

Tested	Active	Confirmed	Cured	Deaths
13,122,716	145,166	1,635,993	1,472,093	18,734

Highlights:

1. Iraq is scheduled to receive additional half a million doses of Pfizer vaccine donated by the Government of the United States of America. The consignment is expected to arrive in the country on the 9th of the current month.
2. The Ministry of Health sources, this week, reported a total of **83,345** new positive cases representing a rate of **202** cases per 100,000 of population. Related deaths reported this week were **447** with a CFR of **0.5%**.
1. The community transmission in WK30 is still high all over the country manifesting alarming scores in 10 governorates specifically, leaving the rest 8 provinces standing at the 'Substantial Community Transmission' level.
2. The mean of hospitalized cases in WK30 is **3334** patients per day with a hospitalized fatality rate of **1.9%**.
3. A total of ***2,077,258** vaccine doses were administered Iraq wide this week reaching **8.9%** of the target population with at least one dose of the COVID-19 vaccine.
4. Inoculation data, so far, revealed the administration of **614,137** doses of AstraZeneca, **968,675** of the Pfizer, and **494,446** of the third country certified Sino-pharm 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/2SINwLk>

1. The Epidemiological Situation for WK 30, (26 July – 1 August 2021)

- This week reported **83,345** confirmed COVID-19 cases, indicating an increase of **22,409** cases than in WK29 and representing a rate of **202** cases/per 100,000 population.

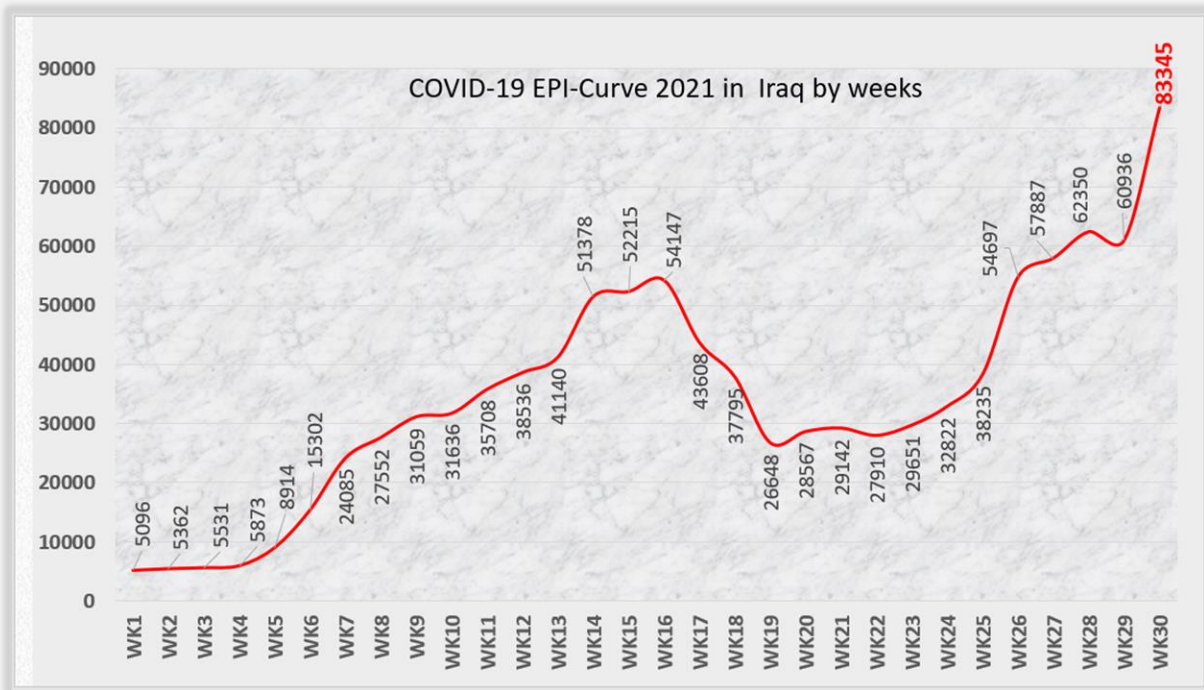


Figure 1: COVID-19 Epi curve in Iraq_ WK30, 2021

- Total RT-PCR tests during WK30 is **369,441**, increasing by **123,134** tests than in WK29 and representing **8,969** tests per 1M of population.

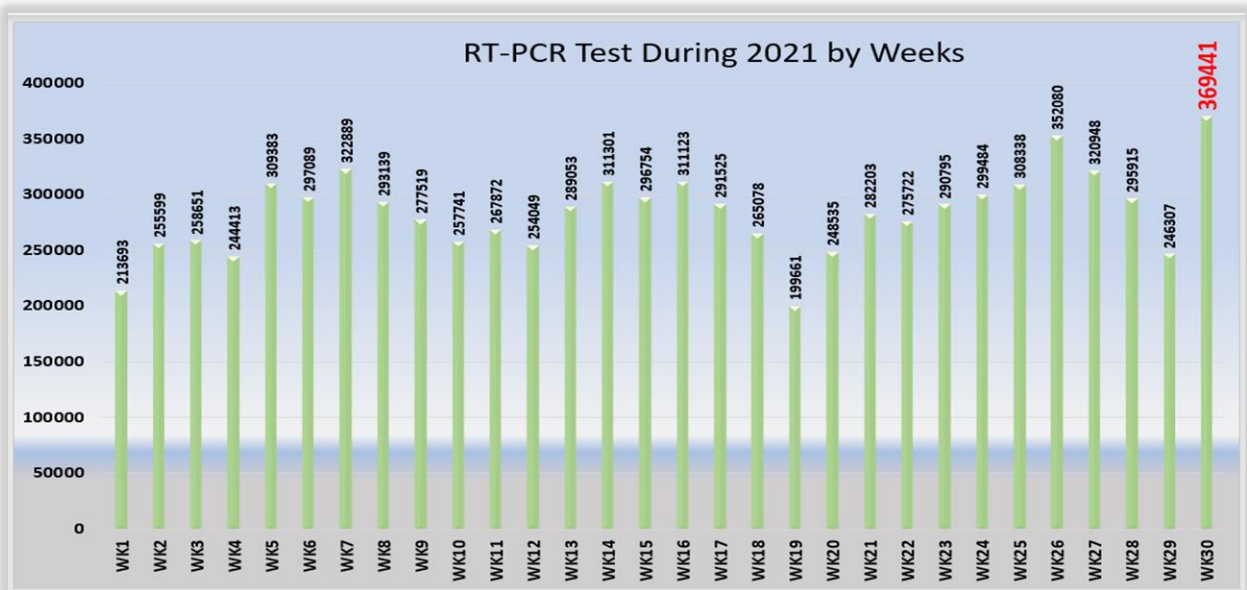


Figure 2: RT-PCR tests per weeks in Iraq_ WK 30, 2021

- The positivity rate in WK30 is still surging to stand at 23% with a decline of 2% compared with WK29 and which is due to the increase of PCR tests carried out this week. The governorates with the highest positivity rate for WK30 are Kerbala at 45%, Missan at 36%, and Basra at 32%. The lowest rate, however, continues to be reported in Anbar and Erbil at a rate of 15%.

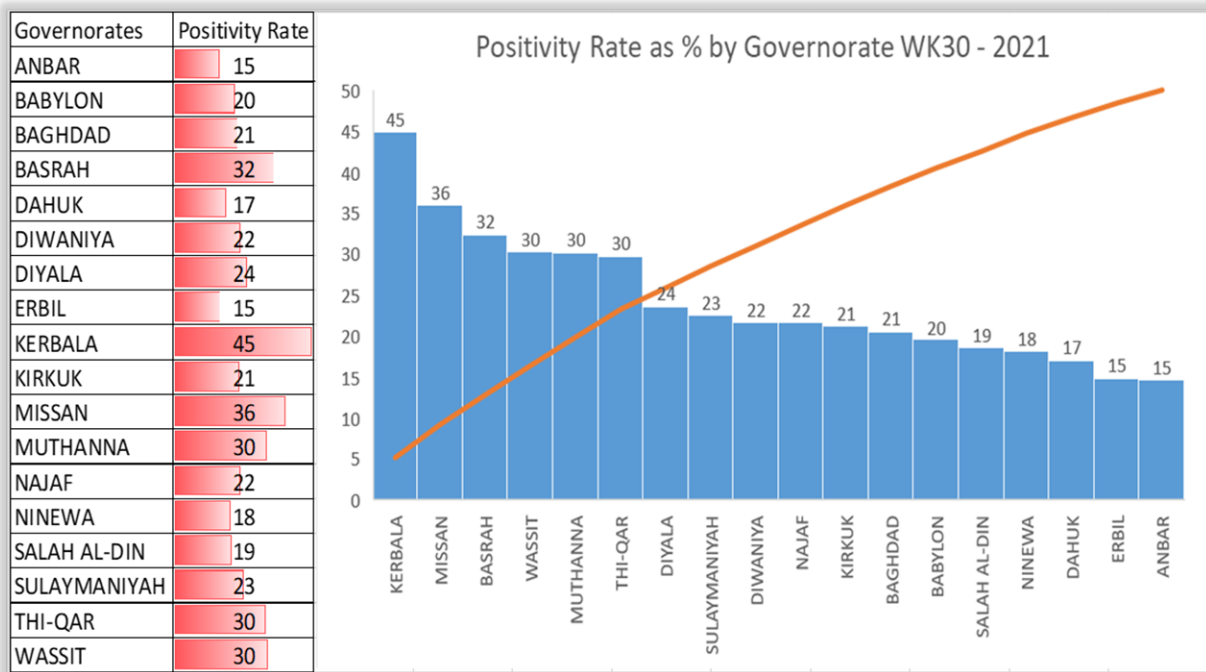


Figure 3: COVID-19 Positivity Rate in Iraq_WK30, 2021

- COVID-19 related deaths reported this week are **447** marking a decrease by 10 deaths than last week. The case fatality rate is 0.5%.

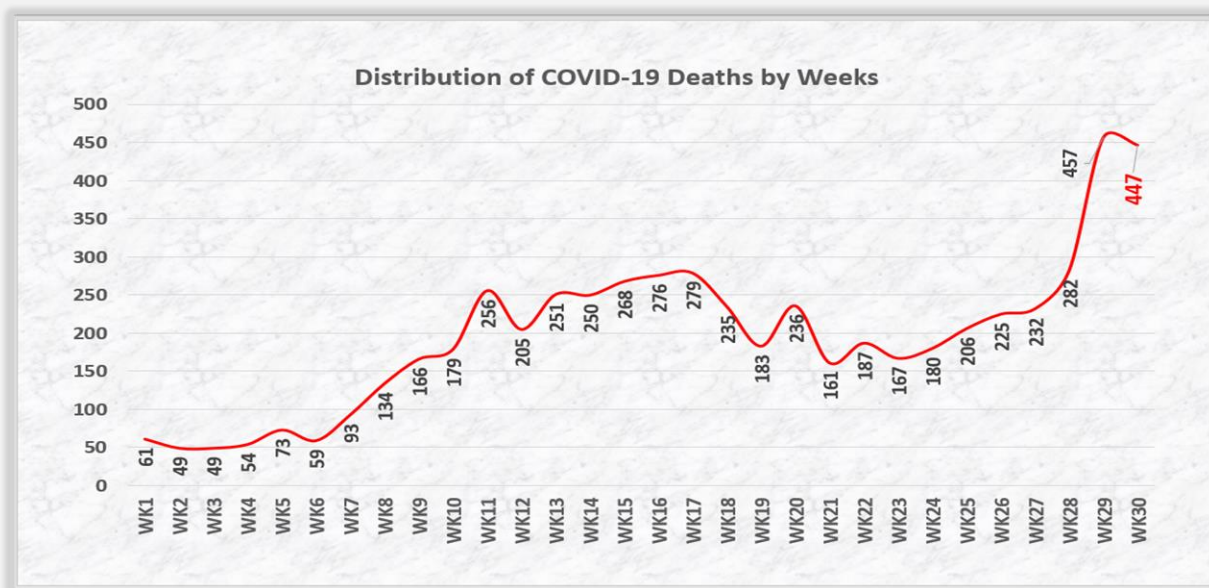


Figure 4: Distribution of COVID-19 deaths by weeks, Iraq_WK30, 2021

- Hospitalization figures for this week indicate a value of **23339** patients, of which **7538** are sever cases, **15829** on O2, and **5039** in the ICU. HFR this week stands at **1.9%**.

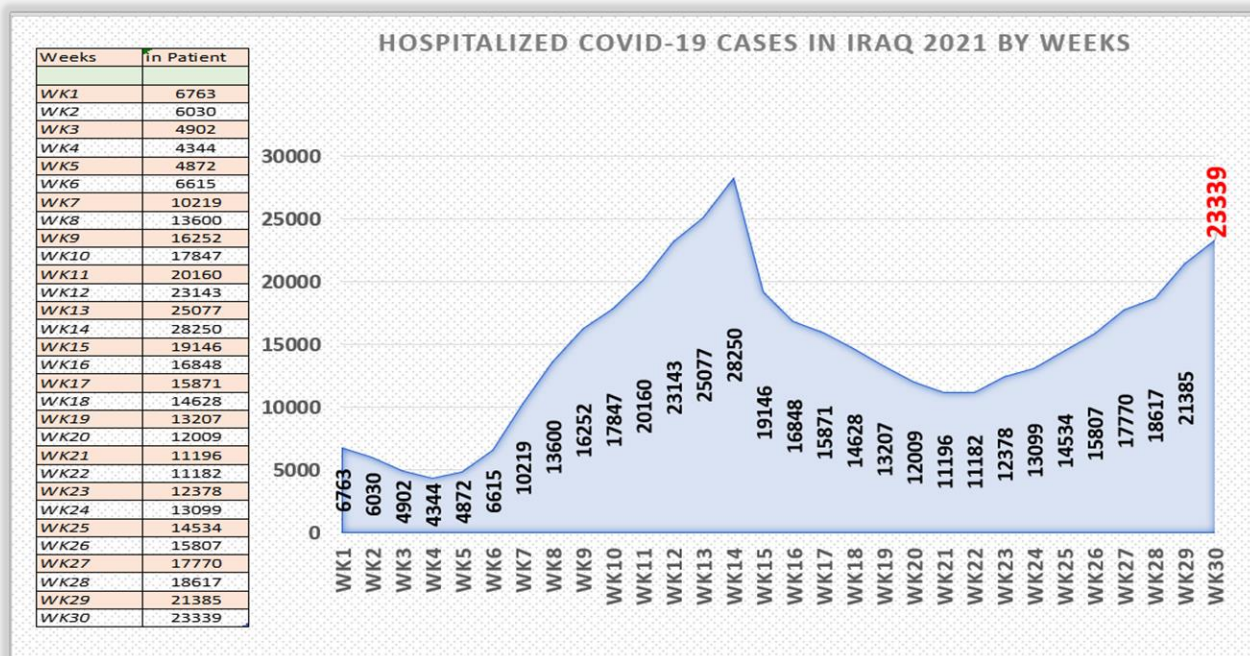


Figure 5: COVID-19 hospitalized and ICU cases per WK_ WK30, 2021

- The most affected age groups this week continue to be (>15-45 Y) and (> 45-65 Y) at a rate of **59%** and **25%** 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. The Male-Female Ratio stands at **1.4** and **1.6** for cases and deaths respectively.

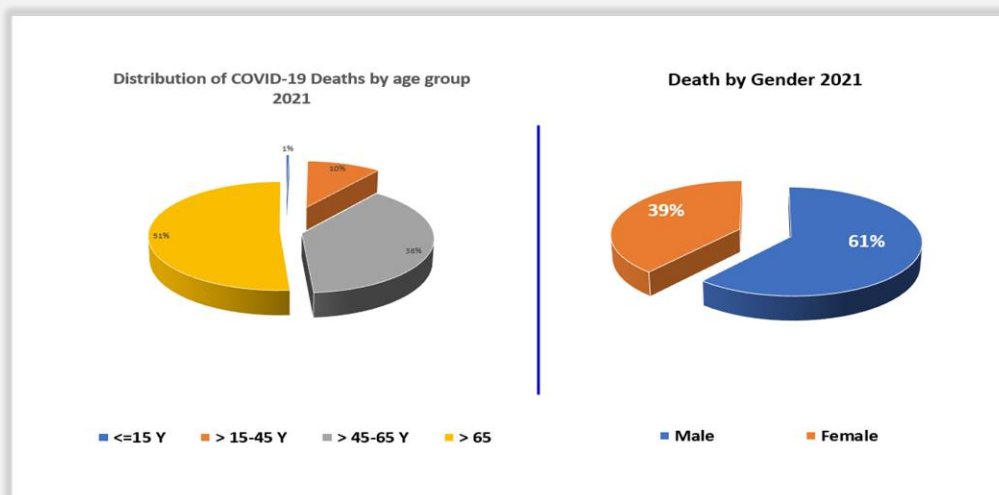


Figure 6: Distribution of COVID-19 deaths by age groups and gender, Iraq, Wk30, 2021

2. The Epidemiological indicators for WK30:

During WK30, the COVID-19 community transmission in Iraq is still high keeping the whole country in the alarming red zone. The highest is, however, registered in Duhok and Wassit while substantial is identified in Anbar, Babylon, and Ninawa according to the 3 main epidemics-indicators of the *case, death, and positivity rates*.

Community Transmission by DOHs WK30
10 Governorates entered the red Zone and Anbar moved from moderate to substantial

Community Transmission WK30 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	57.9	1.6	14.6	Substantial	Low	Substantial	3	1	3	7	Substantial
BABYLON	98.5	10.3	19.7	Substantial	Substantial	Substantial	3	3	3	9	Substantial
Baghdad	223.8	8.8	22.7	High	Moderate	High	4	2	4	10	Substantial
BASRAH	219.6	6.4	32.2	High	Moderate	High	4	2	4	10	Substantial
DAHUK	665.8	37.2	16.8	Very High	Substantial	Substantial	5	3	3	11	High
DIWANIYA	147.5	19.4	21.7	High	Substantial	High	4	3	4	11	High
DIYALA	129.2	5.7	23.4	High	Moderate	High	4	2	4	10	Substantial
ERBIL	251.6	14.0	14.9	High	Substantial	Substantial	4	3	3	10	Substantial
KERBALA	272.3	12.9	44.6	High	Substantial	High	4	3	4	11	High
KIRKUK	113.5	16.2	20.9	High	Substantial	High	4	3	4	11	High
MISSAN	277.1	20.0	35.8	High	Substantial	High	4	3	4	11	High
MUTHANNA	131.6	13.7	30.0	High	Substantial	High	4	3	4	11	High
NAJAF	141.4	13.8	21.8	High	Substantial	High	4	3	4	11	High
NINEWA	76.6	3.0	18.2	Substantial	Low	Substantial	3	1	3	7	Substantial
SALAH AL-DIN	110.6	4.1	18.1	High	Low	Substantial	4	1	3	8	Substantial
SULAYMANIYAH	258.0	13.3	21.1	High	Substantial	High	4	3	4	11	High
THI-QAR	274.7	16.3	29.6	High	Substantial	High	4	3	4	11	High
WASSIT	353.9	6.7	30.1	Very High	Moderate	High	5	2	4	11	High

Table 1: COVID-19 Community Transmission in Iraq in WK30, 2021

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of WK30, a total of ***2,077,258** vaccine doses were administered countrywide indicating that **8.9%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further showed that **1,522,014** of the target population have received the first dose while **723,164** have been double vaccinated.
- In WK30, vaccine administration statistics revealed that **924,694 (67%)** males against **457,041 (33%)** females have been vaccinated using the first dose while **445,347 (65%)** males against **240,690 (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 **570,802 (27%)** of the priority groups vaccinated are over **50 years** of age, followed by **1,506,516 (73%)** 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 **220,011 (10,6%)** followed by Najaf at **(9.7%)**, Basra at **(7.7%)**, Kirkuk at **(7.4%)**,

Thiqrar at (7.2%), Karbala at (7.1%), and Babylon at (6.8%). The lowest number of people vaccinated as of WK30, on the other hand, is reported in Sulaymaniyah (1.8%), Salah al-Din at (3.1%), Ninawa at (3.5%), and Erbil at (3.6%).

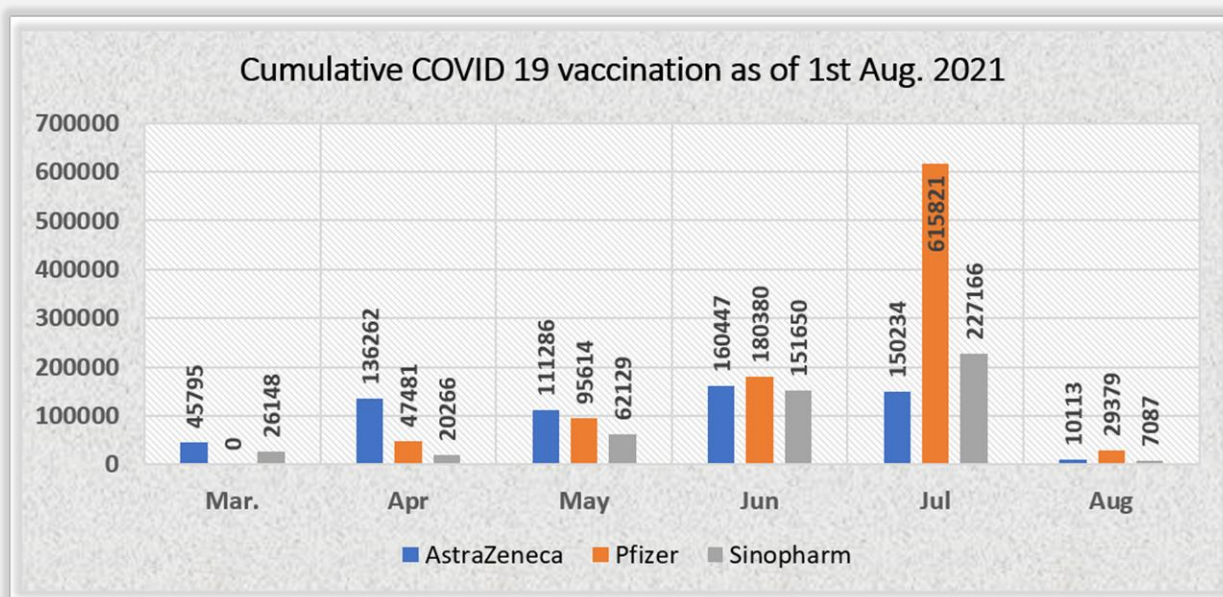


Figure 7: Vaccination in Iraq by type/month_WK30, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is *2,077,258. 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.

Coordination of COVID 19 activities with local health authorities:

- WHO technical team in Duhok Governorate/ KRI conducted an assessment visit to the COVID-19 quarantine/isolation site under construction in Sharia IDP camp in Duhok. The site is one of three Q/I sites under establishment in the governorate (a Q/I site in Bersive-2 and another in Bajed Kandala-1 IDP camps). The project is being implemented by the IHF fund and involves Health, WASH, CCCM, and Shelter clusters in coordination with Duhok DOH to enhance the covid-19 response in the IDP camps. The Sharia site is scheduled to open doors for patients in September 2021.



Pic 1: The Q/I Unit under construction in Sharia IDP camp, Duhok- KRI. Photo: WHO Iraq on Aug 2, 2021

b) 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

- The epidemic indicators alert of rapid deterioration in the disease situation in Iraq, which necessitates further emphasis on the importance of prevention, masking, and vaccination in vulnerable communities specifically.
- 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 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.
- The high summer temperature and shortage of power supply necessary to maintain the cold chain requirements and ensure proper vaccine storage.
- 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

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 further upsurge in cases in the coming few months. Preparedness could include:

- ✓ the reactivation of the partial lockdown targeting the working hours of malls, cafes, restaurants, and other social gathering places.
- ✓ using the afternoon 'Popular Clinics' set in designated PHCCs in all governorates to target the old and chronic diseases groups already registered for a subsidized share of chronic disease medications disbursed on monthly basis. Mobilizing this already well-organized service for vaccine administration could speed up the vaccine rollout process.
- ✓ 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.
- 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 28 July, 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: 1,179 (552 Refugees + 627 IDPs)
 - b. deaths: 74
 - c. recovered: 859
 - d. active cases: 149
 - e. unknown outcome: 97
- At the Accountability to Affected Populations/Communication with Communities (AAP/CwC) meeting on 29 July, WHO, on behalf of the RCCE Working Group, and the Health Cluster, presented the COVID-19 Communication and Community Engagement Update with a brief on the World Bank and INTERSOS COVID vaccination intention surveys. Participants' suggestions and expectations were put down for discussions in the coming coordination meeting.

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

Ms. Pauline Ajello, Communications, +96477729877288, 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
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.