



Tested



15,409,353

Active



55,832

Confirmed



2,023,761

Cured



1,945,366

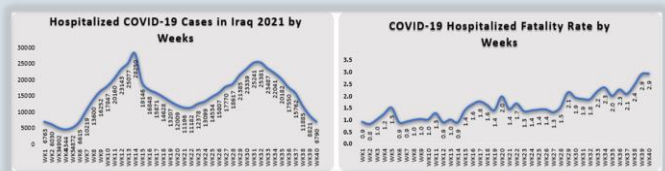
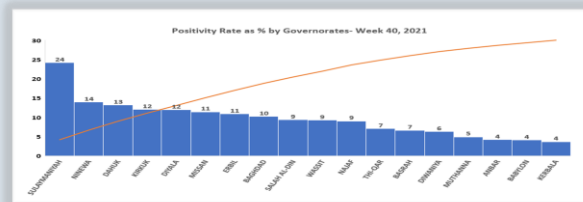
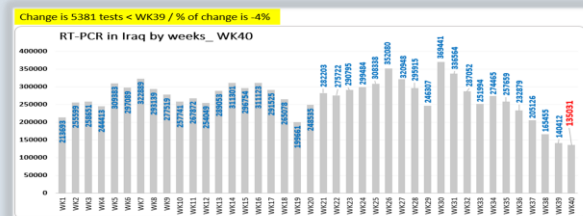
Deaths



22,563

The COVID-19 epidemiological situation in Iraq for WK40:

- A total of **14,083** confirmed cases were reported this week, indicating a decrease by **1828** cases than in the previous week and representing a rate of **34** cases/per 100,000 population with a change percentage of **(-13)**. Associated deaths reported this week are **198** with a CFR rate of **1.4%**.
- Total RT-PCR tests this week stands at **135,031** indicating a decrease by **5381** tests than in WK39. This represents **3278** tests per 1M of population and marks a change of **(-4%)**.
- The positivity rate in WK40 stands at **10%**. The governorates with the highest positivity rate this week continue to be Sulaymaniyah at **24** and Ninawa at **14**. The lowest rate, however, is reported in Anbar, Babylon, and Kerbela at a rate of **4** each.
- The mean hospitalization for this week stands at around **970** patients per day, of which **28%** are severe cases, **33%** in the ICU, and approximately **72%** in need of O2. HFR this week is **2.9%**.

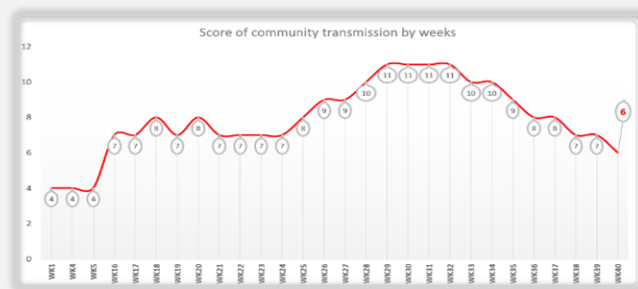


Notes for the reader:

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

The COVID-19 epidemiological indicators for WK40:

The overall community transmission in Iraq this week is moderate with the exception of Sulaymaniyah governorate which maintained its position in the high (red zone) level for the fifth week marking a score ranging between 10.1-12. The lowest score in the low Green zone continues to be identified in Anbar, Babylon, and Al-Muthanna at a score of less than 3.1 each, according to the 3 main epidemic indicators of *case, death, and positivity rates*.



COVID-19 Community Transmission in Iraq in WK40, 2021

WHO preparedness and Response:

I. COVID 19 vaccine rollout and uptake:

- As of 10 Oct, a total of ***6,669,664** vaccine doses were administered countrywide, covering **10%** of the population and **17.7%** of the target population in Iraq with at least one dose of the COVID-19 vaccine so far. This translates to **4,100,043** individuals (**10.0%**) of the total population having received the first dose while **2,569,621** (**6.2%**) have been fully vaccinated.
- As of WK40, moreover, vaccine administration statistics revealed that **2,601,007** (**63%**) males against **1,497,682** (**37%**) females have been vaccinated with the first dose while **1,626,095** (**63%**) males against **940,377** (**37%**) females have received their second dose. The turnout among women remains comparatively low due to several reasons associated with cultural and societal responsibilities and requirements and the rumors about the vaccines' side effects.
- Vaccination rollout data analysis shows that **1,665,495** (**25%**) of the priority groups vaccinated are over 50 years of age, followed by **5,004,044** (**75%**) of the age group between 18 - 50 years.
- Governorates with the highest number of people vaccinated with the first dose include Baghdad- Karkh with **592,064** (**28.4%**) followed by Basra at (**24.5%**), Najaf at (**22.7%**), Kirkuk at (**22.6%**), Diyala at (**22.5%**), Duhok at (**22.0%**), and Thi qar at (**19.0%**). The lowest coverage of vaccination as of WK40, on the other hand, is reported in Sulaymaniyah at a rate of (**5.6%**), Salah Aldin at (**11.4%**), and Baghdad-Resafa at (**12.0%**).

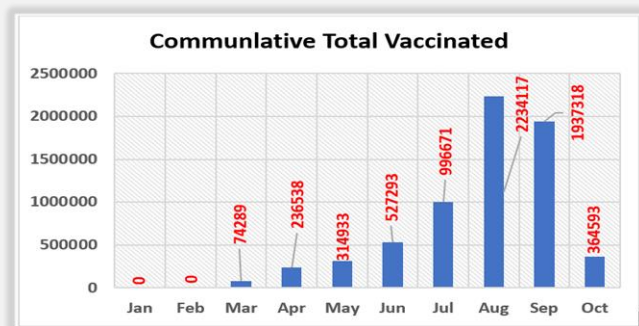


Figure 1: Vaccination in Iraq by months-2021

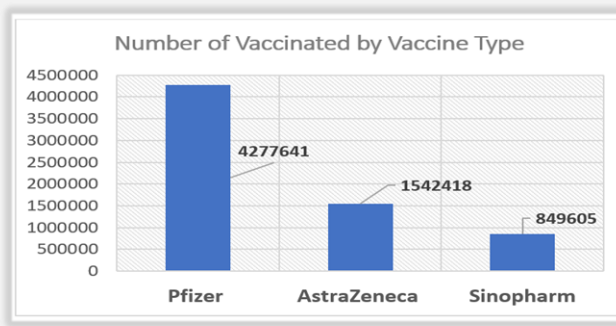


Figure 2: vaccine figures by vaccine types in Iraq. WK40, 2021

Note: The overall number of vaccine doses administered in Iraq according to the MOH statistics this week is *6,669,664. 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 in the WHO dashboard and the daily numbers reported by the MOH.

II. Health Cluster/ Partners contribution: (WK 40)

- The Global Health Cluster shared the [Risk Communication and Community Engagement Guidance on COVID-19 vaccines for Marginalized Populations](#), which is an inter-agency guidance document, aiming to supplement the COVAX demand creation package for COVID-19 vaccines with key considerations for humanitarian contexts and marginalized populations with specific access and communication needs. The document is comprised of two parts:
 - a) Part one focuses on general considerations related to RCCE and advocacy for equitable COVID-19 access for marginalized populations.
 - b) Part two focuses on specific considerations and recommendations for each population segment.
- As of 6 Oct 2021, the COVID-19 cases among “persons of concern” reported by UNHCR Iraq stand at:
 - Total number of cases: **2,529 (1,179 Refugees + 1,350 IDPs)**.
 - Deaths: **106**
 - Recovered: **1,908**
 - Active cases: **418**
 - Unknown outcome: **97**

Urgent needs & requirements

- The epidemic indicators in Iraq require continued emphasis by health partners on the importance of prevention, Physical Distancing, 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 in 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.

Challenges and constraints

- An exponential spread of the COVID-19 **Delta Variant** and the significant surge in case reporting.
- Shortage of vaccines in main health facilities and challenges in the vaccination rollout process.
- Relatively low vaccine intake especially in poor, rural, and remote/outskirts areas.
- Funding constraints to sustain and support COVID-19 interventions including RCCE.

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.
 - ✓ Utilize informative announcements on the vaccine availability and registry in designated centers where the electronic registration cannot be done 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 relevant supporting partners to reassess the immunity profile, pandemic resource 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 Akif Saatcioglu, Immunization Coordinator, +964 7827 886 758, saatcioglu@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.