

APPENDIX TO THE
CIRCULAR LETTER OF THE
MINISTER OF HEALTH
NUMBER HK.02.01 /MENKES
/199/2020
REGARDING
COMMUNICATION OF THE
MITIGATION OF THE CORONA
VIRUS DISEASE 2019 (COVID-19)

COVID-19 MITIGATION PROTOCOL

I. PUBLIC COMMUNICATION PROTOCOL

This document describes matters relating to communication of the mitigation of COVID-19 in response to the development of COVID-19 which was first identified in Wuhan City, Hubei Province, China. This document is a technical guide for Indonesia that will assist the Central Government and Local Governments in responding to and conveying information about COVID-19 to the public.

This document can be updated in accordance with the development of information regarding COVID-19 in the world. This protocol is adopted from several existing protocols, especially those made by WHO.

A. BACKGROUND

In mitigating disease outbreaks in the world, Anthony de Mello once reminded that the number of victims could be five times, if there was fear during an outbreak. One thousand people became victims because of illness, while four thousand people became victims because of panic. (Mello, A. D. (1997), *The heart of the enlightened: a book of story meditations*. Glasgow: Fount Paperbacks)

Reflecting on this, communication is the most important part in facing the threat of a pandemic. Public trust needs to be built and maintained so that there is no panic in the community and so that mitigation can run smoothly.

One of the instructions given by President Joko Widodo is that the Government must show that the Government is serious, the Government is ready and the Government is capable to handle this outbreak.

Perceptions about the readiness and seriousness of the Government need to be conveyed to the public through a comprehensive and periodic explanation, by explaining what has been done and will be done by the Government.

B. PURPOSE OF COMMUNICATION

Create a calm community, and understand what they have to do for their surrounding environment;

1. Creating a calm community, and understand what they must do for their surrounding environment;
2. Building public perception that the state is present and responsive in controlling the crisis that is happening.

C. FOUR PILLARS OF PUBLIC COMMUNICATIONS RELATED TO COVID-19

1. Calls for the community to remain calm and alert
2. Coordination with the relevant agencies
3. Providing access to information to the media
4. Mainstreaming the movement "washing hands with soap (*cuci tangan pakai sabun* or CTPS)"

D. MAIN NARRATIVE

The main narrative in the delivery of communication by the Central Government and Regional Governments to the public are:

"The Government is Serious, Ready and Capable to Mitigate COVID-19"

"The Community to remain Calm and Alert"

"COVID-19 Can be Cured"

#FIGHTCOVID19

REFERENCE

www.covid19.kemkes.go.id

Name : dr. Achmad Yurianto
Position : COVID-19 Spokesperson/Directorate General of Disease Prevention and Control of the Ministry of Health
Phone Number : 0813 1025 3107

E. CENTRAL GOVERNMENT COMMUNICATION ACTIVITIES

1. Forming a Communication Team.
2. Appointing a Spokesperson from the Ministry of Health who has articulation and ability in dealing with the media.
3. Creating a media center.
4. Creating a website as a primary information reference.
5. Delivering national daily data periodically through a press conference (conducted ONLY by a COVID-19 Spokesperson), releases and updates on the website:
 - a. Number and distribution, Persons under Monitoring (*Orang dalam Pemantauan* or ODP).
 - b. Number and distribution, Patients Under Observation (*Orang dalam Pengawasan* or ODP).

- c. Number and distribution, patients which have been declared healthy.
 - d. Number and distribution, specimens taken.
 - e. Number and distribution, results of laboratory examinations of specimens.
6. Making communication products and disseminating other information about:
- a. Basic explanation of what COVID-19 is.
 - b. Explanation on COVID-19 outbreak prevention.
 - c. Mitigation protocol from Patient under Supervision until declared healthy.
 - d. Criteria of Patients Under Observation.
 - e. Action on Patients Under Observation.
 - f. Explanation about quarantine, and quarantine that can be done at home.
 - g. Criteria for Persons under Monitoring.
 - h. Protocol on the entry of people from at-risk countries and border surveillance.
 - i. WHO protocol on the use of masks and personal protective equipment used.
 - j. School Communication Protocol.
 - k. Logistics and food readiness.
 - l. 132 referral hospitals in mitigating COVID-19.
 - m. Explanation of health examination and the fees charged.
 - n. Explanation of the virus dead in 5-15 minutes.
 - o. Detailed description of the HOTLINE facilities of the Central Government: 119.
 - p. Explanation on hoaxes and disinformation that occur.

F. REGIONAL GOVERNMENT COMMUNICATION ACTIVITIES

- 1. Forming a Communication Team chaired by the Regional Leaders.
- 2. Appointing a Spokesperson from the Health Service Office who has articulation and ability in dealing with the media.

3. The following information can be conveyed after obtaining approval from the Central Government, and ONLY delivered by the Regional Government COVID-19 Spokesperson:
 - a. Number and distribution, Persons under Monitoring (ODP) in that particular area.
 - b. Number and distribution, Patients Under Observation (PDP) in that particular area.
 - c. Number and distribution, patients who have been declared healthy in that particular area.
 - d. Number and distribution, specimens taken in that particular area.
 - e. Number and distribution, results of laboratory examination of specimens in that particular area.
 - f. **PATIENTS DATA AND IDENTITY SHALL NOT BE DISSEMINATED TO THE PUBLIC.**
4. Spokespersons from the Provincial level can announce the information referred to in number 3 above at their respective provincial level.
5. Spokespersons from the regency/city level can announce the information referred to in number 3 above at their respective regency/city level.
6. Using material that has been developed by the Central Government (Ministry of Health and Ministry of Communication and Information) to be disseminated in their respective regions:
 - a. Basic explanation of what COVID-19 is.
 - b. Explanation on COVID-19 outbreak prevention.
 - c. Mitigation protocol from Patient under Supervision until declared healthy.
 - d. Criteria of Patients Under Observation.
 - e. Action on Patients Under Observation.
 - f. Explanation about quarantine, and quarantine that can be done at home.
 - g. Criteria for Persons under Monitoring.
 - h. Protocol on the entry of people from at-risk countries and border surveillance.
 - i. WHO protocol on the use of masks and personal protective equipment used.

- j. School communication protocol.
 - k. Logistics and food readiness.
 - l. 132 referral hospitals in mitigating COVID-19.
 - m. Explanation of health examination and the fees charged.
 - n. Explanation of the virus dead in 5-15 minutes.
 - o. Detailed description of the HOTLINE facilities of the Central Government: 119.
 - p. Explanation on hoaxes and disinformation that occur.
7. All regional leaders at the provincial and regency/city levels are encouraged to disseminate the information referred to in number 6 above to all levels of community, guided by the local Health Service Office, and using the narratives prepared on the Ministry of Health's referral website.
 8. Regional Governments can make communication products according to the data and needs of their respective regions.

G. PARTIES INVOLVED

The following are the parties involved in communication of the mitigation of COVID-19:

1. First Level Health Installation.
2. Referral Hospitals.
3. Provincial and City/Regency Health Service Offices.
4. Provincial and City/Regency Communication and Information Technology Service Office.
5. Ministry of Health of the Republic of Indonesia.
6. Ministry of Communication and Information Technology of the Republic of Indonesia.
7. RI Presidential Staff Office.

H. TARGETS AUDIENCE/STAKEHOLDERS

The target audience is divided into 2 main clusters as below. The Central Government and Regional Governments shall jointly prepare and disseminate communication products that are appropriate for the two clusters nationally and specifically in accordance with their respective regions.

Target audience clusters:

1. Mitigation implementers/parties involved.
 - a. Implementers must understand the action plans carried out by the central and regional governments in mitigation and communication. Make sure that the two-way information pathways are valid and agreed upon by all parties.
 - b. Communication systems must be established to ensure communication takes place smoothly.
2. Public
 - a. Urban
 - b. Rural
 - c. Old generation
 - d. Young generation

I. COMMUNICATION CHANNEL

The target audience can be reached through various channels, whether through mainstream media, any social media through the established communication network. The following is a list of channels that can be used:

- Website as the first reference. Please refer to the official website of the Ministry of Health specifically for COVID-19.
- Television
- Print Media
- Online Media
- Radio
- SMS gateway
- Social Media
- School Network
- Youth/religious/political organization network
- Other informal networks

J. APPROACH/DO'S AND DON'TS

Actions that **can** be done:

- Advise to remain calm.
- Regional Governments to communicate intensely with the central government.
- If there are cases in Your area, immediately report to the Health Service Office as soon as possible.
- Provide access to the media to find out the latest information about viruses.
- Coordinate with relevant agencies/Regional Leaders Coordination Forum (*Forum Koordinasi Pemimpin Daerah* or Forkopimda) to maintain a calm and conducive situation.
- Increase awareness of groups that are potentially affected.
- Monitor responses from the public about related issues.
- When meeting the media, provide information as clearly as possible to the public.
- The spokesperson must be available and can be contacted at any time.
- Always convey the Clean and Healthy Behavior message.
- When meeting the media, use simple Indonesian so that it can be understood by ordinary people.
- Indicate body language that demonstrates the message "ready and able" to handle COVID-19.
- Convey information updates periodically (number of cases, mitigation, etc.) submitted by official authorities.
- When providing information updates, be sure to include a time statement to ensure the accuracy of the information (for example, status on Monday, February 3, 2020 at 10:00 WIB, no residents were infected with COVID-19).
- For each change that occurs, inform that this is a change from the previous information.
- Also convey that the food supply is sufficient so that people do not need to panic.

Actions that **cannot** be done:

- Do not use the word "critical", "crisis" and the like.
- Make sure the patient's identity and location is not provided to the public.
- Do not provide information that contains assumptions and conjectures.
- Do not use technical or foreign languages that are difficult for ordinary people to understand

- Do not show body language that is not serious let alone underestimate the situation by joking

K. ACTION PLAN

1. Risk communication system
 - a. Ensure that the government at the central level agrees to include communication protocols in mitigation and alertness activities and is ready to disseminate information to protect public health in an appropriate, transparent, and accessible way.
 - b. Review existing communication protocols and determine whether adjustments are required.
 - c. Agree on information release procedures, such as approval flow and communication products. Keep the approval procedure as short as possible.
 - d. Prepare a communication budget.
 - e. Form a communication team and ensure the roles and responsibilities of each team member.
2. Internal and partner coordination
 - a. Identify partners - such as other agencies, organizations, communities, and health workers - and their contact information, to work across sectors.
 - b. Assess the communication capacity of all partners, identify target audiences, and work together as a cross-sectoral mitigation team.
 - c. Plan and agree on communication roles and responsibilities using governance (for example, which agencies are the first point of contact for specific issues, which partners are most relevant to the target audience, etc.).
3. Public Communication
 - a. Identify spokespersons at all levels (central and regional) and their respective expertise, and provide training if needed.
 - b. Arrange standard messages that are used to announce cases found, actions to be taken, health appeals and further communication.

- c. Identify key media used, prepare a list of journalists and build good relations with journalists by providing periodic information about all developments.
 - d. Identify the media and other media channels and influencers and assess their potential to reach the target audience. Use trusted influencer channels. In the context of COVID-19, ensure that health workers understand public concerns and are trained to provide health appeals to the community.
4. Approach to the Community
- a. Set up a method to understand the target audience's concerns, habits and beliefs.
 - b. Identify target audiences, and gather information about their knowledge and habits.
 - c. Use social media, proactively inform the public and collect and answer all questions.
 - d. Use radio channels so that interaction with the public occurs.
 - e. Identify influencers in the community such as religious leaders, community leaders, health workers, etc. and also communication networks between health volunteers, youth organizations, religious organizations, etc. that can help reach the community.
 - f. Anticipating information for the disability community.
5. Facing uncertainties and perceptions and mitigation disinformation
- a. Prepare communication activities carefully when announcing the first case, to ensure that the information provided answers concerns that will occur. At the same time, provide advice on how the community can protect themselves from the spread.
 - b. Prepare a monitoring system of the talks that occur and perceptions that are formed in the public, especially regarding hoaxes and disinformation. One that can be used is to monitor social media and capture input from health workers and call centers.
 - c. Prepare a system for dealing with hoaxes and prepare a list of Frequently Asked Questions.
 - d. Always try to dialogue with the target audience to obtain various inputs.

6. Capacity Building

Consider the training needed by various parties involved in the communication protocol, especially regarding what is and is not yet known about COVID-19, procedures, and treatment plans, as well as regional preparedness in mitigating a pandemic.

II. HEALTH PROTOCOL

A. IF YOU DO NOT FEEL HEALTHY

1. If you feel unhealthy with the criteria:

- a. Fever $\geq 38^{\circ}\text{C}$; and
- b. Cough/runny nose/sore throat.

Get enough rest at home and drink enough water. If you still feel uncomfortable, complaints continue, or are accompanied by difficulty breathing (shortness or rapid breathing), immediately go to a health care facility (*fasilitas pelayanan kesehatan* or *fasyankes*).

When visiting a health care facility, You must take the following actions:

- a. Wear a mask.
- b. If you don't have a mask, follow the correct coughing/sneezing etiquette by covering your mouth and nose with a tissue or inner upper arm.
- c. Try not to use mass transportation.

2. Health workers at the health care facility will screen Patients Under Observation of COVID-19

- a. If you meet the criteria of a patient under supervision of COVID-19, you will be referred to one of the referral hospitals.
- b. If you do not meet the criteria of a patient under supervision of COVID-19, you will be hospitalized or outpatient depending on the diagnosis and decision of the health care facility doctor.

3. If you meet the criteria of the patient under supervision of COVID-19, you will be delivered to the referral hospital using a health care facility ambulance assisted by health workers who use Personal Protective Equipment (PPE).
4. At the referral hospital, for those of you who meet the criteria of the patient under supervision of COVID-19, a specimen will be taken for laboratory examination and treated in an isolation room.
5. Specimens will be sent to the Jakarta Health Research and Development Agency (*Badan Penelitian dan Pengembangan Kesehatan* or Balitbangkes). The first examination results will come out within 1 x 24 hours after the specimen is received.
 - a. If the results are positive,
 - i. then you will be declared as a COVID-19 confirmed case.
 - ii. Samples will be taken every day.
 - iii. You will be discharged from the isolation room if the results of checking two (2) consecutive times are negative.
 - b. If the result is negative,

You will be treated according to the cause of the disease.

B. IF YOU ARE HEALTHY, however:

1. There is a history of travel 14 days ago to a country with a local transmission of COVID-19, do self-monitoring through body temperature checks twice. If you have a fever $\geq 38^{\circ}\text{C}$ or respiratory symptoms such as cough/runny nose/throat pain/shortness of breath, check yourself immediately to a health care facility.
2. You feel that you have been in contact with a COVID-19 confirmed case, immediately report to the health worker and check yourself to a health care facility. Henceforth, your specimen will be examined.

III. PROTOCOL IN PUBLIC AREA AND TRANSPORTATION

A. General Protocol in Public Transportation and Areas

1. **Ensure that all public areas and public transportation are clean**

Perform cleaning using disinfectants at least 3 times a day, especially during rush hours (morning, afternoon and evening) at each representative location (door handles, elevator buttons, escalator handles, etc.).

2. **Detect body temperature** at each point of entrance of public places and public transportation.

If the public's body temperature is detected to be $\geq 38^{\circ}\text{C}$, it is recommended to immediately check the body condition to the health care facility and are not allowed to enter public places or use public transportation.

3. **Ensure that temporary isolation rooms are available at large events** (for example: concerts, seminars, etc.)

Ensure there are health checkpoints, transit rooms and health workers at every major event. If at the time of the event, there are participants who are sick immediately examined if the condition worsens, transfer to the transit room and immediately refer to the referral hospital.

4. **Promote regular and thorough hand washing**

- Display posters about the importance of hand washing and proper hand washing procedures.
- Ensure that public places and transportation have access to hand washing with soap and water or alcohol-based hand washing.
- Place hand sanitizer dispensers in strategic places and easily accessible to the community on public transportation and public places and make sure these dispensers are refilled regularly.

5. **Socialize coughing/sneezing etiquette** in public places and public transportation.

- Display posters about the importance of implementing a cough/sneezing etiquette and procedures for sneezing/coughing in public places and public transportation.
 - Managers of public places and public transportation must provide face masks and/or tissue given to all visitors and passengers who have symptoms of flu or cough.
6. **Periodically update information about COVID-19** and place it in an area easily seen by visitors and passengers.

Provide Communication, Information and Education media (*Komunikasi, Informasi dan Edukasi* or KIE) regarding the prevention and control of COVID-19 in strategic locations in every public places and public transportation.

B. Public Transportation Protocol (point to point)

1. If you are in an unhealthy condition, do not drive vehicles. You should immediately check yourself into a health care facility.
2. Apply Clean and Healthy Behavior (*Perilaku Hidup Bersih dan Sehat* or PHBS) such as:
 - Washing your hands using soap and water
 - Throwing garbage in the trash
 - Not smoking and consuming Drugs, Psychotropic Substances and other Addictive Substances
 - Not spitting in any place
 - Avoiding unnecessary touching of areas of the face
3. Passengers who have a cough or flu, should wear a mask while in the vehicle.
4. Perform cleaning using disinfectants, especially after transporting passengers who have a fever, cough or flu.
5. When transporting passengers with symptoms of cough or flu, suggest the passenger to wear a mask. If the passenger does not have a mask, provide a mask to the passenger.

6. Measure body temperature at least twice a day before and after driving, especially after carrying passengers who have a fever, cough or flu.

C. Protocol for Large-scale Events

For organizing events with a large number of participants, it is recommended to do the following:

1. Event Organizer

- a. Perform initial screening through body temperature checks and people with respiratory symptoms such as cough/flu/shortness of breath.
- b. If an unhealthy individual is found, it is recommended to not be included in the event and recommend to immediately get checked at a health care facility.
- c. Ensure that participants who are unhealthy and have a history of travel from a country with a local transmission of COVID -19 within the last 14 days to not attend the event. This is informed by notification in the entrance and registration area. Information on the list of countries with local transmission of COVID-19 can be accessed at www.covid19.kemkes.go.id.
- d. Ensure the location of the event has good air circulation and has adequate facilities for washing hands.
- e. Ensure the availability of soap and water for hand washing or alcohol-based hand washing.
- f. Increase the frequency of cleaning common areas that are frequently used, such as bathrooms, registration and payment counters, and dining areas especially during rush hours.

2. Event Participants

- a. If during the event, there are staff or participants who are sick then do not continue the event and immediately check their health.
- b. Participants returning from the country with local transmissions of COVID-19 within the last 14 days should inform the organizing committee. If during the event you have a fever or respiratory

symptoms such as cough/flu/shortness of breath then do not continue the event and immediately go to a health care facility.

- c. Healthy individuals do not need to wear masks.
- d. Participants must apply Clean and Healthy Behavior (*Perilaku Hidup Bersih dan Sehat* or PHBS) such as washing hands regularly using water and soap or alcohol-based hand washing and avoid unnecessary touching of areas of the face.
- c. Avoid shaking hands with other event participants, and consider adopting alternative forms of greeting.

D. Protocols in the Market or Street Vendors Region

Operators, managing agents, contractors and staff must be reminded to:

1. Do a body temperature check at least twice a day.
2. If you are in an unhealthy condition, you should immediately get checked at a health care facility.
3. Use a mask if you have a cough or flu.
4. Apply a cough/sneeze etiquette: cover your mouth using inner upper arm or tissue when coughing or sneezing and immediately throw the dirty tissue into the trash. Then wash your hands using soap and water.
5. Clean the toilet regularly and for toilet users, flush the toilet after use.
6. Apply personal hygiene (washing hands with soap and water) especially after using the toilet, doing cleaning work and before and after eating.
7. Use gloves when doing cleaning work and when handling waste.
8. Avoid unnecessary touching of areas of the face.

E. Protocols in Restaurants

Restaurant managers and staff must be reminded to:

1. Do a body temperature check at least twice a day.
2. If you are in an unhealthy condition, you should immediately get checked at a health care facility.
3. Use a mask if you have a cough or flu.
4. Apply a cough/sneeze etiquette: cover your mouth using inner upper arm or tissue when coughing or sneezing and immediately throw the dirty tissue into the trash. Then wash your hands using soap and water.
5. Clean the toilet regularly and for toilet users, flush the toilet after use.

6. Apply personal hygiene (washing hands with soap and water) especially after using the toilet, doing cleaning work and before and after eating.
7. Use gloves when doing cleaning work and when handling waste.
8. Avoid unnecessary touching of areas of the face.
9. Cleaning equipment using disinfectants after use.

For more information contact the Call Center at number **119 ext 9**.

IV. PROTOCOL IN EDUCATION INSTITUTION AREA

1. The Education Service coordinates with the local Health Service Office to find out the plans or readiness of the local area in dealing with COVID-19.
2. Provide facilities for washing hands using water and soap or alcohol-based hand washing at various strategic locations in schools in accordance with the required amount.
3. Instructing school residents to wash their hands using water and soap or alcohol-based hand wash, and implement other Clean and Healthy Behavior (*Perilaku Hidup Bersih dan Sehat* or PHBS) such as eating healthy snacks, using clean and healthy toilet, exercising regularly, not smoking, and taking out trash in its place.
4. Clean the room and the school environment regularly (at least once a day) with disinfectants, especially door handles, light switches, computers, desks, keyboards and other facilities that are often held by hands.
5. Monitor absentees of school residents. If known to be absent due to illness with symptoms of fever/cough/runny nose/sore throat/shortness of breath it is advisable to immediately go to the nearest health care facility to get checked.
6. Give an appeal to sick school residents with symptoms of fever/cough/runny nose/sore throat/shortness of breath to isolate themselves at home with not much contact.
7. If there is a large absence due to illness related to breathing, the Education Service Office coordinates with the local Health Service Office.
8. The education institution must be able to conduct initial screening of education residents who have complaints of illness, to be further informed and coordinate with the local Health Service Office for further examination.
9. Ensure that the food served at school is healthy and has been cooked thoroughly.

10. Urge all school residents not to share foods, drinks, including eating, drinking utensils and wind instruments that will increase the risk of disease transmission.
11. Instruct school members to avoid direct physical contact (shaking hands, kissing hands, hugging, etc.).
12. Postpone activities that gather a lot of people or activities outside school environment (such as camping, study tours).
13. Perform initial screening in the form of body temperature measurements of all guests who come to education institutions.
School residents and families traveling to countries with local transmission of COVID-19 (Information on the list of countries with local transmission of COVID-19 can be accessed at www.covid19.kemendes.go.id) and have symptoms of fever or respiratory symptoms such as cough/runny nose/sore throat/shortness of breath are asked not to take, pick up, and be in the school area.

V. PROTOCOL IN THE ENTRANCE OF THE TERRITORY OF INDONESIA (AIRPORT, PORT, State Land Border Posts)

A. Background

Preventive Management at the State Entrance (Airport, Port and State Land Border Posts) in anticipation of COVID-19 includes the following aspects:

- a. Early Detection of a suspected Travelers;
- b. Interview and Anamnesis of the sick Traveler to ascertain the possibility of COVID-19 symptoms in the examination room;
- c. Reporting of cases of Travelers under the category of Patients Under Observation of COVID-19 to PHEOC;
- d. Refer to Isolation of Travelers under the category of Patients Under Observation of COVID-19 to the Referral Hospital using ambulances according to the criteria;
- e. Health Quarantine in transportation equipment and items suspected of being exposed to COVID-19.

B. Early Detection of Sick Travelers in International Arrival

1. Planning

a. Health Quarantine Officer

- There is a sufficient number of personnel and trained with regard to the volume of Travelers and the complexity of activities at the entrance of the state.
- Entrance with a large number of Travelers must have at least two health workers at the Travelers' entrance location.
- Health workers have the ability to prevent COVID-19.

b. Infrastructure

- Checking the body temperature of travelers must use a thermal gun and thermal scanner.
- Availability of a place to check body temperature using a thermal gun.
- Availability of a place that meets the standards to install a Thermal scanner.
- The availability of an examination room to conduct anamneses and interviews with travelers with the category of patient under supervision of COVID-19
- The availability of personal protective equipment (PPE) that will be used in carrying out supervision and examination.
- The availability of disinfectants, antiseptics and adequate medical waste dump to carry out health quarantine measures.
- Availability of Health Alert Card (HAC).
- Availability of an area or room to carry out disinfection of transportation equipment and medical items and waste.

2. Implementation

a. COVID-19 Early Detection

Early detection of COVID-19 for Travelers, shall be carried out in the following ways:

- Coordinate with the Airline/ship agent from the country with local transmission of COVID-19 to make announcements, distribute and fill HAC to all travelers including crews. A list of countries can be posted in strategic locations (information on the list of countries with local transmission of COVID-19 can be accessed at www.covid19.kemkes.go.id).

- Screening the temperature by using a Thermal scanner and Thermal gun at a predetermined place using PPE.
- If an increase in body temperature of $\geq 38^{\circ}\text{C}$ is found then anamneses and interviews are conducted to determine whether it meets the criteria of a COVID-19 case in the examination room using PPE.
- To travelers without a detected increase in body temperature can be sent home with education and HAC still carried by the traveler.
- Every HAC is subject to tearing and HAC monitoring is carried out in coordination with the local Health Service Office.

b. Handling Travelers Stipulated as Patients Under Observation after Early Detection

- If the traveler is indicated as a patient under supervision of COVID-19, a referral to a referral hospital is carried out using an ambulance according to the criteria and the officer uses PPE for further examination.
- If a traveler meets the criteria of a person under monitoring, the traveler must carry out isolation and the local health officer monitors for 14 days. Location consideration can be done at home, public facilities, or transportation equipment by considering local conditions and situations.
- Record the number and identity of patients under surveillance and people under monitoring in Health Quarantine Information System (*Sistem Informasi Karantina Kesehatan* or SINKARKES) and report to PHEOC.
- Carrying out health quarantine measures to disinfect transportation equipment and items suspected of being exposed in designated areas using PPE.

C. Interviews and Anamneses of Patients Under Observation

1. Planning

a. Amenities

- 1) Availability of a place:
 - To conduct interviews for travelers who are patients under surveillance with a distance of more than 1 meter between the travelers and with officers while waiting for the interview.
 - That has the capacity of the room to conduct temporary isolation after the interview, when they are waiting for transportation to get to the Referral Hospital.
- 2) The availability of interview and anamneses instruments as well as SOP for referring cases of Patients Under Observation and the Referral Hospital List
- 3) Health quarantine facilities are available that are separate from the entry point in case there is a need to accommodate close contact, and Patients Under Observation with a large amount.

b. Health Quarantine Officer

- 1) Need to identify the needs of officers and training to:
 - Conduct interviews and anamneses;
 - Prevent transmission to yourself or others; and
 - Provide transportation for patient referral;
- 2) Equipping officers with training on:
 - Prevention and control of infections;
 - Management of logistics administration, such as providing masks for travelers who experience respiratory symptoms;

- COVID-19 prevention risk communication techniques both to the public and health workers.

c. Equipment

- Identify needs and availability of soap, running water, alcohol-based hand sanitizers, masks and/or tissues.
- Provides a place to dispose of masks and tissues that have been used and conduct waste disposal management in accordance with statutory regulations;
- Ensure the availability of cleaning tools.
- Ensure the availability of chairs and/or beds in temporary isolation areas.

d. Planning and Standard Operating Procedures

- Establish patients under surveillance referral SOP.
- Establish cleaning using disinfection SOP. Cleaning shall be done 3 times a day (morning, noon, night) using a disinfectant containing 0,5% sodium hypochlorite (which is equivalent to 5000 ppm or 1-9 parts of water). The officer who conducts the cleaning must wear appropriate personal protective equipment.
- Develop and implement contingency plans.

2. Interview Implementation

a. Travelers to determine case criteria

- At the time of the interview, the officer shall use a complete PPE and the patient shall use a mask.
- The officer conducts an interview by using the instruments that have been prepared (including asking travel history and exposure history).
- Officer to keep distance from patients for more than 1 meter when conducting interviews.
- Conducting additional observations needed by the interviewer.

- Conducting a physical examination (signs or symptoms such as fever ($\geq 38^{\circ}\text{C}$), cough, cold, sore throat, shortness of breath) to find out whether the patient meets the case criteria.
- b. Handling of Patients under Observation after the Interview Phase
- Travelers who have fulfilled the criteria to be Patients Under Observation shall be immediately referred to the referral hospital for isolation.
 - Travelers are referred to referral hospitals for further medical action and evaluation.
 - Officers shall coordinate with the Health Service Office or the local health authority regarding those cases.

D. Reporting Patients Under Observation

Stipulating mechanisms for communicating suspected COVID-19 patients under observation between the Ministry of Health, the Ministry of Law and Human Rights, and the Ministry of Transportation.

1. Procedure and Communication

The following procedures and the communication line must be implemented is Health Quarantine as a health authority at the border must:

- a. Provide information regarding health, documents and reports from vehicle operators related to the sick traveler, conducting initial assessment regarding health risks, and providing advice regarding advice regarding how to resist and manage risks accordingly.
- b. Notifying the next health authority regarding the presence of sick travelers on the vehicle.
- c. Notifying residents, the relevant regional or national health supervision system regarding the existence of identified sick travelers.

2. Reporting Sick Travelers on Means of Transportation

- a. Air transportation: Collection of General Declaration Letters from the health section of the airplane. All travelers are required to fill a general declaration form from the health section of the airplane. Authorized parties will inform plane operators or their agents regarding the requirements.
- b. Sea transportation: Maritime Health Statement Letter
Maritime health declaration letters are required for all ships arriving from an international destination.

E. Isolation, Initial Case Handling and Referral to Patients Under Observation

1. Isolation and Initial Case Handling

Travelers who have been interviewed and gone through anamnesis and are declared to be patients under observation shall be immediately isolated at a referral hospital to get further treatment.

- a. Travelers placed in temporary isolation rooms that have been determined in airports, namely:
 - Patients under observation shall maintain a distance of more than 1 meter from one another in the same room.
 - That there be a special bathroom to be used only by patients.
- b. Officers at entry points shall instruct patients under observation to do the following:
 - Wearing medical masks when waiting to be transferred to health facilities that are replaced periodically or when soiled.
 - Do not touch the front of the mask and if touched must use soap and water or alcohol-based cleansers.
 - If you are not wearing masks, keep your breathing clean by covering your mouth and nose while coughing and sneezing with tissues or upper arm. This is followed by cleaning your hands using alcohol-based cleansers or soap and water.

- c. Officers at the entry points must avoid entering the temporary isolation room. If forced to enter, then must follow the following procedures:
 - Officers are equipped with complete PPE.
 - Cleaning your hands using alcohol-based cleansers or soap and water before and after entering the isolation room.
- d. Tissues, masks and other waste originating from isolation spaces must be placed in closed containers and disposed of in accordance with national provisions for infectious waste.
- e. Surfaces that are frequently touched in isolation rooms must be cleaned using disinfectants after they have been used by staff who use adequate personal protective equipment (PPE).
- f. Cleaning is carried out using a disinfectant containing 0,5% sodium hypochlorite (which is equivalent to 5000 ppm or a ratio of 1/9 with water).

2. Preparation of Transportation Protocol for Patients under Observation

- a. Contact the referral hospital to provide information on the referred patient under observation.
- b. Ensuring the availability of ambulances and that the equipment in it is complete and is functioning well.
- c. Ensuring the availability of PPE for health officers who will refer patients under observation.
- d. Implementing procedures for the mitigation and control of infection in referring patients.
- e. Disinfection of ambulances and deliveries in accordance with SOP.

3. Considerations for Infection Prevention and Control for Ambulance and Transportation Officers on Duty in Ambulances

- a. Officers and drivers who will refer patients under observation are equipped with complete PPE.

- b. Disposable PPE must be disposed in accordance with the rules regarding the disposal of infectious medical waste. PPE that can be reused is decontaminated before being reused (disinfection and sterilization).
- c. Ambulance drivers shall be separated from patients under observation (with a safe distance of more than 1 meter). Ambulance drivers are not required to use PPE if the safe distance is maintained. If ambulance drivers must help bring the patient under observation to the ambulance, then the ambulance driver must also comply with the recommendations in the previous point.
- d. Transportation staff on duty in ambulances must routinely maintain hand hygiene by washing their hands with running water and soap, or alcohol-based cleansers before equipping PPE and after using PPE.
- e. Ambulance and transport vehicles must be cleaned and disinfected, specifically areas related to patients under observation. Cleaning is done using disinfectant that contains 0,5% sodium hypochlorite (which is equivalent to 5000 ppm) with a ratio of 1/9 with water.

VI. PROTOCOL IN THE SPECIFIC SCOPE OF GOVERNMENT (VVIP)

A. Objective

The objective of this document is for the standardization of personnel management in the scope of special government (VVIP) in Indonesia in relation to COVID-19. The special objective is to reduce the risk of infection for government officials in the special scope (VVIP) with this protocol.

B. Background

Corona virus is a large family of viruses that can cause diseases in animals and humans. Several corona viruses are zoonotic and can spread from animals to humans. In humans, the corona virus can cause a variety of respiratory diseases ranging from mild to severe, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID-19 is a new corona virus disease that has never been detected in humans which is caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

C. Prevention of COVID-19 Infection

1. All VVIP and family members are advised to:
 - a. Wash your hands regularly with soap and running water, or with an alcohol-based hand sanitizer.
 - b. Maintain social distancing and voiding close contact (such as not shaking hands or hugging and strive to maintain a distance of more than 1 meter from other people). VVIPs are expected to be examples in this implementation.
 - c. Avoid contact with people who have symptoms such as flu/coughing/sneezing and searching for medical assistance if suffering from fever, cough or difficulty breathing.
 - d. Cook food, especially meat until cooked.
 - e. Be recommended to have a supply of basic medicines, alcohol-based hand sanitizers and masks (according to instructions for use) at home, along with water and food reserves for at least 2 weeks (according to WHO recommendations for quarantines which is 14 days (the longest incubation period)).
 - f. Print and save a list of health facilities for UN staff. All agencies have a list of 132 referral medical service centers in all regions of Indonesia that have been determined based on Minister of Health

Decree Number HK.01.07/MENKES/169/2020 regarding Determination of Referral Hospitals for Certain Emerging Infectious Diseases.

- g. Develop protocol for household assistants, cleaning staff, gardeners and household security officers.
- h. Create a contingency plan in the event that a family member is impacted.
- i. Avoid entertainment locations with crowds and recreation areas.
- j. When providing Health Services but indirectly to family members who are experiencing respiratory symptoms at home, a surgical mask should be used. If directly providing Health Services to family members who experience respiratory symptoms, must use a surgical mask, gloves and apron (if there is a risk of splashes). When providing direct treatment to COVID-19 patients at home, use complete PPE in the form of a surgical mask, gown, gloves and eye protection. Afterwards they must wash their hands with soap and water (according to WHO's PPE protocol).
- k. Ensuring VVIP, or if there are household members, are residing in different rooms, or if that is not possible, maintain a distance of more than 1 meter from sick individuals.
- l. Washing hands with soap and water or alcohol-based hand sanitizers after making contact of any kind with sufferers, or environments where the sufferer is being treated, and when taking off masks, gloves or other personal protective equipment if used. Further information can be obtained from the WHO guide in the following link [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

2. The entire scope of special government (VVIP) shall:

- a. Ensure the availability of alcohol-based hand sanitizers at the entry of public buildings and areas.
- b. Ensure that everyone entering buildings/areas washes their hands with alcohol-based hand sanitizers.
- c. Clean and disinfect common areas at least 3 times a day (especially during high hours of activity), especially areas that are frequently touched, such as toilets, elevators, door handles, water containers, etc.

- d. Conduct temperature checks on people and visitors entering the building.
 - e. Place Communications, Information and Education Media relating to COVID-19 prevention efforts including handwashing method and coughing/sneezing etiquette in public places, such as toilets, lifts and corridors.
3. All members of the scope of special government shall:
- a. Ensure the Business Continuity Plan is up-to-date, tried and is inline with other Indonesian contingency plans, and is shared with other relevant agencies.
 - b. Routinely considered program interests and restricting activities outside of the region especially areas with local COVID-19 transmissions, except those considered very important.
 - c. Identify VVIP members and family with pre-existing medical conditions, such as heart disease, diabetes, advanced age, as well as considering alternative work patterns (for example: working from home, job rotation, etc).
 - d. Only main visiting missions (domestic and international) must be carried out.
 - e. Support flexible work arrangements with supervisory approval, especially during the COVID-19 outbreak.
 - f. Ensure operational office safety ('Safe Office'):
 - Individuals suffering from respiratory symptoms such as cough/runny nose/sore throat/ shortness of breath to not enter the office and to notify the office focal point.
 - Employees, consultants and visitors experiencing respiratory symptoms cough/runny nose/sore throat/ shortness of breath are requested to inform their respective supervisors and to leave the office and to use surgical masks.
 - When coughing or sneezing, cover the mouth or nose using tissues that are immediately disposed off in a closed rubbish bin or covering the mouth and nose with the upper arm.
 - Physical contact must be avoided in the office, for example handshaking or hugging.

- Hand washing facilities include soap and water or alcohol-based hand sanitizers must be used routinely throughout the day and are always present at the exits and entrances of offices and toilets.
 - Visitor records must include contact information.
 - Visitors must be given office safety protocol (Safe Office).
 - Office equipment surfaces (tables, door handles, etc) must be cleaned every day at least of 3 times a day (especially during peak hours of activity). Public areas, such as doors, toilets and cafeterias, must be cleaned with the same frequency every day. Meeting facilities must be cleaned at the end of every meeting, in accordance with the applicable guidelines.
- g. Provide information to staff regarding the danger of COVID-19 transmission, providing information regarding the list of referral hospitals that can be used. Other basic Health Service facilities must also be informed to staff and their families.
- h. Need to appoint one or two individuals (Focal Points) that can be contacted if any staff members meet the patient's under observation criteria, or have had close contact with confirmed COVID-19 cases. The Focal Points are expected to have a background in health. For small organizations, Focal Points with a background in health may be appointed, or consulted with the relevant Ministry.
- i. Be expected to share information regarding:
- List of updates from staff, including contact and location information.
 - Names and contact information of relevant organizations.
 - Names of "medical focal points" in the organization (if different).
 - Identification of the main ranks of each organization, according to contingency plans.

4. Meetings

All members of the scope of special government (VVIP) must pay attention to the following matters:

- a. Alternative communication patterns for meetings need to be identified, tried and inspected, for example using Skype or other modes of telecommunication.
- b. Inform staff to avoid physical attendance for meetings with large numbers of participants.
- c. Promote virtual meetings, and recommend the provision of appropriate bandwidth capacity and ensuring staff have computer access or other remote communication.
- d. As the host of the meeting, comply with Mass Gathering implementation protocol.
- e. Ensure appropriate and routine psychosocial reviews and medical preparation and response protocols.
- f. Ensure all staff and family members in all locations understand the health conditions of every person, including family members, and provide medical assistance if needed.
- g. Ensure the existence of appropriate arrangements to support staff and family members who may be isolated due to contact with patients under observation or confirmed cases to be able to continue working from home (remote working) with consultation from the heads of relevant sections.
- h. Ensure additional flexibility for staff required to stay from home for reasons unrelated to work, but related to the COVID-19 situation, for example to provide medical services for family members or for their children, if schools or other child care facilities are closed.
- i. Ensure sick leave is still granted flexibly if sick or under isolation or quarantine related to COVID-19, without regular verification from doctors.

5. Travel

- a. To avoid increased risk, exposure and the possible spread of COVID-19, only necessary travel is taken.
- b. All staff and family members who still have to travel must be aware of operational standards of local health procedures in the destination region/country and prepared to follow the screening rules imposed by local authorities.
- c. Staff and family members who are experiencing respiratory symptoms such as cough/runny nose/sore throat/ shortness of breath while traveling, visiting the destination area or after traveling,

are advised to IMMEDIATELY seek medical help and share medical information and travel history with the examining doctor.

- d. All staff and family members who return from areas with local COVID-19 transmission must confirm with the local health office and conduct 'self monitoring' in the form of checking body temperature twice a day and if respiratory symptoms such as cough/runny nose/sore throat/ shortness of breath occur then IMMEDIATELY check yourself into a health care facility.
- e. WHO recommends a preventive approach for people returning from areas with local COVID-19 transmission (community transmission). Therefore, all staff and family members who have just returned are expected to conduct 'self monitoring' in the form of checking body temperature twice a day and risk assessment by telephone conversations to ascertain the possibility of exposure to the virus.
- f. All staff and family must postpone or avoid travel to area 1, especially high risk individuals or those with serious illness (advanced age, diabetes, heart disease). Consult with your doctor or Health Service Office if there are doubts.

6. Rules regarding leave

- a. Remote work arrangements will be coordinated and supported by the leadership.
- b. This temporary arrangement will not affect leave rights.
- c. Staff or family members who are isolated due to contact with patients under observation or confirmed cases can make remote work arrangements with consultation with relevant managers.
- d. Additional flexibility for staff required to stay from home for reasons unrelated to work, but related to the COVID-19 situation, for example to provide medical services for family members or for their children, if schools or other child care facilities are closed.
- e. In the event of illness or isolation or quarantine related to COVID-19, sick leave can be applied for.

7. Social Media Usage

Staff have an important role related to organization which encompasses social media usage. Its function as a source of information for family and friends, especially for the preparation and prevention of COVID-19.

However staff activity on personal social media, even for things considered unrelated to work assignments, may be considered a reflection of an organization and threaten the risk of an organization's reputation. Therefore, it is advised to:

- a. Be careful and wise in the use of social media.
 - b. Think before posting and use common sense by paying attention to whether this can be interpreted as something else, or if comments can be published in the media. If there are any doubts, posting should be avoided.
 - c. Be careful to 'share' or 'like' on social media which might be interpreted as support for facts and related opinions.
 - d. Remember that information that has not been published yet should not be revealed on social media, except with prior authorization.
 - e. Keep in mind that even though it is not publicly stated, your status as a special member of government (VVIP) is not private and can be searched by regular internet searches.
8. As Patients under Observation/Contact with Patients under Observation/Contact with Confirmed COVID-19 Cases.
- a. If the doctor treats staff (or family members) who are patients under observation or confirmed COVID-19 cases and do not use PPE then the person is in close contact and is therefore recommended to work from home for 14 days ('self-quarantine').
 - b. Staff must inform the 'Focal Points', who alternative monitor/check the staff (or family members) on a daily basis in coordination with the local Health Service Office.
 - c. If during this 14-day period (during 'self quarantine', staff (or family members) experiencing any symptoms (fever, cough, difficulty breathing or shortness of breath), must immediately inform the Focal Point and IMMEDIATELY go to health care facilities for further treatment.
 - d. During the 14-day period, if a staff (or a family member) starts to show mild symptoms, it is advised to contact Focal Point, conduct self-isolation, and contact 119 ext.
 - e. If help is needed because symptoms are getting worse the Focal Point may help in contact to carry out isolation to referral hospital for further procedure.

D. Case management and communication lines

Based on the protocol by the Ministry of Health, patients under COVID-19 observation will be referred to the referral Hospital with the hotline number (119 ext. 9). Alternatively, staff can contact the organization's Focal Point which will help to contact the 119 ext. 9 hotline. After that, the patient under observation will be taken to a referral hospital by ambulance for further treatment.

Warnings for Travelers entering the Indonesian Territory

A. When Arriving at the International Arrivals Area

1. Conduct body temperature checks in areas determined by officers and handing over the Health Alert Card (HAC) to the health officer at the entrance.
2. Wash your hands using water and soap or alcohol-based hand sanitizer available at the International Arrivals area.
3. Wear a mask when you have the flu or cough. Paying attention to how to wear the mask properly.
4. Paying attention to coughing/sneezing etiquette by:
 - a. cover the mouth or nose using tissues or the upper arm when coughing or sneezing.
 - b. dispose tissues that have been used in the trash bin and wash your hands using clean water and soap or alcohol-based hand sanitizer available in the international arrivals area.
5. Contact health workers available at the international arrivals area when feeling ill to get help/care.
6. Not stigmatizing/discriminating fellow travelers from certain countries regarding COVID-19.

B. When Conducting the Interview Process

1. Maintain a distance of more than one meter from the interview post while waiting for the interview's turn.
2. Passengers who will be interviewed and go through anamnesis shall use masks provided by health workers.
3. Cooperate by carrying out the direction of the officers and answering the questions of the officers truthfully.

C. When Declared a COVID-19 Patient Under Observation

1. If declared as a patients under COVID-19 observation, remain calm and prepare to head to the temporary isolation room accompanied by health workers using Personal Protective Equipment.
2. Comply with all COVID-19 mitigation protocols to be directed by officers.

D. When Permitted to Enter Into the Indonesian Territory

1. Implementing the Healthy Living Movement through eating a balanced diet, exercising regularly and getting enough rest, washing hands with soap, using masks when coughing or covering the mouth with the upper arm, maintaining environmental cleanliness, not smoking, drinking 8 glasses of water per day, eat perfectly cooked food when experiencing a fever and shortness of breath go to the Health Service Office facility and do not forget to pray.
2. Preventing disease transmission to other people when you are sick by self isolating and not visiting public areas.
3. If within 14 days you experience symptoms of fever ($\geq 38^{\circ}\text{C}$), cough, runny nose, sore throat, shortness of breath, immediately go to the health care facility by bringing HAC.

COVID-19 SCREENING PROCESS FOR INTERNATIONAL TRAVELLERS AT SOEKARNO-HATTA AIRPORT

PROCESS:

1. Announcements REGARDING COVID-19 CAUTION on the plane by the Flight Attendants.
2. The distribution of Health Alert Cards (HAC) and the filling of HAC is done on the plane before landing.
3. Passengers get off the plane and pass the specified ARRIVAL DOOR.
4. Checking that the HAC has been filled out is then torn by the officer. One is to be kept by the office and another for the traveler.
5. Temperature scanning of all people is carried out twice namely:
 - With thermo gun / infrared thermometer (person per person)
 - With bulk thermal scanner.
6. Monitoring signs/symptoms: cough, runny nose, sore throat, shortness of breath.
7. If a traveler is found to have a fever and/or cough, runny nose, sore throat, shortness of breath, wear a mask immediately and be taken to a health examination room, then conduct an interview and medical examination by a doctor are made to determine the criteria for a COVID-19 case.
8. Travelers who have no fever/and or other symptoms. Continue their journey to the immigration check by bringing the HAC that has been torn/cut.
9. Immigration officers check the HAC, if the traveler does not bring their HAC, the traveler returns to the KPP post to fill the HAC.
10. Baggage claim and customs and excise process.
11. Exit the terminal.

NOTES:

1. Screening is carried out on all international aircraft arrivals.
2. More attention is given to travelers from South Korea, Italy and Iran.
3. For travelers who are notified of sick passengers on board from both Foreign and Domestic Agencies, handling cases inside the plane according to SOP.

COVID-19 CASE OPERATIONAL DEFINITIONS

PATIENTS UNDER OBSERVATION:

1. A person with Acute Respiratory Infection (ARI), ie a ($\geq 38^{\circ}\text{C}$) fever or a history of fever; accompanied by one of the symptoms/signs of a respiratory disease such as: cough/shortness of breath/sore throat/runny nose/mild to severe pneumonia.
AND
there are no other causes based on convincing clinical description
AND
in the last 14 days before the onset of symptoms, one of the following criteria is met:
 - a. Have a history of travel or living abroad where there are reports of local transmissions*;
 - b. Have a history of travel or living in local transmission areas in Indonesia**
2. A person with a fever ($\geq 38^{\circ}\text{C}$) or a history of fever or ARI **AND** in the last 14 days before the onset of symptoms has a history of contact with a confirmed or probable COVID-19 case;
3. A person with severe ARI/severe pneumonia*** in a local transmission area in Indonesia** who needs hospital treatment **AND** no other cause based on a convincing clinical description.

PERSON UNDER MONITORING:

- A person with a fever ($\geq 38^{\circ}\text{C}$) or a history of fever; or symptoms of respiratory system disorders such as runny nose/sore throat/cough.
AND
there are no other causes based on convincing clinical description.
AND
In the last 14 days before the onset of symptoms, one of the following criteria is met:
- a. Have a history of travel or living abroad where there are reports of local transmissions*;
 - b. Have a history of travel or living in local transmission areas in Indonesia**

CONFIRMED CASE:

A person infected by COVID-19 with positive laboratory results.

CLOSE CONTACT:

A person who has made physical contact or is in a room or visited (within a radius of 1 meter with the patient under observation case, probabilities or confirmations) in 14 days after the symptoms occur.

Included in close contact is:

- a. Health officers who inspect, treat, deliver and clean the room in the case treatment place without using PPE according to standards.
- b. People who are in the same room with the case (including workplaces, classes, homes, large events) within 14 days after the case symptoms develop.
- c. People traveling together (radius of 1 meter) with any type of conveyance/vehicle within 14 days after the onset of symptoms

Notes:

#Need to be alert with patients with immunity disorders (immunocompromised) because the symptoms and signs become unclear.

*countries reporting local transmissions according to the WHO can be seen through the site

<http://infeksiemerging.emkes.go.id>

**local transmission areas in Indonesia can be seen through the site

<http://infeksiemerging.emkes.go.id>

***Severe ARI or severe pneumonia is

- Adolescent or adult patients with a fever or under airway infection surveillance, in addition to one of: breathing frequency > 30 x/minute, severe respiratory distress, or oxygen saturation (SpO₂) <90% in the room's air.
- Pediatric patients with coughing or difficulty breathing, plus at least one of the following:
 - Central cyanosis or SpO₂ <90%;
 - severe respiratory distress (such as snoring, heavy chest wall pull);
 - signs of severe pneumonia: inability to breastfeed or drink, lethargy or loss of consciousness, or seizures.

- Other signs of pneumonia are: pull of the chest wall, tachypnea; <2 months, ≥ 60 x/minute; 2-11 months, ≥ 50 x/minute; 1-5 years, ≥ 40 x/minute; >5 years, ≥ 30 x/minute.

IMPORTANT LINKS

- <https://infeksiemerging.kemkes.go.id/>
- <https://covid19.kemkes.go.id/>
- <https://pusatkrisis.kemkes.go.id/>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- <https://www.unicef.org/indonesia/coronavirus>
- 24 hour hotline: 119 ext. 9

MINISTER OF HEALTH OF THE
REPUBLIC OF INDONESIA

(Signed and Stamped)

TERAWAN AGUS PUTRANTO