

# World Health Organization

# CoronaVirus Disease (COVID-19) Weekly Situation Report (Week 16) 19 to 25 April 2021



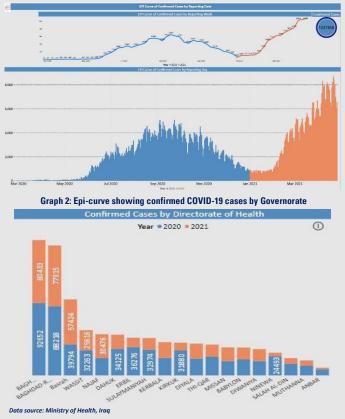
# **Highlights**

- During Week 16 (WK16), WHO and the Ministry of Health assessed the COVID-19 epidemiology, including the community transmission, health system capacity, and performance, by calculating nine primary and essential indicators in the past seven days. Results indicate that the transmission level for COVID-19 at the national level and 12 selected Governorates is substantial; it is of moderate transmission in two governorates and high transmission in four governorates.
- During WK16, the Iraq Ministry of Health reported 54,147<sup>1</sup> new confirmed cases of COVID-19, representing 3.7% increase compared with WK15 and 12% of the total number of confirmed cases in 2021. The reported deaths in WK16 were 276 deaths representing 3% increase compared with WK15 and 11% of the total deaths reported in 2021. The Case fatality rate during WK16 was 0.5%, while the death rate among hospitalized patients was 2%.
- This week's positivity rate is 17% down from 20% reported on WK15; all governorates maintained a positivity rate of above 5% continuing to mark community transmission<sup>2</sup> COVID-19 pandemic.
- As of 24 April 2021, a total of 240,527 COVID-19 vaccine doses had been administered countrywide; this means that 1.04% of the target population in Iraq has so far received at least one dose of the vaccine. Of the total number vaccinated, 225,156 have received the first dose, while 15,371 have received the second dose.

# Key figures of COVID-19 as of 25 April 2021

		Weekly (WK 16)	Weekly (WK 15)	Cumulative Since 24 February 2020
1	Tested	311,123	296,754	9,116,609
* <b>1</b> *	Confirmed	54,147	52,215	1,031,322
	Active	5,102	10,268	110,764
Y	Cured	48,769	41,679	905,301
Ť	Death	276	268	15,257

Graph 1: COVID-19 confirmed cases by epidemiological week 2020 to 2021



<sup>1</sup> For more information on the COVID-19 figures, visit WHO Iraq dashboard on: <u>https://covid19.who.int/region/emro/country/iq</u>

<sup>&</sup>lt;sup>2</sup> Community transmission is defined (when the positivity rate of the COVIDS19 PCR tests are above 5%)

# 1) Disease Epidemiology

- During this reporting period (WK16), 1,930 additional confirmed COVID-19 cases were reported compared to WK15. For the past three epidemiological weeks, 51,378 (WK14), 52,215 (WK15), and 54,147 confirmed COVID-19 cases were recorded this week, indicating slow flattening of the epi-curve.
- As the number of confirmed COVID-19 cases continue to rise, deaths are also increasing. During the past three epidemiological weeks, a total of 250 (WK14), 268 (WK15), and 276 deaths were reported this week
- The number of hospitalized patients seems to be going down since WK14 (28,250), WK15 (19,146), and and 16,848 this week, confirming the beginning of the flattening of the epi-curve.
- Over the past three epidemiological weeks, the percentage of COVID-19 patients in Intensive Care Units (ICU) was about 18%, while 26% of patients in ICU were on ventilators reflecting no change in the severity of the disease.
- The epidemic indicators for community transmission (cases per 100,000, death per 1 million, and Positivity Rate) indicate that all governorates are at moderate transmission, except for death per 1million. Nevertheless, the Kurdistan Region and Missan Directorate of Health show comparatively high transmission and case fatality. Al-Anbar, Ninewa, and Salah-Al-Din show low transmission.

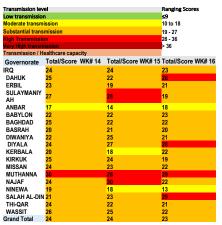
•	Health care providers continue to be affected by the ongoing pandemic.
	During this reporting period, 421 health care workers were confirmed with
	COVID-19; 48% of the cases were reported among nurses and paramedical
	staff, followed by the administration and support staff at 38% and medical staff
	at 14%.

• The overall case fatality rate this week was 0.6%. Twenty-nine percent of deaths were reported among 60-69-year-olds, followed by 70-79-year-olds at 22%. About 60% of them had at least one co-morbidity.

#### Table 1: Additional figures of COVID-19, as of 25 April 2021

Key figures	2020		2021	WK16		
Total Confirmed cases	597,774		433,548		54,147	
National Incidence rate <sup>3</sup> /100000/week	37		67	135		
	DAHUK	62	NAJAF	121	106	
The ED alls with the	WASSIT	55	BASRAH	113	201	
Top 5 DoHs with the highest incident rate	BAGHDAD	53	BAGHDAD	112	241	
ingricot indiacint rate	KIRKUK	47	WASSIT	107	212	
	ERBIL	46	KERBALA	97	91	
National Case fatality rate <sup>4</sup>	2.1		0.56	0.51		
	SULYMANIYAH	5	ERBIL	1.5	0.011	
Top 5 DoHs with the	THI-QAR	3	SULAYMANIYAH	1.3	0.013	
highest case fatality	BABYLON	3	DAHUK	1.2	0.013	
rate	ERBIL	3	KIRKUK	1	0.022	
	MISSAN	2	THI-QAR	0.9	0.010	
Percentage of deaths <48 hours of hospitalization	53%		21%	14%		
Percentage of active cases	7%		11.74%	NA		
Percentage of cured cases	90%		83%	NA		
No. PCR tests	o. PCR tests 4,547,545		4,562,110	311,123		
Overall PCR test Positivity rate <sup>5</sup>	120/		10%	17%		
Percentage inpatient	entage inpatient 78%		52%	31%		
Percentage of cases 10% reated in ICU			9%	6%		
No. Health care providers infected	24,283		6,064	421		
No. Health care providers dead	270		13	0		
No. IDPs and refugees reported with COVID-	IDPs = 285		IDPs = 79	9		
19	Refugee = 278		Refugee = 107	5		

Table 2: Shows transmission levels at Governorate levels



<sup>&</sup>lt;sup>3</sup> The incidence rate refers to the frequency with which some event, such as a disease or accident, occurs over a specified time period.

<sup>&</sup>lt;sup>4</sup> Case Fatality Rate is the proportion of fatalities from a specified disease among all individuals diagnosed over a certain period of time.

<sup>&</sup>lt;sup>5</sup> PCR positivity rate is the percentage of all PCR tests confirmed positive for COVID19 among all the PCR tests performed over a period of time.

# 2) WHO preparedness and Response

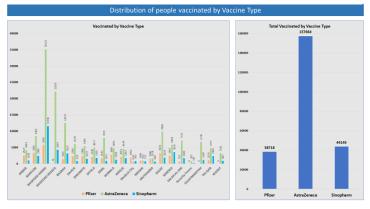
# a) COVID-19 Response

As a follow up to an earlier camp visit to Shikhan IDPs camp in Week 14, a multisectoral mission including WHO, UNOCHA, Duhok Directorate of Health, Duhok Directorate of Migration and Crisis Response Office, Camp Coordination and Camp Management Cluster, and Lutheran World Federation, visited the camp during this reporting period. The visit was meant to inspect the Quarantine/Isolation site inside the camp and discuss the project's necessity with the camp residents as a reassurance. It was agreed that a new location within the camp is designated for quarantine/Isolation following the resident's refusal of the initial location. All partners also decided to make another follow-up in the coming weeks.

#### b) <u>Vaccination</u>

- As of 24 April 2021, a total of 240,527 vaccine doses had been administered countrywide; this means that 1.04% of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated, 225,156 have received the first dose, while 15,371 have been fully immunized with both doses.
- Gender disparity continues to be displayed during the ongoing COVID-19 vaccinations in Iraq. As of 24 April, more males than females had continued receiving the COVID-19 vaccine. Sixty-nine percent (69%) males against 31% females have





been vaccinated using the first dose while 61% males against 39% females have received their second dose of Sinopharm. The low turnout among women could be associated with how most females stay home attending to families and the rumors associated with vaccines.

- Further analysis shows that 39% of the priority groups vaccinated are over 50 years of age, followed by health workers at 32% and people with at least one or more co-morbidities at 23%. Vaccination in IDP and refugee camps is yet to commence.
- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh at 2.5%, followed by Najaf with 1.69%, Diwaniya with 1.2%, Dahuk at 1.28%, and Babylon at 1.1%. Medical City and Missan have the lowest number of people vaccinated.

#### c) Logistics and supply management

- During this reporting period, WHO provided Salah-Al-Din Pediatric Hospital with medical devices to enhance its management of COVID-19 cases and other medical conditions. Among the things provided are:
  - One Infant warmer.
  - One Neonatal Resuscitation device with consumables.
  - Three Vital Signs Monitors with extra accessories and consumables.
  - Two Mobile Suction pumps.
  - Three Infusion pumps with mobile stand.
  - Two alternating pressure pumps and pad system.
  - One Warming blanket.
  - Four Oxygen cylinders with 40 liters capacity.
  - Two Neonatal Ambubags.
- WHO also provided assistive devices to Salah-Al-Din Rehabilitation Centre to ease the movement of patients with mobility challenges. The items donated included 30 Adult wheelchairs and 15 Pediatric wheelchairs.

 To cover the gaps in essential mental health medicines among Non-Governmental Organization (NGO) partners, WHO provided one pallet containing different types of psychotropic medications to VIYAN NGO and CORDAID NGO.

#### d) Risk Communication and Community Engagement

- WHO, UNICEF, and other partners in the Risk Communications and Community Engagement (RCCE) Working Group, in liaison with the MOH, continue to mobilize communities through traditional and social media and health workers as well as community leaders to go for COVID-19 vaccination and adhere to public health measures like mask-wearing and social distancing.
- WHO and UN colleagues are collaborating with prominent Iraq personalities to boost the COVID-19 vaccination campaign and build more community confidence in the vaccines to increase it's uptake. The following week the President of Iraq, His Excellency Barham Saleh, top religious leaders Moqtada Alsader and Rasheed Alhusaini, and actor Sami Qaftan will be vaccinated.
- UNOCHA and the Inter-Cluster Coordination Group (ICCG) partners are joining the national RCCE efforts through coordination with Health Cluster. The group undertook the promotion of the vaccination key Messages (in English, Arabic, and Kurdish) among partners and end-users and patients presenting at supported facilities

# 3) Urgent needs & requirements

- Ensure a steady supply of COVID19 vaccines through the COVAX facility and bilateral agreements so that people
  who have received the first dose get the second to build adequate immunity among a large proportion of the eligible
  population as soon as possible.
- Maintain Risk Communication and Community Engagement campaigns to increase uptake of the vaccine
- Seek additional funding to support the vaccination campaign both through RCCE as well as through adequate evaluation and timely field monitoring

# 4) Challenges

- Vaccine hesitancy among the communities, especially women, towards AstraZeneca continues to affect vaccination efforts.
- Funding constraints to sustain and support COVID-19 interventions like Risk Communications and Community engagement

# 5) **Recommendations**

- Intensify community sensitizations and engagement to encourage population adherence to public health measures and COVID-19 vaccine demand and uptake in the population.
- Continue to strengthen community mobilization, sensitizations, and engagement campaigns at the community level and media engagement to encourage people to continue wearing masks and adhere to the COVID-19 guidelines.

HA for the Co

Department of Foreign Affairs

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



For further information on this situation report, please contact:

- 1. Ms Pauline Ajello, WHO Communications, mobile: +96477729877288, email: <u>ajellopa@who.int</u>
- 2. Dr. Vicky Sabaratnam, Technical Officer, Public Health, Mobile: +9647729877244, email: sabaratnamv@who.int
- 3. Dr Jehan Al-Badri, Technical Officer, Communicable Diseases, Mobile: +9647901673299, email: albadrij@who.int
- 4. Ms Ajyal Sultany, WHO Communications, Mobile: +9647740892878, email: sultanya@who.int