



WHO Country Office
for IRAQ

Coronavirus Disease
(COVID-19)

Situation Report, Week 26
28 June – 4 July 2021

Tested



11,890,105

Active



88,704

Confirmed



1,371,475

Cured



1,265,455

Deaths



17,316

Highlights:

1. In Week 26, the epidemic curve of COVID-19 continues to rise in the number of reported cases and related deaths. The Ministry of Health, this week, reported a total of 45,775 new cases representing 111 case per 100.000 of population. Related deaths reported this week were 225 with a CFR of 0.5%.
2. Highest COVID 19 case reporting for WK26 is recorded in the governorates of Basrah, Wassit, Kerbala, Najaf, Thiaqr and Baghdad with a rate of more than 100 case per 100,000 population.
3. Community transmission all over Iraq remains substantial but alerting of a potential high transmission next week.
4. A total of ***1,089,547** vaccine doses were administered Iraq wide this week indicating that **4.83%** of the target population received at least one dose of the COVID-19 vaccine.
5. Inoculation data, so far, revealed the administration of **471,714** doses of Astrazeneca, **271,963** of the Pfizer, and **285,870** of the third country certified Sinopharm vaccine.



Notes:

- i) the source of the data in this sitrep is the Ministry of Health daily reporting system.
- ii) For detailed information, visit the 'COVID 19 Dynamic Infographics Dashboard for Iraq': <https://bit.ly/2SINwIk>

1. The Epidemiological Situation for WK 26, (28 June-04 July 2021)

- The weekly number of COVID-19 confirmed cases reported this week stands at **45,775**, with an increase of **7,540** cases than in WK25. Change percentage as of this reporting period stands at (19.7 compared with WK25) and (-15 compared with WK16)- the peak of the current case upsurge. The representation of COVID-19 positive cases for this week stands at 111 case/per 100,000 population.

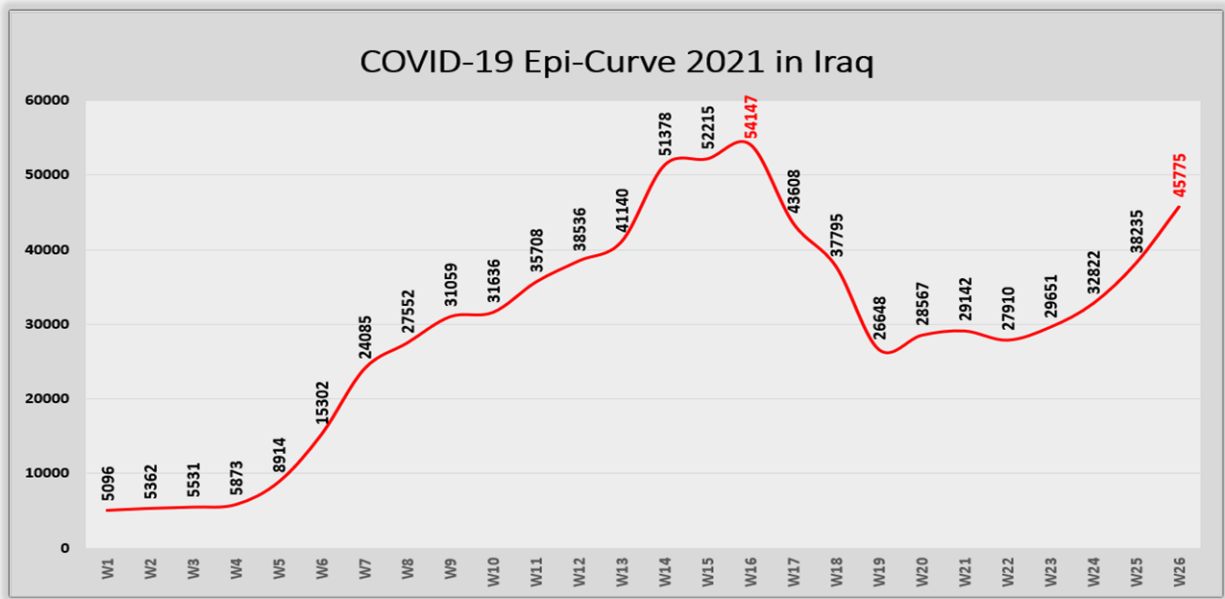


Figure 1: COVID-19 Epi curve in Iraq_ WK26, 2021

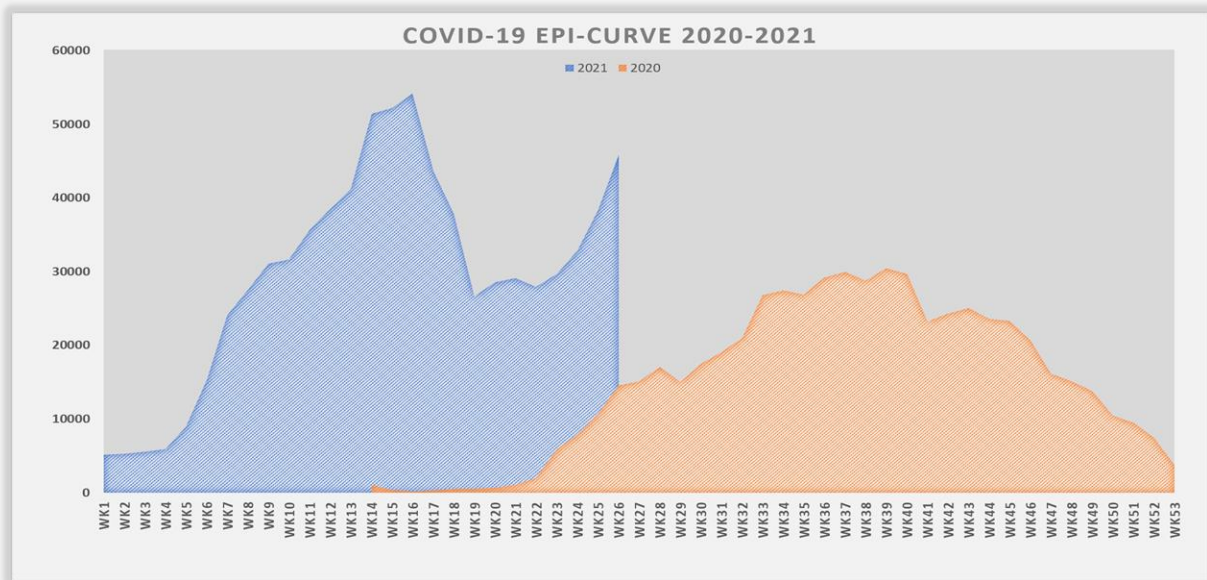


Figure 2: COVID-19 EPI curve in Iraq 2020-2021

- Total RT-PCR tests during WK26 is **312,155** reflecting an increase by **3,817** tests than in WK25 and representing 7,578 tests per 1M of population.

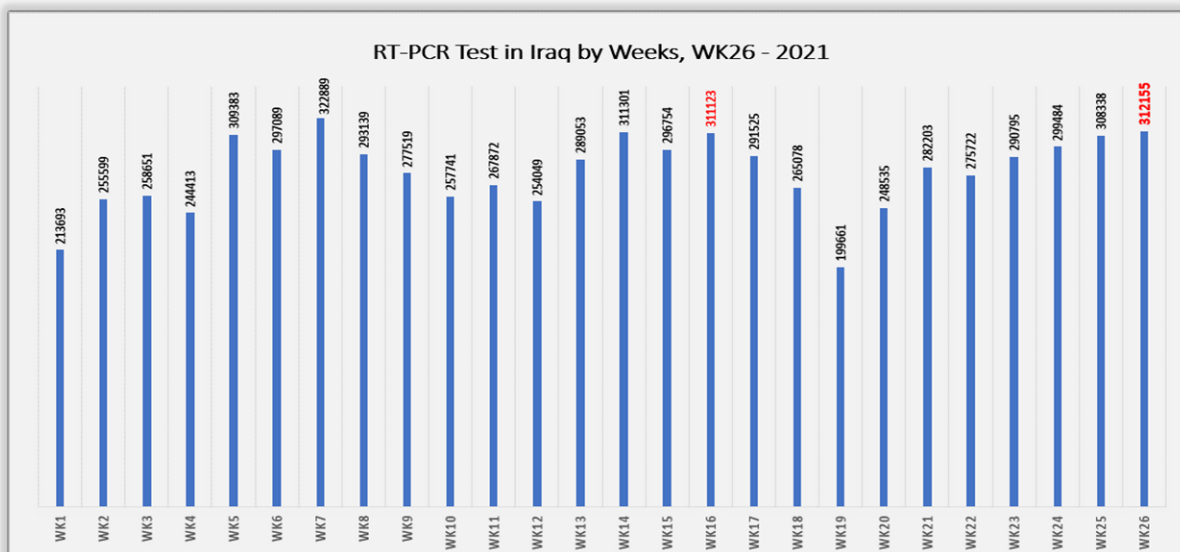


Figure 3: RT-PCR tests per weeks in Iraq_ WK 26, 2021

- The positivity rate in WK26 indicates a further surge in reported cases to stand at 15% compared with 12% in WK25. The governorates with the highest positivity rate for this week are Thi qar at 33%, Kerbala at 30%, and Wassit at 29.8%. The lowest rate is, however, reported in Anbar at 2% and Ninawa at 5.2%.

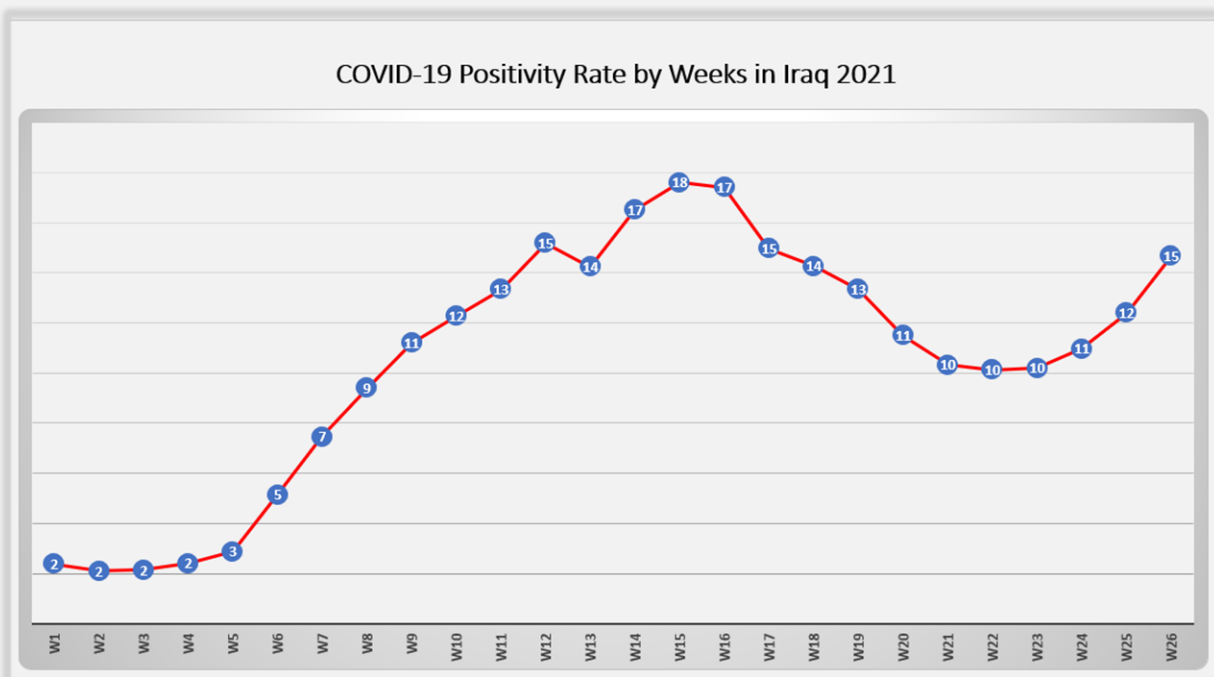


Figure 4: COVID-19 PR by weeks in Iraq. WK26, 2021

- COVID-19 related deaths reported this week are **225**, marking an increase of 19 more deaths than last week. The case fatality rate, however, still stands at **0.5%** which is yet of no significant difference from the CFR reported in previous weeks.

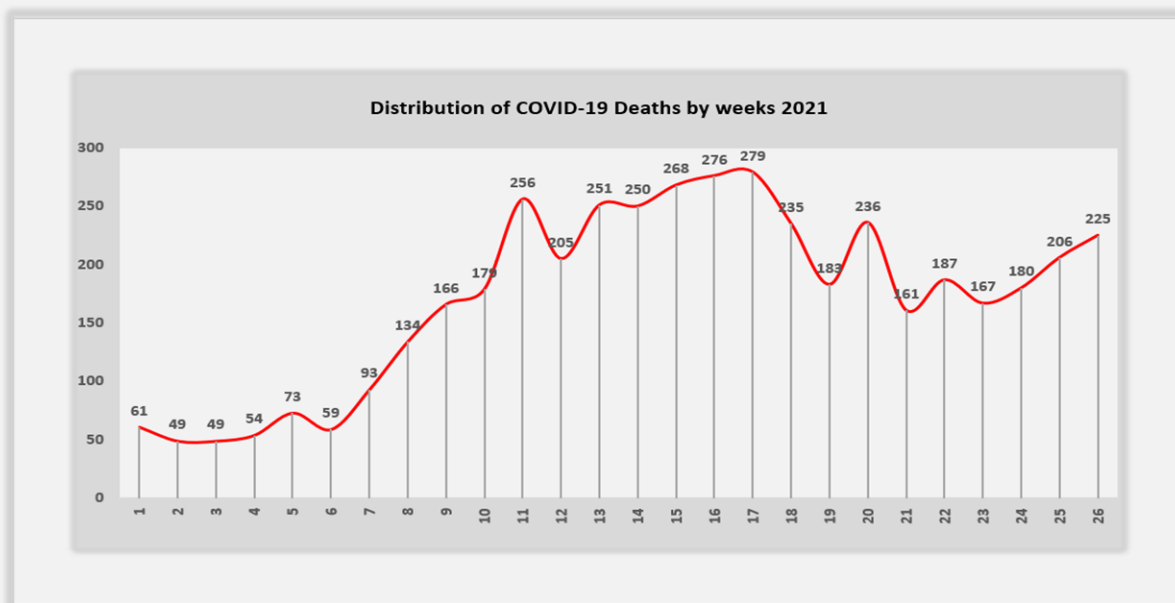


Figure 5: Distribution of COVID 19 deaths per week in Iraq_ WK26, 2021

- The mean of hospitalized patients in WK26 is **2,258** patient per day with a hospitalized fatality rate of **1.4%**. The rate of the ICU hospitalized patients for this week, on the other hand, increased by two points to 22% compared with 20% in WK 25 and 19% in the previous four weeks.

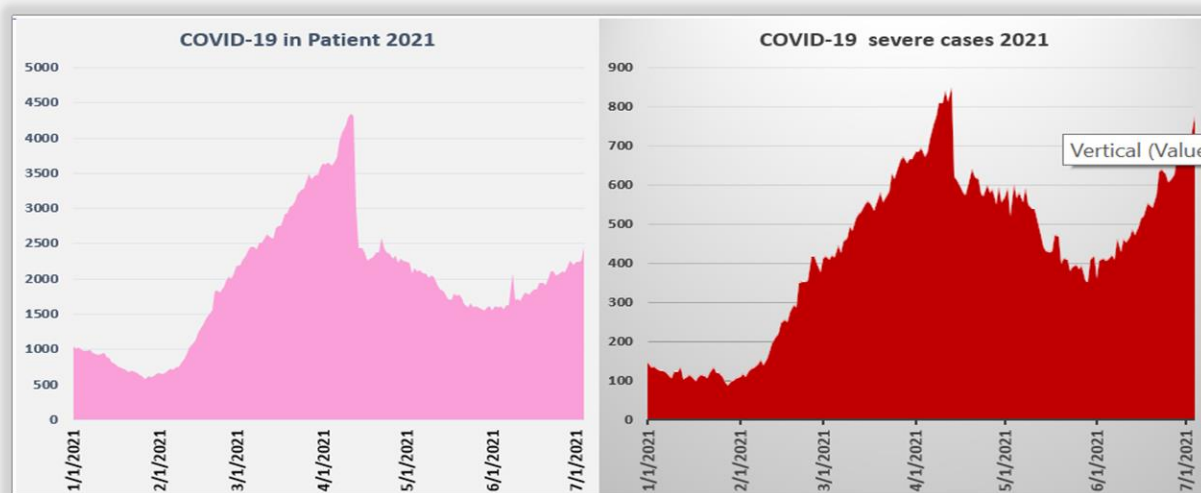


Figure 6: COVID-19 mean hospitalized and ICU cases per WK_ WK26, 2021

- 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.
- As of WK 25, the Male-Female Ratio stands at 1.5 and 1.6 for cases and deaths respectively.

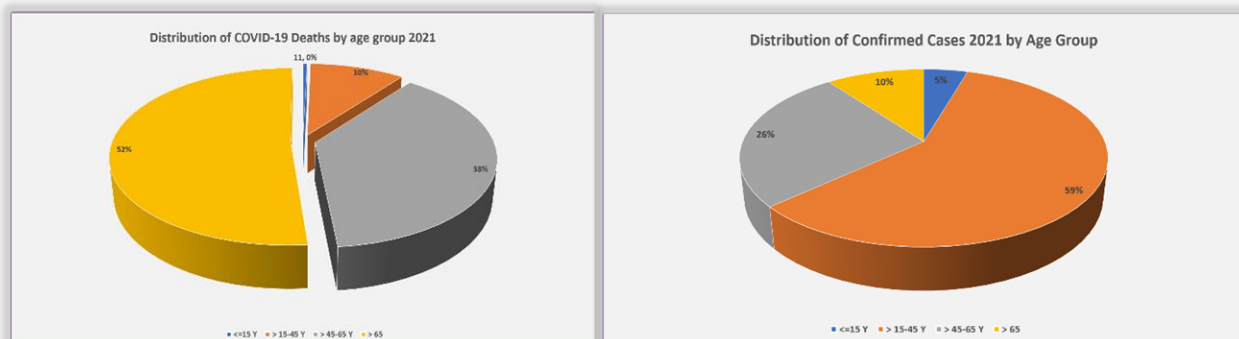


Figure 7: COVID-19 male_female case/death ratio as of WK26, 2021

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

2. The Epidemiological indicators for WK26:

During WK26, 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 Thiqr at a score of (**11- High Transmission**), while the lowest is reported in Anbar at a score of 4.

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	12	1	2	Moderate	Low	Low	2	1	1	4	Moderate
BABYLON	76	6	13	Substantial	Moderate	Substantial	3	2	3	8	Substantial
Baghdad	146	6	15	High	Moderate	Substantial	4	2	3	9	Substantial
BASRAH	211	8	20	High	Moderate	High	4	2	4	10	Substantial
DIWANIYA	109	2	21	High	Low	High	4	1	4	9	Substantial
DIYALA	80	1	19	Substantial	Low	Substantial	3	1	3	7	Substantial
KERBALA	173	6	30	High	Moderate	High	4	2	4	10	Substantial
KIRKUK	59	5	10	Substantial	Low	Moderate	3	1	2	6	Moderate
KRI	83	8	8	Substantial	Moderate	Moderate	3	2	2	7	Substantial
MISSAN	142	6	29	High	Moderate	High	4	2	4	10	Substantial
MUTHANNA	84	2	21	Substantial	Low	High	3	1	4	8	Substantial
NAJAF	161	9	19	High	Moderate	Substantial	4	2	3	9	Substantial
NINEWA	29	2	5	Moderate	Low	Moderate	2	1	2	5	Moderate
SALAH AL-DIN	35	1	7	Moderate	Low	Moderate	2	1	2	5	Moderate
THI-QAR	152	15	33	High	Substantial	High	4	3	4	11	High
WASSIT	210	0	31	High	Low	High	4	1	4	9	Substantial
IRAQ	111	5	15	High	Moderate	Substantial	4	2	3	9	Substantial

Table 1: COVID community transmission in Iraq in WK26, 2021

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of WK26, a total of ***1,089,547** vaccine doses were administered countrywide indicating that **4.83%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further shows that at least **714,150** of the target population have received the first dose while **402,696** have been double vaccinated.
- In WK26, vaccine administration statistics revealed that **470,102 (66%)** males against **236,958 (34%)** females have been vaccinated using the first dose while **258,056 (64%)** males against **142,244 (36%)** females have received their second dose. The turnout among women remains comparatively low due to a number of reasons associated with housekeeping requirements and the rumors about the vaccines' side effects.
- Vaccination rollout data analysis shows that **320,756 (29%)** of the priority groups vaccinated are over **50 years of age**, followed by **796,090 (71%)** 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 **(6.3%)**, followed by Najaf at **(4.8%)**, Basra at **(4.3%)**, Karbala at **(3.8%)**, Diwaniya at **(3.2%)**, and Kirkuk at **(3.2%)**. The lowest number of people vaccinated during WK26, on the other hand, is reported in Sulaymaniyah at a rate of **(1.2%)**, Missan at **(1.7%)**, Ninawa at **(1.9%)** and Wassit at **(2.1%)**.

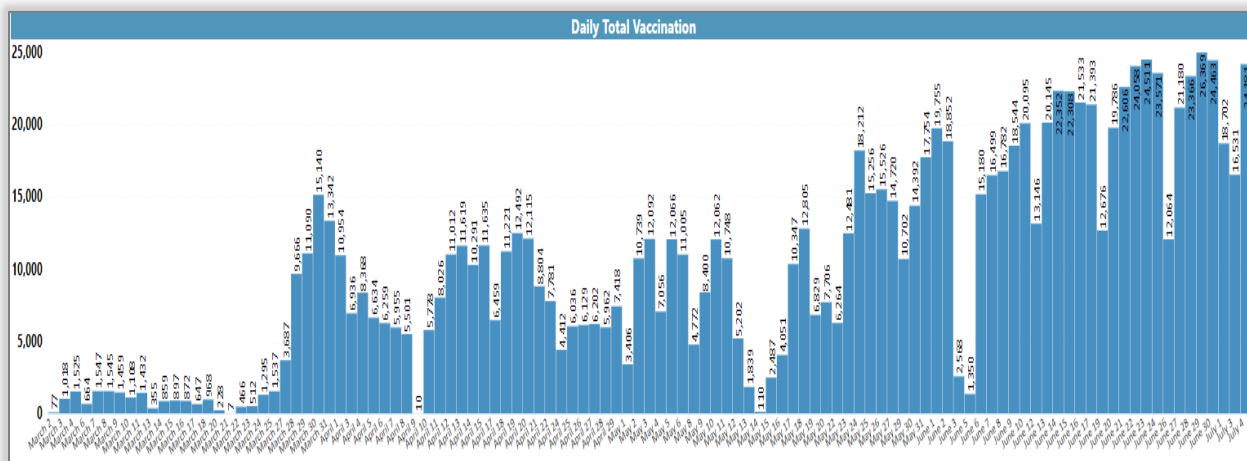
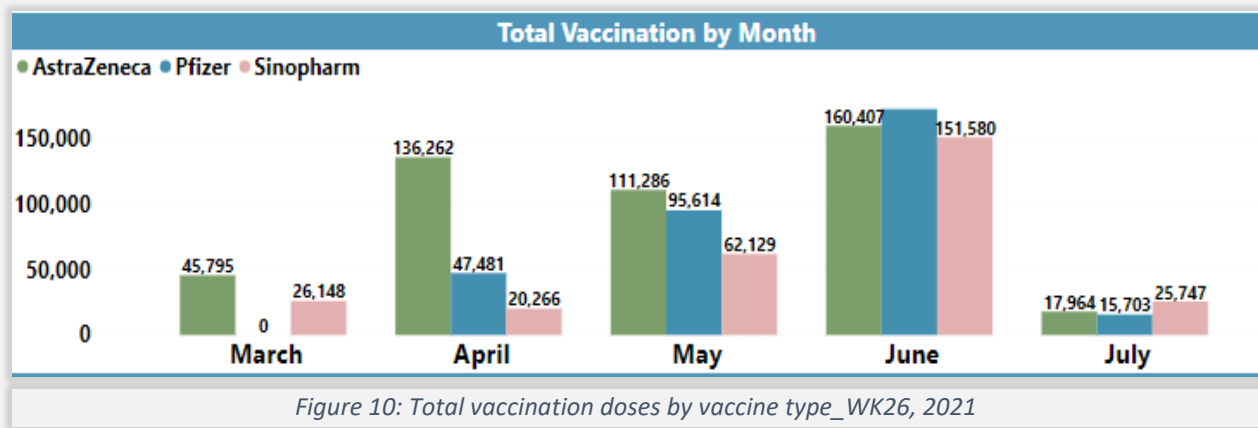


Figure 9: Daily COVID-19 vaccination values as of WK 26, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is ***1,089,547**. 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 Iraq team in Basra Governorate conducted technical meetings with the local health authorities in Muthana and Missan governorates. The meetings tackled a number of issues including WHO support for COVID 19 prevention and containment efforts, and the required preparations for the upcoming WHO RCCE training targeting health and community workers in an attempt to raise the level of COVID-19 vaccine uptake in the mentioned governorates.
- WHO technical team in Sulaymaniyah Governorate/ KRI conducted a monitoring visit to Ashti IDP camp in Arbat area in the governorate. The camp is currently hosting a door-to-door COVID-19 awareness and vaccination promotion campaign as part of WHO RCCE and awareness-raising project being implemented by the local partner Heevie NGO.

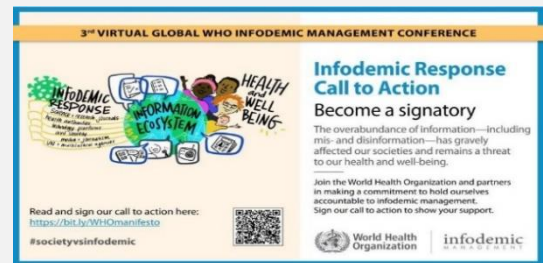


Pic 1: WHO supported RCCE campaign in Ashti IDP Camp in Sulaymania, KR-I. WHO Photo

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).



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 30 June 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: 992 (480 refugees + 512 IDPs)
 - b. Deaths: 71
 - c. Recovered: 805
 - d. Active cases: 19
 - e. Unknown outcome: 97
 - The 'INTEROS' NGO shared with the Health Cluster COVID-19 Task Force the details of the assessment they conducted on vaccine hesitancy in the Telafer district of Ninewa governorate. The assessment results are scheduled to be presented in the July 2021 Task Force meeting.
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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:



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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.