Antisipasi Menghadapi Kekhawatiran Second Wave COVID-19

PAPARAN WEBINAR DWP PTRI & KBRI

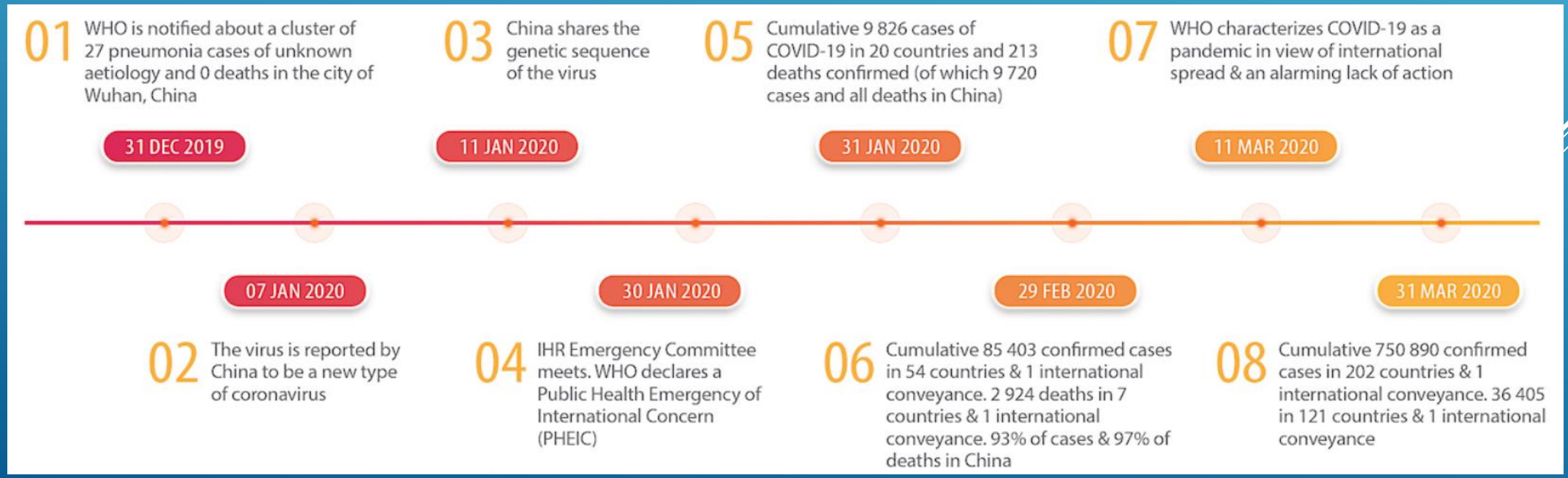
AGENDA

- What we know now
- Pandemic – Measure & Impact
- COVID-19 in Indonesia
- What can countries do to prepare for a ‘second wave’/resurgence of the virus?
- Myth busting
- Contact us

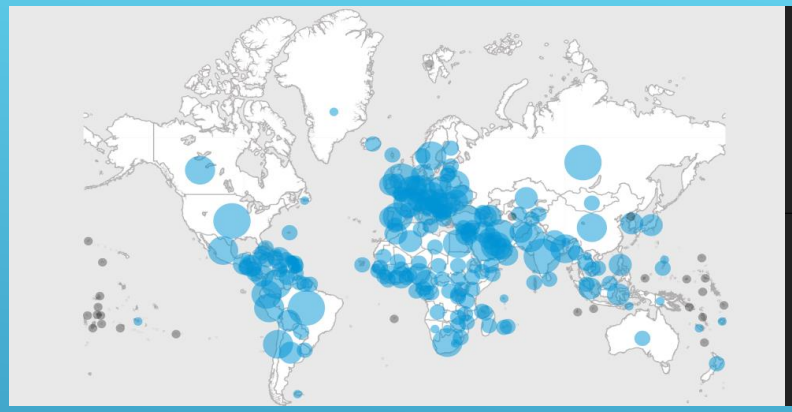
COVID-19 WHAT WE KNOW NOW

- **What is COVID-19**
  - COVID-19 is the infectious disease caused by the most recently discovered coronavirus
  - This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019
  - COVID-19 is now a pandemic affecting many countries globally
- **How it all started**

Source: WHO infodemic management



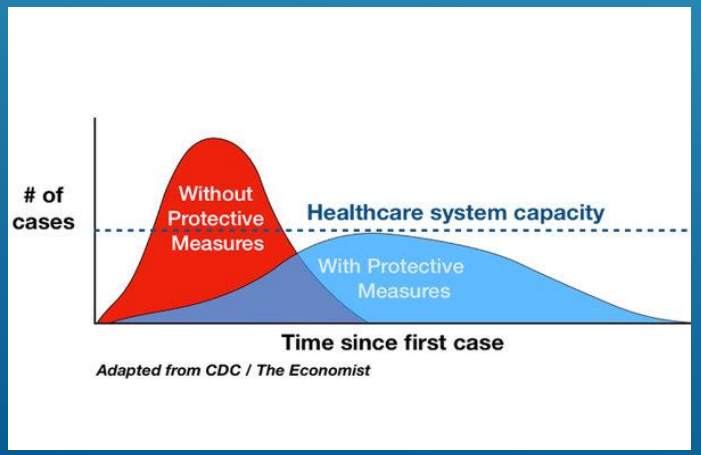
PANDEMIC – MEASURE AND IMPACT



Source: WHO COVID-19 Dashboard and Johns Hopkins University (JHU)

Public health measures

- Quarantine
- Isolation
- Physical distancing
- Contact tracing



Social and economic impact

- The COVID-19 pandemic and the associated economic crisis poses huge global and local challenges
- The health, social and economic impact has affected all segments of the population
- The global crises requires coordination, solidarity, and effective socio-economic and public health policy

Drugs

- Currently, there is no antiviral drugs licensed for treating COVID-19
- **Solidarity Trial**

Vaccine

COVID-19 IN INDONESIA

- Summary COVID-19 in Indonesia
  - #Infection
  - #Recovery
- Mode of transmission
- Indonesia measurement – PSBB, border check, etc
- Update public health – contoh kasus
- Update lab

COVID-19 IN INDONESIA (27 JUNI 2020)

AS OF 27 JUNE, THE GOI ANNOUNCED:

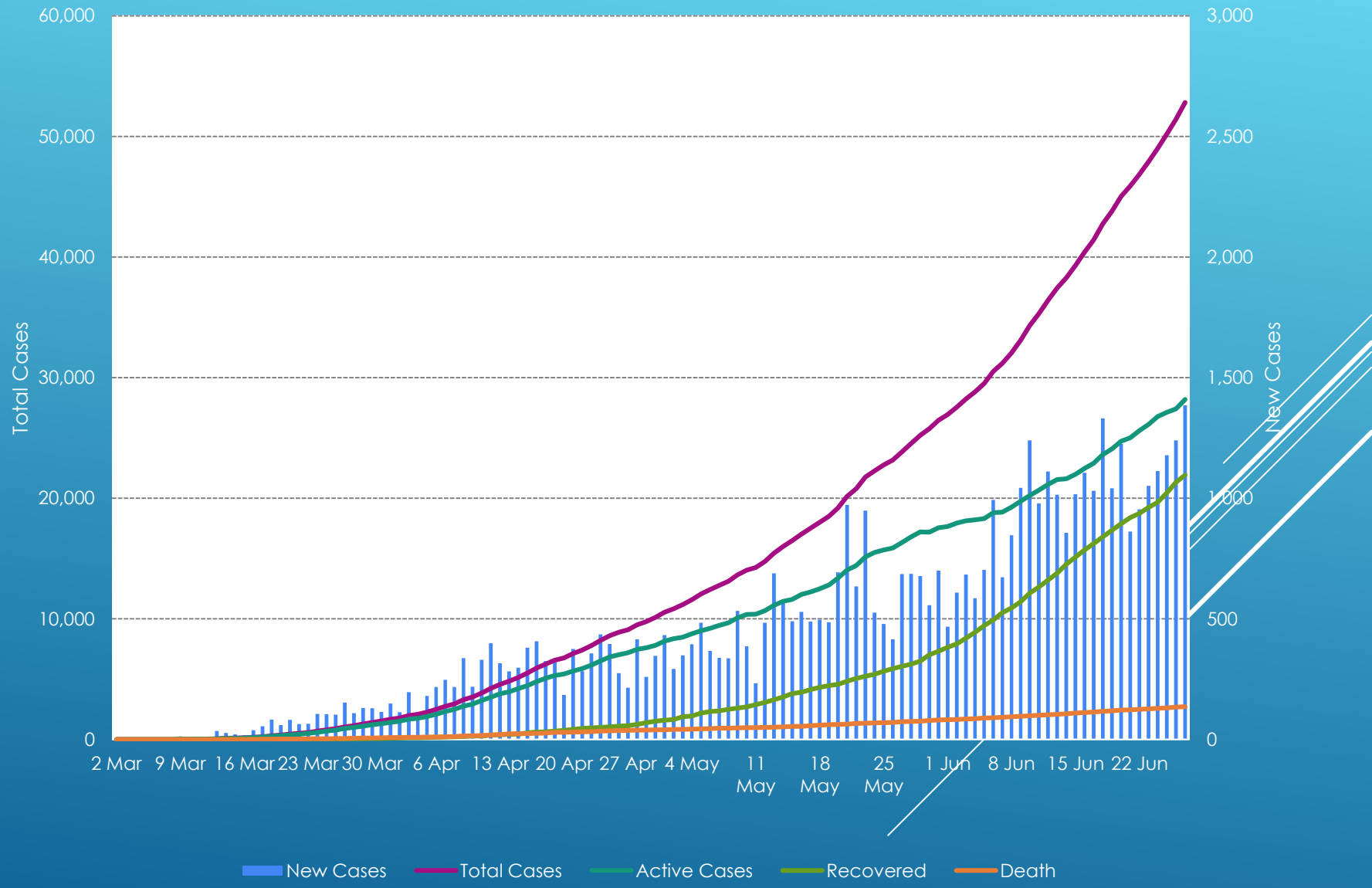
52,812 CONFIRMED CASES

2,720 DEATHS

21,909 RECOVERED CASES

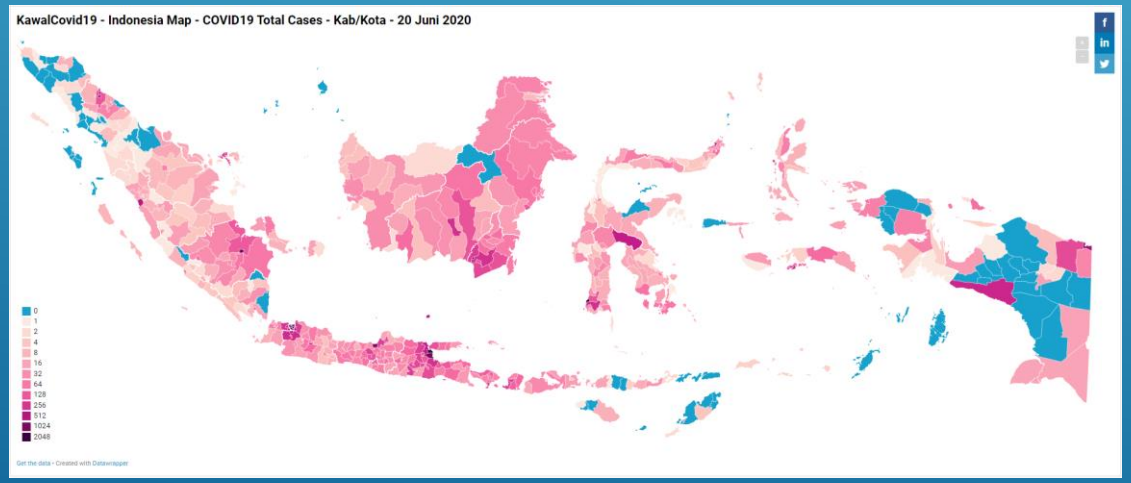
The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.

Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis.



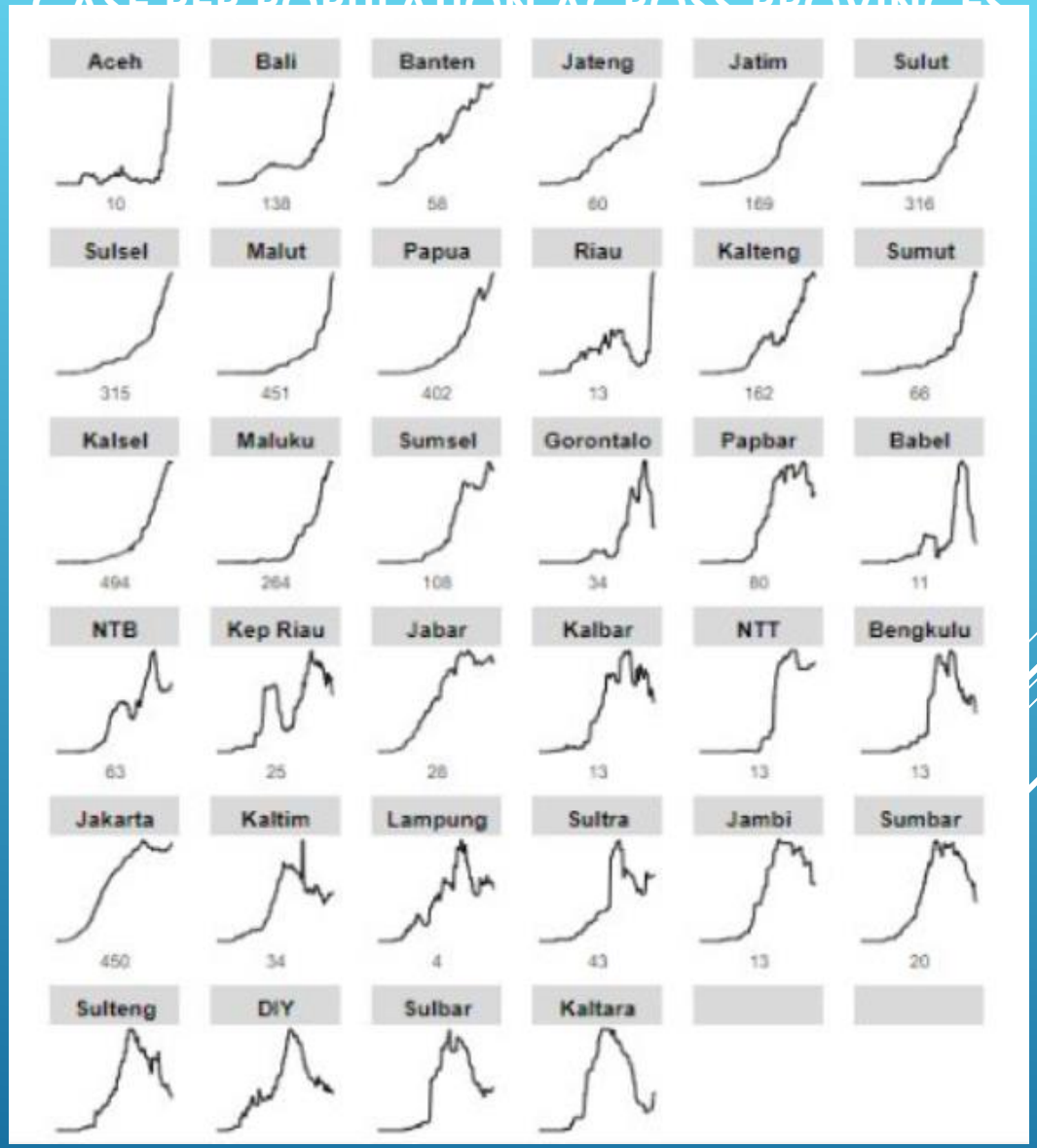
GEOGRAPHIC DISTRIBUTION OF CUMULATIVE NUMBER OF CONFIRMED COVID-19 CASES IN INDONESIA ACROSS THE PROVINCES

- Most of the confirmed cases in Indonesia were in Java Island (Jakarta and East Java), Sulawesi (South Sulawesi) and Kalimantan (South Kalimantan)
- E. Java now at 11,178, still ahead of Jakarta, both with triple digit new cases. C. Java, S. Sulawesi, and Bali also recorded triple digits.



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.

CASE PER POPULATION ACROSS PROVINCES

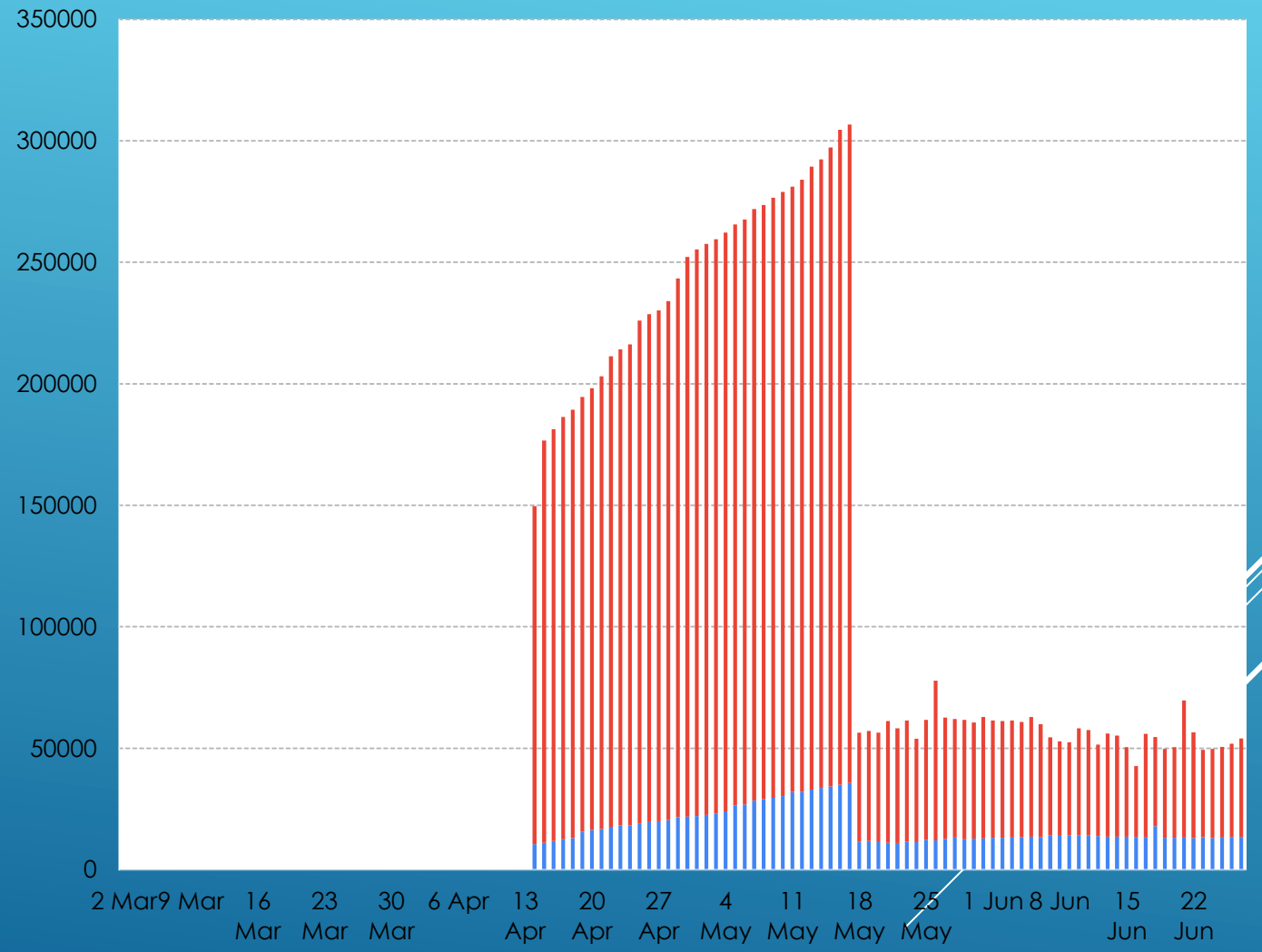


SUSPECTED CASES:
PERSONS UNDER OBSERVATIONS (ODP) AND PERSONS UNDER SURVEILLANCE (PDP)

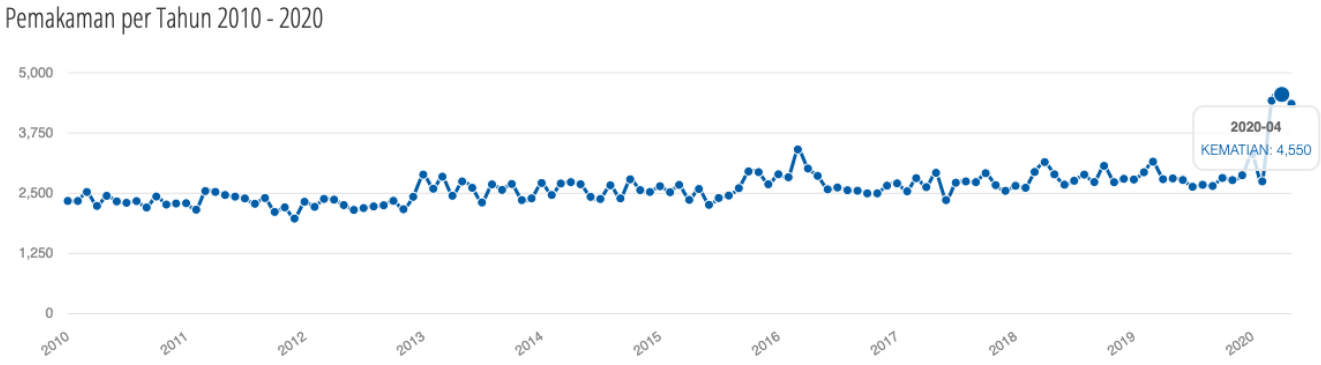
The COVID-19 Task Force revised the method of reporting ODP and PDP. Since 18 May, the cumulative number includes only those for whom testing is still pending (i.e. the figure is reduced by the number of those who have been tested for COVID-19 by PCR).

Consequently, the reported number of ODP and PDP dropped dramatically from 270,876 to 45,047 and from 35 800 to 11 422, respectively, from 17 to 18 May.

It is important to continue to report the cumulative suspected cases (ODP and PDP) for epidemiological analyses as per standard practice.

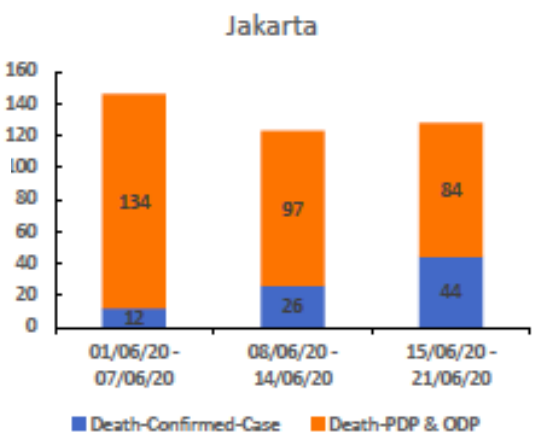


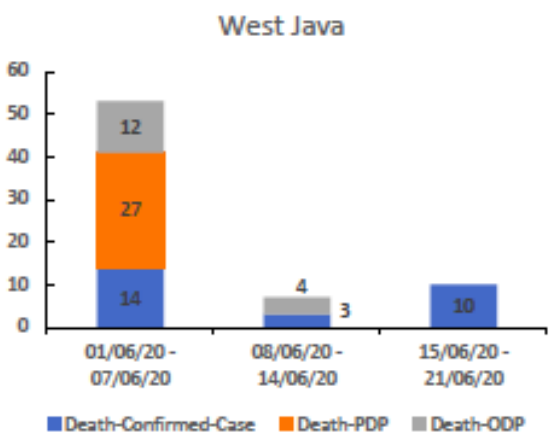
DEATHS

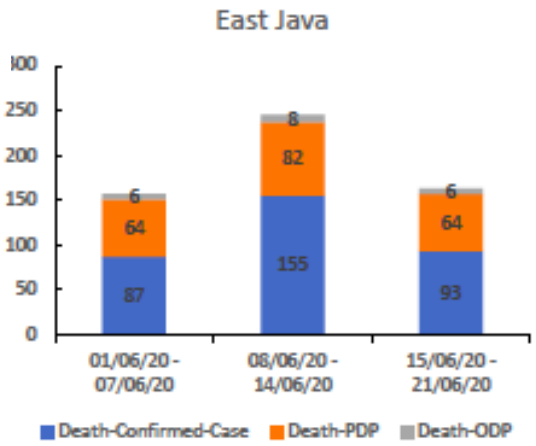


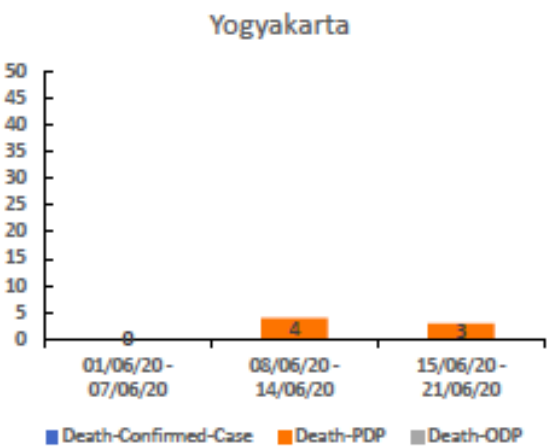
Data Pelayanan Pemakaman / penguburan untuk Pemakaman Baru dan Pemakaman Tumpang pada TPU pengelolaan Pemprov DKI Jakarta

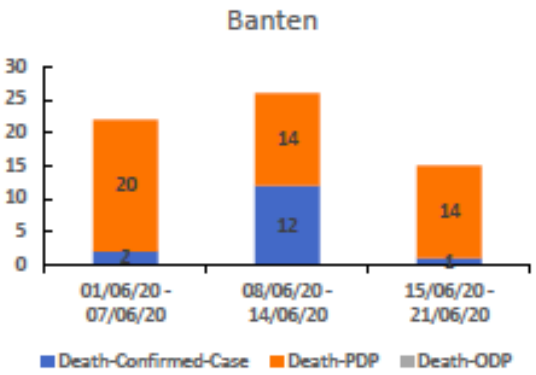
- Deaths among patients under surveillance (PDP) have been substantially higher than deaths among confirmed COVID-19 cases in all provinces in Java except East Java and West Java
- A continuous decrease in total number of deaths among confirmed COVID-19 cases, PDP and persons under observation (ODP) was not observed in the majority of Java island provinces.
- An unexplained increase in the number of burials was observed in Jakarta in March and April 2020 compared to the same months in 2019. The number of burials adhering to COVID-19 protocol was 356 out of 4,422 burials in March and 1,241 out of 4,550 burials in April

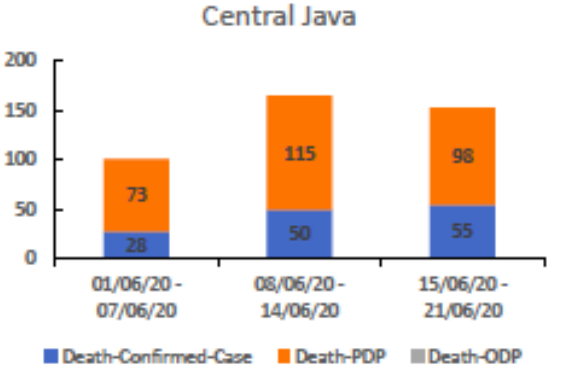






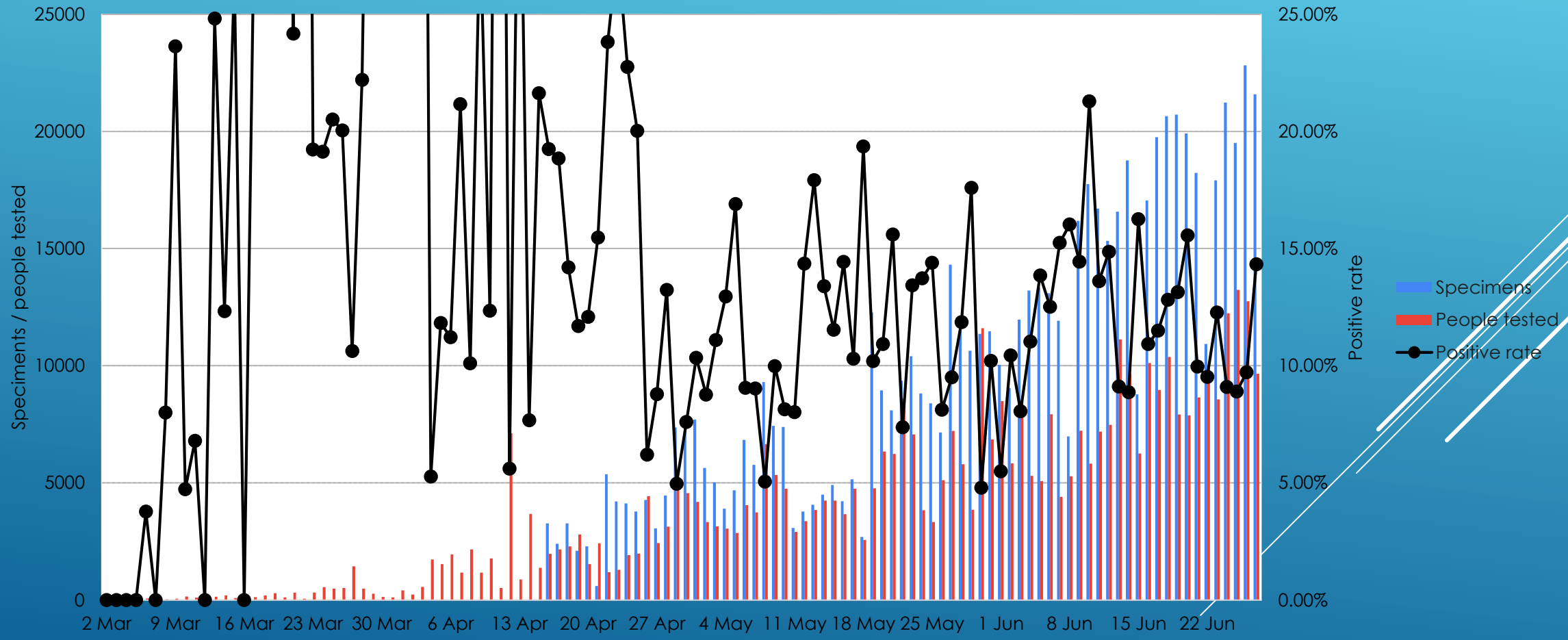






LABORATORY

As reported by the government on 27 June, they managed to test 21,589 samples and 9,662 new people for a total of 753,370 samples and 449,569 test subjects for COVID-19 with polymerase chain reaction (PCR)



EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION

- 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
- Only DKI Jakarta has achieved the minimum case detection benchmark (1 per 1000 population per week)
- 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.

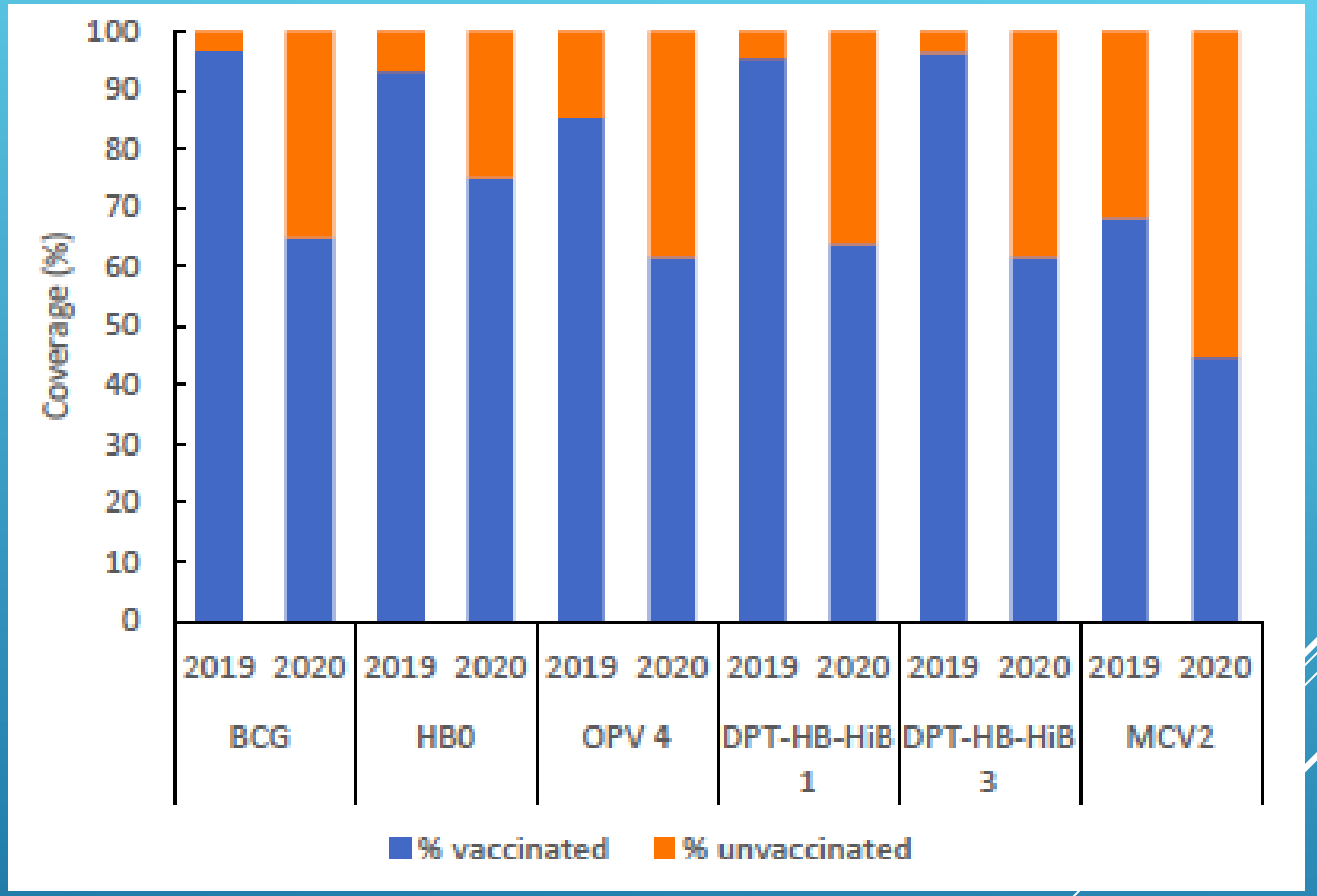
Province	Decline in the number of confirmed COVID-19 cases since the latest peak*	Positivity rate (%) over 2 weeks**	Decrease in the number of confirmed and probable case deaths for the last 3 weeks***
Jakarta	Latest peak last week	More than 5%	No
West Java	Latest peak last week	Not applicable	Yes
Central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

*date of latest peak differs for each province
**positivity rate is calculated from 08 to 21 June 2020 for Jakarta; none of the other provinces have met the minimum surveillance benchmark and, therefore, have not been considered for calculation
***decrease in deaths is calculated from 01 to 21 June 2020 (see Fig. 11 for details)

IMPACTS OF COVID-19 ON THE IMMUNIZATION PROGRAMME IN INDONESIA

- 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.

- 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
- 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



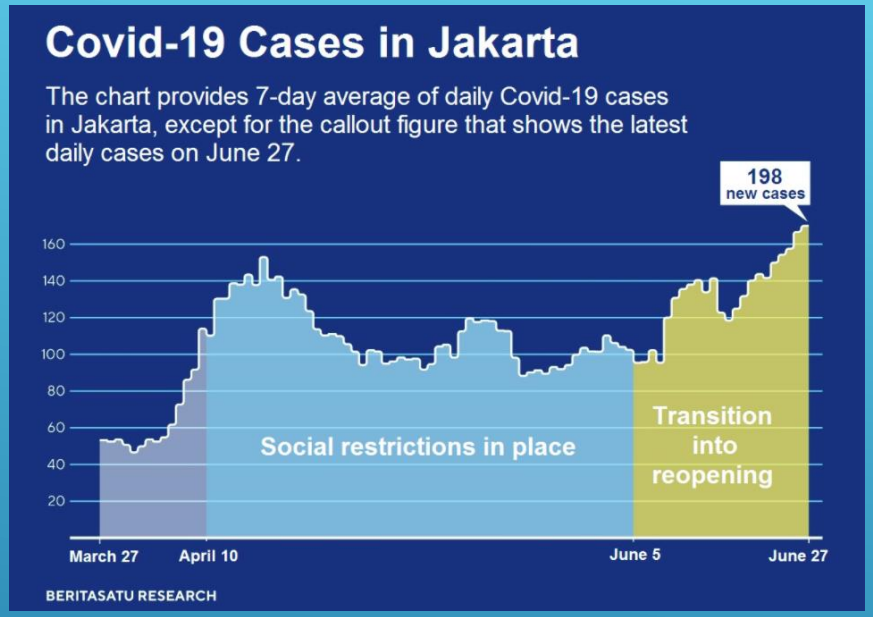
BCG: Bacillus Calmette–Guérin vaccine against meningitis and disseminated tuberculosis in children
HB0: Hepatitis birth dose to prevent hepatitis-B transmission from mother to child
OPV 4: Oral Polio Vaccine
DPT-HB-HiB 1: Vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B –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

WHAT CAN COUNTRIES DO TO PREPARE FOR A 'SECOND WAVE'/RESURGENCE OF THE VIRUS?

What can we do

- Manage to suppress transmission
- System in place (Test, Treat and Isolate, and trace and quarantine contacts)
- Clarify Second wave vs. Second peak
- Follow WHO guidance on adjusting public health and social measures and ask for support
  - interim guidance

IS JAKARTA READY TO LIFT RESTRICTIONS?

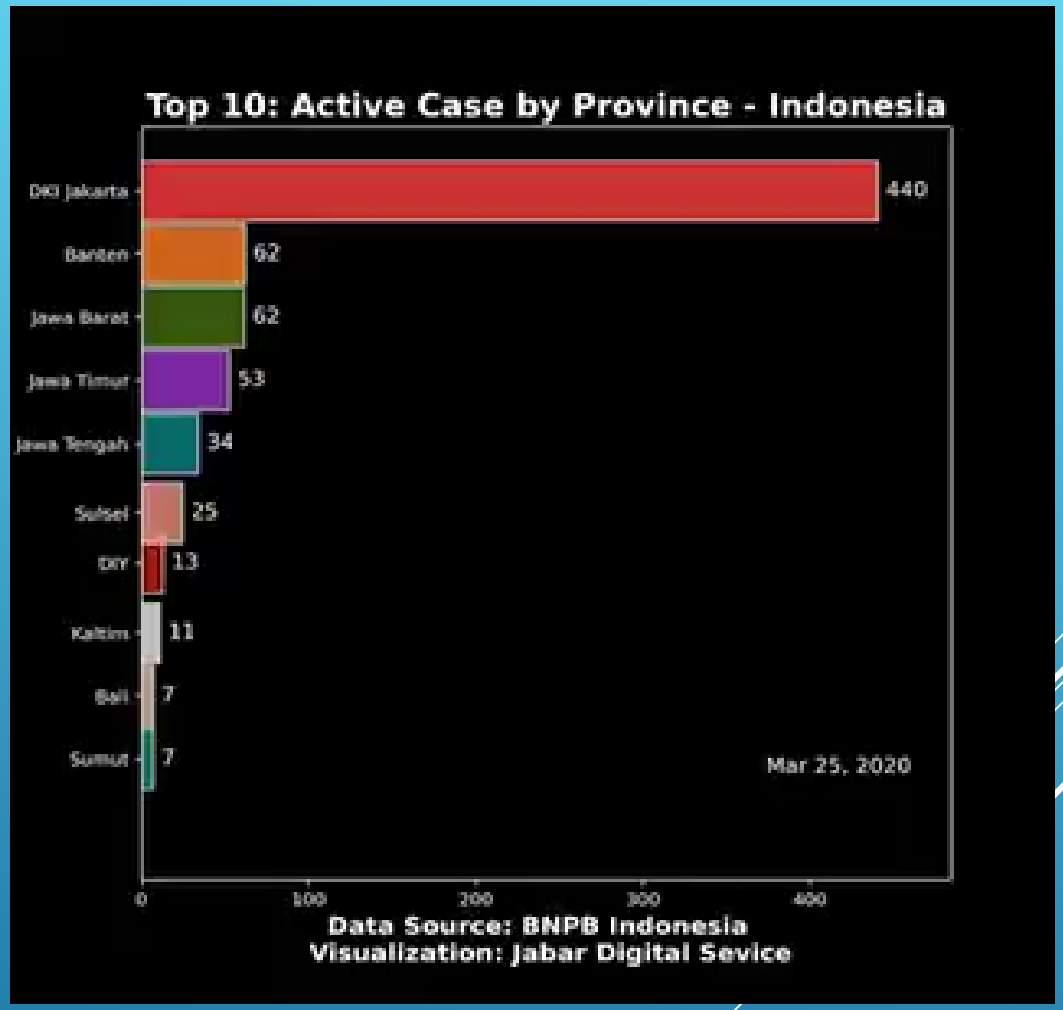


- Jakarta saw higher daily cases by seven-day average since it entered the “transition period” on June 5, which ended the so-called large-scale social restrictions that had been in place for eight weeks.

- The current seven-day average of coronavirus cases in the capital stood at 170, in comparison to the previous high of 152 in the period ending April 17. When social restrictions were in place throughout May, the seven-day average was never above 120.

- It raises concern that a “second ~~wave~~ peak of transmission” of the highly contagious virus is taking place in the capital.

IS WEST JAVA READY TO LIFT RESTRICTIONS?



The Covid-19 Task Force has loosened the travel document requirement by extending the validity of rapid and PCR test results from seven to 14 days. Nevermind the fact that people can still get infected immediately after they tested negative. **Will it risk West Java’s achievement so far?**

MYTH BUSTING

Most people who get COVID-19 have mild or moderate symptoms and can recover thanks to supportive care.
If you have a cough, fever and difficulty breathing seek medical care early – call your health facility by telephone first.
If you have fever and live in an area with malaria or dengue seek medical care immediately.

World Health Organization #Coronavirus #COVID19

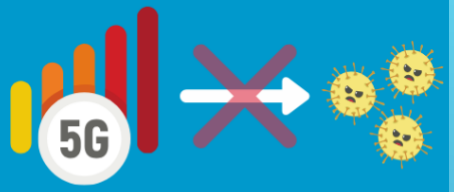
FACT: Most people who get COVID-19 recover from it

27 May 2020

Viruses cannot travel on radio waves/mobile networks.
COVID-19 is spreading in many countries that do not have 5G mobile networks.
COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks.
People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.

World Health Organization #Coronavirus #COVID19

FACT: 5G mobile networks DO NOT spread COVID-19



8 April 2020

Thermal scanners are effective in detecting people who have a fever (i.e. have a higher than normal body temperature). They cannot detect people who are infected with COVID-19.

There are many causes of fever. Call your healthcare provider if you need assistance or seek immediate medical care if you have fever and live in an area with malaria or dengue.

World Health Organization #COVID19 #Coronavirus

FACT: Thermal scanners CANNOT detect COVID-19

27 May 2020

No, antibiotics do not work against viruses, only bacteria.
The new coronavirus (2019-nC0V) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment.
However, if you are hospitalized for the 2019-nCoV, you may receive antibiotics since bacterial co-infection is possible.

World Health Organization #Coronavirus

Are antibiotics effective in preventing and treating the new coronavirus?

The prolonged use of medical masks can be uncomfortable. However, it does not lead to CO2 intoxication nor oxygen deficiency.
While wearing a medical mask, make sure it fits properly and that it is tight enough to allow you to breathe normally.
Do not re-use a disposable mask and always change it as soon as it gets damp.

* Medical masks (also known as surgical masks) are flat or pleated; they are affixed to the head with straps or have ear loops.

World Health Organization #Coronavirus #COVID19

FACT: The prolonged use of medical masks* when properly worn, DOES NOT cause CO2 intoxication nor oxygen deficiency

5 June 2020

Can shoes spread the COVID-19 virus?

The likelihood of COVID-19 being spread on shoes and infecting individuals is very low.
As a precautionary measure, particularly in homes where infants and small children crawl or play on floors, consider leaving your shoes at the entrance of your home. This will help prevent contact with dirt or any waste that could be carried on the soles of shoes.

11 June 2020

#Coronavirus #COVID19 World Health Organization

CONTACT US

Website WHO COVID-19

- https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Updated dashboard

- https://covid19.who.int/

WhatsApp

- Send "hi" to +41 79 893 18 92 on WhatsApp