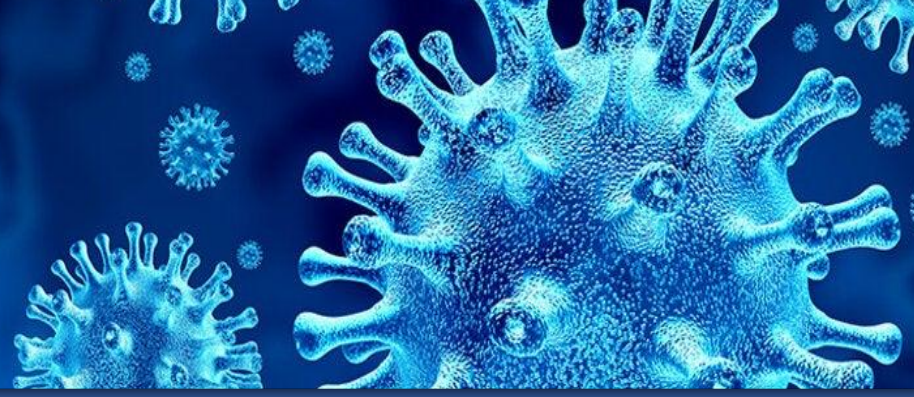




World Health Organization



WHO Country Office
for IRAQ

Coronavirus Disease
(COVID-19)

Situation Report, Week 32
9 – 15 Aug 2021

Tested



13,746,332

Active



160,042

Confirmed



1,775,764

Cured



1,596,050

Deaths



19,672

Highlights:

1. WHO Iraq and vaccine partners, this week, supported the Ministry of Health with additional donation of over half a million Pfizer vaccine doses donated by the Government of the United States of America to the Iraqi People. The donation will influentially help meeting the increase in vaccine demand amid noticeable spike in Delta strain transmission in the country.
2. The Ministry of Health sources, this week, reported a total of **63,055** new positive cases with **66,997** recoveries and **469** associated deaths. The sources also indicated the administration of **448,956** vaccine doses this week reaching so far **8.8%** of the total target population with at least one dose of the COVID-19 vaccine Iraq wide.
3. The community transmission in WK32 is still high all over the country manifesting alarming scores in **7** governorates specifically, leaving the rest 11 provinces at the 'Substantial Community Transmission' level.
4. The mean of hospitalized cases in WK32 is **3626** patients per day with a hospitalized fatality rate of **1.8%**.
5. Inoculation data, so far, revealed the administration of **684,600** doses of AstraZeneca, **1,646,000** of the Pfizer, and **623,820** of the third country certified Sino-pharm vaccine.
6. 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/2SINwIk>



1. The Epidemiological Situation for WK 32, (9 – 15 August 2021)

- This week reported **63,055** confirmed COVID-19 cases, indicating a decrease by **13,661** cases than in WK31 and representing a rate of 153 cases/per 100,000 population and a change rate of **(-22%)**.

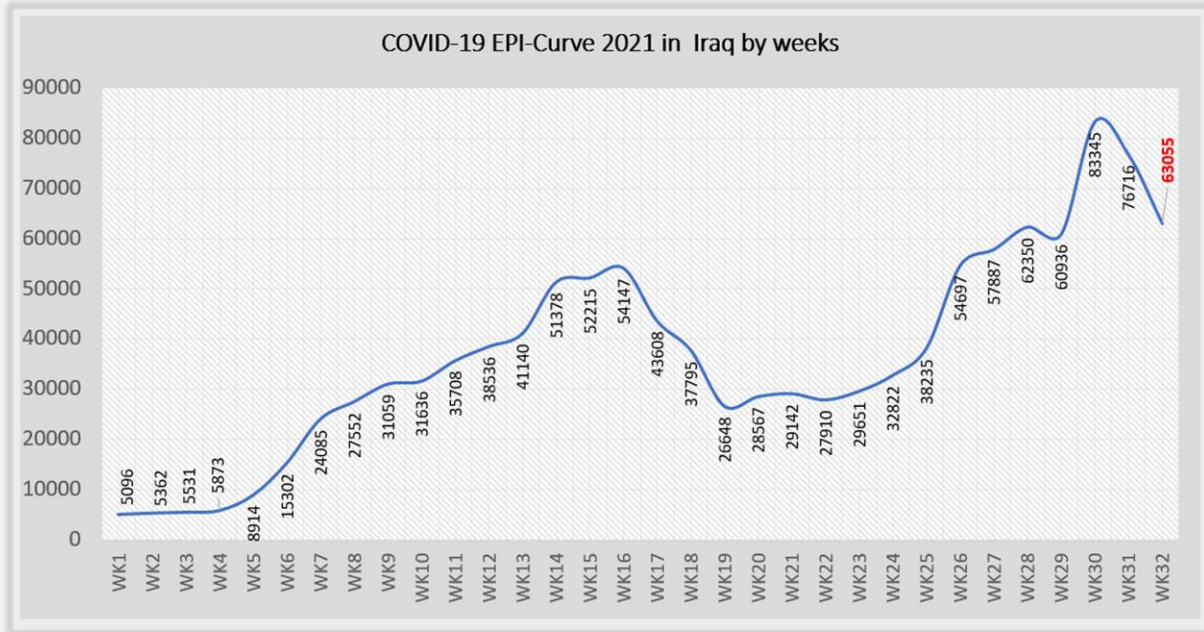


Figure 1: COVID-19 Epi curve in Iraq_ WK32, 2021

- Total RT-PCR dropped down from 336,564 in WK31 to **287,052** in WK32. The current decrease represents **6969** tests per 1M of population and marks a change of **(-17%)**.

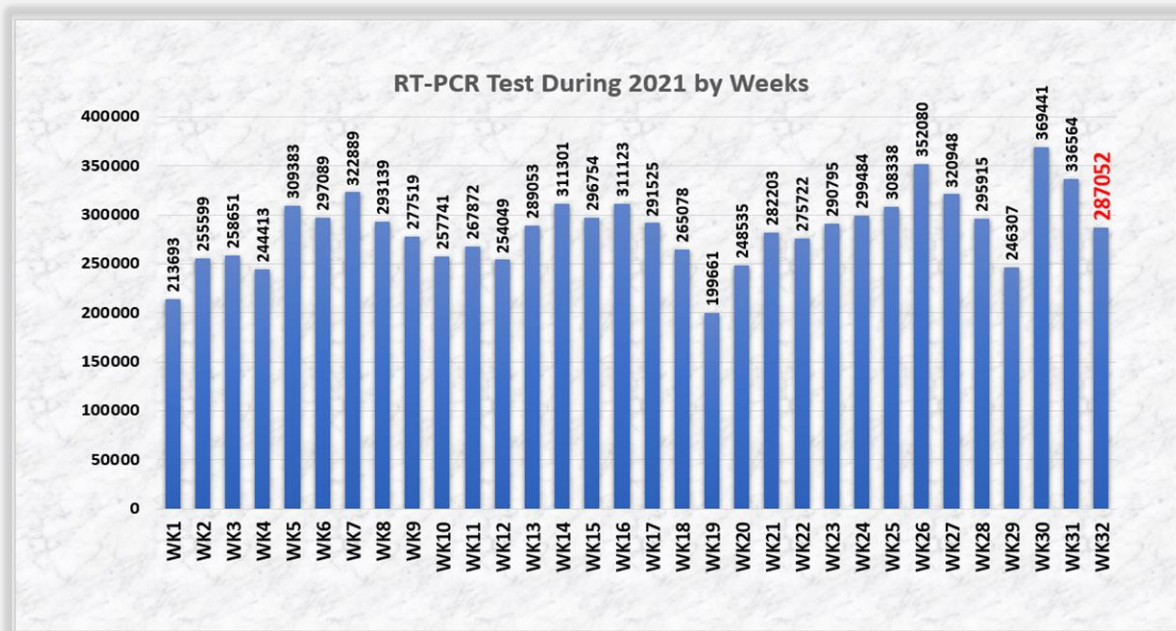


Figure 2: RT-PCR tests per weeks in Iraq_ WK 32, 2021

- The positivity rate in WK32 stands at **22%**, one point below the rate marked for WK31. The governorates with the highest positivity rate in WK32 are Missan at **36.4%**, Karbala at **33.1%**, and Basra at **29.2%**. The lowest rate, however, continues to be reported in Anbar at a rate of **10.9** and Erbil and Duhok at **11.8** and **11.6%**, respectively.

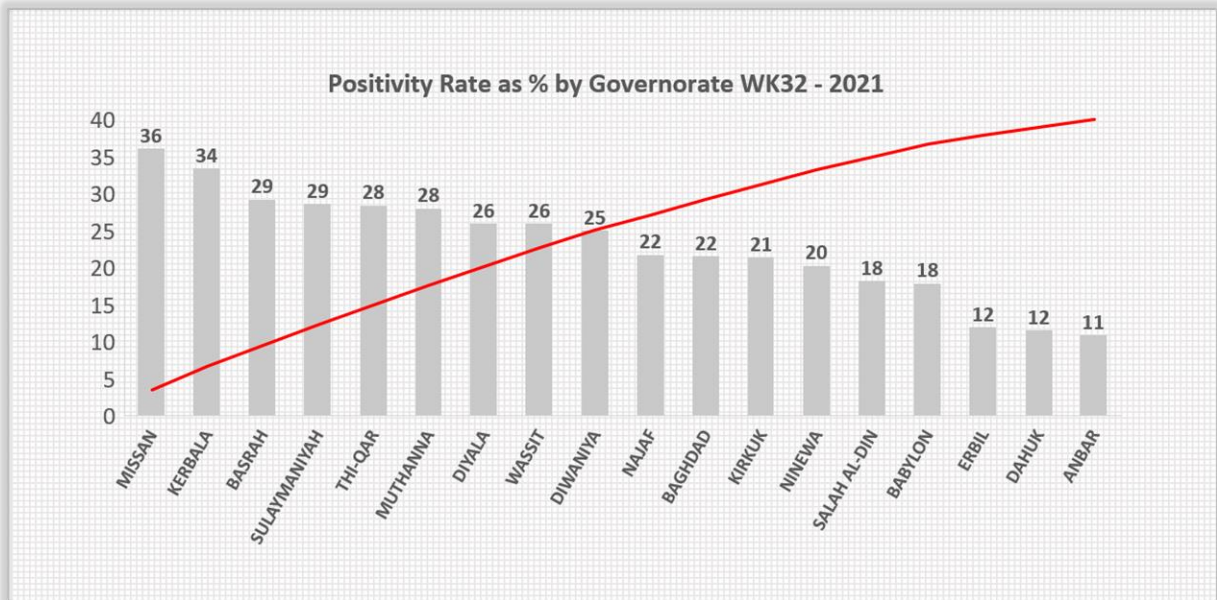


Figure 3: COVID-19 Positivity Rate in Iraq_ WK32, 20201

- COVID-19 deaths reported this week are **469** with a fatality rate of **0.7%**.

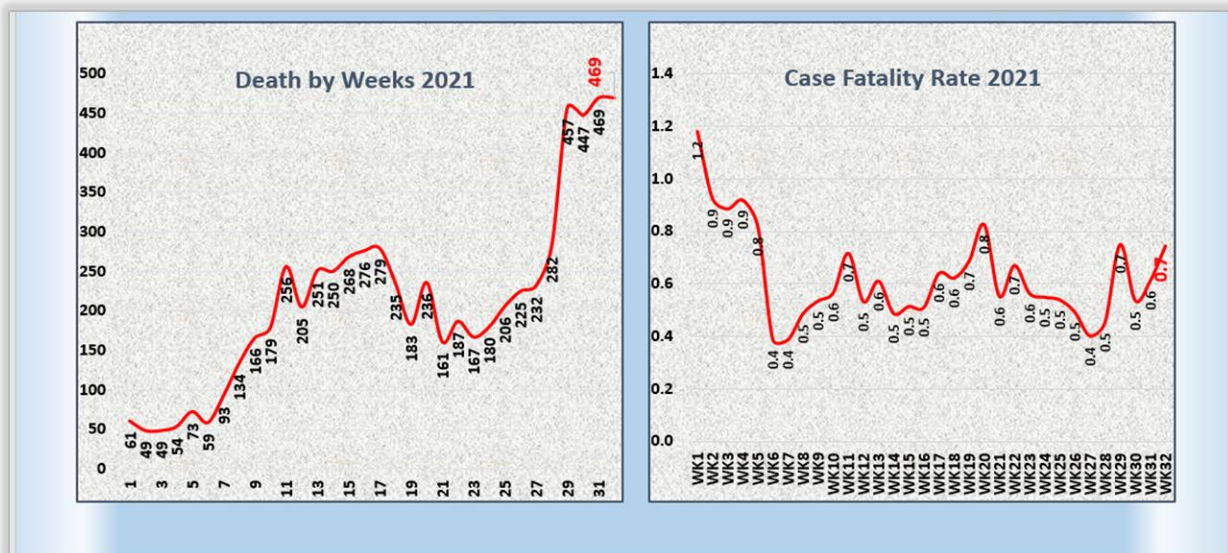


Figure 4: Distribution of COVID-19 deaths by weeks, Iraq_ WK32, 2021

- The mean hospitalization figures for this week indicate a value of **3626** patients, of which **34%** are severe cases, **20%** are in the ICU and approximately **69%** need O2. HFR this week is **1.8%**.

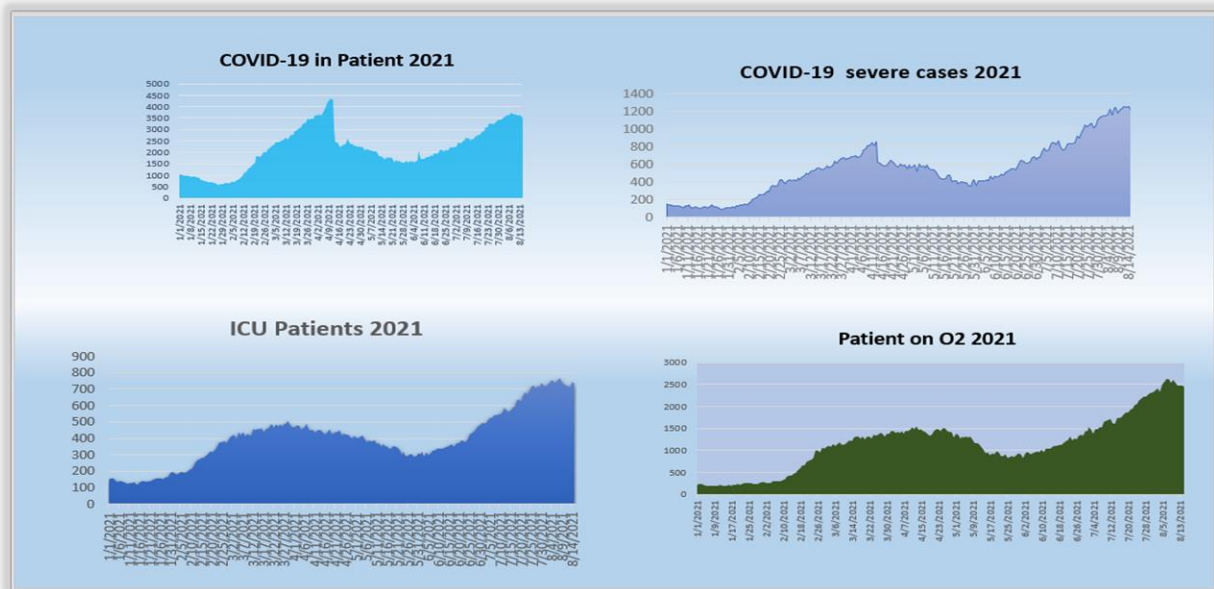


Figure 5: COVID-19 hospitalized, ICU, and under O2 patients per WK_ WK32, 2021

- 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%**. The Male-Female Ratio stands at 1.4 and 1.5 for cases and deaths respectively.

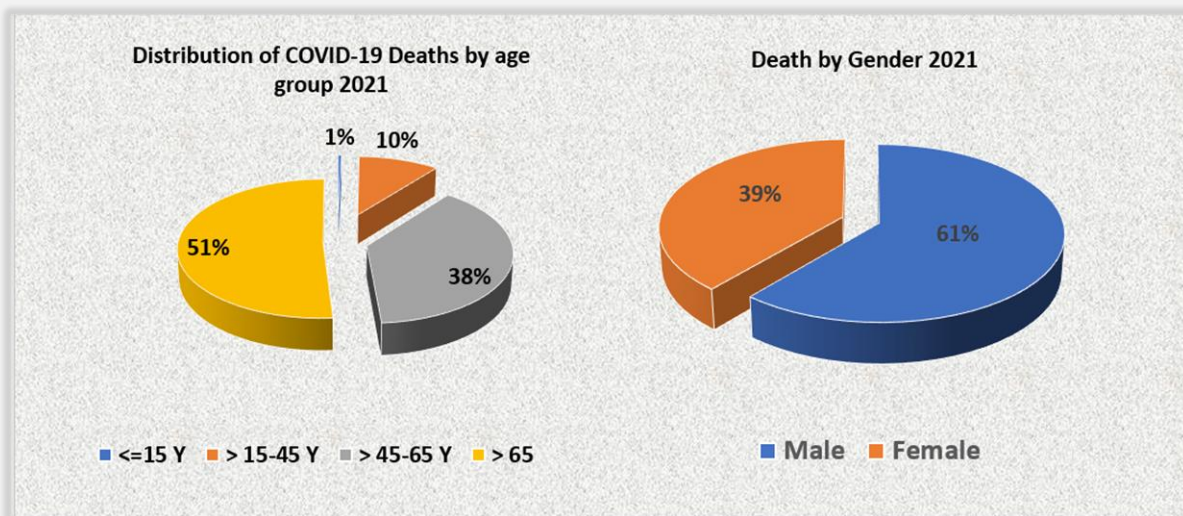


Figure 6: Distribution of COVID-19 deaths by age groups and gender, Iraq, Wk32, 2021

2. The Epidemiological indicators for WK32:

During WK32, the COVID-19 community transmission in Iraq is still high locating 7 out of the 18 country governorates in the alarming RED ZONE. The highest is, however, registered in Duhok, Sulaymaniyah, Missan, and Karbala (red) while the substantial (orang) is identified in Babylon, Najaf, Salahaddin, and Ninawa keeping Anbar at the moderate (yellow) level according to the 3 main epidemics- indicators of the *case, death, and positivity rates*.

Week	32	WK Number	32	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	42.5	0.5	10.9	Moderate	Low	Substantial	2	1	3	6	Moderate
BABYLON	91.2	10.3	18.1	Substantial	Substantial	Substantial	3	3	3	9	Substantial
Baghdad	167.4	10.1	24.6	High	Substantial	High	4	3	4	11	High
BASRAH	180.4	7.6	29.2	High	Moderate	High	4	2	4	10	Substantial
DAHUK	261.8	26.5	11.6	High	Substantial	Substantial	4	3	3	10	Substantial
DIWANIYA	183.5	16.5	24.9	High	Substantial	High	4	3	4	11	High
DIYALA	121.0	8.5	26.2	High	Moderate	High	4	2	4	10	Substantial
ERBIL	183.2	22.9	11.8	High	Substantial	Substantial	4	3	3	10	Substantial
KERBALA	237.4	18.2	33.1	High	Substantial	High	4	3	4	11	High
KIRKUK	122.5	9.8	21.3	High	Moderate	High	4	2	4	10	Substantial
MISSAN	257.5	22.5	36.4	High	Substantial	High	4	3	4	11	High
MUTHANNA	105.8	3.4	24.9	High	Low	High	4	1	4	9	Substantial
NAJAF	83.3	8.8	21.6	Substantial	Moderate	High	3	2	4	9	Substantial
NINEWA	78.5	5.0	20.5	Substantial	Low	High	3	1	4	8	Substantial
SALAH AL-DIN	91.2	3.5	18.5	Substantial	Low	Substantial	3	1	3	7	Substantial
SULAYMANIYAH	258.2	18.4	27.3	High	Substantial	High	4	3	4	11	High
THI-QAR	126.1	17.7	28.3	High	Substantial	High	4	3	4	11	High
WASSIT	241.5	11.4	25.9	High	Substantial	High	4	3	4	11	High

Table 1: COVID-19 Community Transmission in Iraq in WK32, 2021

3. WHO preparedness and Response:

a) COVID 19 inoculation campaign:

- As of WK32, a total of ***2,954,420** vaccine doses were administered countrywide indicating that **8.8%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further showed that **2,041,887** of the target population have received the first dose while **912,533** have been double vaccinated.
- As WK32 also, vaccine administration statistics revealed that **1,339,280 (66%)** males against **695,517 (34%)** females have been vaccinated using the first dose while **590,961 (65%)** males against **319,176 (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 **801,179 (27%)** of the priority groups vaccinated are **over 50 years of age**, followed by **2,153,241 (73%)** 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 **317,208 (15.2%)** followed by Najaf at **(13%)**, Basra at **(11.7%)**, Duhok and Kirkuk at **(11.2%)** each, and Thi qar at **(10.2%)**. The lowest number of people vaccinated during WK32, on the other hand, is reported in Sulaymaniyah at **(2.9%)**, Salah al-Din at **(5.6%)**, Ninewa at **(5.9%)**, and Erbil at **(6.1%)**.

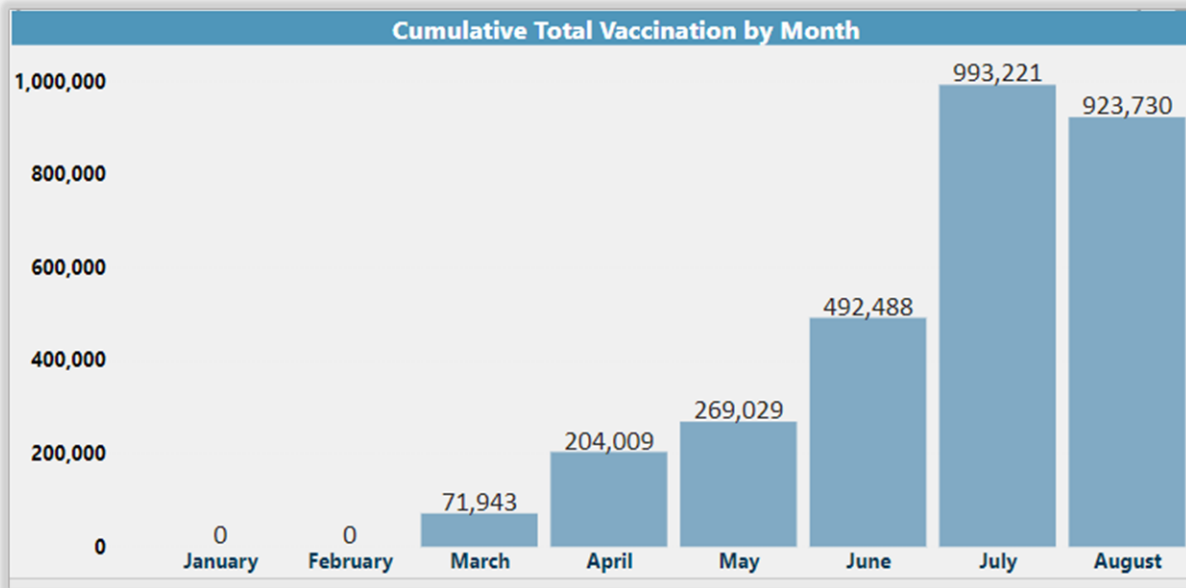


Figure 7: Vaccination in Iraq by months-2021

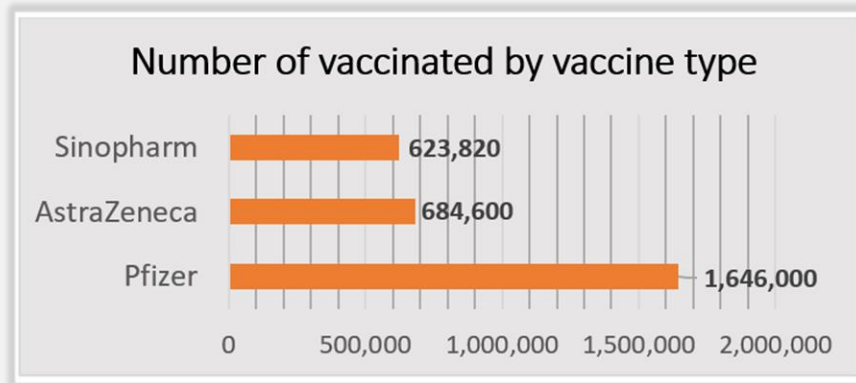


Figure 8: vaccine administration figures by vaccine types in Iraq. WK32, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is *2,954,420. 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:

- A technical team from WHO Duhok office visited the PHCC in Domiz 1 refugee camp in Sumel district in Duhok Governorate to monitor COVID-19 vaccination operation and the supply chain condition in the camp facility. The visit findings reflected the administration of a total of 434 doses of the AstraZeneca vaccine to camp settlers so far. The mentioned amount was served on a 40-does per day basis. The vaccination process in the camps has recently been scaled up to meet the increasing demand for vaccine intake following a two-week intensive awareness campaign in the camp run by partners.



Pic 2: WHO Duhok team in a COVID19 monitoring visit to the PHCC in Domiz 1 refugee camp, Aug 2021. WHO country office

- WHO Duhok technical team also visited the COVID-19 Q/I site in Bersive 2 IDP camp in Zakho district. The site is one of 3 Q/I sites in the governorate besides Sharia Q/I and Bajed Kandala 1 Q/I. Bersive 2 Q/I project is being implemented by IHF fund in partnership with Duhok DOH to enhance COVID-19 response in the IDP camps in the governorate supported by the Health, WASH, CCCM, and Shelter/NFI clusters. The site is scheduled to open doors before patients in September this year.



Figure 3: Bersive 2 Q/I site in Duhok, KR-I, Aug 2021. WHO CO Photo

c) Risk Communications and community engagement:

- 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](#))



- 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 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:

- Based on the global guidelines and National Immunization Technical Advisory Group (NI-TAG) recommendations, the MoH updated the COVID-19 vaccination guidelines to include the below:
 - a. Breastfeeding women are now eligible to receive COVID vaccination
 - b. Updated age groups to receive vaccinations by brand of vaccine:
 - Pfizer: 18 – 40 years old
 - AstraZeneca: 40 – 60 years old
 - Sino pharm: Over 60-year-olds
- Given the surge in COVID-19 cases and associated deaths in IDP/Refugee camps, the Health and CCCM clusters agreed to increase the provision of awareness messaging in camps. Several hesitancy surveys, recently conducted by different stakeholders, showed that a lack of awareness is a main contributor to low vaccine uptake. This is complementary to WHO's effort in advocating with the Federal MoH to send more vaccine doses to cover the need of these vulnerable population groups.
- The Health Sub-Cluster in Salah Al Din was informed by Mercy Corps of an increasing number of COVID-19 cases in Balad Train Station informal settlement. Out of the 140 households currently residing in the site (amounting to around 600 individuals), nearly 350 individuals were infected with COVID19, while none of them has been vaccinated so far. IMC provided awareness sessions on COVID-19 preventive measures and vaccination to Mercy Corps staff, who will be in charge of cascading these awareness messages to the residents of the informal settlement. The Health Cluster also raised this issue to the EPI team to advocate for vaccination in the location.
- Under the Iraq Humanitarian Fund (IHF), the Barzany Charity Foundation (BCF) is prepared to open the Quarantine/Isolation (Q/I) area in Hassan Sham U3 camp in Erbil governorates. The Q/I project aims to manage the suspected cases in 3 IDP camps in Erbil (Hassan Sham U2, Hassan Sham U3, and Khazir). In addition, health promotion and psychosocial support activities will also be provided to beneficiaries in the mentioned camps.

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
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.