



**Tested**

**Active**

**Confirmed**

**Cured**

**Deaths**



**10,403,611**

**69,265**

**1,197,082**

**1,111,466**

**16,351**

## Highlights:

1. In Week 21, the Ministry of Health reported 29,142 new COVID-19 cases representing 70.7 case/per 100,000 of population. New COVID 19 related deaths reported this week were 161 indicating a case fatality rate of 0.6%.
2. As of 30 May 2021, a total of **\*525,507** vaccine doses were administered Iraq wide indicating that **2.27%** of the target population received at least one dose of the COVID-19 vaccine.
3. Highest case reporting for WK21 continues in governorates of Baghdad and Basra while moderate reporting is identified in Anbar, Muthanna, Ninawa, and Salah Addin.
4. Community transmission all over the country is substantial according to the 3 main epidemic- indicators of Cases, Death, and Positivity Rate.
5. WHO Representative in Iraq Dr. Ahmed Zouiten visited Sulaymaniyah Directorate of Health to inaugurate the official handover of a consignment of medical supplies and technologies which comprised hospital and lab equipment in addition to PPEs. The supplies will be directed to health facilities in districts of Rania, Halabja, and Garmian to support the COVID 19 response operations there. The shipment was funded through the contribution from the donors USAID-BHA, ECHO, Germany, and the People and Government of Kuwait.

Note: the source of the data in this sitrep (reporting period 24-30 May 2021) is the Ministry of Health daily reporting system.



- The number of newly COVID-19 confirmed cases reported this week stands at **29,142**, indicating a slight increase of 575 cases compared with WK20 which reported **28,567** cases.

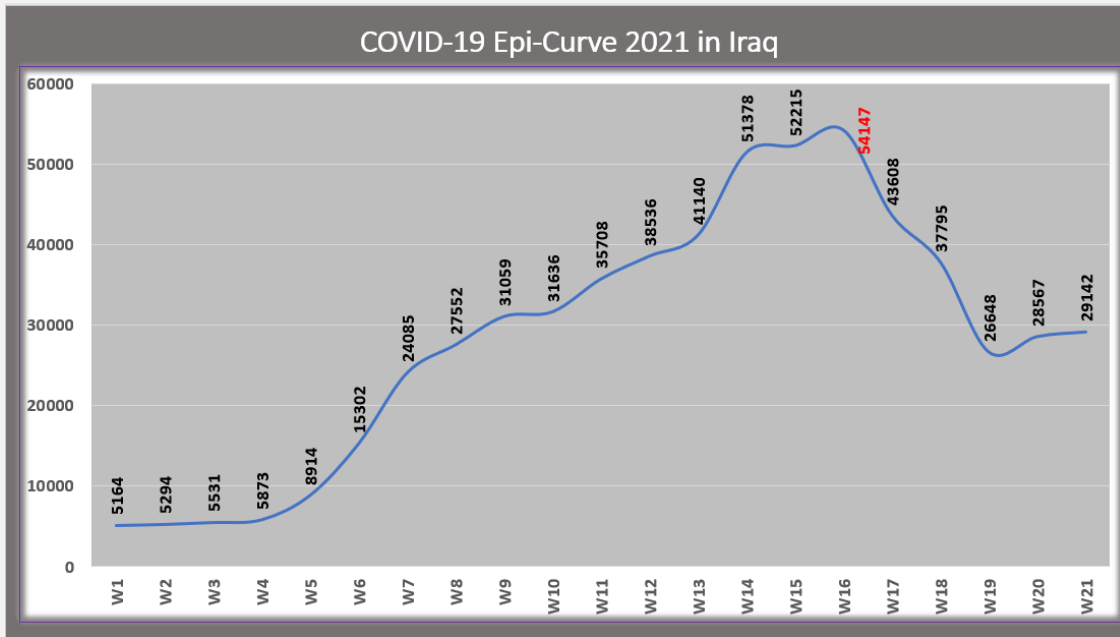


Figure 1: EPI-Curve in Iraq for WK21

- Total RT-PCR tests during WK21 increased by 33,668 to stand at **282,203** representing **6,851** tests Per 1M of population. The increase in the RT-PCR tests in WK21 indicates an acceleration in case detection.

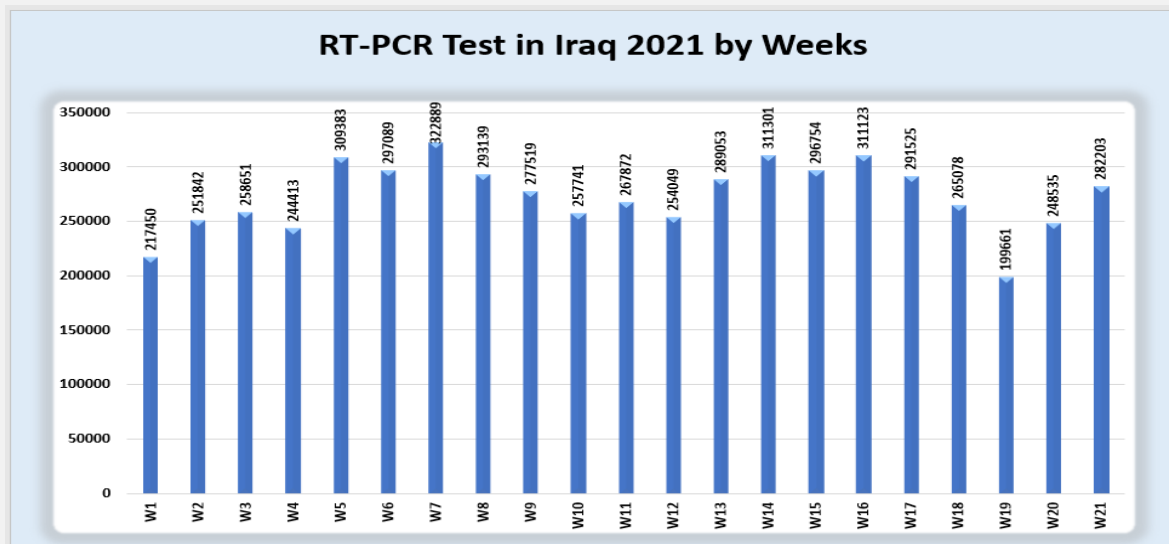


Figure 2: RT-PCR tests in Iraq by WKs\_ WK21, 2021

- The positivity rate in WK21 is **10%**, less by 1% than the rate in WK20. The governorates with the highest positivity rate for this week are Missan with 21.4, Baghdad-Kerkh with 21.1, and Thiqr and Wasit with 18.7 and 18.8 respectively. The lowest is, however, registered in Erbil with 3.7 and Salah Addin with 3.9.

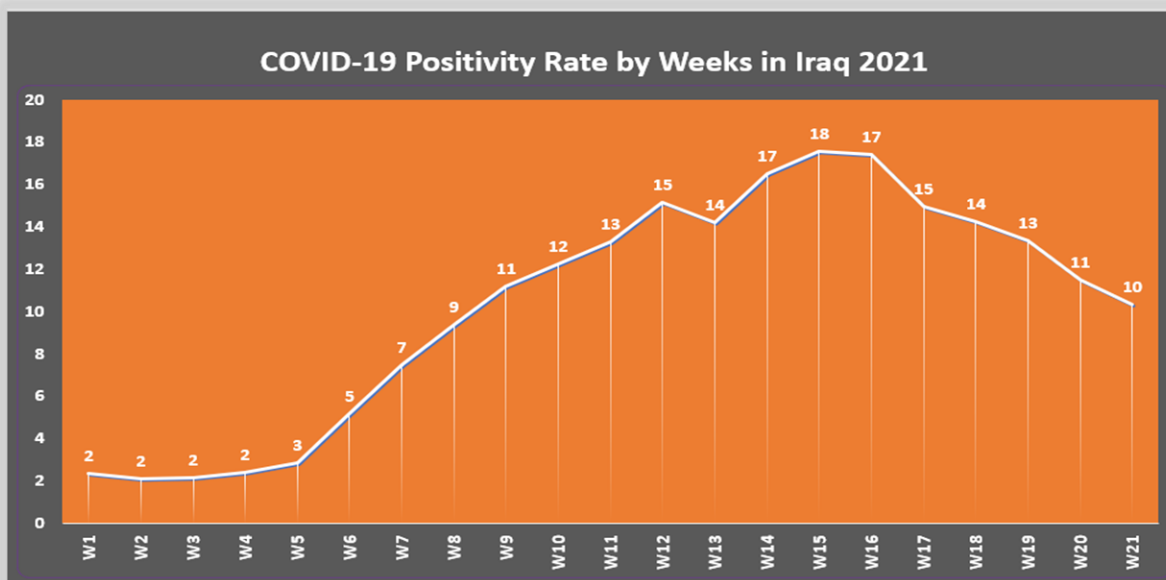


Figure 3: COVID-19 Positivity rate by Wks in Iraq, WK21, 2021

- COVID -19 related deaths reported this week are **161**, representing a case fatality rate of **0.6%** which is of no significant difference from the CFR reported in WK20 (0.8%). The highest CFR, on the other hand, is reported in Baghdad Governorate hospitals with 2.5 while lowest in Basra, Diwaniya, and Diyala with 0.1 each.

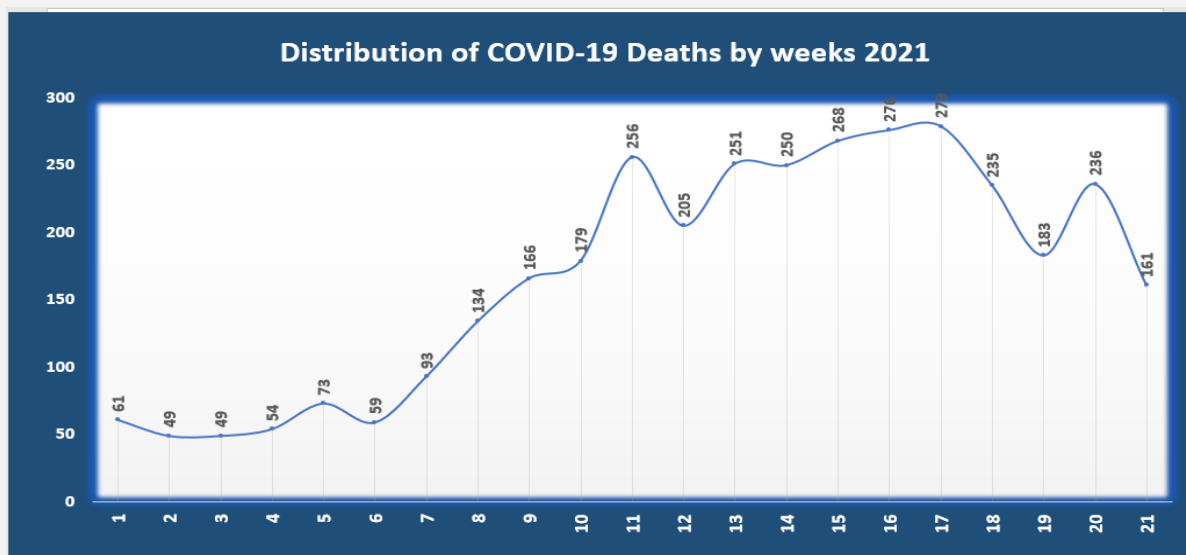


Figure 4: Distribution of COVID-19 Deaths by Wks\_WK21, 2021



- The mean of hospitalized patients in WK21 is **1599** per day with a hospitalized fatality rate of **1.4 %**. The rate of the ICU hospitalized patients for this week, on the other hand, stands at **19%** showing no significant change compared with previous weeks.
- The most affected age groups this week are (>15-45 Y) and (> 45-65 Y) at a rate of 57% and 29% 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.
- Gender distribution among cases is identified at 58% males and among deaths is 62% males.

### The Epidemiological indicators for WK20:

During WK 21, the COVID-19 community transmission in Iraq is identified as **substantial** according to the 3 main epidemics- indicators of **case, death, and positivity rate**. The highest is reflected in Baghdad and Basrah while the lowest in Anbar and Babylon.

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	19	1	5	Moderate	Low	Moderate	2	1	2	5	Moderate
BABYLON	37	4	6	Moderate	Low	Moderate	2	1	2	5	Moderate
Baghdad	103	6	14	High	Moderate	Substantial	4	2	3	9	Substantial
BASRAH	145	2	13	High	Low	Substantial	4	1	3	8	Substantial
DIWANIYA	54	1	15	Substantial	Low	Substantial	3	1	3	7	Substantial
DIYALA	67	1	12	Substantial	Low	Substantial	3	1	3	7	Substantial
KERBALA	63	3	17	Substantial	Low	Substantial	3	1	3	7	Substantial
KIRKUK	52	4	10	Substantial	Low	Moderate	3	1	2	6	Moderate
KRI	70	8	6	Substantial	Moderate	Moderate	3	2	2	7	Substantial
MISSAN	98	3	21	Substantial	Low	High	3	1	4	8	Substantial
MUTHANNA	28	2	12	Moderate	Low	Substantial	2	1	3	6	Moderate
NAJAF	85	5	14	Substantial	Moderate	Substantial	3	2	3	8	Substantial
NINEWA	30	1	5	Moderate	Low	Moderate	2	1	2	5	Moderate
SALAH AL-DIN	33	2	4	Moderate	Low	Low	2	1	1	4	Moderate
THI-QAR	37	2	18	Moderate	Low	Substantial	2	1	3	6	Moderate
WASSIT	88	3	19	Substantial	Low	Substantial	3	1	3	7	Substantial
IRAQ	71	4	10	Substantial	Low	Substantial	3	1	3	7	Substantial

Figure 5: Community Transmission according to the 3 main indicators (Case, Death, and Positivity Rate)

### 3. WHO preparedness and Response:

#### a) COVID 19 Inoculation campaign:

- As of 30 May 2021, a total of **\*525,507** vaccine doses were administered countrywide indicating that **2.27%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated **409,832** have received the first dose, while **115,675** have been fully immunized with both doses.
- In WK21, vaccine administration statistics revealed that **267,410 (68%)** males against **124,188 (32%)** females have been vaccinated using the first dose while **76,193 (64%)** males against

**42,053 (36%)** females have received their second dose. A comparative low turnout among women was noticed and which could be associated with females' tendency to stay home to attend to their families' requirements and the rumors associated with vaccines' side effects.

- Vaccination rollout data analysis shows that **153,736 (40%)** of the priority groups vaccinated are over 50 years of age, followed by **229,042 (60%)** of the age group 18 - 50 years.
- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh with **78,562 (3,8%)** followed by Najaf at **(2,8%)**, Diwaniya at **(2,4%)**, Karbala at **(2,1%)**, Basra and Kirkuk each of **(1,9%)**. The lowest number of people vaccinated during WK21, on the other hand, is reported in Missan at a rate of **(0,6%)**, Sulaymaniyah at **(0,96%)**, and both Ninawa and Wassit at **(1,0%)**.

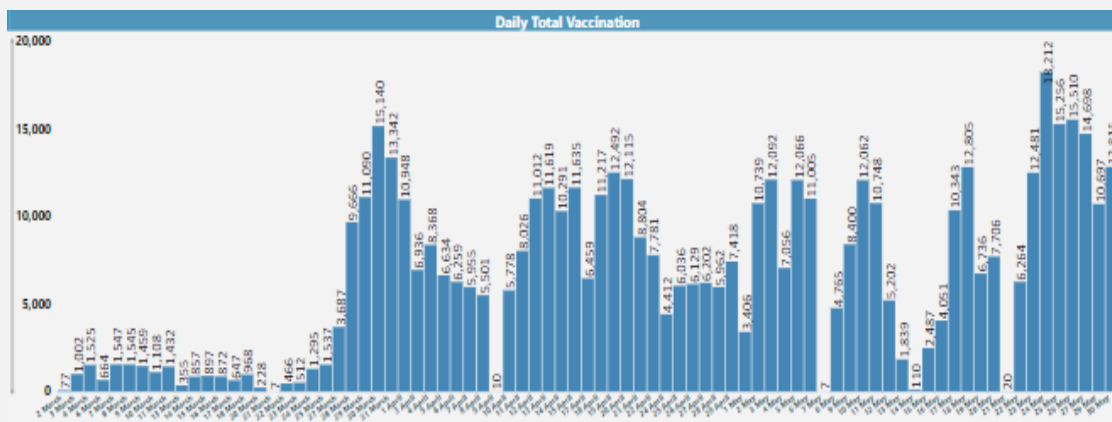


Figure 6: Daily COVID-19 administration of vaccine

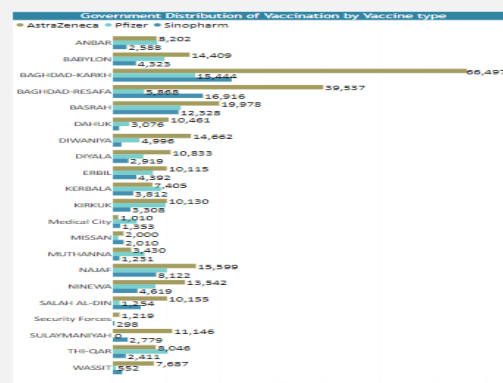
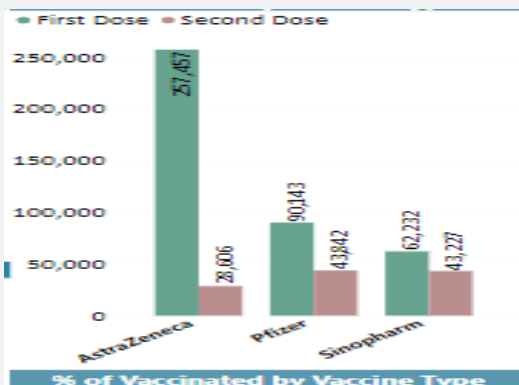


Figure 7: Vaccination uptake in Iraq by vaccine type/governorate\_WK21, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics is \*525,507. 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 implementing partner DAMA has launched a COVID-19 vaccination campaign in Hawija, Dibis, and Daquq districts in Kirkuk governorate to address the vaccine hesitancy among the returnees in the mentioned areas. As of 30 May, about 830 individuals were reached out with orientation on the importance of COVID-19 vaccines.



*Vaccination campaign in in Kirkuk by WHO implementing partner DAMA.WHO Iraq*

- Vaccine administration for IDPs and refugees continues in camps in Erbil supported by the NGOs ERC/BCF. More than 7049 doses were provided to beneficiaries in Qushtapa, Debaga, Khazir, Hassan Sham U3, and Hassan Sham U2 camps.



*Vaccine rollout in IDP and refugee camps in Erbil. WHO Iraq*

- WHO Iraq organized a 4-day TOT for GBV health care providers from DOHs of Basra, Muthana, Missan, ThiQar, Baghdad, and Diwaniyah. The training aimed at strengthening the mentioned DOHs and related health facilities capacity to provide specialized health care services including mental health and psychosocial support during and after COVID -19 pandemic.



*WHO TOT on GBV health care services. Basra\_WHO Iraq*

- WHO team in Duhok visited Sharia and Kabarto 2 IDP camps to monitor the implementation of the current WHO awareness-raising campaign and risk communication training in the mentioned camps. Seven teams are implementing the activity targeting IDPs' households with information on the necessity of COVID-19 vaccination and prevention & infection control measures.



*WHO Duhok team in a monitoring visit to Sharia IDP camp, Duhok-KRI. WHO Iraq*

### 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).



### 3. Urgent needs & requirements

- Ensure high quality and quantity RT-PCR testing to assist in the identification of the actual situation of the disease in the country.
- Reassess the health care facilities to fill the gaps pertaining to equipment and performance of health care workers which are essential for the improvement of specialized health care service delivery.
- Ensure a steady supply of COVID19 vaccines through the COVAX facility and bilateral agreements to ensure adequate immunity among the eligible population as soon as possible.
- Maintain RCCE campaigns to increase vaccine uptake
- Seek additional funding to support the vaccination campaign both through RCCE as well as through adequate evaluation and timely field monitoring

### 4. Challenges

- The potential risk of importing the COVID 19 **Delta strain** which requires continuous vigilance.
- Vaccine hesitancy among the communities, especially women, towards AstraZeneca continues to affect vaccination efforts.
- Funding constraints to sustain and support COVID-19 interventions including RCCE

## **5. Recommendations**

- Intensify community sensitizations and engagement to encourage population adherence to public health measures and COVID-19 vaccine demand and uptake.
- Continue to strengthen risk communications and community mobilization and media engagement activities to encourage people to continue wearing masks and adhere to the COVID-19 guidelines.
- Proper detection and management of the new COVID 19 **Delta strain** through strict border monitoring and careful contact tracing.
- Creating hotlines for patients undergoing home isolation, in addition to informing on vaccination sites and available vaccine types as possible.
- More testing, contact tracing, and active surveillance remain essential to detect hidden cases and newly emerging strains. 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.
- Ensure proper preparedness to respond to the probability of 3rd wave of the pandemic, expected in October this year.
- Coordinate a joint study with the academic institutions to determine the immunity profile of the population and assist in highlighting the efficacy of the vaccine, the cold chain, and vaccinators' performance.

## **6. Health Cluster/ Partners contribution:**

- 1- In collaboration with the RCCE Working Group, the Health Cluster included 4 indicators into the reporting platform that maps the services and supplies provided by cluster partners to the MoH/DoH under the COVID-19 response. The Health Cluster [COVID-19 Dashboard](#) has been altered from monthly static dashboards at the outset of the pandemic in Iraq, to a dynamic, interactive dashboard, which is automatically updated as soon as partners submit their reports.
  - 2- The Health Cluster member IMC Iraq informed the Cluster about receiving funding to conduct a COVID-19 hesitancy survey within KRI refugee camps (Domiz 1, Domiz 2, Darashakran & Kawargosik) and Khazir IDP camp. The survey will have two objectives:
    - a. To help IMC design an outreach intervention to counter vaccine hesitancy in the camps
    - b. To contribute to a larger study on vaccine hesitancy in Iraq and globally
  - 3- The Health Cluster members of the Emirates Red Crescent (ERC) and BCF conducted COVID-19 vaccination in the Khazer/ Hasansham locality. The IDP camps were also included in the 2-day (28 and 29 May) campaign which targeted IDPs, medical and NGO staff, and security personnel in the camps.
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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, andWHO coordinated by Gavi.