

**Tested**



**12,506,968**

**Active**



**117,615**

**Confirmed**



**1,491,712**

**Cured**



**1,356,267**

**Deaths**



**17,830**

## Highlights:

1. In Week 28, the epidemic curve of COVID-19 continues rising in the number of reported cases and deaths. The Ministry of Health sources reported 62,350 new positive cases this week, 4,463 more cases than WK 27, representing 151 cases per 100,000 population. Related deaths recorded this week were 282 with a CFR of 0.45 %.
2. The highest Incidence of COVID 19 infection for WK28 is recorded in the three governorates of Muthana, Thiqr, and Diwaniya, with an infection rate of more than 150 cases per 100,000 population.
3. Community transmission all over Iraq remains substantial, two governorates (Thiqr & Najaf) being in the Red zone. only Anbar governorate is moderate transmission.
4. As of 18 July, a total of \*1,437,612 vaccine doses were administered Iraq-wide this week, indicating that 6.2% of the target population has so far received at least one dose of the COVID-19 vaccine.
5. Inoculation data, so far, revealed the administration of **529,176** doses of AstraZeneca 552,764, of the Pfizer 485,719, and **399,129** 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/2SINw1k>



# 1. The Epidemiological Situation for WK 28, (12 - 18 July 2021)

- This week reported **62,350** confirmed COVID-19 cases, indicating an increase of **4,463** cases than in WK27. Change percentage in this reporting period stands at **7.7** compared with WK27. The representation of COVID-19 positive cases for this week stands at 151 cases/per 100,000 population.

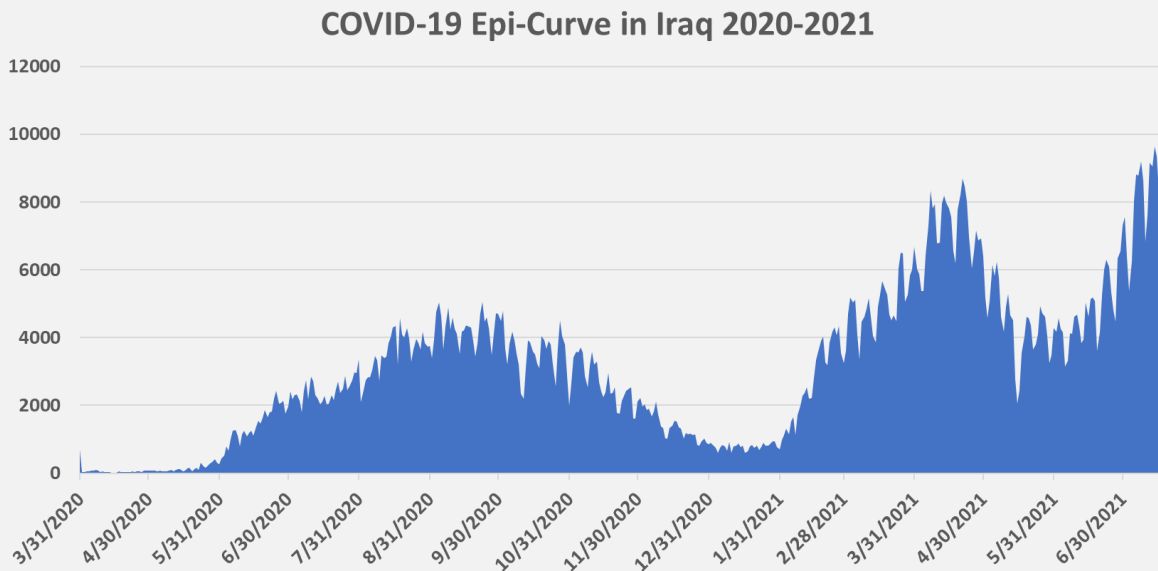


Figure 1: COVID-19 Epi curve in Iraq\_ WK28, 2021

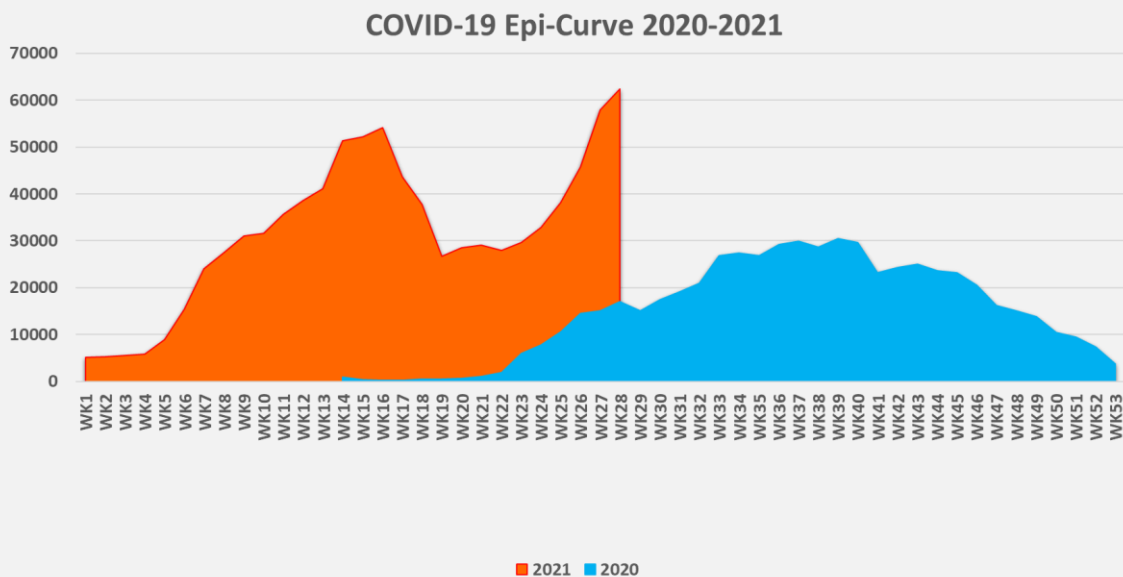


Figure 2: COVID-19 EPI Curve in Iraq for 2020-2021\_ WK28

Total RT-PCR tests during WK28 is **295,915**, less by **25,033** tests than in WK27 and representing **7,184** tests per 1M of population.

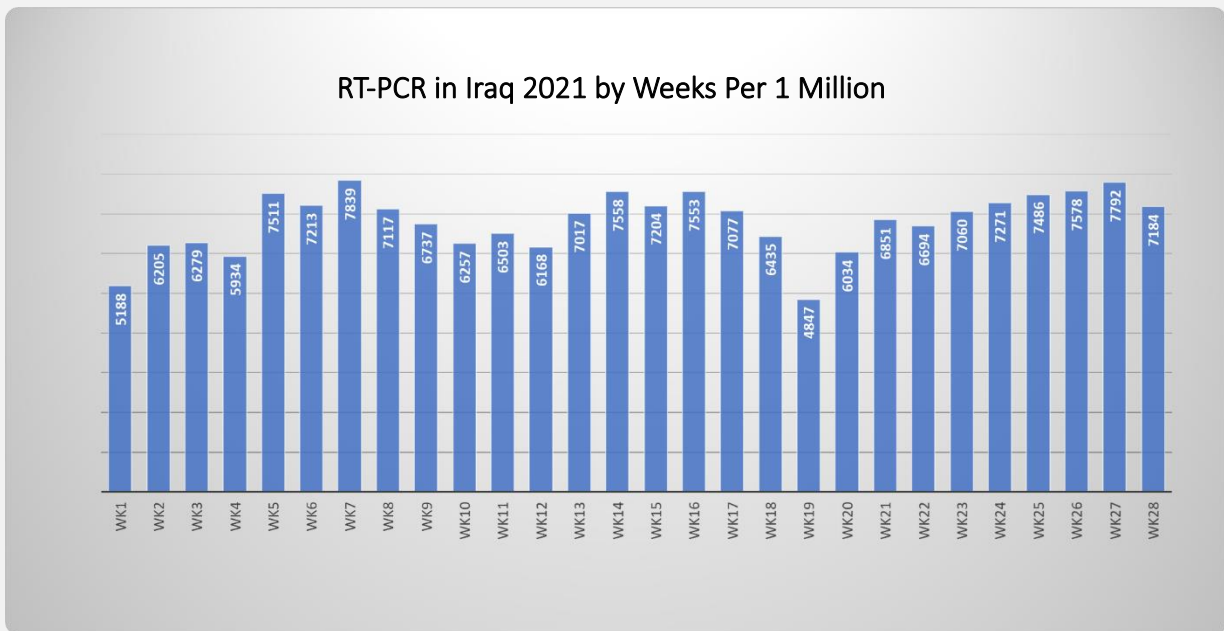


Figure 3: RT-PCR tests per weeks in Iraq \_ WK 28, 2021

The positivity rate in WK28 indicates the highest surge in reported cases during 2021. The rate this week came to 21%. The governorates with the highest positivity rate for this week are Kerbala at 41.9%, Thiqr at 36.9%, and Missan 33.8 %. The lowest rate, however, continues to be reported in Anbar and Ninawa at 5.6% and 12.7%, respectively.

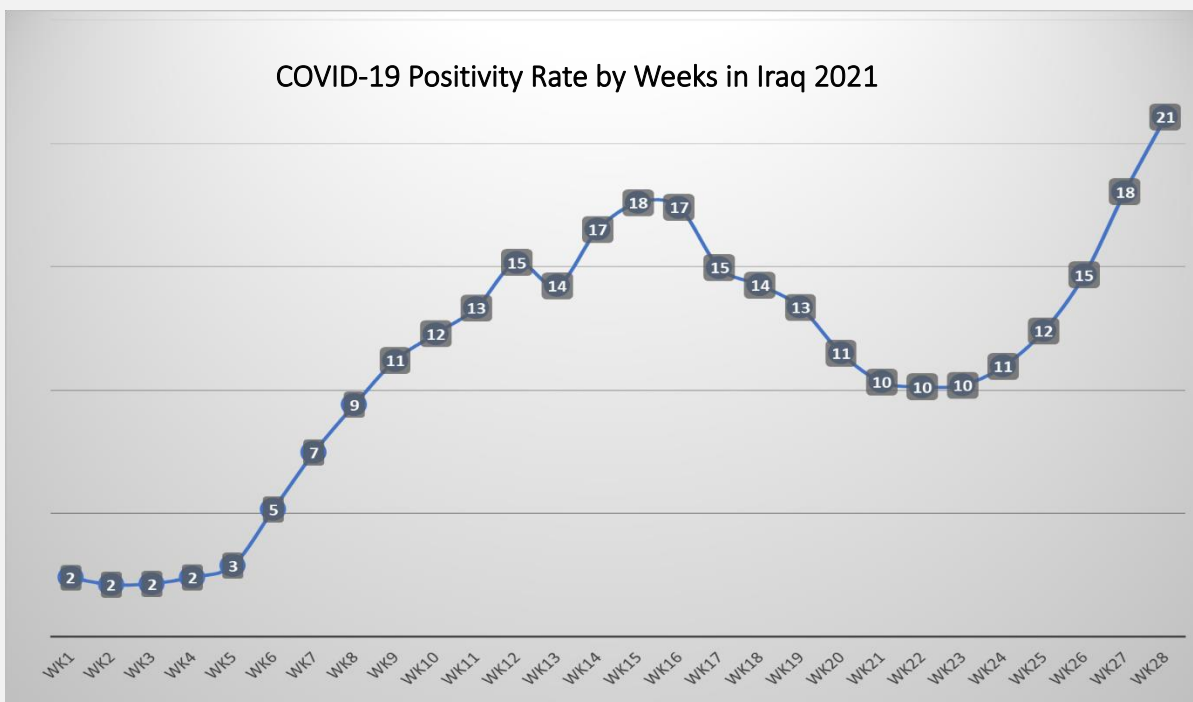


Figure 4: Positivity Rate by Weeks in Iraq 2021 \_ WK 28, 2021

- COVID-19 related deaths reported this week are **282**, marking an increase of 50 more deaths than WK27. The case fatality rate is 0.45%, with no significance difference compared to the previous weeks.

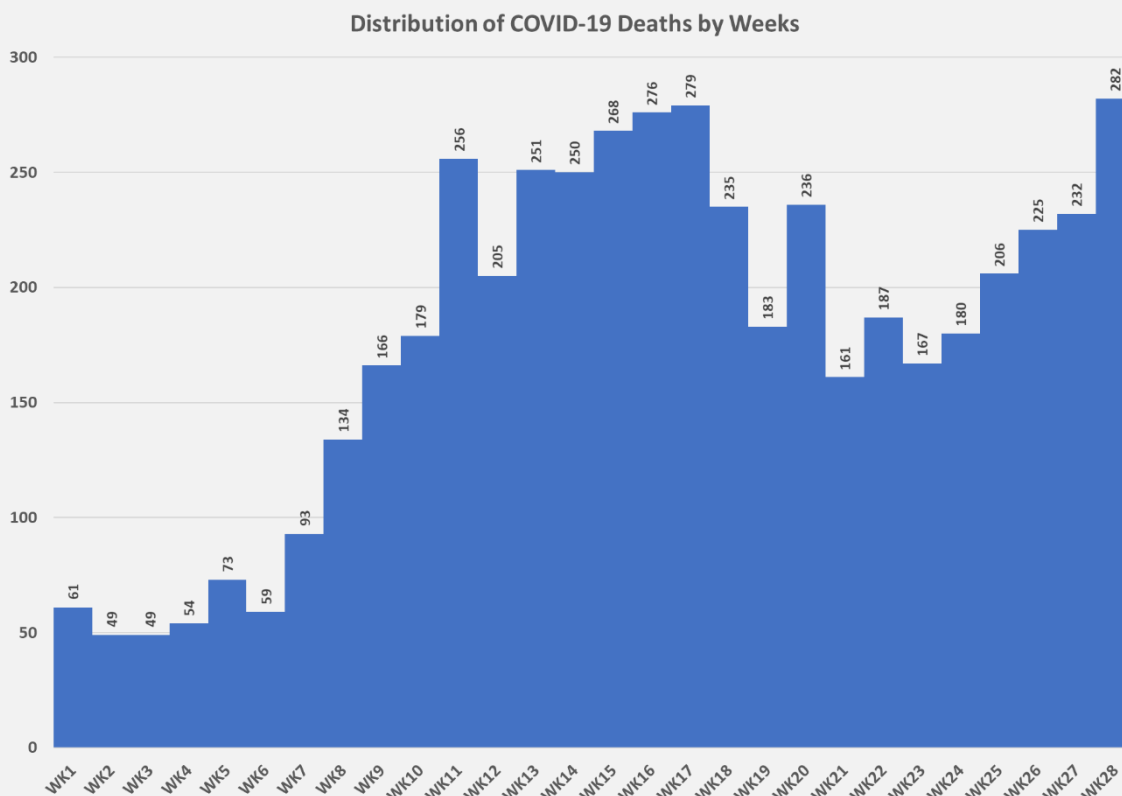


Figure 5: distribution of COVID-19 death by Weeks in Iraq 2021

- The mean of hospitalized patients in WK28 is **2,660** patients per day with a hospitalized fatality rate of **1.5%**. The rate of the ICU hospitalized patients for WK28 is 22%, compared with 19% in WK 27.

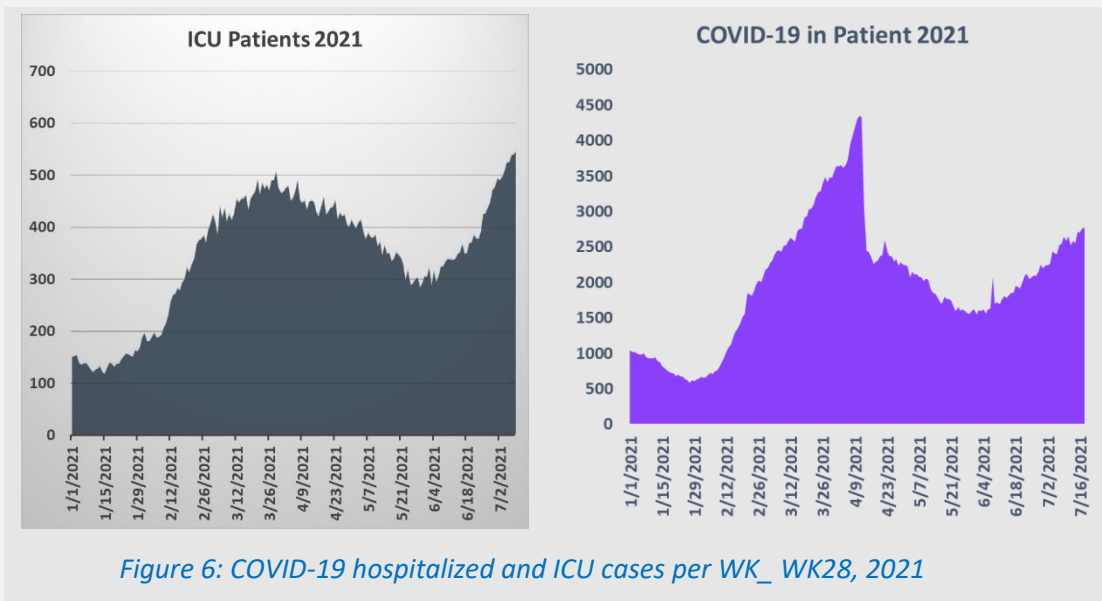


Figure 6: COVID-19 hospitalized and ICU cases per WK\_ WK28, 2021

- 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)** **(1.6)** for cases and deaths respectively.

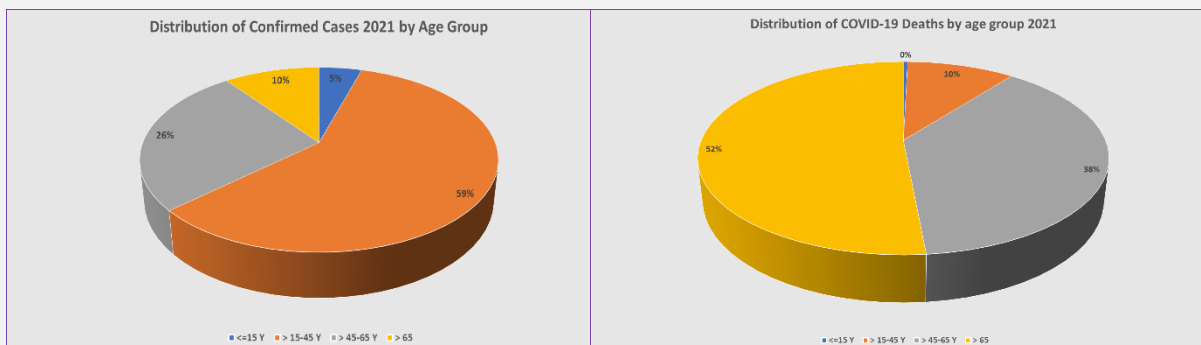


Figure 7: Distribution of COVID-19 confirmed cases and deaths by age groups in Iraq\_WK 28, 2021

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

## 2. The Epidemiological indicators for WK28:

During WK28, the COVID-19 community transmission in Iraq continued as **substantial** according to the three main epidemics- indicators of the **case, death, and positivity rate**. The highest is reflected in Thiqr and Najaf while in Anbar it was moderate.

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	22	1	6	Moderate	Low	Moderate	2	1	2	5	Moderate
BABYLON	93	9	21	Substantial	Moderate	High	3	2	4	9	Substantial
Baghdad	165	9	21	High	Moderate	High	4	2	4	10	Substantial
BASRAH	226	7	31	High	Moderate	High	4	2	4	10	Substantial
DIWANIYA	205	9	26	High	Moderate	High	4	2	4	10	Substantial
DIYALA	121	1	25	High	Low	High	4	1	4	9	Substantial
KERBALA	252	2	42	High	Low	High	4	1	4	9	Substantial
KIRKUK	98	7	20	Substantial	Moderate	High	3	2	4	9	Substantial
KRI	155	7	12	High	Moderate	Substantial	4	2	3	9	Substantial
MISSAN	230	7	34	High	Moderate	High	4	2	4	10	Substantial
MUTHANNA	158	6	29	High	Moderate	High	4	2	4	10	Substantial
NAJAF	159	11	26	High	Substantial	High	4	3	4	11	High
NINEWA	52	2	13	Substantial	Low	Substantial	3	1	3	7	Substantial
SALAH AL-DIN	57	1	12	Substantial	Low	Substantial	3	1	3	7	Substantial
THI-QAR	258	18	37	High	Substantial	High	4	3	4	11	High
WASSIT	251	6	30	High	Moderate	High	4	2	4	10	Substantial
IRAQ	151	7	21	High	Moderate	High	4	2	4	10	Substantial

Table 1: COVID community transmission in Iraq in WK28, 2021

### 3. WHO preparedness and response:

#### a) COVID 19 Inoculation campaign:

- As of WK28, a total of **\*1,437,612** vaccine doses were administered countrywide indicating that **6.2%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further showed that **892,778** of the target population have received the first dose while **544,834** have been immunized with two doses.
- In WK28, vaccine administration statistics revealed that **587,253 (66%)** males against **298,435 (34%)** females have been vaccinated using the first dose while **352,582 (65%)** males against **189,856 (35%)** females have received their second dose. A comparative low turnout among women was noticed and which could be associated with females' tendency to stay home to attend to their families' requirements and the rumors associated with vaccines side effects.
- Vaccination rollout data analysis shows **407,411 (28%)** of the priority groups vaccinated are over **50 years** of age, followed by **1,030,201 (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 **(7.6%)**, followed by Najaf at **(6.6%)**, Basra at **(5.5%)**, Karbala at **(4.9%)** Kirkuk at **(4.1%)** and Babylon at **(4.0%)** each. The lowest number of people vaccinated during WK28, on the other hand, is reported in Sulaymaniyah at **(1.4%)**, Missan and Ninewa at **(2.3%)** each, Salahaddin at **(2.5%)** and Wassit at **(2.7%)**.

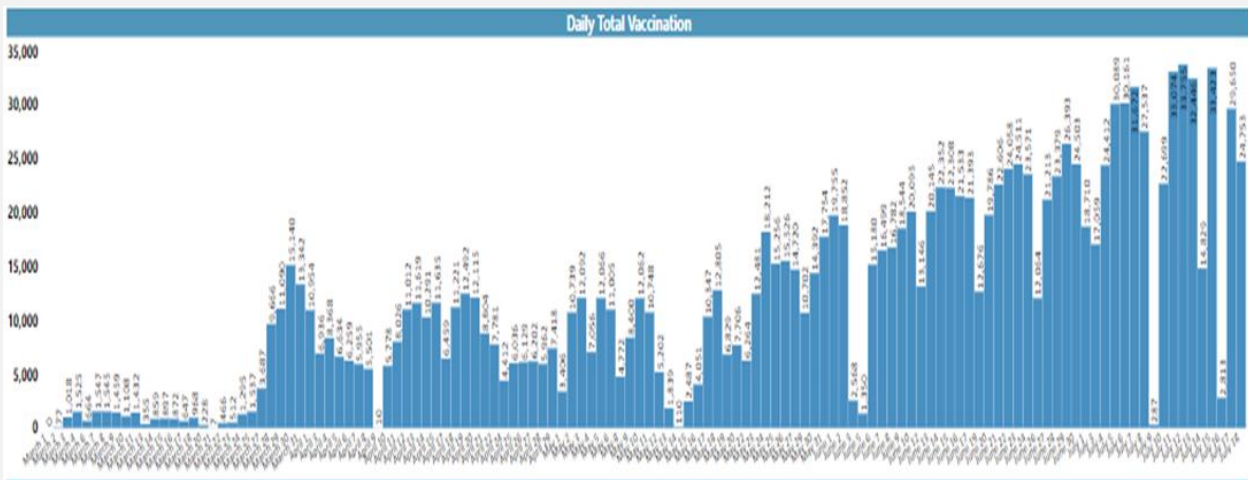


Figure 8: Daily COVID-19 vaccination values as of WK 28, 2021

..... **Note:** The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is \*1,437,612. 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.

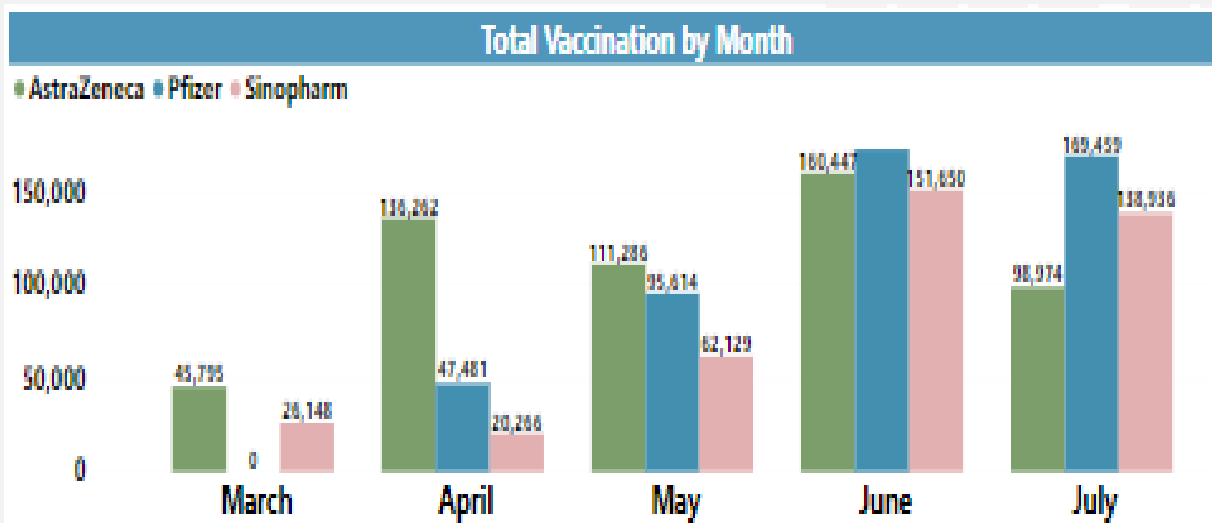


Figure 9: Vaccination in Iraq by type/month\_WK28, 2021

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

- During this reporting period, WHO visited Shar hospital for support supervision on RT-PCR tests. Shar hospital is the main referral teaching hospital that serves an estimated 2.4 million population Sulymania wide. Two qualified teams are based at this hospital to take a nasal swab for Rt-PCR test from all suspected cases and those willing to be tested on their request. At one point in time, a team collected 450 nasal swabs in the day. This is a perfect approach to trace for COVID-19 cases. All swabs collected are tested in the main molecular virology laboratory at Shahid Tahir hospital. It's important to note that in Sulymania, some governmental health facilities are offering free PCR tests while others are offering relatively cheaper tests.
- WHO delivered six pallets of medicines and medical supplies to the Duhok DOH warehouse and Heevie NGO to fill the gaps in public health facilities and the IDPs camps in Duhok Governorate.



- To enhance the vaccination campaign in Domiz 1 and 2 Refugee camps in Sumel district, Dahuk Governorate, WHO, in collaboration with Duhok DOH, UNHCR, and UNICEF, participated in the inauguration of the COVID-19 vaccination unit situated in Domiz 1 Refugee camp PHC.
- The WHO team also conducted an assessment mission to Shikhan hospital in the Shikhan district to assess the hospital's needs and gaps, including the COVID-19 response, and discuss possible support to enhance the COVID-19 response.
- WHO held discussions with Thiqr Directorate of Health regarding WHO's planned support towards the Covid-19 isolation units at AL-Hussein Teaching Hospital, including providing vital equipment and supplies. This support is essential for the rehabilitation of the COVID-19 team following a fire incident that left 62 COVID-19 patients dead and 50 others injured.

## **b) Risk Communications and community engagement:**

- In collaboration with the Ministry of Health, the Directorate of Health Missan, and UNICEF, WHO conducted community outreach and engagement activities in the Missan Governorate to boost vaccine uptake. Among activities conducted were: Orientation meetings with journalists and media practitioners in the governorate, health workers, and roadshow events, including onsite vaccination. During the workshops, participants were encouraged to ask questions about immunization and vaccines and were responded to by WHO, MOH, and DOH experts. During this event, more than 35 individuals, including the elderly, members of the police force, and women, were vaccinated within 2 hours. It's also important to note that the roadside event was streamed live on Facebook and was watched by 15,000 followers across the Governorate and neighboring Governorates.



- 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 identifying 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 improving 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)**, requires continued vigilance.
- The high summer temperature and shortage of power supply must maintain the cold chain requirements and ensure appropriate 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 recommends the following:

- Social adherence to preventive and control measures to reduce the virus transmission
- Partial or complete lockdown is of great value to reduce the magnitude of the current flare-up if it is implemented in a proper way
- Vaccination is the perfect solution
- Designate fixed vaccination centers, well announced 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 Omra to speed up 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, emphasizing wearing masks, keeping social distance, and registering for vaccination.
- More testing, contact tracing, and active surveillance remain essential to detect hidden cases, newly emerging strains, and 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 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:**

- The Health Cluster COVID-19 Task Force meeting held on 15 July focused on a Risk Communication and Community Engagement (RCCE) exchange session. A summary of the COVID-19 vaccination intention survey conducted by the MoH as part of a knowledge product series led by the World Bank to collect global information on COVID-19 vaccine attitudes and hesitancy was presented. The survey, implemented through Facebook ads and Messenger, was conducted between 3rd and 20th February 2021. The completion rate was 89%, i.e., 9,431 completed surveys. Findings showed that 45% of the sample were unsure whether to take the vaccination or not; hesitancy is not limited to the lay population, as 41% of healthcare workers surveyed fell under the unsure category. The prominent

concerns with getting COVID vaccine were health risks, low trust in health institutions, and COVID infection.

- The vaccine hesitancy survey conducted by INTERSOS in Telafer Town, Ninewah Governorate, was also presented. A total of 763 of the 785 households contacted agreed to participate in the survey (354 females and 409 males). Results showed that 54% (n=190) of the surveyed women and 48% (n=197) of the surveyed men said they were somewhat or very likely to get vaccinated. Among those who were not willing to be vaccinated, 50% (n=99) said they did not think vaccines would be accessible, followed by a lack of trust due to potential side effects (36%, n=71) and the unavailability of long-term trials (16%, n=32). Overall, 51% of respondents said they are likely or very likely to get vaccinated, which differed from the survey results conducted by Ghazi et al. (2021), in which 77.6% of the Iraqi population said they would take the vaccine if available. However, both surveys relied on convenience sampling
- According to UNHCR Iraq, the COVID-19 cases among "persons of concern" as of 14 July 2021 are as below:
  - a) Total cases: 1,024 (488refugees + 536 IDPs)
  - b) Deaths: 72
  - c) Recovered: 823
  - d) Active cases: 32
  - e) Unknown outcome: 97

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



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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.