



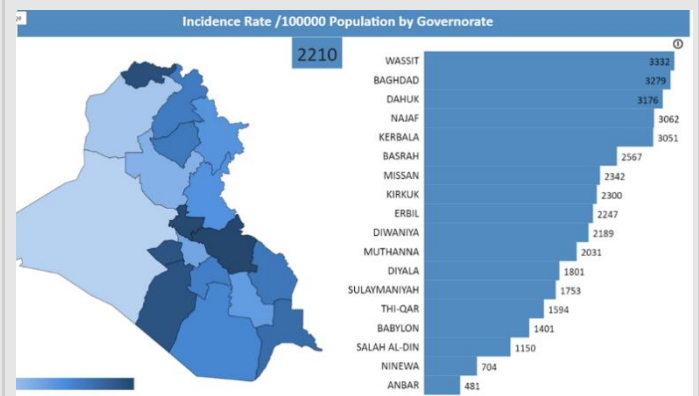
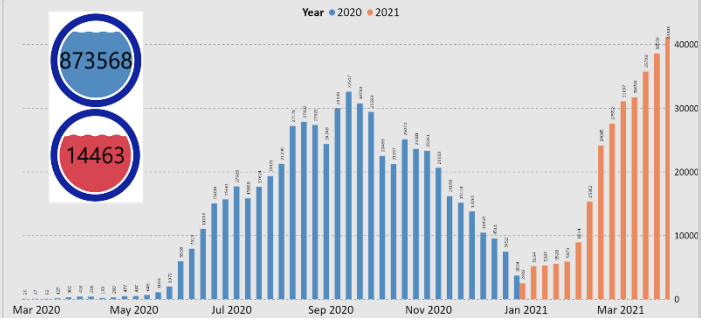
Key figures of COVID-19 as of 04 April 2021

	Recorded in the last 24 hours	Weekly (WK 13)	Cumulative Since 24 February 2020
Tested	39,036	289,053	8,197,431
Confirmed	6,423	41,140	873,568
Active	16,129	47,970	80,570
Cured	5,664	32,600	778,535
Death	39	251	14,463

Highlights

- The COVID-19 pandemic situation in Iraq continues to be quite concerning, with a sustained increase in the number of reported cases since the first weeks of 2021.
- During Week 13, Iraq MOH reported 41,140 new cases of COVID19 infections, which represents 6.76% increase compared with week12, and 251 new deaths with a 22.44% increase compared to the previous week.
- This week's positivity rate is 15%, marking continuity of community transmission¹ of the COVID-19 pandemic.
- More than 61000 people were immunized using AZD1222 (Astra Zeneca) COVID-19 vaccines in an ongoing Iraq-wide campaign in this reporting period. This vaccination exercise targets health care workers, elderly people (60+), people with co-morbidities, refugees, and other essential workers who cannot maintain social distance due to the work they performed or other existing conditions.

Graph 1: COVID-19 confirmed cases by epidemiological week 2020 to 2021



Data source: Ministry of Health, Iraq
For more information on the COVID-19 figures, visit WHO Iraq dashboard on: <https://covid19.who.int/region/emro/country/iq>

¹ Community transmission is defined (when the positivity rate of the COVIDS19 PCR tests are above 5%)

1) Disease Epidemiology

- The number of COVID-19 cases reported in Iraq continues to increase during the second community wave's acceleration phase, starting in 2021. The incidence rate per 100,000 people per week rising from 38 in 2020 to 53 in the first 13 weeks of 2021 and 102 during Wk 13.
- The most affected governorates in week 13 are Wassit (192/100,000), Basra (191), Baghdad (167), Najaf (125), and Kerbala (98). And the most affected age group within Iraq is 30-39 years, with the overall male-female ratio remaining at 57%: 43%
- Health care providers account for 3.3% of the total cases recorded, the highest among nurses and paramedical staff (53%), followed by admin and supportive staff (30%) and medical staff (17%).
- The overall case fatality rate is 0.6%, and most deaths have been reported among persons aged 60-69 years, about 60% of them had at least one co-morbidity.
- The overall active case rate for 2021 is 9.2%, and the cure rate is 89.2%.
- With the COVID-19 reproduction number of 1.14 at the national level, the COVID19 projection indicates an increased number of infections, sickness, notification, hospitalizations, and Intensive Care Unit (ICU) admissions and deaths in the coming weeks.
- More details in the WHO Dashboard <https://bit.ly/3uu5w0w>

Table 1: Additional figures of COVID-19, as of 04 April 2021

Key figures	2020	2021	Wk13	
Total Confirmed cases	597,774	275,794	41,140	
Incidence rate ² /100000/week	37	53	102	
Top 5 DoHs with the highest incident rate	DAHUK	62	NAJAF	122
	WASSIT	55	KERBALA	99
	BAGHDAD	53	BASRAH	94
	KIRKUK	47	BAGHDAD	84
	ERBIL	46	WASSIT	80
Case fatality rate ³	2.1	0.6	0.6	
Top 5 DoHs with the highest case fatality rate	SULYMANIYAH	5.4	SULAYMANIYAH	1.6
	THI-QAR	3.4	ERBIL	1.6
	BABYLON	2.9	DAHUK	1.3
	ERBIL	2.5	KIRKUK	1.1
	MISSAN	2.4	MUTHANNA	0.9
Percentage of deaths <48 hours of hospitalization	53%	21%	13	
Percentage of active cases	7%	9.2%	NA	
Percentage of cured cases	90%	89%	NA	
No. PCR tests	4 547 545	3,642,932	289,053	
Overall PCR test Positivity rate ⁴	13%	8%	14%	
Percentage inpatient	78%	59%	57%	
Percentage of cases treated in ICU	10%	10%	8%	
No. Health care providers infected	24,283	4,546	251	
No. Health care providers dead	256	10	0	
No. IDPs and refugees reported with COVID-19	IDPs = 285	IDPs = 40	0	
	Refugee = 278	Refugee = 23		

2) WHO preparedness and Response

a) COVID-19 Response

- The Health Cluster has reactivated the COVID-19 national task force under WHO and the Ministry of Health's leadership to ensure a well-coordinated and synchronized response to all COVID interventions. The task force is composed of members from national and international NGOs and UN agencies.

b) Vaccination

- More than 61,000 health care workers, older people (60+), people with co-morbidities, refugees, and other essential workers have so far been vaccinated using the AZD1222 (Astra Zeneca) vaccines shipped into the country on 25 March 2021 through the COVAX Facility.



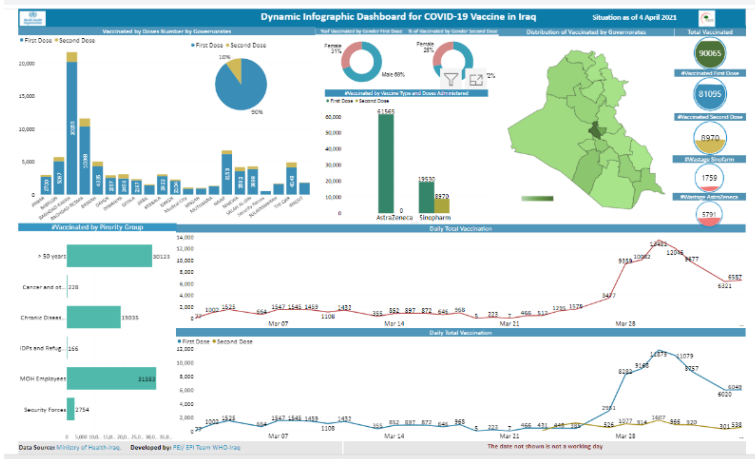
² The incidence rate refers to the frequency with which some event, such as a disease or accident, occurs over a specified time period.

³ Case Fatality Rate is the proportion of fatalities from a specified disease among all individuals diagnosed over a certain period of time.

⁴ PCR positivity rate is the percentage of all PCR tests confirmed positive for COVID19 among all the PCR tests performed over a period of time.

- The mass vaccination campaign, which started during this reporting period, was rolled out in all Iraq governorates, including the Kurdistan Region.
- To ensure the vaccine's early introduction into the country, Iraq has identified its 20% priority population or target group following the COVAX guidance. More 29 000 people were also vaccinated throughout the country using the Sinopharm vaccine from China since 02 March 2021. This brings the total number of people immunized since 02 March 2021 to more than 90 000.
- WHO and the Ministry of Health teams conducted a field visit to Samarra as part of supportive supervision and monitoring the COVID-19 vaccination process. To further strengthen the vaccination process, the teams briefed and guided the health workers on monitoring the cooling chain for vaccine storage and electronic authentication for citizens.

Graph 2: number of people vaccinated by governorate and vaccine type



c) Risk Communication and Community Engagement

- WHO continues to work with the Ministry of Health, UNICEF, and other partners to strengthen communications on COVID-19 vaccination across the country through social media, traditional media, and community engagements while strengthening all other COVID-19 preventive measures such as mask-wearing, social distancing, and hand hygiene.
- However, there is a need to intensify community engagements and dialogues, especially with women, to increase their interest in taking the COVID-19 vaccines. Data currently shows more males than females have been vaccinated.



d) Logistics and supply management

- WHO continues to strengthen its response to COVID-19 as well as support the ongoing emergency program. During the reporting period, WHO supported Anbar Rehabilitation Center and Ramadi General Hospital in Anbar Governorate, Diyala Rehabilitation Center, and Baguba General Hospital in Diyala Governorates with medical equipment and assistive technologies, these include:
 - One Computed Radiography device and X-ray protection shield
 - Three Steam Sterilizing Units
 - Seventy-five wheelchairs for adults and children.



3) Urgent needs & requirements

- Ensure a steady supply of COVID19 vaccines through the COVAX facility and other sources to ensure adequate immunity among a large proportion of the eligible population as soon as possible.
- Maintain Risk Communication and Community Engagement campaign to increase the uptake of the vaccine
- Seek additional funding to support the vaccination campaign both through RCCE as well as through adequate evaluation and timely field monitoring

4) Challenges

- As community transmission continues on an upward trajectory, some governorates such as Muthanna, Najaf, and Baghdad have recorded insufficient hospital bed capacities and Intensive Care Unit (ICU) bed occupancy. This makes it challenging to cope with several admissions and patients in critical conditions, not only of COVID-19 patients but other conditions health conditions. In Salah Al-Din, the situation of ICU bed capacity is also quickly going down.
- Vaccine hesitancy among the communities, especially women, intensified with negative media news on AstraZeneca.
- The low adherence to the preventive measures and the recommended partial lockdown poses a great risk to communities.
- Funding to sustain and support COVID-19 interventions like Risk Communications and Community engagement to encourage good community practices to prevent the spread of COVID-19, and ensure the uptake of vaccines and strengthen preparedness, detection, and response COVID-19 cases.

5) Recommendations

- Strengthen and monitor Infection, Prevention and Control need strengthening to minimize infections and death among healthcare providers. Data obtained from the Ministry of Health Indicates increased mortality among health care workers in 2021 compared to 2020. Health workers are at grave risk of exposure to the COVID-19 virus due to the nature of their work and interaction with patients from various community settings. Supporting health workers to strengthen IPC through provisions of additional IPC medical supplies and training will benefit their wellbeing. (<https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---31-march-2021>)
- Intensify community sensitizations and engagement to encourage COVID-19 vaccine demand and uptake in the population.
- Hasten the community mobilization, sensitizations, and engagement campaigns at the community level to encourage people to continue wearing masks and adhere to the COVID-19 guidelines.

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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