

# Situation Report

## Iraq

Epi Weeks 19 - 20 (9 - 22 May 2022)

### Key figures (As of 22 May 2022)

**18.55M**

COVID-19 tests performed in Iraq since the beginning of the pandemic



**10.6M**

people vaccinated against COVID-19 since March 2021



**2.32M**

confirmed cases registered since late February 2020



**1,222**

COVID-19 active cases reported in Iraq up to week 20



**2.3M**

recoveries from COVID-19 reported across Iraq



**25,216**

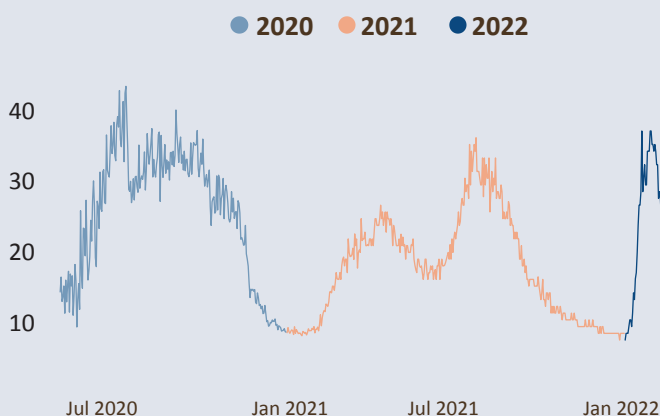
deaths due to COVID-19 reported in Iraq since March 2020



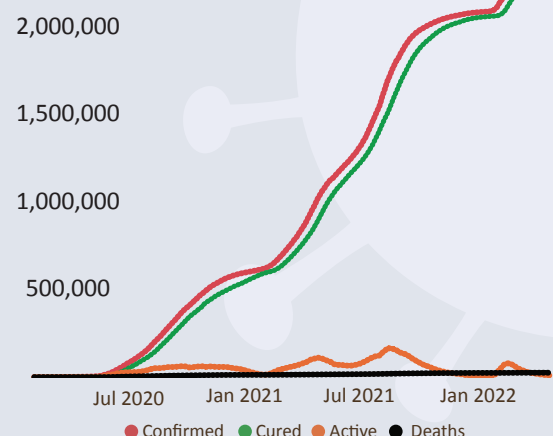
### Epidemiological Highlights:

- During the reporting period (9- 22 May 2022), the number of new COVID-19 cases increased by **19%** compared to the two previous weeks.
- As of 22 May 2022, Iraq reported 97 laboratory-confirmed cases of Crimean-Congo haemorrhagic fever (CCHF) and 18 related deaths, with Thi Qar governorate reporting more than 50% of the cases. Currently, all Iraqi governorates have reported cases.
- Iraq has reported 2,327,192 COVID-19 cases with incidence rate of 5,794/100,000 and 25,216 deaths as of 19 May 2022.
- The COVID-19 positivity rate (PR) in weeks 19 and 20 stood at **2.8%** and **2.9%**, respectively. The highest PR in weeks 19 and 20 was reported in Sulaymaniyah governorate (**9.6%** and **9.5%** respectively), while the highest PR in week 20 was recorded in Sulaymaniyah (9.5%). Erbil reported the lowest PR in week 19 (0.8%), while Diwaniya reported the lowest PR in week 20 (0.5%).

Daily positivity rate



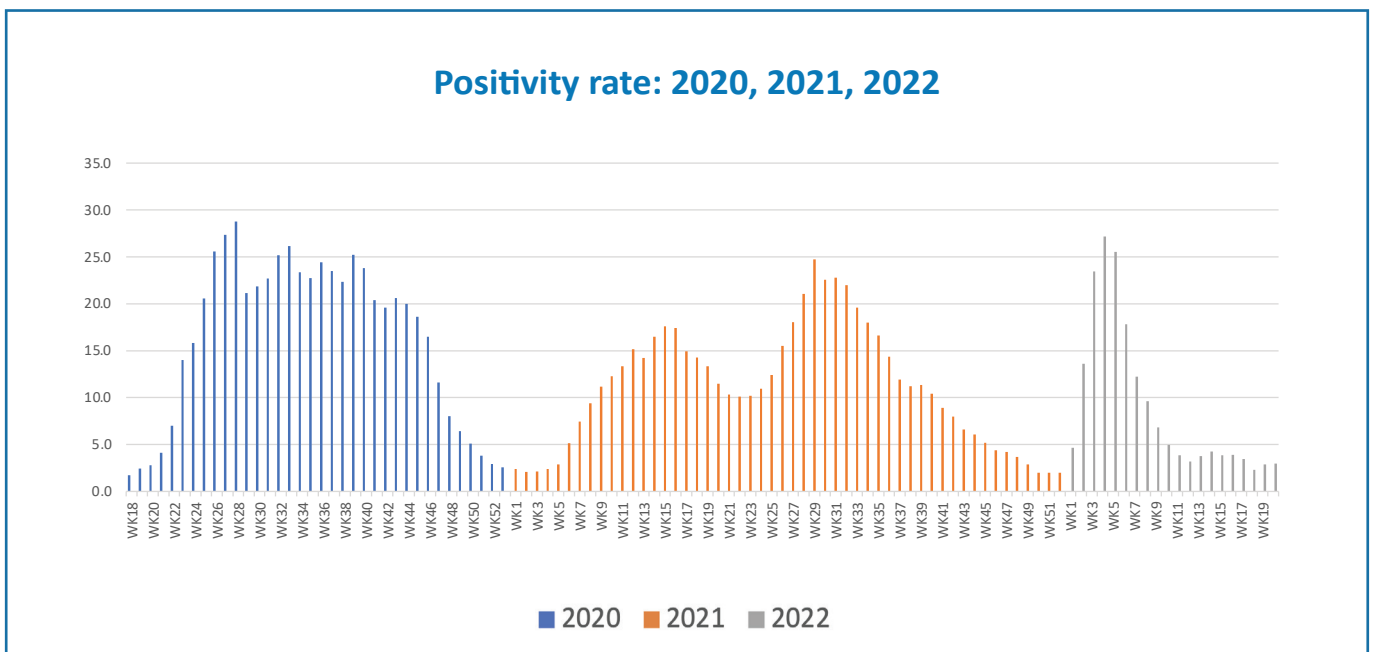
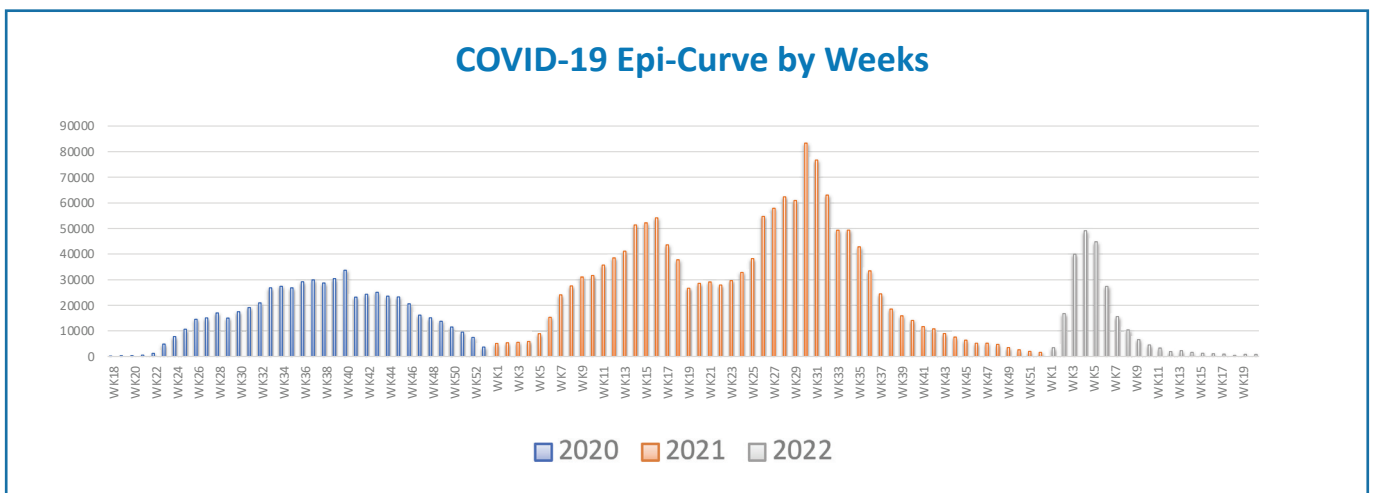
Cumulative distribution of cases by health status



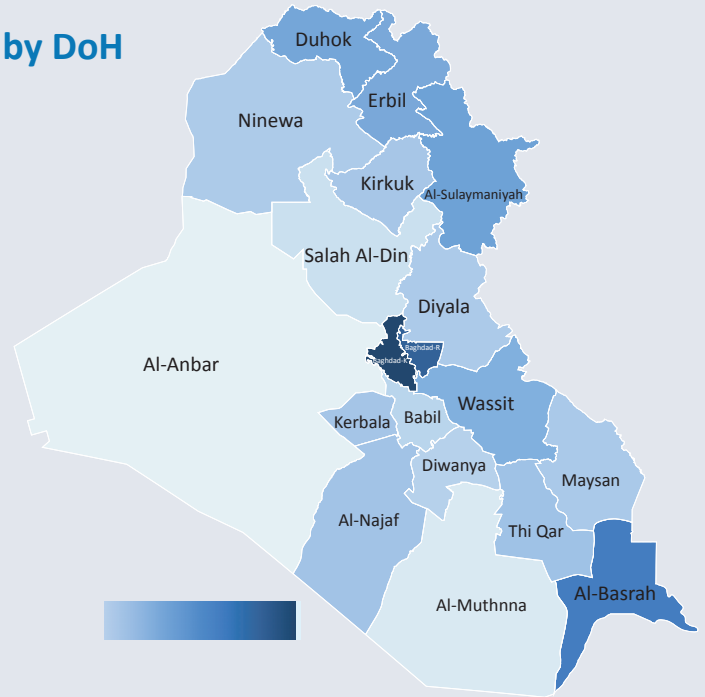
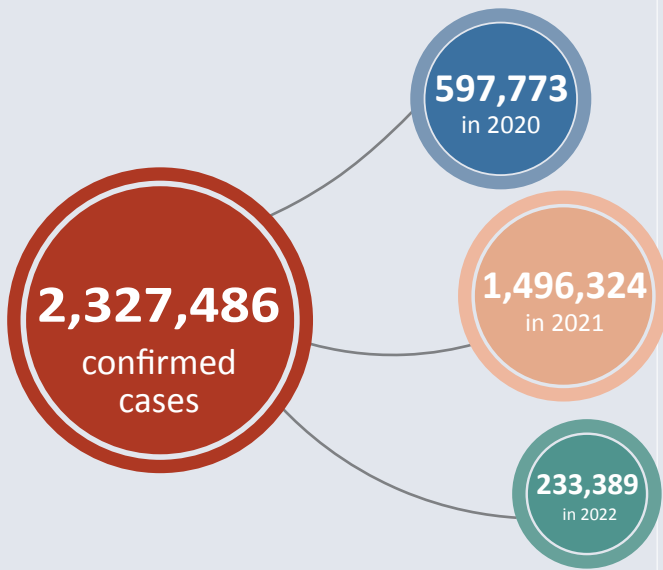
## The COVID-19 epidemiological indicators for weeks 19 - 20:

Since week 11, the overall community transmission in Iraq has been low. The results were analyzed based on three indicators: cases per 100,000 of population, deaths per 1 million of population, and positivity rate.

Week No	Case per 100000	Death Per 1 M	Positivity Rate	Case per 100001	Death Per 1 M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
1	20.9	2.5	3.5	Moderate	Low	Low	2	1	1	4	Moderate
2	40.7	1.0	13.5	Moderate	Low	Substantial	2	1	3	6	Moderate
3	96.9	1.0	23.4	Substantial	Low	High	3	1	4	8	Substantial
4	119.3	2.2	27.1	High	Low	High	4	1	4	9	Substantial
5	108.8	3.4	25.1	High	Low	High	4	1	4	9	Substantial
6	66.5	4.6	17.3	Substantial	Low	Substantial	3	1	3	7	Substantial
7	37.9	3.7	11.9	Moderate	Low	Substantial	2	1	3	6	Moderate
8	25.3	2.8	9.5	Moderate	Low	Moderate	2	1	2	5	Moderate
9	16.0	1.8	6.7	Moderate	Low	Moderate	2	1	2	5	Moderate
10	11.0	1.2	4.9	Moderate	Low	Low	2	1	1	4	Moderate
11	8.1	0.7	3.8	Low	Low	Low	1	1	1	3	Low
12	4.7	0.5	3.2	Low	Low	Low	1	1	1	3	Low
13	5.5	0.6	3.8	Low	Low	Low	1	1	1	3	Low
14	3.9	0.3	4.1	Low	Low	Low	1	1	1	3	Low
15	3.1	0.3	3.8	Low	Low	Low	1	1	1	3	Low
16	2.6	0.2	3.8	Low	Low	Low	1	1	1	3	Low
17	2.3	0.1	3.4	Low	Low	Low	1	1	1	3	Low
18	1.1	0.0	2.4	Low	Low	Low	1	1	1	3	Low
19	2.0	0.1	2.8	Low	Low	Low	1	1	1	3	Low
20	2.0	0.0	2.9	Low	Low	Low	1	1	1	3	Low

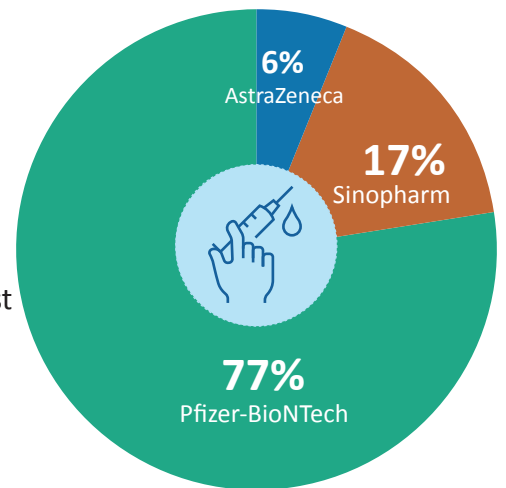


## Cumulative distribution of confirmed cases by DoH

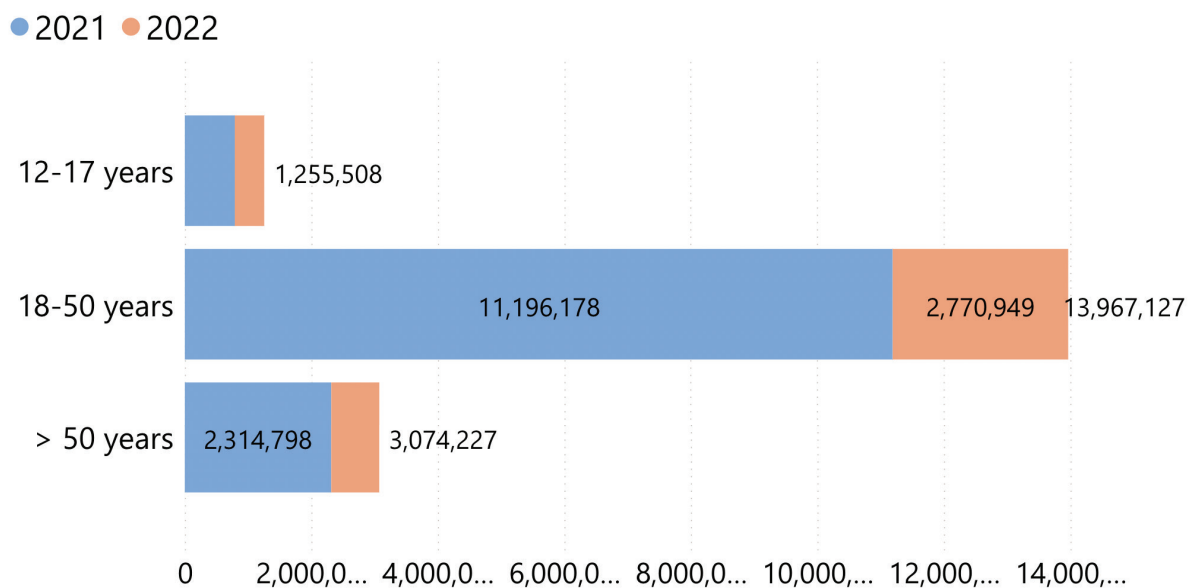


## COVID-19 vaccination

- As of 22 May 2022, a total of 18,296,162 vaccine doses were administered countrywide. A total of 10,639,869 people -- 25.8% of the population -- have received the first dose, while 7,478,973 -- 18.2% of the population -- have been fully vaccinated.
- Governorates with the highest rate of vaccinated people with the first dose include Duhok at a rate of (36.3%), followed by Baghdad- Karkh at a rate of 35.3%, Basra (33.3%), and Salah Al-Din (30%). In comparison, the lowest coverage of vaccination as of week 20 was reported in Sulaymaniyah (18.5%) and and Missan at (17.8%).



## Administered doses by age groups



## WHO preparedness and Response:

- From 15 to 16 May, WHO conducted a mission to Dhi Qar governorate to assess preparedness and response efforts to the outbreak. The mission conducted different meetings and sessions with health officials and workers, community leaders and women in the governorate to discuss health needs and gaps in responding to CCHF and boost coordination to ensure greater engagement at all levels.
- From 22 to 25 May, WHO trained 44 health workers from Kirkuk and Erbil governorates on the new national guidelines and developments in IPC, especially while dealing with COVID-19.
- On 10 May, WHO Representative in Iraq Dr Ahmed Zouiten addressed the medical students during the Scientific Conference organized by the College of Medicine at the University of Baghdad on the importance of medical scientific research.
- As part of WHO's effort to control CCHF outbreak in Iraq, WHO met on 11 May with the Minister of Agriculture to discuss ways for joint efforts to urgently respond to the ongoing outbreak. On 12 May, Dr Zouiten also met the Minister of Environment to discuss ways of building a strategic partnership between WHO Iraq and the Ministry to reduce the impact of climate change on the health of the people in Iraq.
- From 10-12 May, WHO and the Ministry of Health held a workshop on the pandemic influenza preparedness (PIP), targeting 34 health personnel from relevant health departments as part of WHO's effort to reactivate the influenza surveillance & expand sentinel surveillance sites in Iraq.
- During the reporting period, WHO worked closely with the Ministry of Health to build and deploy joint rapid response teams from the health and agriculture sectors to implement a practical strategy for the treatment of animals. WHO aimed to strengthen the diagnostic capacity of hospitals, train health workers to strengthen their capacity for adequate case management, and enhance epidemiological investigation and surveillance to detect and respond to cases as early as possible.
- WHO and the Ministry conducted on 15-16 May a mission to Dhi Qar governorate to assess preparedness and response efforts to contro the outbreak. The mission conducted different meetings and sessions with health officials and workers, community leaders and women in the governorate to discuss health needs and gaps in responding to Crimean-Congo haemorrhagic fever and boost coordination to ensure greater engagement at all levels. Other governorates will also benefit from WHO and Ministry support.
- To strengthen the capacity of laboratories in Iraq's governorates, WHO initiated the procurement of essential laboratory supplies to ensure continuity of Crimean-Congo haemorrhagic fever testing.



## Health cluster and partnerships:

- The Health Cluster team attended the Iraq Assessment & Information Management (AIM) Working Group on May 16th, a forum resulting from merging the separate Information Management and Assessment working groups that were operational in previous years. The purpose of the AIM Working Group is to serve as a multi-sector and multi-stakeholder group that supports coordinated needs assessments, harmonization of tools, information management, joint analysis, and the sharing of information products and services to inform strategic, evidence-based and operational decisions related to the humanitarian situation in Iraq. This meeting discussed the following issues:
  - a. REACH Organization presented the plan and current coverage of the 10th Round of the Multi-Cluster Needs Assessment (MCNA) for 2022 to inform the upcoming Humanitarian Program Cycle.
  - b. Situation and Needs Monitoring
  - c. Follow up on Assessment Registry
- On May 17th, the Health Cluster Coordinator and WHO Emergencies Team Lead met online with focal persons from USAID's Bureau of Humanitarian Assistance (BHA) to discuss the current health situation in Iraq, the transition plan of WHO and the Cluster from humanitarian to Durable Solutions and beyond, and the challenges being faced with implementing this transition plan.

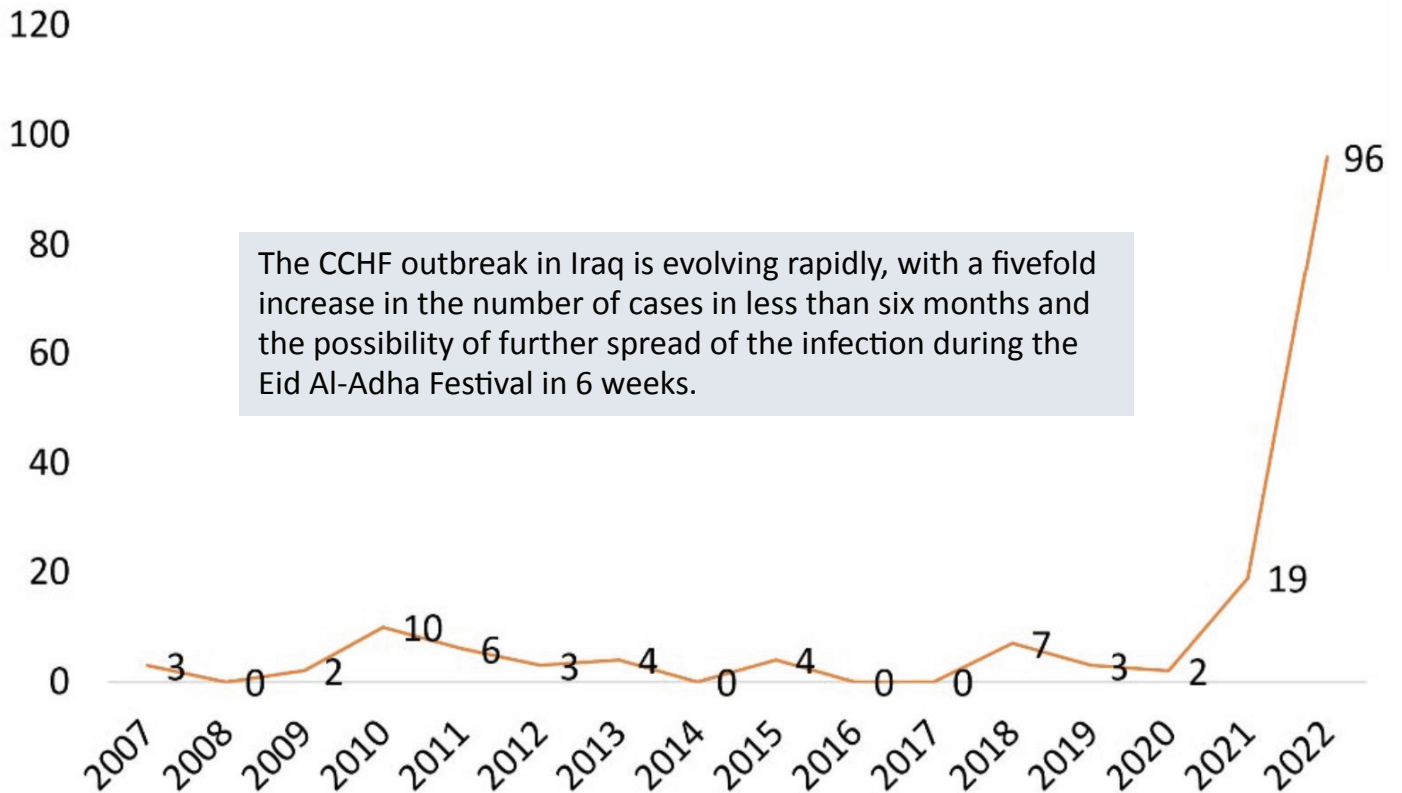
The Global Health Cluster facilitated a webinar on Rapid Gender Analysis on May 17th, with the Global Gender in Emergencies Coordinator from CARE International being the speaker at the event. The experiences of Cluster Coordinators were drawn upon to provide feedback on the gender situation in their respective countries; the data being collected disaggregated by age, gender and disability; the level of data analysis, among other topics. The Iraq Health Cluster contributed to the discussion by sharing the HRP 2022 Dashboard and providing some insights on the Rapid Gender Analyses conducted by CARE in the country.

## Risk Communication and Community Engagement

- WHO, in coordination with the Ministry, has so far conducted 3 health education sessions targeting 200 community members, including religious/tribal leaders, women, health workers and butchers, to equip them with the correct information on Crimean-Congo haemorrhagic fever and mobilize them to spread the acquired knowledge among their communities.
- Fifty women were engaged during the session, focusing on the best household practices to control the transmission of disease at the household level, while 50 community leaders and butchers were updated on health-related concerns regarding livestock trading and freshly slaughtered livestock. Twenty health workers were also sensitized to the incidence of the disease, the number of ticks in the environment, and the influence of climatic factors and geographical conditions.
- WHO and the Ministry of Health paid a field visit to Al-Fhood township in Thi-Qar to discuss with community leaders the priority interventions to lower transmission and prevent further spread of the disease.



## CCHF cases in Iraq: 2007-2022



The response to the COVID-19 pandemic and other diseases in Iraq is made possible with the generous contributions from WHO Iraq's long-term partners:



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### Notes for the reader:

- The source of the data in this situation report is the Ministry of Health daily reporting system.
- For detailed information on COVID-19 in Iraq, visit the COVID-19 dynamic infographics dashboard for Iraq.