



**Tested**



**10,979,333**

**Active**



**66,361**

**Confirmed**



**1,224,992**

**Cured**



**1,142,039**

**Deaths**



**16,538**

### Highlights:

1. In Week 22, the Ministry of Health reported 27,910 new COVID-19 cases representing 67.8 case/per 100,000 of population. New COVID 19 related deaths reported this week were 187 indicating a case fatality rate of 0.7 %.
2. As of 6 June 2021, a total of **\*596,955** vaccine doses were administered Iraq wide indicating that **2.58%** of the target population received at least one dose of the COVID-19 vaccine.
3. The Ministry of Health this week reported the arrival of a new delivery of the Pfizer vaccine and announced proceeding with the distribution to the Iraqi governorates based on the national vaccine consumption and demand data.
4. Highest COVID 19 case reporting for WK22 is identified in governorates of Basra and Baghdad while moderate reporting is identified in Anbar and Salah Addin.
5. Community transmission all over the country remains substantial with a protentional possibility of a flare up.
6. This week's ventilators and ICU occupancy rate stands at 19% each.



Note: the source of the data in this sitrep (reporting period 24-30 May 2021) is the Ministry of Health daily reporting system.

- The number of newly COVID-19 confirmed cases reported this week stands at **27,910**, indicating a decrease by 1,232 cases compared with WK21 which reported **29,142** cases.

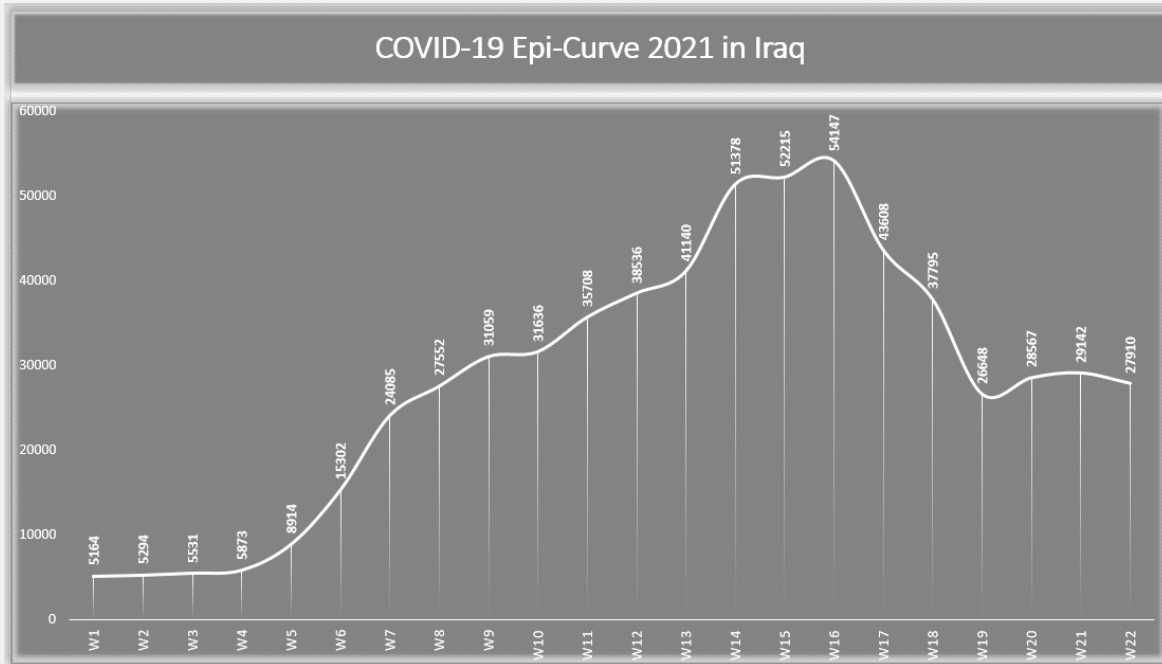


Figure 1: COVID-19 EPI Curve in Iraq\_ WK22\_2021

- Total RT-PCR tests during WK22 is 275,722 representing 6694 tests Per 1M of population.

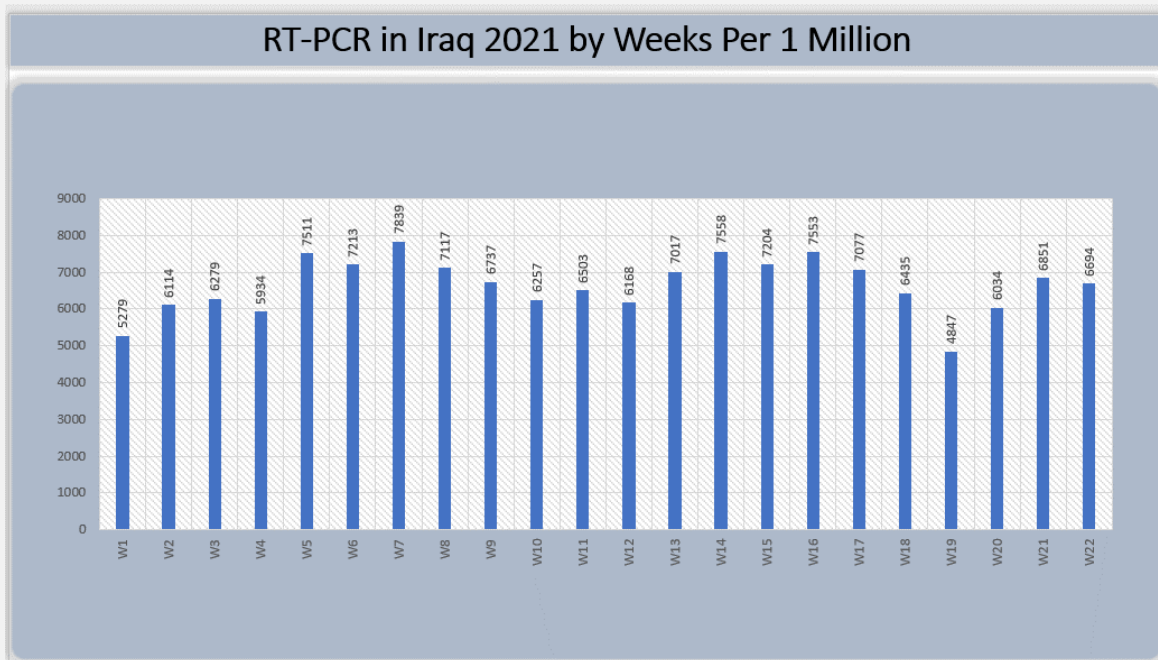


Figure 2: RT-PCR in Iraq by Weeks per 1 Million\_ WK22\_2021



- The positivity rate in WK22 remains at **10%**. The governorates with the highest positivity rate for this week are Baghdad with 13.3, Thiqrar with 21.7, and Missan with 21.6. The lowest is, however, registered in Erbil with 3.1 and Salah Addin with 3.8.

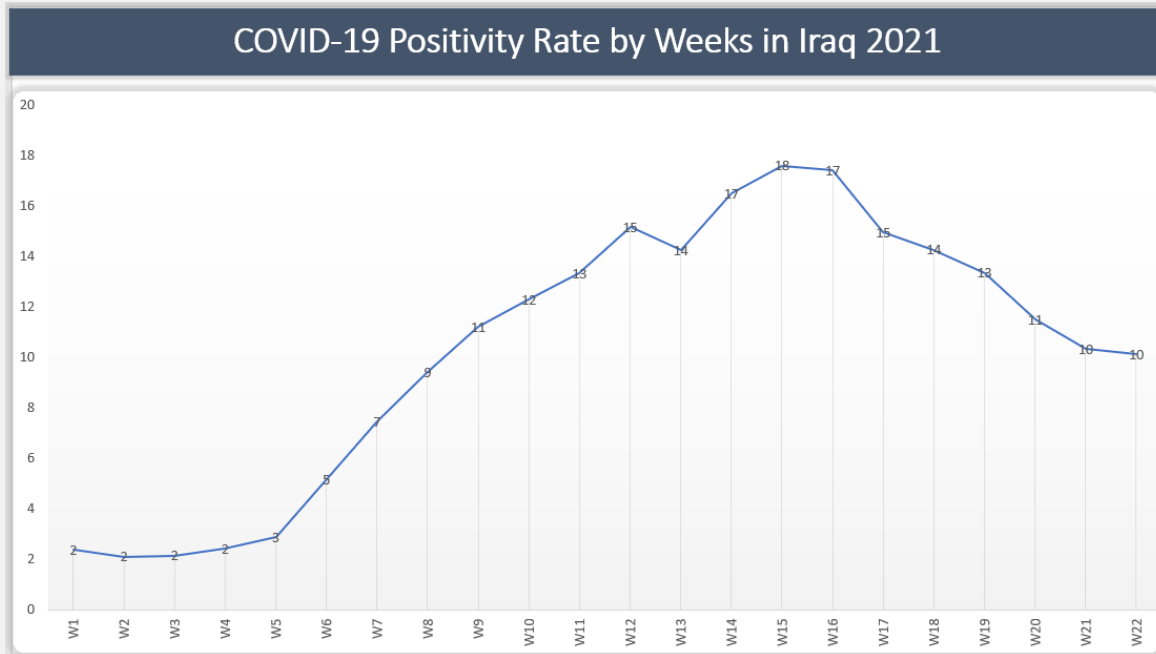


Figure 3: COVID-19 Positivity Rate by Weeks\_WK22\_2021

- COVID -19 related deaths reported this week are **187**, representing a case fatality rate of **0.7%** which is of no significant difference from the CFR reported in WK21 (0.6%). The highest CFR, on the other hand, is reported in Baghdad at 2.6 followed by Kirkuk at 2.3 while the lowest is identified in Basra and Diyala at 0.1 each.

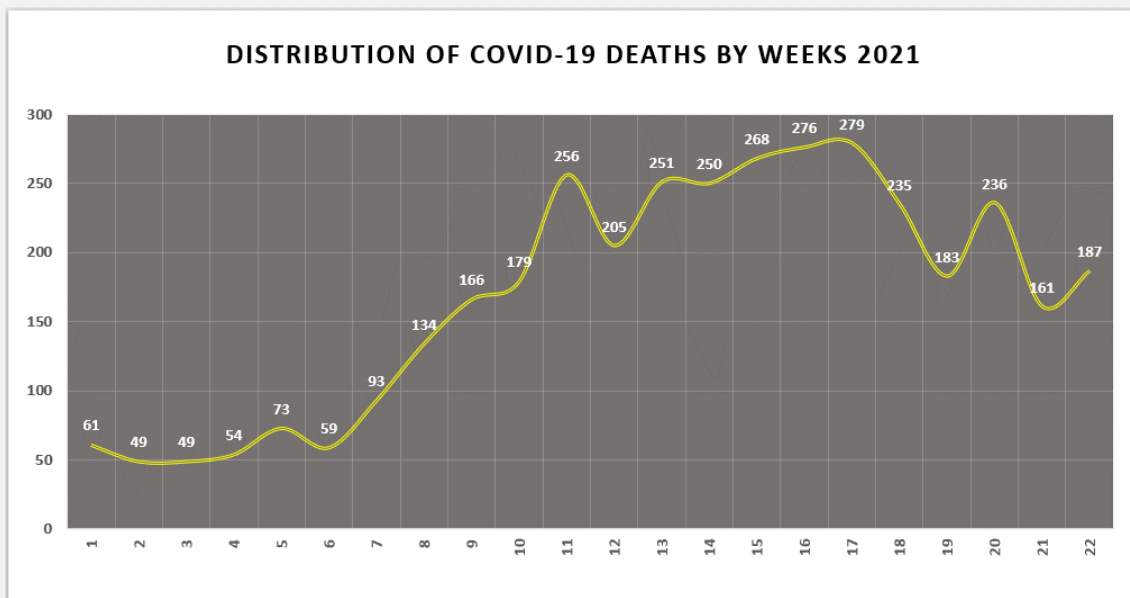


Figure 4: Distribution of COVID 19 deaths by weeks\_WK22\_2021

- The mean of hospitalized patients in WK22 is **1597** per day with a hospitalized fatality rate of **1.7 %**. The rate of the ICU hospitalized patients for this week remains at **19%**.
- The most affected age groups this week are the same as the previous where (>15-45 Y) and (> 45-65 Y) are at a rate of 57% and 29% respectively. As for deaths, the highest was reported among the age groups (>45-65 Y) and (>65 Y) at a rate of 38% and 51% respectively.
- Gender distribution among cases this week is also identified at 58% males and among deaths at 62% males as well.

## 2. The Epidemiological indicators for WK22:

During WK 22, the COVID-19 community transmission in Iraq is identified as **substantial** according to the 3 main epidemics- indicators of **case, death, and positivity rate**. The highest is reflected in Basrah and Baghdad while the lowest in Ninewa, Anbar 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	14	1	6	Moderate	Low	Moderate	2	1	2	5	Moderate
BABYLON	31	2	4	Moderate	Low	Low	2	1	1	4	Moderate
Baghdad	99	6	14	Substantial	Moderate	Substantial	3	2	3	8	Substantial
BASRAH	137	2	13	High	Low	Substantial	4	1	3	8	Substantial
DIWANIYA	46	1	16	Moderate	Low	Substantial	2	1	3	6	Moderate
DIYALA	53	1	11	Substantial	Low	Substantial	3	1	3	7	Substantial
KERBALA	68	2	15	Substantial	Low	Substantial	3	1	3	7	Substantial
KIRKUK	41	9	7	Moderate	Moderate	Moderate	2	2	2	6	Moderate
KRI	67	9	6	Substantial	Moderate	Moderate	3	2	2	7	Substantial
MISSAN	90	5	21	Substantial	Low	High	3	1	4	8	Substantial
MUTHANNA	30	2	11	Moderate	Low	Substantial	2	1	3	6	Moderate
NAJAF	82	3	13	Substantial	Low	Substantial	3	1	3	7	Substantial
NINEWA	30	3	5	Moderate	Low	Low	2	1	1	4	Moderate
SALAH AL-DIN	29	6	4	Moderate	Moderate	Low	2	2	1	5	Moderate
THI-QAR	48	7	22	Moderate	Moderate	High	2	2	4	8	Substantial
WASSIT	97	3	21	Substantial	Low	High	3	1	4	8	Substantial
IRAQ	68	5	10	Substantial	Low	Substantial	3	1	3	7	Substantial

Figure 5: Community Transmission according to the 3 main indicators (Cases, Death, PR)

## 3. WHO preparedness and Response:

### a) COVID 19 Inoculation campaign:

- As of 6 June 2021, a total of **\*596,955** vaccine doses were administered countrywide indicating that 2.58% of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated, 440,007 have received the first dose, while 156,948 have been fully immunized with two doses.

- In WK22, vaccine administration statistics revealed that 286,176 (68%) males against 135,597 (32%) females have been vaccinated with the first dose while 97,854 (63%) males against 56,698 (37%) females have received their second dose. A comparative low turnout among women continues to be noticed and which could be associated with females' tendency to stay home to attend to their families' requirements in addition to the rumors associated with the vaccine's side effects.
- Vaccination rollout data analysis shows that 175,015 (41%) of the priority groups vaccinated are over 50 years of age, followed by 254,973 (59%) of the age group 18 - 50 years.
- Governorates with the highest number of people vaccinated using the first dose include Baghdad-Karkh with 83,872 (4.0%) followed by Najaf at (3.0%), Diwaniya at (2,5%), Karbala and Basra at (2,2%), and Kirkuk at (2.1%). The lowest number of people vaccinated during WK22, on the other hand, is reported in Missan at a rate of (0,7%), Sulaymaniyah at (0,9%), and both Ninawa and Wassit at (1,1%).

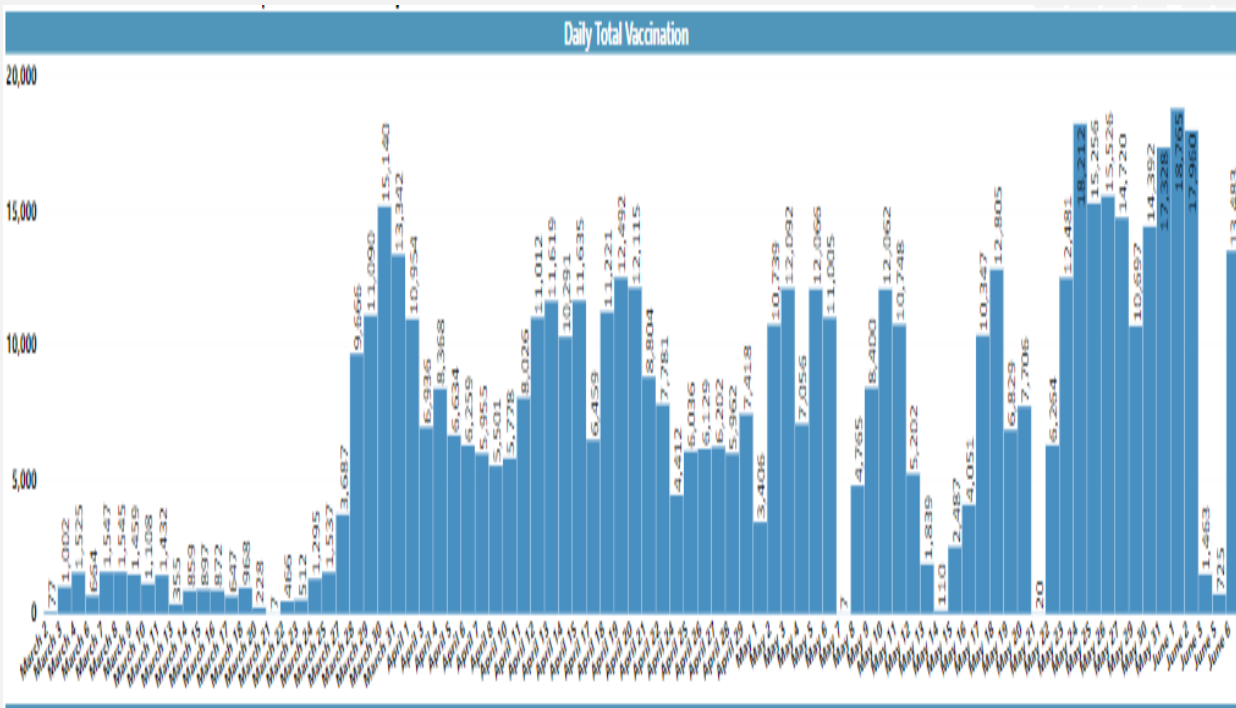


Figure 6: COVID 19 total daily vaccination\_ WK22\_ 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is \*596,955. 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.]

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

- WHO team in Basrah Governorate visited Al-Zubair General Hospital to discuss the COVID-19 isolation ward and the ICU equipment gaps in the mentioned facility. The team also visited the COVID 19 vaccination center in the hospital to discuss the Pfizer-BioNtech vaccine availability and administration and means for supporting the local health authorities' efforts in advocating for the vaccine uptake in the governorate.



*Pic 1: WHO team in Basra visiting a vaccination Center. WHO Iraq*

- WHO team in Basrah also conducted a technical meeting with Thiqr DOH to exchange information on the Mucormycotic (Black Fungus) case and any other comorbidity cases reported among COVID-19 patients in the governorate.

- WHO partner Heevie NGO launched the WHO solidarity Fund Project in Sulaymaniyah Governorate targeting community awareness on COVID 19 prevention and vaccination in Ashti IDP camp in the governorate. Risk communications training was provided to 50 volunteers from the camp settlers in addition to daily community door-to-door awareness sessions scheduled to last till 15 July 2021.



*Pic 2: WHO supported COVID 19 awareness activities in Ashti IDP camp in Suli. WHO Iraq*

- WHO team in Duhok visited Rawanga IDP camp- one of the five IDP camps in Duhok governorate targeted by the WHO solidarity fund project with conducting risk communications training and COVID-19 prevention and vaccination awareness campaign. The project is being implemented in the governorate by the local partner Heevie NGO since 15 May 2021. The target camps' population has been provided with awareness sessions, PPEs, and sanitization items in addition to the direct assistance in the COVID-19 vaccine registration through MOH relevant application platform.



*Pic 3: WHO team in Duhok visited Rawanga IDP camp to monitor the WHO Solidarity Fund Project and related awareness raising activities. WHO Iraq*

### c) Risk Communications and community engagement:

- i. 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](#))*



- ii. 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).



### 3. Urgent needs & requirements

- Ensure high quality and quantity RT-PCR testing to assist in the identification of the actual situation of the disease in the country.
- Reassess the health care facilities to fill the gaps pertaining to equipment and performance of health care workers which are essential for the improvement of specialized health care service delivery.
- Ensure a steady supply of COVID19 vaccines through the COVAX facility and bilateral agreements to ensure adequate immunity among the eligible population as soon as possible.
- Maintain RCCE campaigns to increase vaccine uptake
- Seek additional funding to support the vaccination campaign both through RCCE as well as through adequate evaluation and timely field monitoring

### 4. Challenges

- The potential risk of importing the COVID 19 **Delta strain** which requires continuous vigilance.
- Vaccine hesitancy towards AstraZeneca specifically continues to affect vaccination efforts.
- Funding constraints to sustain and support COVID-19 interventions including RCCE

### 5. Recommendations

- Intensify community sensitizations and engagement to encourage population adherence to public health measures and COVID-19 vaccine uptake.

- Continue to strengthen risk communications, community mobilization, and media engagement activities to encourage people to maintain wearing masks and adhere to the COVID-19 guidelines.
- Proper detection and management of the new COVID 19 **Delta strain** through strict border monitoring and careful contact tracing.
- Creating hotlines for patients undergoing home isolation, in addition to informing on vaccination sites and available vaccine types as possible.
- More testing, contact tracing, and active surveillance remain essential to detect hidden cases and newly emerging strains and other health issues like Mucormycotic (Black Fungus) and other comorbidity cases. 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.
- Ensure proper preparedness to respond to the probability of an upsurge of cases expected in October this year.
- Coordinate a joint study with the academic institutions to determine the immunity profile of the population and assist in highlighting the efficacy of the vaccine, the cold chain, and vaccinators' performance.

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

Viyan NGO in partnership with Cadus NGO informed the Health Cluster of their plan to start implementing a 10-month project on “capacity development on standardized IPC practices in Ibn-Sina hospital to reduce secondary infections among patients and healthcare workers and stop avoidable transmission in Nineveh”. The project, which is supposed to start on 1 June this year, aims to train health workers on hand hygiene practices, prevention of surgical site infections, combating antimicrobial resistance, injection safety practices, and practices to prevent catheter-associated urinary tract infections. COVID-19 infection prevention and control measures constitute a module within the training package

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**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 Information, please contact:**

Ms. Ajjal Sultany, Communications Officer, +9647740892878, [sultanya@who.int](mailto:sultanya@who.int)

Dr. Vicky Sabaratnam, Technical Officer, Public Health, +9647729877244, [sabaratnamv@who.in](mailto:sabaratnamv@who.in)

Ms. Pauline Ajello, Communications, +96477729877288, [ajellopa@who.int](mailto:ajellopa@who.int)

**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.