

WHO Country Office
for IRAQ

Coronavirus Disease
(COVID-19)

Situation Report, Week 34
23 – 29 Aug 2021

Tested



14,272,791

Active



134,179

Confirmed



1,874,435

Cured



1,719,557

Deaths



20,699

Highlights:

1. The Iraqi Ministry of Health, this week, recommended the use of an mRNA COVID-19 vaccine (Pfizer) in pregnant women after the **16 weeks** of pregnancy. Available data prove that the benefits of the vaccine in pregnant women outweighs the risks attached with the COVID19 infection especially in its severe forms.
2. The Iraqi Ministry of Health has also this week decided to extend the dosing interval between the two doses of the Pfizer-BioNTech COVID-19 vaccine to at least **eight weeks (56 days)** in an attempt at accelerating the target population's coverage with the first dose.
3. The Ministry of Health reported a total of **49,346** new positive cases this week, with **60,389** recoveries and **515** associated deaths. The MOH sources also indicated the administration of **555,071** vaccine doses this week reaching so far **11.4%** of the total target population with at least one dose of the COVID-19 vaccine nationwide.
4. Inoculation data, so far, revealed the administration of **717,233** doses of AstraZeneca, **2,513,559** of the Pfizer, and **812,443** of the third country certified Sino-pharm vaccine.
5. WHO and the national health authorities continue the field and online prevention and vaccination promotion campaigns, urging the population– whether they have had COVID-19 or not – to take precautions including physical distancing, hand and respiratory hygiene, wearing a mask, and ensuring adequate ventilation to prevent getting or spreading COVID-19.

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/2SINwLk>



1. The Epidemiological Situation for WK 34, (23 – 29 August 2021)

- This week reported **49,346** confirmed COVID-19 cases, indicating a slight increase of 21 cases more than in WK33 and representing a rate of **119.8** cases/per 100,000 population and a change rate of **(0.04%)**.

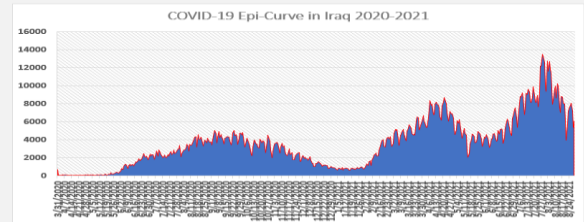


Figure 1: COVID-19 Epi curve in Iraq_ WK34, 2021

- Total RT-PCR this week stands at **274,465** indicating a scale up in testing by **22,471** more than in WK33. The current increase represents **6663** tests per 1M of population and marks a change of **(8%)**.

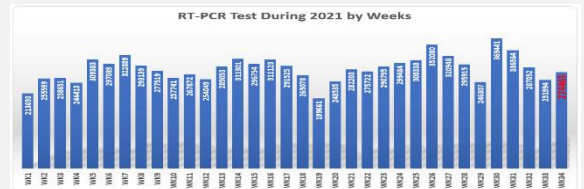


Figure 2: RT-PCR tests per weeks in Iraq WK 34, 2021

- The positivity rate in WK34 stands at **18%**, less by 2% than WK33 rate. The governorates with the highest positivity rate in WK34 are Missan at **31.4%** and Basra at **25.8**. The lowest rate, however, continues to be reported in Anbar at a rate of **6.6** and Duhok at **9.7%**.

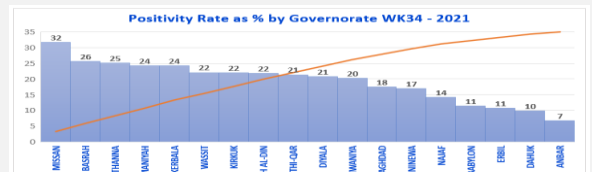


Figure 3: Positivity Rate as % by Governorate WK34 - 2021

- The mean hospitalization figures for this week indicate a value of **3149** patients, of which **34%** are severe cases, **22%** are in the ICU and approximately **80%** need O2. HFR this week is **2.3%**.

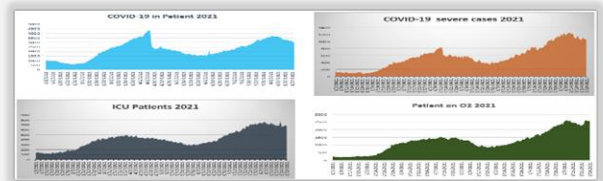


Figure 4: COVID-19 hospitalized, ICU, and under O2 patients per WK_ WK34, 2021

- COVID-19 deaths reported this week are **515** with a fatality rate of **1.0%**.

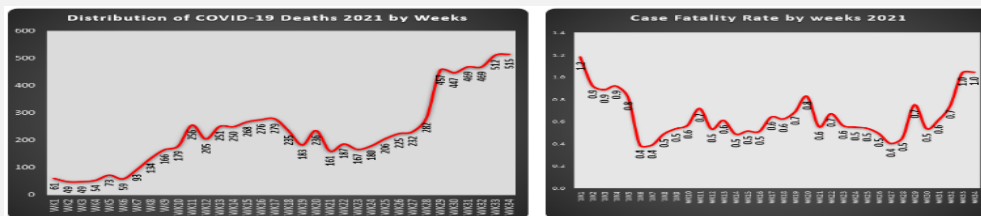


Figure 5: Distribution of COVID 19 deaths and CFR in Iraq by weeks

- The most affected age groups this week are **(>15-45 Y)** at a rate of **(61%)**, followed by **(> 45-65 Y)** at a rate of **(26%)**. As for deaths, the highest this week was reported among the age groups **>65** at a rate of **49%**, followed by **(>45-65 Y)** at a rate of **39%**. No change in Male-Female Ratio for WK34 and remains at 1.4 and 1.5 for cases and deaths respectively.

2. The Epidemiological indicators for WK34

During WK34, the previous overall community transmission status in Iraq dropped back from high to substantial level. The highest level is, however, still registered in 7 governorates namely: Basra, Kerbala, Kirkuk, Missan, Sulaymaniyah, Thiqr, and Wassit while the lowest continues to be identified in Anbar and Ninawa, according to the 3 main epidemics- indicators of the **case, death, and positivity rates**.

Week	WK Number			Community Transmission by Governorates								
Row Labels	Case 100THs	Death 1 M	PR	Case 100THs	Death/M	PR	Score 1	Score 2	Score 3	Total Score	Rank	
ANBAR	18.2	0.0	6.6	Moderate	Low	Moderate	2	1	2	5	Moderate	
BABYLON	51.6	6.7	11.4	Substantial	Moderate	Substantial	3	2	3	8	Substantial	
Baghdad	104.8	11.0	17.3	High	Substantial	Substantial	4	3	3	10	Substantial	
BASRAH	177.1	11.1	25.8	High	Substantial	High	4	3	4	11	High	
DAHUK	218.8	26.5	9.7	High	Substantial	Moderate	4	3	2	9	Substantial	
DIWANIYA	135.3	12.9	19.7	High	Substantial	Substantial	4	3	3	10	Substantial	
DIYALA	96.9	9.1	20.8	Substantial	Moderate	High	3	2	4	9	Substantial	
ERBIL	156.7	25.9	10.2	High	Substantial	Substantial	4	3	3	10	Substantial	
KERBALA	177.7	16.0	24.9	High	Substantial	High	4	3	4	11	High	
KIRKUK	122.9	18.0	22.1	High	Substantial	High	4	3	4	11	High	
MISSAN	228.2	22.5	31.7	High	Substantial	High	4	3	4	11	High	
MUTHANNA	65.0	3.4	25.6	Substantial	Low	High	3	1	4	8	Substantial	
NAJAF	74.1	6.3	14.6	Substantial	Moderate	Substantial	3	2	3	8	Substantial	
NINEWA	51.6	7.0	17.1	Substantial	Moderate	Substantial	3	2	3	8	Substantial	
SALAH AL-DIN	107.2	7.5	21.5	High	Moderate	High	4	2	4	10	Substantial	
SULAYMANIYAH	214.2	22.7	23.3	High	Substantial	High	4	3	4	11	High	
THI-QAR	114.3	16.3	21.5	High	Substantial	High	4	3	4	11	High	
WASSIT	188.3	14.8	22.8	High	Substantial	High	4	3	4	11	High	

Table 1: COVID-19 Community Transmission in Iraq in WK34, 2021

3. WHO preparedness and Response:

a) COVID 19 vaccine rollout and uptake:

- As of WK34, a total of ***4,043,632** vaccine doses were administered countrywide indicating that **11.4%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further showed that **2,628,559** of the target population have received the first dose while **1,414,676** have been double vaccinated.
- As of WK34 also, vaccine administration statistics revealed that **1,704,579 (65%)** males against **916,890 (35%)** females have been vaccinated using the first dose while **914,606 (65%)** males against **497,674 (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 as well that **1,069,084 (26%)** of the priority groups vaccinated are **over 50 years of age**, followed by **2,974,151 (74%)** of the age group **18 - 50 years**. Governorates with the highest number of vaccinated people using the first dose are Baghdad (Karkh sector) at a rate of **392,998 (18.9%)** followed by Najaf at **(15.9%)**, Duhok at **(15.7%)**, Basra at **(15.1%)**, Kirkuk at **(14.6%)**, Diyala at **(13.7%)**, and Thiqr at **(12.7%)**. The lowest number of people vaccinated as of WK34, on the other hand, is reported in Sulaymaniyah **(4.0%)**, Salah al-Din at **(7.5%)**, and Baghdad (Resafa sector) at the rate of **(7.7%)**.

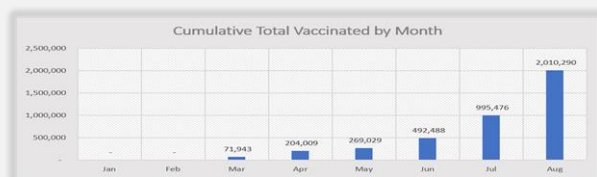


Figure 7: Vaccination in Iraq by months-2021

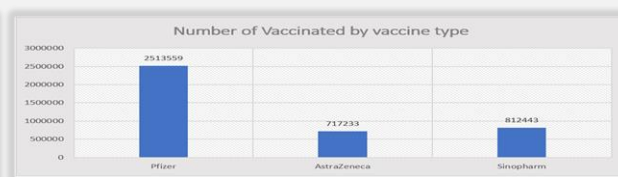


Figure 8: vaccine administration figures by vaccine types in Iraa. WK34, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is ***4,043,632**. 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:

- In coordination with the Ministry of Health on both Central and Federal levels, and in partnership with Sulaymaniyah directorates of health, WHO Iraq has conducted a COVID-19 Prevention, Vaccination, and RCCE workshop in Sulaymaniyah Governorate. The workshop was designed to target the 3 key COVID-19 responders of health professionals, clerics and community leaders and activists, and the media and social media outlets managers. The workshop also included a mass vaccination activity implemented through the setting of an external vaccination site where over 70 people were administered the vaccine on spot and with a majority of 1st dose uptake.



Pic 1: Side scene from the mass vaccination campaign in Sulaymaniyah _August 2021. WHO Iraq Photo

c) Health Cluster/ Partners contribution:

- 1- As of 25 Aug 2021, UNHCR Iraq sources shared the below information on the COVID-19 cases among “persons of concern” in IDP and refugee camps:
 - a. Total cases: 1,743 (801 refugees and 942 IDPs)
 - b. Deaths: 91
 - c. Recoveries: 1,067
 - d. Active cases: 488
 - e. Unknown outcome: 97
- To help limit the spread of COVID-19 among the IDP and refugee communities and support vaccine uptake in community settings, Health Cluster partners conducted awareness campaigns focusing on preventive measures, misinformation and vaccine hesitancy. The Health Cluster team is collecting available materials used by different organizations to compile them into a unified portfolio, which will be shared with all partners after review and endorsement by WHO Iraq and the Iraq RCCE Working Group.
- The Ninewa Health Sub-Cluster Co-Coordinator participated in a meeting facilitated by Jadaa 5 camp management and attended by Protection and WASH partners, on 24 Sept. Action points agreed upon included setting up a vaccination center in the camp; meeting community leaders and public figures to support vaccination uptake; and conducting vaccination awareness sessions.
- The Salah Al Din Health Sub-Cluster Co-Coordinator joined a technical interagency mission led by OCHA to Samarra district on 23 Sept, to understand the current situation and plan for the appropriate humanitarian response. An urgent need for COVID-19 and vaccination awareness campaign inside the city center health facilities and governmental offices was identified. Health partners capable of supporting this initiative have been requested to do so.

4. Urgent needs & requirements

- The epidemic indicators in Iraq requires continued emphasis on the importance of prevention, masking, and vaccination countrywide.
- 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 governorates and outreach areas.

- 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 healthcare facilities to fill the gaps related to equipment and performance of healthcare 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 exponential spread of the COVID-19 **Delta Variant** and the significant surge in case reporting.
- Shortage of vaccines in main health facilities and impairments in the vaccination rollout process.
- Vaccine relative low intake especially in poor, rural, and remote/outskirts areas.
- Funding constraints to sustain and support COVID-19 interventions including RCCE.

6. Recommendations

- Ensure proper preparedness to respond to a potential upsurge in cases in the coming few months. Preparedness could include:
 - ✓ Setting external vaccination outlets to speed up the vaccine rollout process.
 - ✓ 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.
- 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 vaccination, mask wearing, and social distancing.
- 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 resource's structure, and attempt to fill the gaps.
- 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.

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. Ajyal Sultany, Communications Officer, +9647740892878, sultanya@who.int

Dr. Wael Hatahit, WHO Emergency Team Lead, +964 7729 814 999, hatahitw@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
IHF	Iraq Humanitarian Fund
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.