



WHO Country Office  
for IRAQ

Coronavirus Disease  
(COVID-19)

Situation Report, Week 27  
05 – 11 July 2021

**Tested**



**12,211,053**

**Active**



**105,360**

**Confirmed**



**1,429,362**

**Cured**



**1,306,454**

**Deaths**



**17,548**

## Highlights:

1. A fire broke out in the COVID 19 Isolation Center in Imam Hussain Hospital in Thiqr Governorate south Iraq. The incident caused the death of more than 94 COVID 19 patients and their attendess according to MOH reports. WHO in Iraq expresses its saddnes and regret over the traject loss of lives and conveys its deep condolences to families of the victims.
2. In Week 27, the epidemic curve of COVID-19 continues to rise in the number of reported cases and deaths. The Ministry of Health sources, this week, reported a total of 57,887 new positive cases representing 140 case per 100.000 of population. Related deaths reported this week were 232 with a CFR of 0.4%.
3. Highest COVID 19 community transmission for WK27 is recorded in the three governorates of Najaf, Thiaqr and Diwaniya with an infection rate of more than 150 cases per 100,000 population.
4. Community transmission all over Iraq remains substantial but alerting of a potential high transmission especially with the three mentioned above governorates entering the 'high red zone' this week.
5. A total of **\*1,330,393** vaccine doses were administered Iraq wide this week indicating that **5.76%** of the target population received at least one dose of the COVID-19 vaccine.
6. Inoculation data, so far, revealed the administration of **529,176** doses of Astrazeneca, **430,102** of the Pfizer, and **368,115** of the third country certified Sinopharm vaccine.



### Notes for the reader:

i) the source of the data in this sitrep is the Ministry of Health daily reporting system.

ii) For detailed information on COVID in Iraq, visit the 'COVID 19 Dynamic Infographics Dashboard for Iraq': <https://bit.ly/2SINwIk>

# 1. The Epidemiological Situation for WK 27, (05 - 11 July 2021)

- This week reported **57,887** confirmed COVID-19 cases, indicating an increase of **12,112** cases than in WK26. Change percentage in this reporting period stands at **26.4** compared with WK26 and **6.9** compared with **WK16- the peak of the current case upsurge**. The representation of COVID-19 positive cases for this week stands at **140** cases/per 100,000 population.

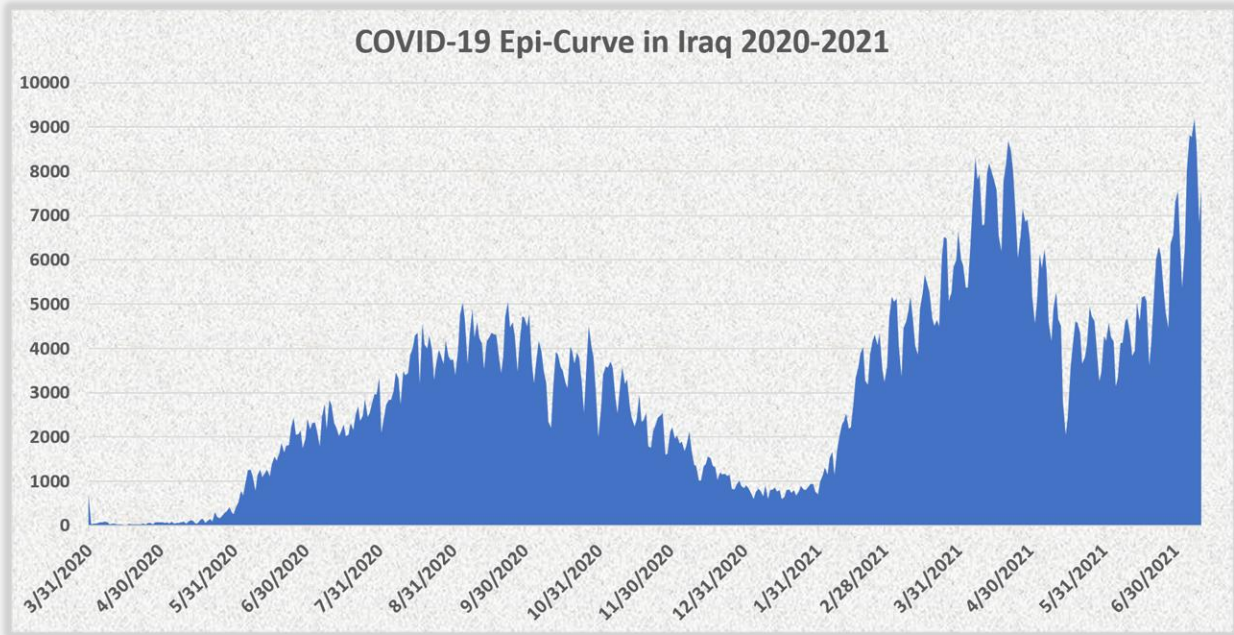


Figure 1: COVID-19 Epi curve in Iraq\_ WK27, 2021

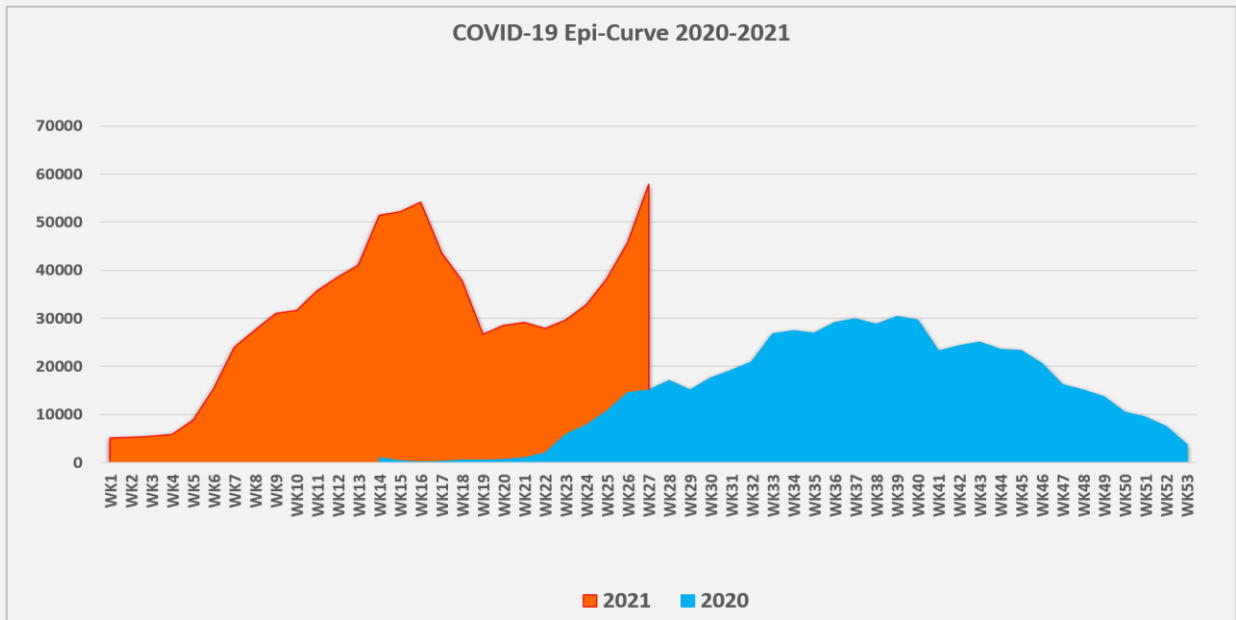


Figure 2: COVID-19 EPI Curve in Iraq for 2020-2021\_ WK27

- Total RT-PCR tests during WK27 is **320,948**, increasing by **8,793** tests than in WK26 and representing **7,792** tests per 1M of population.

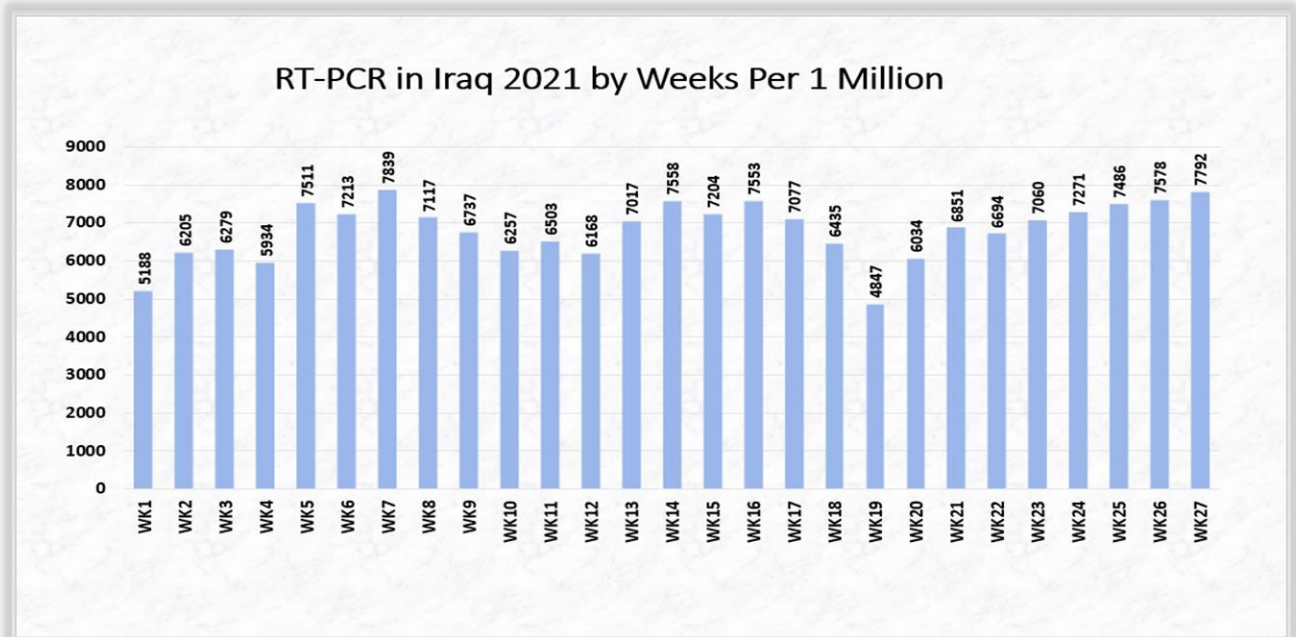


Figure 3: RT-PCR tests per weeks in Iraq\_ WK 27, 2021

- The positivity rate in WK27 indicates an even higher surge in reported cases than that registered in WK16 (the peak of the latest upsurge). The rate this week has noticeably come up to 18% compared with 15% in the previous week. The governorates with the highest positivity rate for this week are Thiqr at 35%, Kerbala at 34%, and Missan and Muthana at 31% each. The lowest rate, however, continues to be reported in Anbar and Ninawa at 3% and 6% respectively.

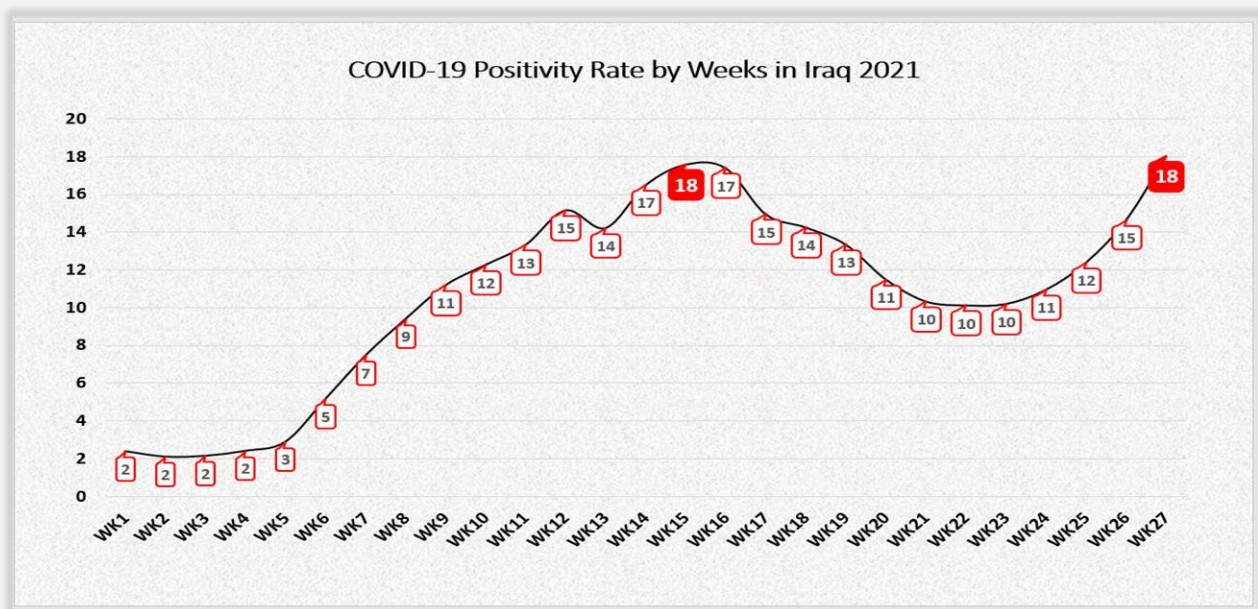


Figure 4: COVID-19 Positivity Rate in Iraq\_ WK27, 20201

- COVID-19 related deaths reported this week are **232**, marking an increase of 7 more deaths than last week. The case fatality rate, however, went one point down to 0.4% which is yet of no significant difference from the CFR reported in previous weeks.

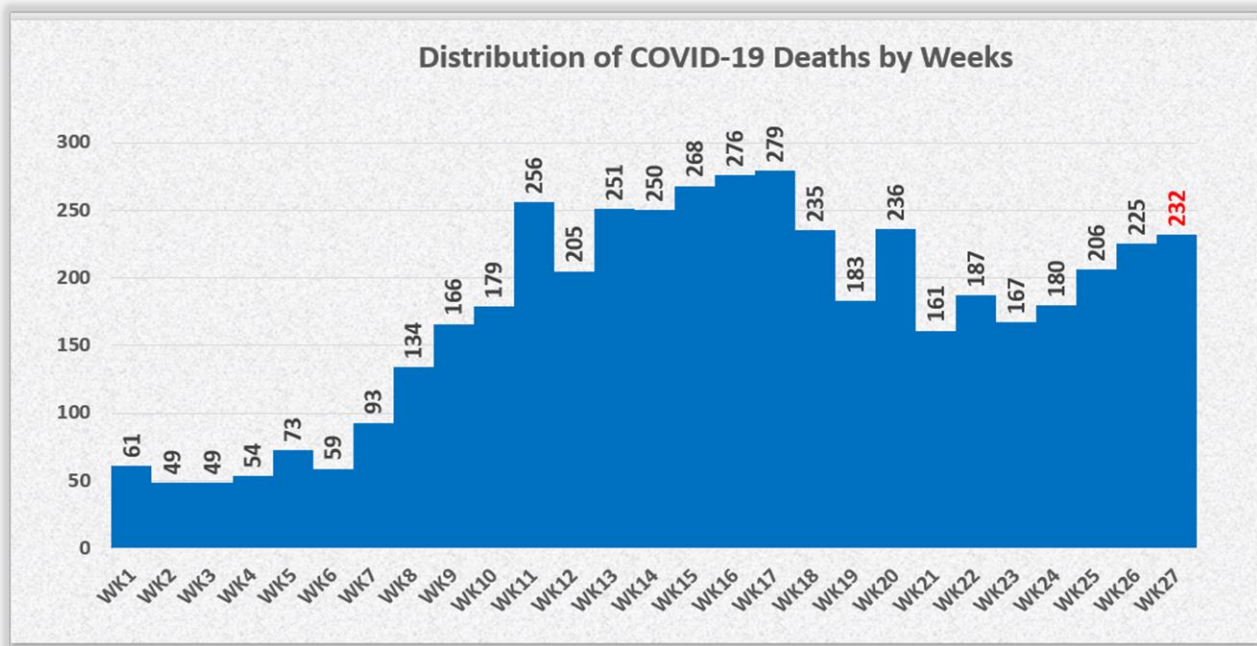


Figure 5: Distribution of COVID-19 deaths by weeks, Iraq\_WK27, 2021

- The mean of hospitalized patients in WK27 is **2,539** patients per day with a hospitalized fatality rate of **1.3%**. The rate of the ICU hospitalized patients for this week has also dropped by one point to 21% compared with 22% in WK 26.

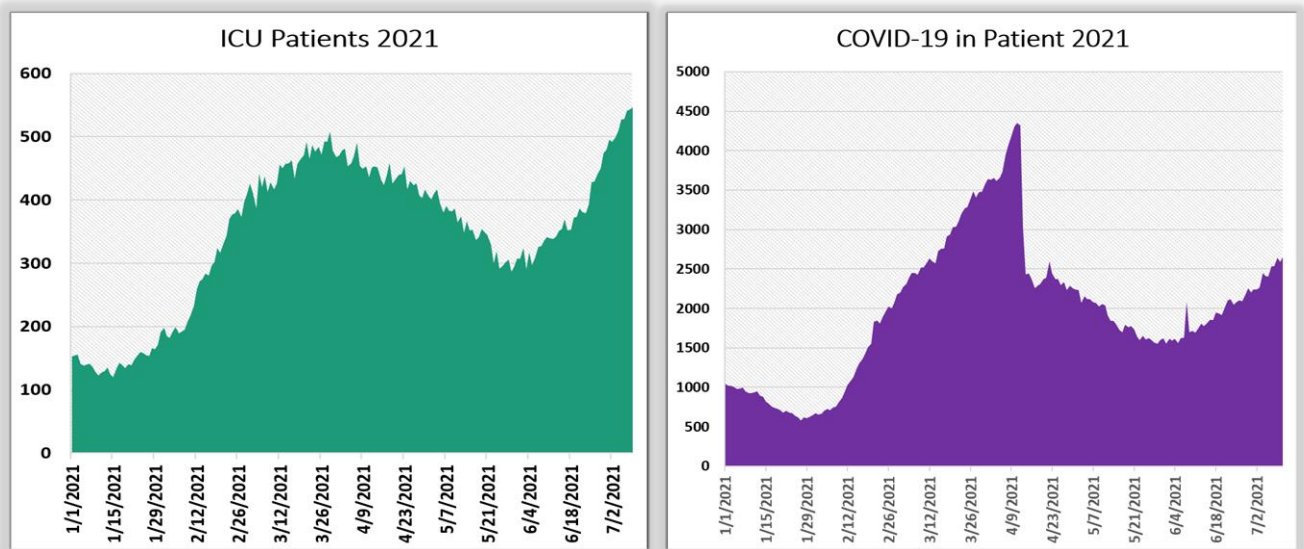


Figure 6: COVID-19 hospitalized and ICU cases per WK\_ WK27, 2021

- The most affected age groups this week are (>15-45 Y) and (> 45-65 Y) at a rate of **59%** and **26%** respectively. As for deaths, the highest was reported among the age groups (>45-65 Y) and (>65 Y) at a rate of **38%** and **52%** respectively.
- The Male-Female Ratio stands at **1.5** and **1.6** for cases and deaths respectively.

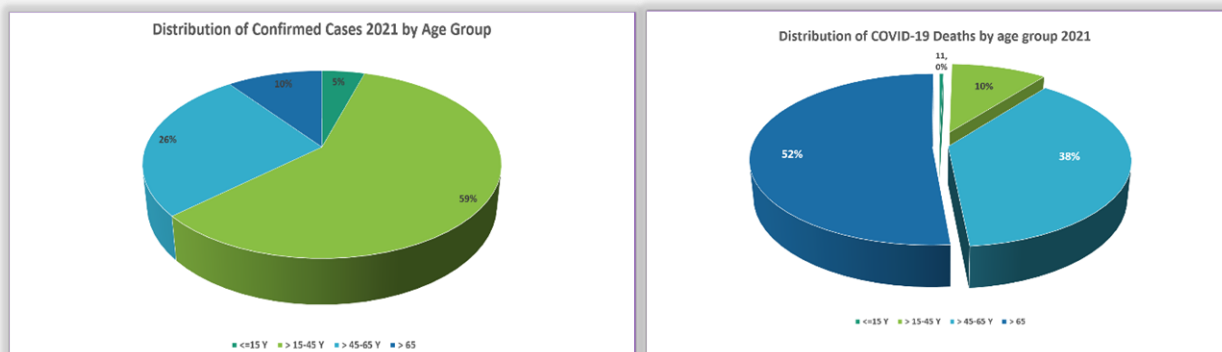


Figure 7: Distribution of COVID-19 confirmed cases and deaths by age groups in Iraq\_WK 27, 20201

P.S.: (The \*0 value in figure 7, right piechart, refers to the actual death toll of 11)

## 2. The Epidemiological indicators for WK27:

During WK27, the COVID-19 community transmission in Iraq continues as **substantial** according to the 3 main epidemics- indicators of the **case, death, and positivity rate**. The highest is reflected in Thiagar, Najaf, and Diwaniya while the lowest is reported in Anbar, Ninawa, and Salahaddin.

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	13	0	3	Moderate	Low	Low	2	1	1	4	Moderate
BABYLON	91	6	18	Substantial	Moderate	Substantial	3	2	3	8	Substantial
Baghdad	196	7	21	High	Moderate	High	4	2	4	10	Substantial
BASRAH	198	7	24	High	Moderate	High	4	2	4	10	Substantial
DIWANIYA	168	10	23	High	Substantial	High	4	3	4	11	High
DIYALA	122	1	20	High	Low	Substantial	4	1	3	8	Substantial
KERBALA	248	8	34	High	Moderate	High	4	2	4	10	Substantial
KIRKUK	77	8	13	Substantial	Moderate	Substantial	3	2	3	8	Substantial
KRI	111	6	10	High	Moderate	Moderate	4	2	2	8	Substantial
MISSAN	207	7	31	High	Moderate	High	4	2	4	10	Substantial
MUTHANNA	155	5	31	High	Low	High	4	1	4	9	Substantial
NAJAF	182	11	24	High	Substantial	High	4	3	4	11	High
NINEWA	33	1	6	Moderate	Low	Moderate	2	1	2	5	Moderate
SALAH AL-DIN	51	1	7	Substantial	Low	Moderate	3	1	2	6	Moderate
THI-QAR	197	12	35	High	Substantial	High	4	3	4	11	High
WASSIT	219	1	29	High	Low	High	4	1	4	9	Substantial
IRAQ	141	6	18	High	Moderate	Substantial	4	2	3	9	Substantial

Table 1: COVID community transmission in Iraq in WK27, 2021

### 3. WHO preparedness and Response:

#### a) COVID 19 Inoculation campaign:

- As of WK27, a total of **\*1,330,393** vaccine doses were administered countrywide indicating that **5.76%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further showed that **833,097** of the target population have received the first dose while **497,296** have been double vaccinated.
- In WK27, vaccine administration statistics revealed that **548,359 (66%)** males against **277,648 (34%)** females have been vaccinated using the first dose while **321,654 (65%)** males against **173,246 (35%)** females have received their second dose. The turnout among women remains comparatively low due to several reasons associated with housekeeping requirements and the rumors about the vaccines' side effects.
- Vaccination rollout data analysis shows **378,926 (28%)** of the priority groups vaccinated are over **50 years** of age, followed by **951,467 (72%)** of the age group **18 - 50 years**.
- Governorates with the highest number of vaccinated people using the first dose are Baghdad-Karkh at a rate of **(7%)**, followed by Najaf at **(5.9%)**, Basra at **(5.2%)**, Karbala at **(4.6%)**, Diwaniya at **(3.2%)**, and Babylon and Kirkuk at **(3.8%)** each. The lowest number of people vaccinated during WK27, on the other hand, is reported in Sulaymaniyah at a rate of **(1.3%)**, Missan at **(2.1%)**, Ninawa at **(2.2%)** and Salahaddin and Wassit at **(2.5%)** each.

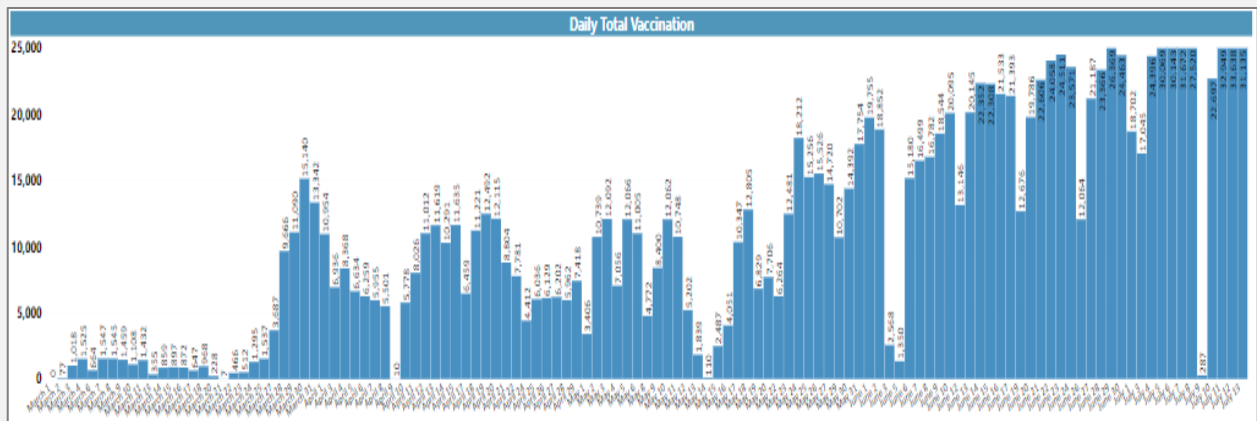


Figure 8: Daily COVID-19 vaccination values as of WK 27, 2021

..... **Note:** The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is **\*1,330,393**. This represents the number communicated daily by the Directorates of Health in all governorates. However, it is worth mentioning that the in-depth reports through the national system usually take few days to be completed, which explains the difference in numbers between the statistics within the WHO dashboard and the daily numbers reported by the MOH.

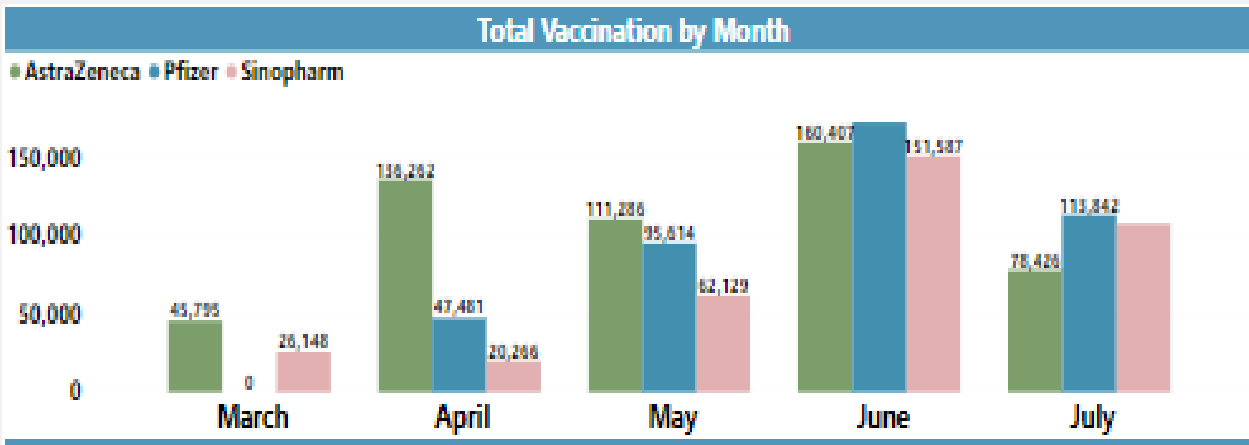


Figure 9: Vaccination in Iraq by type/month\_WK27, 2021

**Coordination of COVID 19 activities with local health authorities:**

- The PHCC in Arbat Refugees camp in Sulaimaniya Governorate collected throat swabs from COVID-19 suspected cases (a Syrian refugee family of 6 members) on the 7<sup>th</sup> of the current month. PCR results were positive for the 37 yrs old family head and two other direct contact members (daughter 9 yrs and son 12 yrs old). All cases showed mild symptoms managed at home. Figure 10 illustrates the current COVID-19 status of the governorate camps.

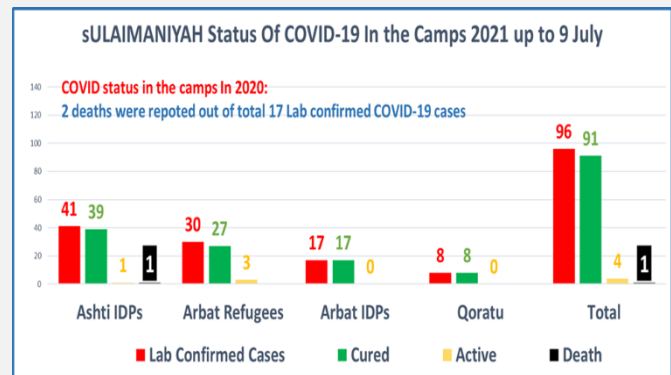


Figure 10: COVID-19 status in camps in Sulaimaniya\_WK27,

- WHO Iraq team in Sulaimaniya Governorate conducted a monitoring visit to the COVID-19 ICU ward, newly inaugurated in Shahid Hemin Hospital with a capacity of 24 beds. The visit found that 14 out of the ward’s 24 ventilators were out of order due to missing parts, unable to be provided by the local health authorities due to limited equipment maintenance resources. The hospital COVID-19 consultation clinic, however, maintains administering the vaccine from 8:30 am to 11:00 pm daily for 5 days a week.



Pic 1: WHO team in Suli visiting the COVID ICU Ward in Shahid Hemin H, July 2021. WHO Iraq



Pic 2: COVID Consultation Clinic in Shahid Hemin H in Suli, July 2021. WHO Iraq

- WHO technical team in Duhok Governorate/ KRI conducted a monitoring visit to Khabat PHC in Khabat district to monitor COVID-19 vaccination administration, supply chain conditions, and means of enhancing the vaccine uptake among the host community in the district and governorate.
- Moreover, WHO supported Duhok DOH with a shipment of two customized kits and one trauma kit to assist meetings the shortage in medicines and medical supplies in public health facilities in the Governorate. Eight additional pallets of medicines and medical supplies were also delivered to support PHCCs serving the four Refugee camps in Duhok (Domiz 1, Domiz 2, Gawilan, and Akre) to enhance the provision of health services in the mentioned camps.



Pic 3: WHO consignment of medicines and medical supplies to Duhok DOH, July 2021. WHO Iraq



Pic 4: WHO Iraq team in Duhok visiting Khabat PHC to monitor the vaccination and related issues, July 2021, WHO Iraq

## b) Risk Communications and community engagement:

- Managing myths and misinformation: WHO Headquarter has established an Infodemic Management Center that can be accessed through the details in the below advertising box:

***(For further information on WHO's call to action and how to become a signatory, click [here](#))***



- Online Health Learning: WHO has expanded access to online learning by creating an open learning platform on COVID 19 and other health emergencies.

The platform which was established back in June 2017 has published its first COVID 19 courses on 28 January 2020; Please visit the site on [OpenWHO.org](https://openwho.org).





#### **4. Urgent needs & requirements**

- A steady supply of COVID-19 vaccines through the COVAX facility and bilateral agreements to ensure accessibility of the eligible population to vaccines as soon as possible.
- Provide the public with daily information on the available vaccines and vaccination sites through official local media channels to facilitate the inoculation process in the country.
- Ensure high quality and quantity RT-PCR testing to assist in the identification of the actual situation of the disease in the country.
- Maintain the provision of RCCE activities to increase vaccine uptake
- Reassess the health care facilities to fill the gaps related to equipment and performance of health care workers which are essential for the improvement of specialized health care service delivery.
- Seek additional funding to support the vaccination campaign both through RCCE as well as through adequate evaluation and timely field monitoring

#### **5. Challenges**

- The potential risk of importing COVID 19 variants including the **Delta strain(s)** which requires continued vigilance.
- The high summer temperature and shortage of power supply needed to maintain the cold chain requirements and ensure proper vaccines storage.
- Vaccine low intake and uptake levels with growing hesitancy towards the AstraZeneca vaccine.
- Shortage of vaccines in main health facilities and impairments in the vaccination rollout process.
- Funding constraints to sustain and support COVID-19 interventions including RCCE.

#### **6. Recommendations**

WHO Iraq Office would like to recommend the following:

- Designate fixed vaccination centers, well announced about in local and social media platforms, and create vaccination service hotline(s) to facilitate the registration and vaccine administration process directly.
- Ensure proper preparedness to respond to a probable surge in cases in the coming few months. Preparedness could include:
  - ✓ the reactivation of partial lockdown targeting the working hours of malls, cafes, restaurants, and other social gathering places
  - ✓ using the coming Hajj season to call on old and eligible age groups who plan to go for the Haj and/or Omra to speedup the registry and intake of their vaccines
  - ✓ urge chronic diseases people to get vaccinated, benefiting from the annual medication cards these people hold and their monthly visit to designated PHCCs for their subsidized medication share. These PHCCs can be provided with portions of vaccines to materialize the suggested action
  - ✓ involve ministries like interior affairs and defense in the organization of the vaccine registration and rollout process in addition to the task of monitoring the public's adherence to MOH prevention measures

- ✓ avail informative announcements on the vaccine availability and registry in designated centers in case the electronic registration cannot be made by all target groups and the SMS notification service would require unaffordable resources.
- ✓ Invest in mobile health teams and (mobile health clinics for remote areas or IDP camps) and create afternoon vaccination points in public places. This could intensify community sensitization and engagement to encourage population vaccine intake and adherence to public health measures.
- Maintain cooperation with the Ministry of Health and other line ministries, committees, and stakeholders to strengthen risk communications, community mobilization, and media engagement activities with emphasis on wearing masks, keeping social distance, and registering for vaccination.
- More testing, contact tracing, and active surveillance remain essential to detect hidden cases and newly emerging strains in addition to the other health issues. It is also an opportunity for the health authorities and line supporting partners to reassess the immunity profile, pandemic resources structure, and attempt to fill the gaps.
- Proper detection and management of the new COVID 19 **Delta strain(s)** through strict border monitoring and careful contact tracing.
- Coordinate with the academic institutions to determine the immunity profile of the population and assist in highlighting the efficacy of the vaccine, cold chain, and vaccinators' performance.

## **7. Health Cluster/ Partners contribution:**

- As of 7 July this year, and according to UNHCR's weekly reporting on people of concern, the COVID-19 statistics among IDPs and Refugees are identified as below:
  - a. total cases: 1,008 (483 refugees + 525 IDPs)
  - b. deaths: 71
  - c. recovered: 816
  - d. active cases: 24
  - e. unknown outcome: 97
- The Global Health Cluster convened an online meeting of the GBV Peer Group of the COVID-19 Task Team on 7 July to present summary findings from the draft report "*Desk Review: COVID-19 and Barriers to GBV Health Services in Humanitarian Settings: Cox's Bazar, Iraq, and Northeast Nigeria.*" READY Initiative, UNFPA and WHO were the key contributors in the preparation of this work which was attended by Iraq Health Cluster.

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



For



more

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### **List of Acronyms:**

WHO	World Health Organization
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
MOH	Ministry of Health
DOH	Directorate of Health
KRI	Kurdistan Region of Iraq
HC	Health Cluster / Humanitarian Coordination
HCT	Humanitarian Coordination Team
ICCG	Inter Cluster Coordination Group
CCCM	Camp Coordination and Camp Management
WASH	Water and Sanitation and Hygiene
BHA	US Bureau for Humanitarian Assistance
USAID	The U.S Agency for International Development
BPRM	US State Department Bureau of Population, Refugees, and Migration
ECHO	European Commission's Humanitarian Aid
RC	Risk Communications
RCCE	Risk Communications and Community Engagement
PHCC	Primary Health Care Center
IMC	International Medical Corps
BCF	Barzani Charity Funds NGO
ERC	Emirates Red Crescent
PH	Public Health
EMRO	Eastern Mediterranean Region
IDP	Internally displaced population
CFR	Code of Federal Regulations
PCR	Polymerase Chain Reaction
RT-PCR	Reverse transcription polymerase chain reaction
WK	Week
ICU	Intensive care unit
ICRC	International Commission for the Red Cross
Q/I	Quarantine/ Isolation Unit
PPE	Personal Protective Equipment
IPC	Infection and Prevention Control
EPI	Expanded Program of Immunization
ERC	Emirates Red Crescent
WQC	Water Quality Control
GBV	Gender Based Violence
COVAX	COVAX is the vaccines pillar of the ACT Accelerator (The Access to COVID-19 Tools), formed to accelerate the development, production, and equitable rollout of COVID-19 tests, treatments, and vaccines. It is co-lead by Gavi, the Vaccine Alliance (Gavi), the Coalition for Epidemic Preparedness Innovations, and WHO coordinated by Gavi.