer, the MoH trained the provinces on ESFT independently, while WHO supported in answering questions from the provinces during the webinars.
- On 13 July, the fifth revision of the national guidelines on COVID-19 prevention and control were finalized by the MoH. In addition to the revised case definition and discharge criteria, the guidelines state the four transmission scenarios (no case, sporadic case, cluster and community transmission) and interventions needed as per the country context; the indicators for adjusting public health measures; and the discontinued use of rapid diagnostics tests (RDTs) for COVID-19 diagnostic purposes. From 15 to 21 July, WHO will support the MoH to disseminate the revised guidelines to all provinces.

LABORATORY

- As reported by the government on 15 July, the number of persons tested for COVID-19 with polymerase chain reaction (PCR) was 15 491 and the cumulative number of persons tested was 657 655 (Fig.13).

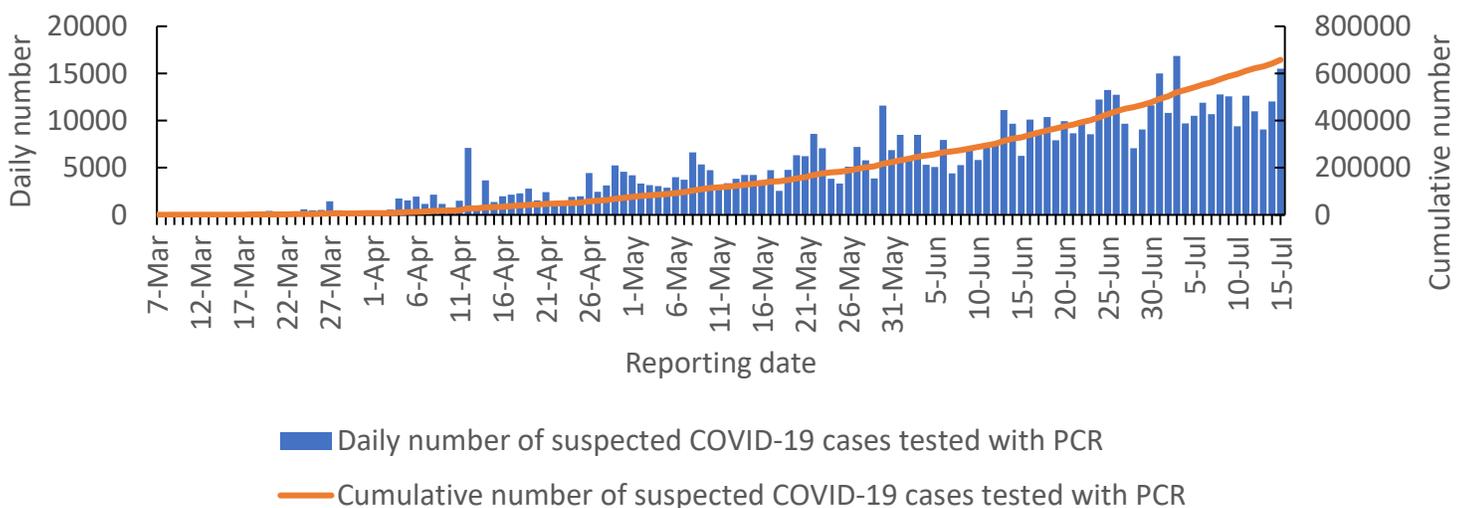


Figure 13: Daily and cumulative number of suspected COVID-19 cases tested with polymerase chain reaction (PCR) in Indonesia, as of 15 July 2020. [Source of data](#)

CASE MANAGEMENT

- As of 15 July, the proportion of people that recovered among the total confirmed cases was 48.8% (Fig. 14). As of the same date, there were 37 247 confirmed COVID-19 cases under care or in isolation⁷.

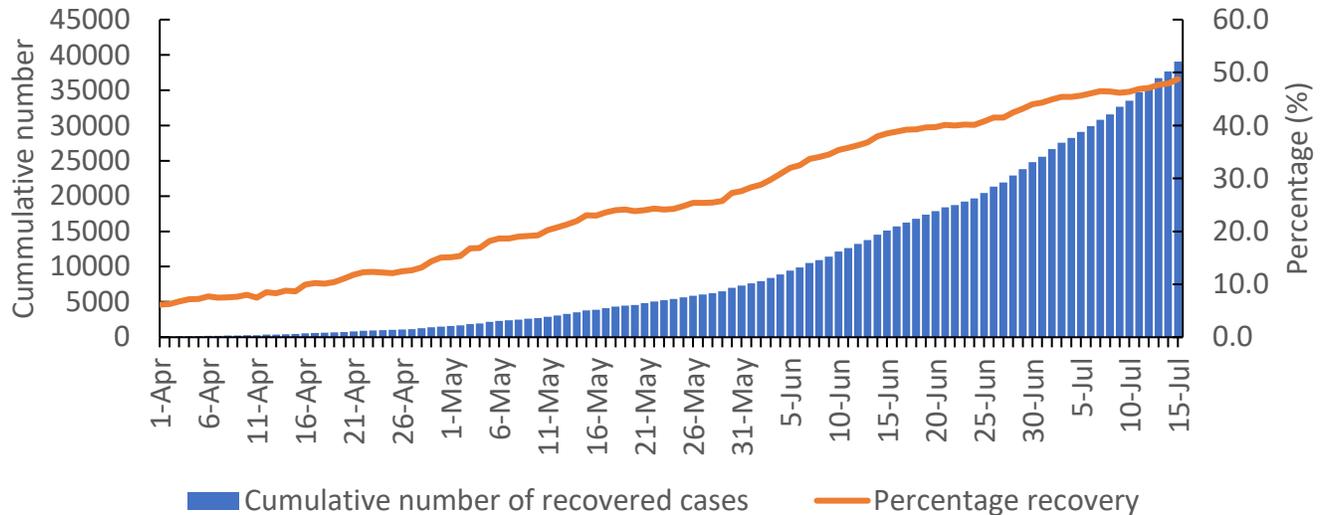


Figure 14: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 15 July 2020. [Source of data](#)

INFECTION PREVENTION AND CONTROL (IPC)

- On 09 July, WHO published a [scientific brief](#) on ‘Transmission of SARS-CoV-2: implications for infection prevention precautions’. This document is being translated into Indonesian and will be widely disseminated and published on the website to ensure that the public is well-informed in a timely manner. It is an update to the scientific brief published on 29 March and includes new scientific evidence available on the transmission of SARS-CoV-2. The document reiterates the earlier set of recommendations to prevent transmission, in addition to:
 - i. Use of fabric [masks](#) in specific situations, for example, in public places where there is community transmission and where other prevention measures, such as physical distancing, are not possible;
 - ii. Use of contact and droplet precautions by health workers caring for suspected and confirmed COVID-19 patients and use of airborne precautions when aerosol generating procedures are performed;

⁷ <https://covid19.go.id/>

- iii. Continuous use of a medical mask by health workers and caregivers working in all clinical areas, during all routine activities throughout the entire shift; and
- iv. Avoiding crowded places, close-contact settings and confined and enclosed spaces with poor ventilation and ensuring good environmental ventilation in all closed settings and appropriate environmental cleaning and disinfection.

RISK COMMUNICATION

- On 09 July, WHO participated in a meeting on improving the strategy for risk communication and community engagement (RCCE), convened by the National Board for Disaster Management (BNPB). There was a discussion about public communication on categorizing districts/cities into ‘zones’: red, orange, yellow and green. WHO highlighted that it is important to ensure that people are aware that there is a possibility of COVID-19 transmission within and among all zones.
- WHO is regularly sharing important health messages on the [website](#) and social media platforms – [Twitter](#) and [Instagram](#), and has recently published:
 - [Videos](#) in Indonesian on the following:
 - Seven steps to prevent the spread of COVID-19
 - The science of COVID-19
 - COVID-19 prevention in the workplace
 - An [infographic](#) in English and Indonesian: “Is dexamethasone a treatment for all COVID-19 patients?”

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- On 09 July, WHO, the MoH and the University of Brawijaya had a virtual discussion on the development of video tutorials for volunteers and responders at national and subnational levels on appropriate MHPSS services during the pandemic. These videos will incorporate technical aspects from WHO guidance on [psychological first aid](#) and [stress management](#), and the Inter-Agency Standing Committee guidance on [basic psychosocial skills](#).



Figure 15: A snapshot of the WHO guidance on psychological first aid translated in Indonesian, available online.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

- On 09 July, WHO participated in a technical meeting with the MoH on the preparation of a series of video conferences on leptospirosis control during the pandemic. Early symptoms of leptospirosis are very similar to COVID-19. These video conferences, scheduled from late July to mid-August, will aim to improve awareness of healthcare workers on leptospirosis detection and treatment during the COVID-19 pandemic as well as communicate preventive measures for both diseases.
- WHO is supporting the government with programme analysis of various essential health services to maintain their continuity during the pandemic. Highlights of the HIV programme are presented below.

Impact of COVID-19 on the National AIDS Programme (NAP) in Indonesia:

- i. HIV testing has significantly decreased nationwide in April and May 2020 compared to the same period in 2019. Number of tests per month have

declined by almost 50.0% and 60.0% in April and May 2020, respectively, compared to the same months in 2019 (Fig.16).

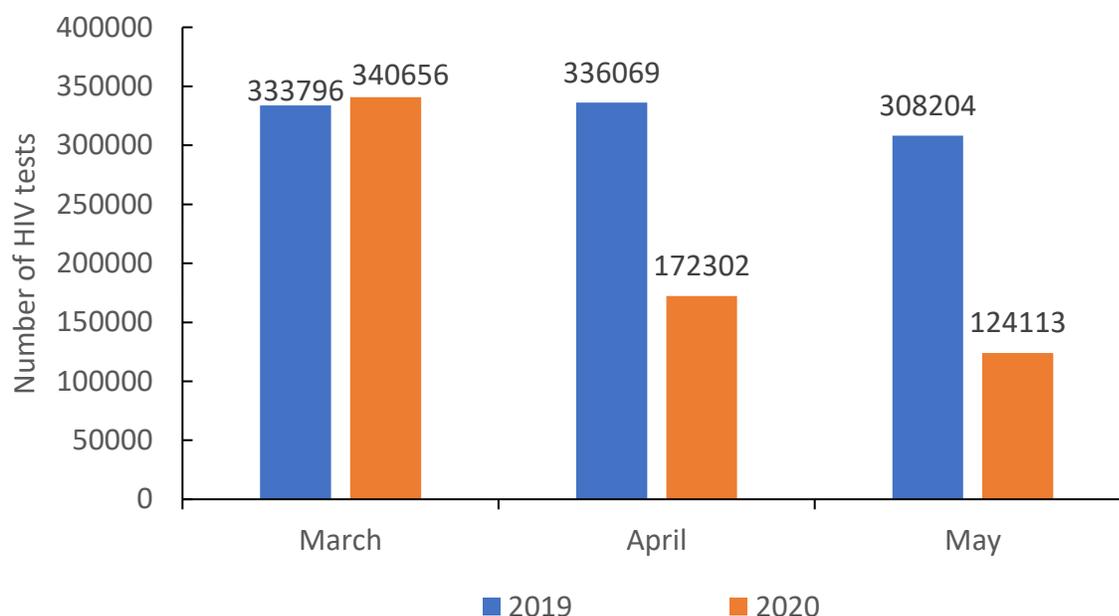


Figure 16: Number of HIV tests performed from March to May 2019 vs. 2020.
 Source: National AIDS Programme, Ministry of Health, Indonesia, unpublished data

- ii. Similarly, between March and May this year, the number of people living with HIV (PLHIV) entering HIV care and initiating antiretroviral treatment (ART) has fallen to nearly half the number that were enrolled the same months last year (Fig. 17).
- iii. HIV and syphilis testing among pregnant women, which is significant for the prevention of mother-to-child transmission, has declined during the COVID-19 pandemic (Fig. 18).
- iv. The Jaringan Indonesia Positif (JIP or Indonesian Positive Network) conducted a rapid survey in March 2020 on the needs of PLHIV in the context of COVID-19. The results showed that 89.4% received enough medication for an entire month, while only 2.3% of the patients had to visit the health facilities more than once a month, i.e. there was enough antiretrovirals (ARV) stock in March. Another round of the survey is being planned to assess any disruption in ARV stock availability.

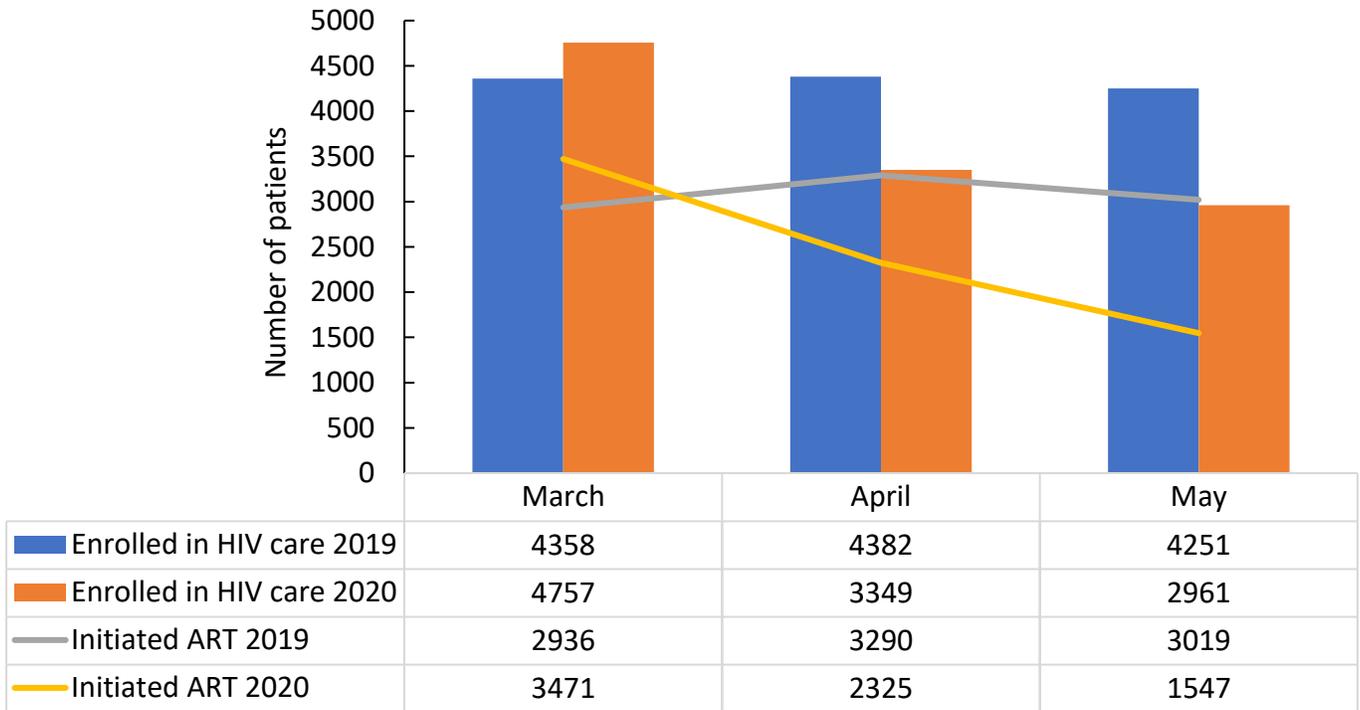


Figure 17: Trend of enrollment in HIV care and initiation of ART from March to May 2019 vs. 2020.
 Source: National AIDS Programme, Ministry of Health, Indonesia, unpublished data

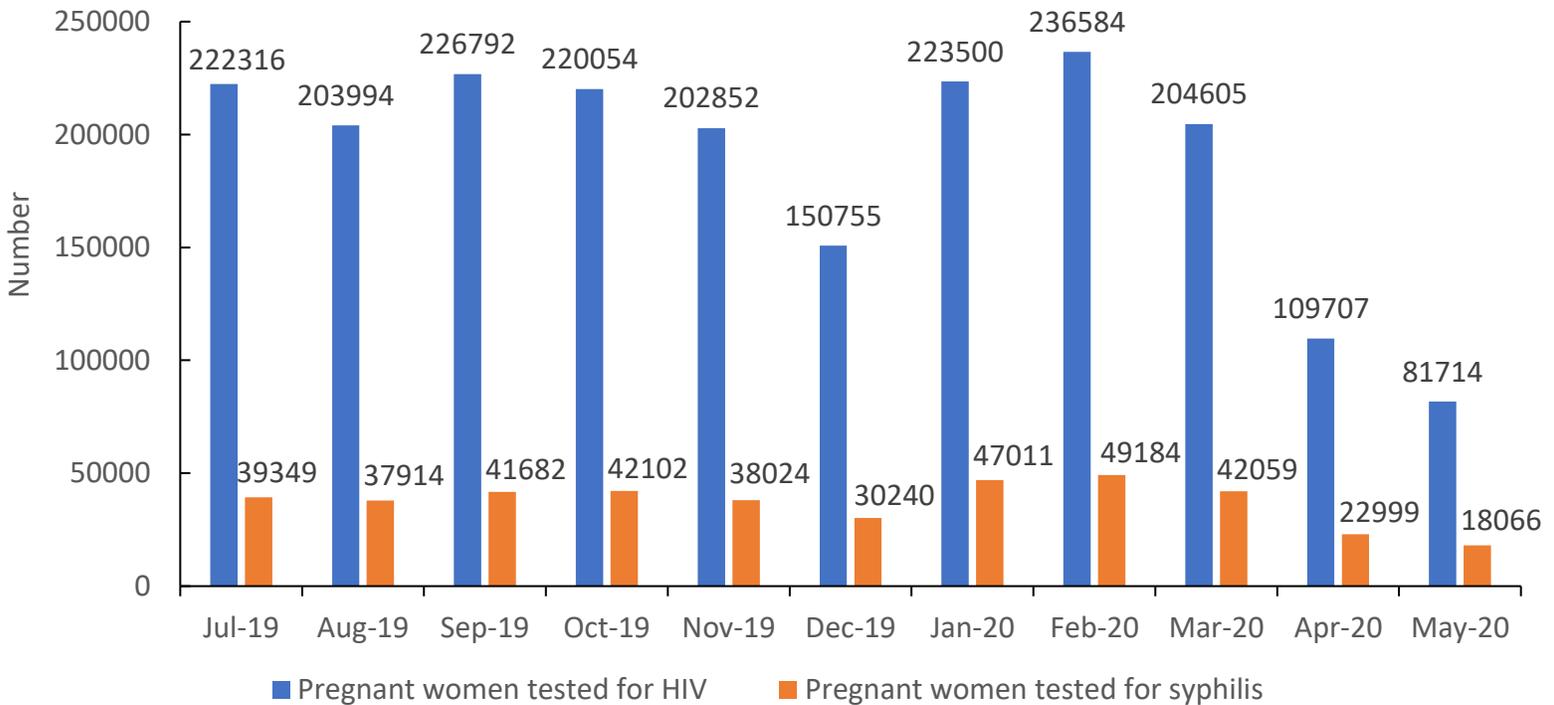


Figure 18: Trend of pregnant women tested for HIV and syphilis from July 2019 to May 2020.
 Source: National AIDS Programme, Ministry of Health, Indonesia, unpublished data

To mitigate the impact of COVID-19 and maintain essential HIV services, interventions are being carried out in the following areas:

- i. **Guideline:** On 02 April, the MoH issued a protocol on HIV/AIDS service delivery during the pandemic, in line with the [WHO guidance](#) on 'Maintaining essential health services: operational guidance for the COVID-19 context'. The protocol advises, for instance, to increase awareness and practice of infection prevention and control measures; to ensure the continuity of ART for PLHIV by provision of multi-month ARV to last two to three months; offer home delivery of ARV to reduce health facility visits; and to improve collaboration with community and civil society organizations (CSOs) to ensure retention of HIV care and avoid loss-to-follow-up for PLHIV.
- ii. **Surveillance:** Routine HIV and sexually transmitted disease (STD) recording and reporting from health facilities are continuing in parallel with regular updates on SIHA (HIV-AIDS Information System). The NAP initiated a survey for health facilities (hospitals and puskesmas) and District and Province Health Offices to assess COVID-19 impacts on HIV services including on human resources, test and treatment, logistics and laboratory.
- iii. **Diagnosis:** Testing services in health facilities are ongoing, while mobile testing services have been put on hold. A project on HIV self-testing for key populations has been initiated in 25 districts, in collaboration with CSOs. HIV self-testing is expected to increase testing, particularly among key populations who are otherwise unlikely to visit health facilities.



Figure 19: Testing for HIV and other sexually transmitted diseases should continue alongside the COVID-19 response, adhering to proper infection prevention and control protocols. *Credit: WHO*

- iv. Logistics: The policy on multi-month dispensing of ARV was introduced in the protocol of HIV/AIDS service delivery during the COVID-19 pandemic. Two to three months of ARV stocks may be provided to patients to reduce the frequency of visits to health facilities. ARV stocks have been secured through national sources. The MoH has requested the procurement of personal protective equipment for health facilities, outreach workers and peers through the Global Fund.
- v. Human resources: WHO and the MoH are conducting webinars to increase awareness on COVID-19 in health facilities and among outreach workers and peers. The NAP has adapted trainings to webinars to continue capacity building of human resources as planned.
- vi. Prevention: Outreach workers and peers continue to support HIV key populations and PLHIV through online platforms (WhatsApp, various CSO websites, Line, WeChat, etc.).

PARTNER COORDINATION

- On 11 July, WHO participated in the Humanitarian Country Team meeting and presented on the global and national situations of the pandemic and highlighted the WHO guidance on the Strategic Preparedness and Response Plan (SPRP) to support COVID-19 response planning, particularly at subnational levels, given the vast diversity of the archipelago. WHO emphasized the importance of cross-sectoral participation of other UN agencies that have staff working at the subnational levels to support in implementing the provincial response plans.
- 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 July 2020 (Fig. 20).

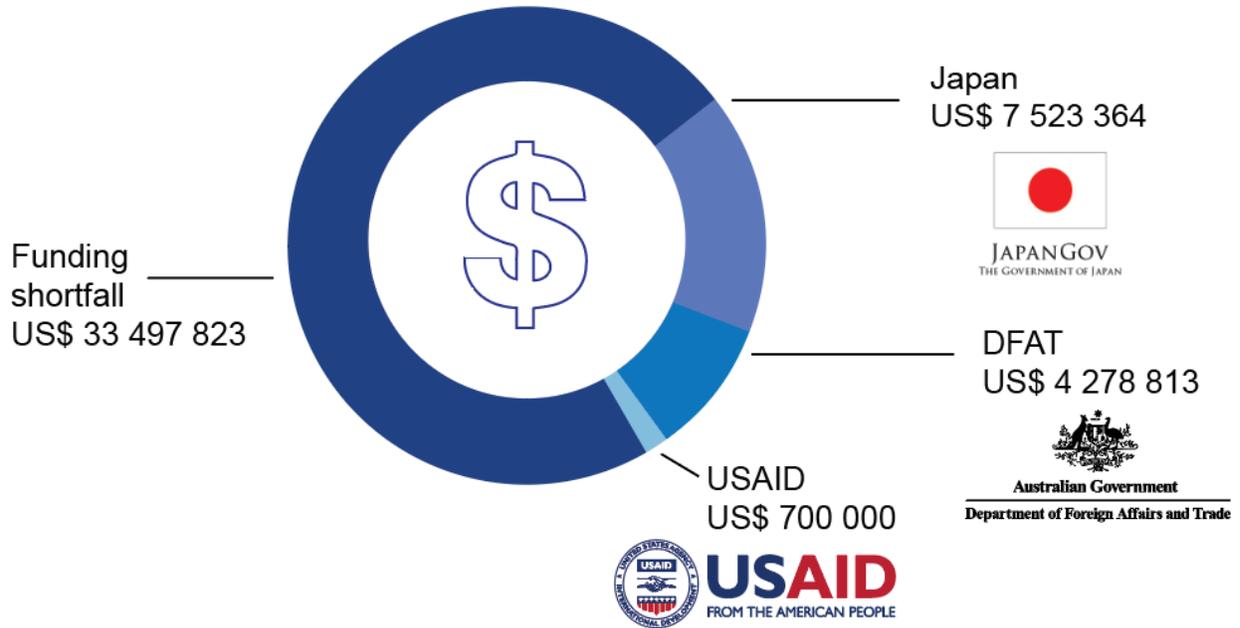


Figure 20: WHO funding situation for COVID-19 response, July 2020

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.

A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

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 immunodiagnostic tests \(point-of-care\) in health facilities](#)

Infographics:

- The 'new normal'
- Science solutions solidarity
- Helping the elderly
- The 'new normal'
- Domestic violence
- Staying healthy in the workplace
- Quarantine and self-monitoring
- Mental health
- Keep cool – health advice in hot weather
- Physical distancing is not social isolation
- A selection of myth-busters



Videos:

- How to use medical masks
- How to use fabric masks
- Who wears what mask when
- How has WHO responded to COVID-19
- Myth-buster: 'Can shoes spread COVID-19?'
- Breastfeeding and COVID-19
- Depression due to COVID-19

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