

# Situation Report: Iraq

Week 32 (ending 14 August 2022)



World Health Organization

## Key figures (As of 14 August 2022)

**2.45M**

confirmed cases of COVID-19 reported since February 2020



**295**

lab-confirmed cases of Crimean Congo Hemorrhagic Fever (CCHF) reported



**865**

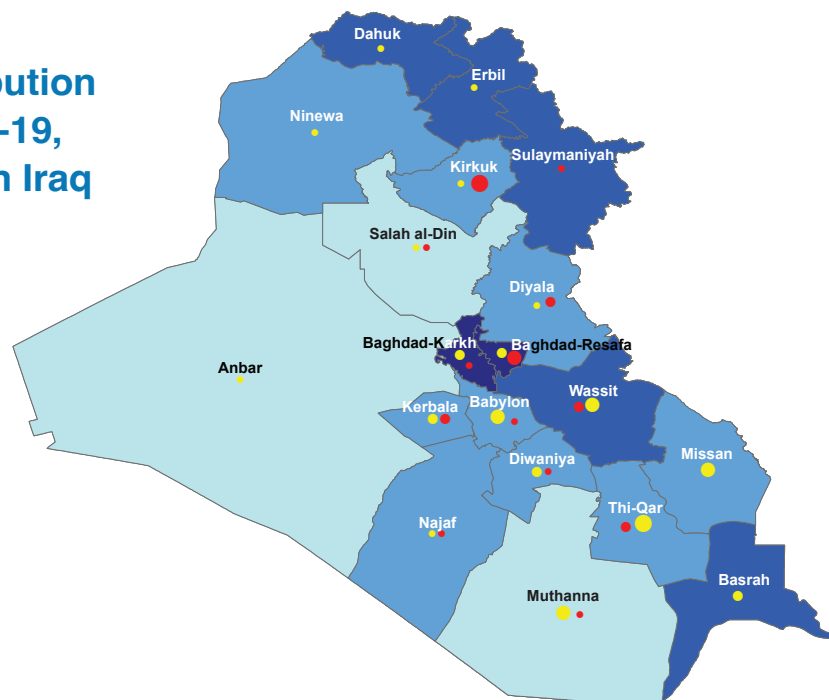
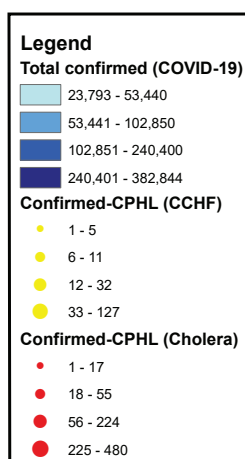
lab-confirmed cholera cases reported since 19 June 2022



## Epidemiological situation update:

- As of 14 August 2022, Iraq reported 865 confirmed cases of **cholera**, with four associated deaths. The most affected governorates are Kirkuk (480 cases and three deaths), Baghdad-Rasafa (224 cases and one death) and Thi Qar (55 cases). Acute diarrhea cases in camps were also reported through the Early Warning, Alert and Response Network (EWARN).
- To date, 1112 suspected **Crimean-Congo Hemorrhagic Fever** cases were reported, of which 295 were confirmed by laboratory, with 86 related suspected deaths and 53 deaths among confirmed cases (representing 17.9% of the case fatality rate). All governorates reported confirmed cases, except for Sulaymaniyah.
- During the reporting period, 2767 new **COVID-19** cases were reported, representing a decrease of 57% compared to the previous week. 12 deaths were reported during the week, representing an increase of 9% compared to the previous week.

## Geographical distribution of cases of COVID-19, CCHF and cholera in Iraq



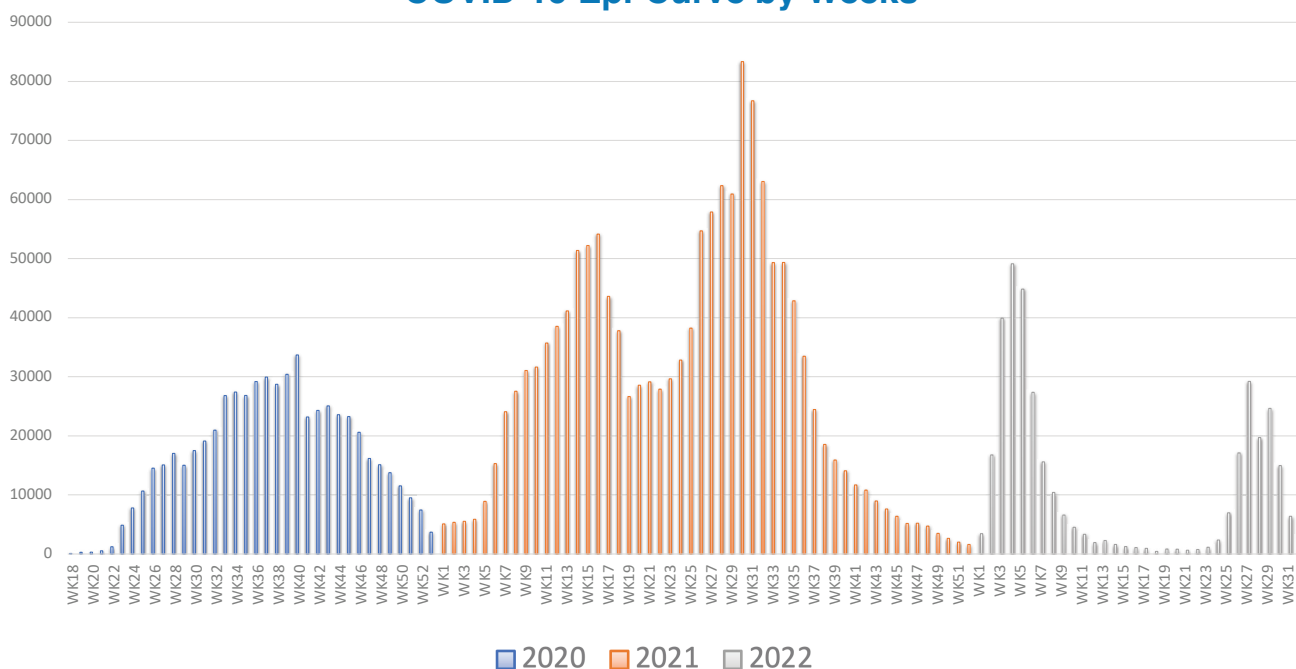
## COVID-19 update:

- The level of community transmission all over the country has been moderate in week 32. The transmission level is determined based on three indicators: cases per 100,000 population, deaths per 1 million people, and the positivity rate.
- The COVID-19 positivity rate (PR) in week 32 stood at 9.2%, compared to 16.1% in week 31. The highest PR in week 32 was reported in Missan (23%), Dhi-Qar (22%) and Diyala (21%), while Muthanna and Kirkuk reported the lowest PR in week 32 (1% and 4% respectively).

### Community Transmission in IRAQ 2022 by Weeks

| Week No | Case per 100000 | Death Per 1 M | Positivity Rate | Case per 100000 | Death Per 1 M | Positivity Rate | Score 1 | Score 2 | Score 3 | Total Score | Rank        |
|---------|-----------------|---------------|-----------------|-----------------|---------------|-----------------|---------|---------|---------|-------------|-------------|
| 1       | 8.4             | 1.0           | 4.5             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 2       | 40.7            | 1.0           | 13.5            | Moderate        | Low           | Substantial     | 2       | 1       | 3       | 6           | Moderate    |
| 3       | 96.9            | 1.0           | 23.4            | Substantial     | Low           | High            | 3       | 1       | 4       | 8           | Substantial |
| 4       | 119.3           | 2.2           | 27.1            | High            | Low           | High            | 4       | 1       | 4       | 9           | Substantial |
| 5       | 108.8           | 3.4           | 25.1            | High            | Low           | High            | 4       | 1       | 4       | 9           | Substantial |
| 6       | 66.5            | 4.6           | 17.3            | Substantial     | Low           | Substantial     | 3       | 1       | 3       | 7           | Substantial |
| 7       | 37.9            | 3.7           | 11.9            | Moderate        | Low           | Substantial     | 2       | 1       | 3       | 6           | Moderate    |
| 8       | 25.3            | 2.8           | 9.5             | Moderate        | Low           | Moderate        | 2       | 1       | 2       | 5           | Moderate    |
| 9       | 16.0            | 1.8           | 6.7             | Moderate        | Low           | Moderate        | 2       | 1       | 2       | 5           | Moderate    |
| 10      | 11.0            | 1.2           | 4.9             | Moderate        | Low           | Low             | 2       | 1       | 1       | 4           | Moderate    |
| 11      | 8.1             | 0.7           | 3.8             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 12      | 4.7             | 0.5           | 3.2             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 13      | 5.5             | 0.6           | 3.8             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 14      | 3.9             | 0.3           | 4.1             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 15      | 3.1             | 0.3           | 3.8             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 16      | 2.6             | 0.2           | 3.8             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 17      | 2.3             | 0.1           | 3.4             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 18      | 1.1             | 0.0           | 2.4             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 19      | 2.0             | 0.1           | 2.8             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 20      | 2.0             | 0.0           | 2.9             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 21      | 1.6             | 0.1           | 2.3             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 22      | 1.8             | 0.0           | 2.7             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 23      | 2.8             | 0.0           | 3.9             | Low             | Low           | Low             | 1       | 1       | 1       | 3           | Low         |
| 24      | 5.7             | 0.1           | 5.7             | Low             | Low           | Moderate        | 1       | 1       | 2       | 4           | Moderate    |
| 25      | 16.9            | 0.1           | 14.4            | Moderate        | Low           | Substantial     | 2       | 1       | 3       | 6           | Moderate    |
| 26      | 41.6            | 0.3           | 26.1            | Moderate        | Low           | High            | 2       | 1       | 4       | 7           | Substantial |
| 27      | 70.9            | 0.3           | 34.2            | Substantial     | Low           | High            | 3       | 1       | 4       | 8           | Substantial |
| 28      | 47.8            | 0.4           | 38.5            | Moderate        | Low           | High            | 2       | 1       | 4       | 7           | Substantial |
| 29      | 59.8            | 0.5           | 32.7            | Substantial     | Low           | High            | 3       | 1       | 4       | 8           | Substantial |
| 30      | 36.3            | 0.6           | 24.8            | Moderate        | Low           | High            | 2       | 1       | 4       | 7           | Substantial |
| 31      | 15.5            | 0.3           | 15.5            | Moderate        | Low           | Substantial     | 2       | 1       | 3       | 6           | Moderate    |
| 32      | 7.4             | 0.3           | 8.9             | Low             | Low           | Moderate        | 1       | 1       | 2       | 4           | Moderate    |

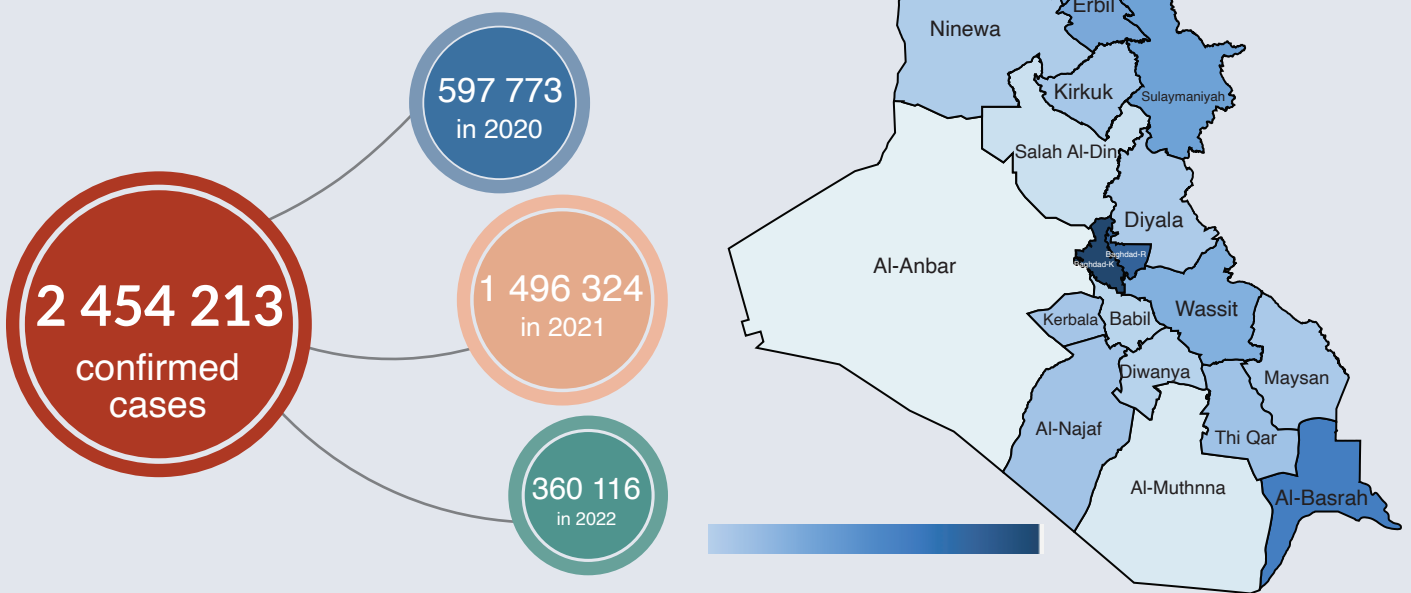
### COVID-19 Epi-Curve by Weeks



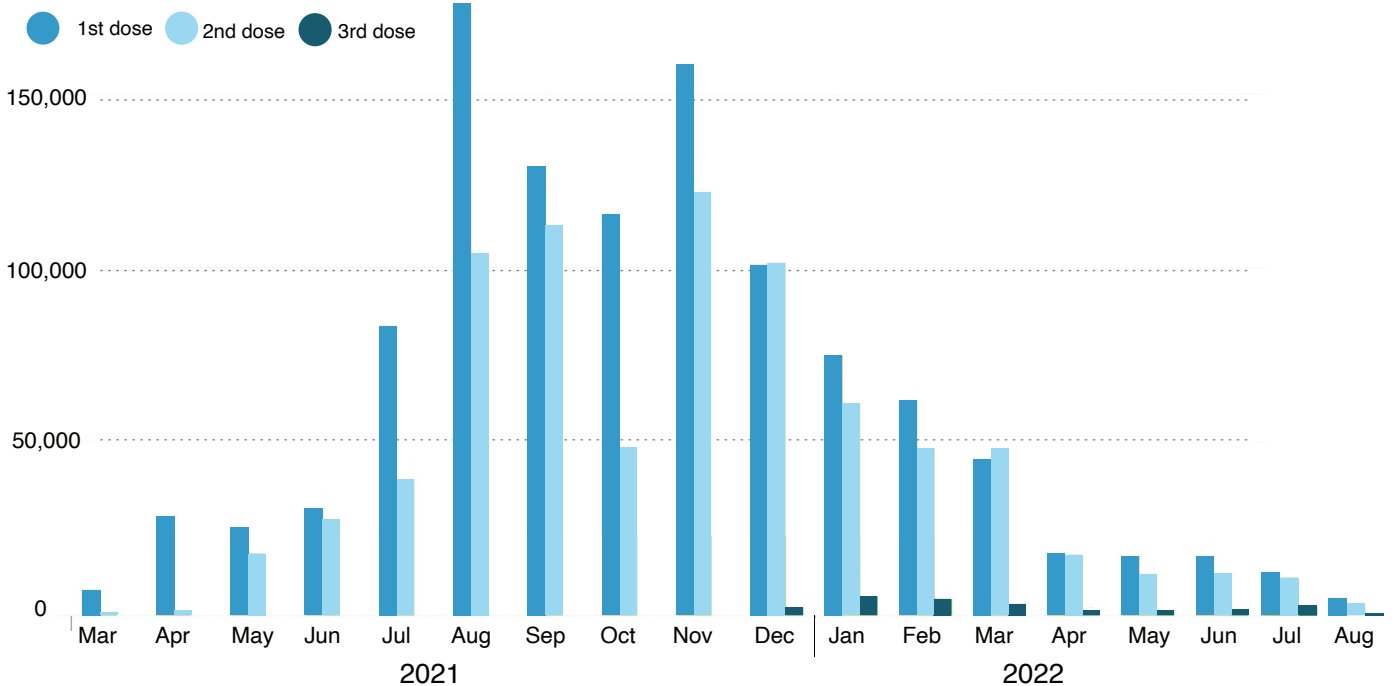
## COVID-19 vaccination:

- As of 14 August 2022, a total of 19,026,929 vaccine doses were administered countrywide. A total of 11,037,727 people -- 26.1% of the population -- received the first dose, while 7,759,616 -- 18.4% of the population -- have received the second dose.
- Vaccine administration statistics showed that 6,727,019 males (61%) and 4,309,681 females (39%) were vaccinated.
- A total of 41 766 people received the COVID-19 vaccine during week 32, representing a 32% increase compared to the previous week.

### Cumulative distribution of confirmed COVID cases by DoH



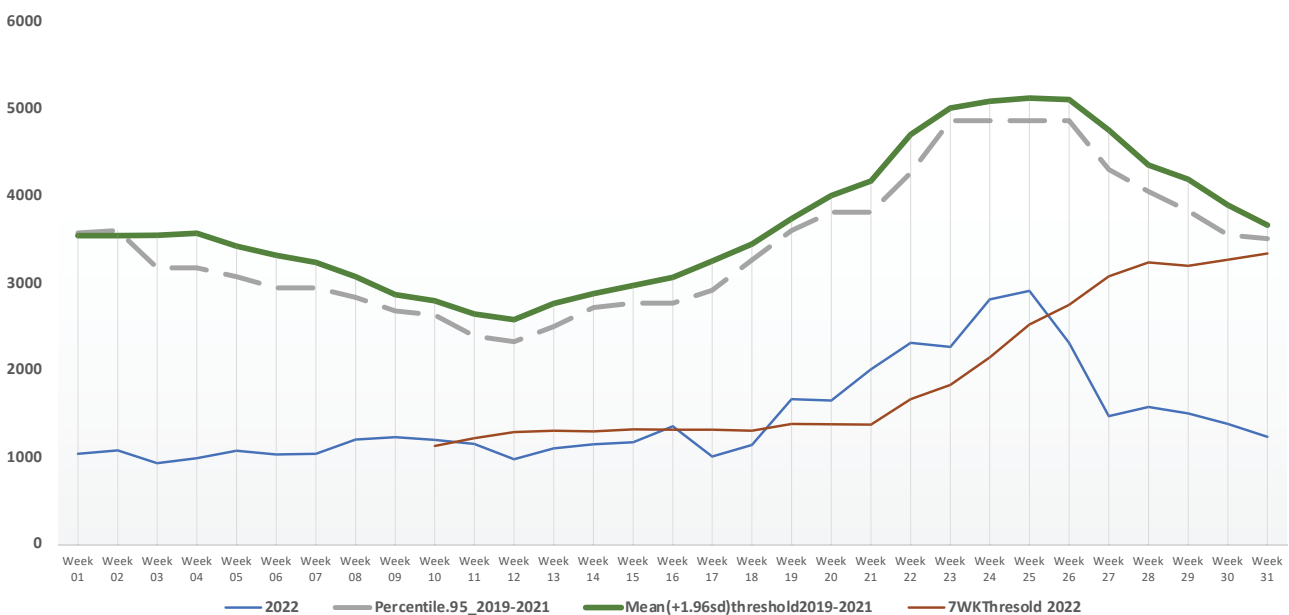
### COVID-19 monthly vaccination by doses



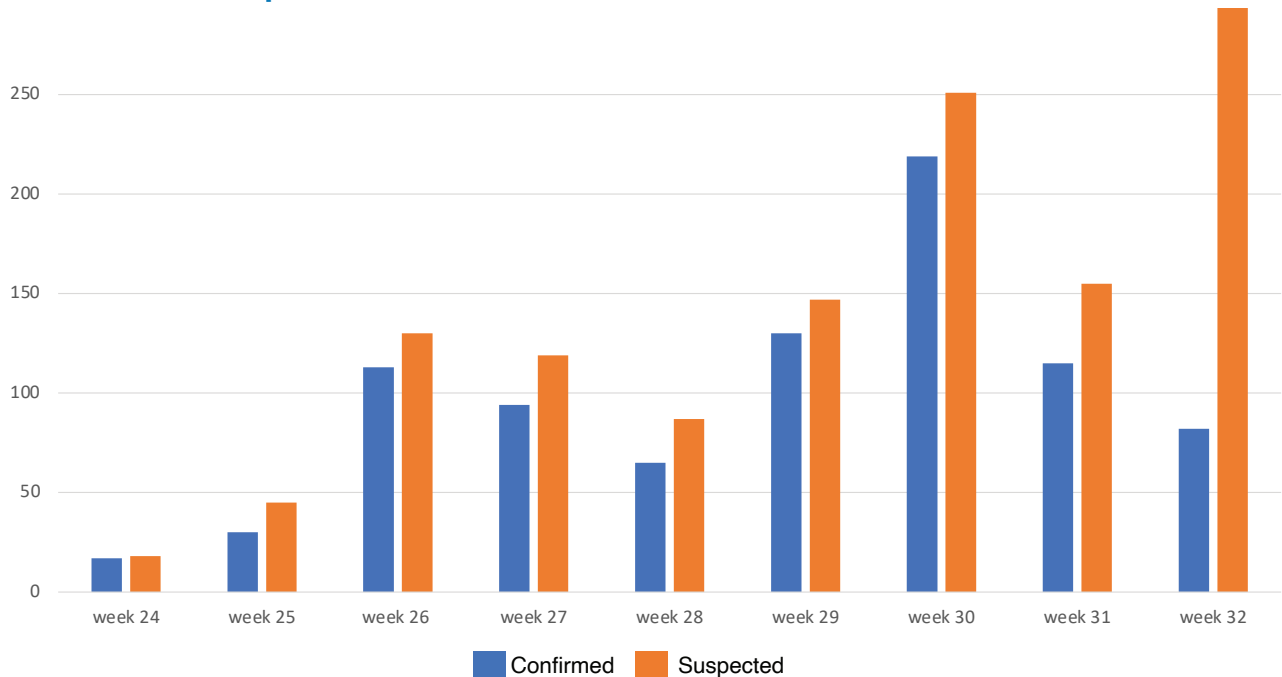
## Cholera update:

- A total of 82 confirmed cholera cases were reported in week 32, representing a 29% decrease compared to week 31. However, the number of suspected cholera cases jumped to 330, representing the highest number of suspected cases reported since week 24.
- The cholera case management is deemed effective as the case fatality rate (CFR) stands at 0.5% as required by the WHO standards (appropriate cholera case management should keep CFR below 1%).
- Effective collaboration between the water and health directorates in Sulaymaniyah governorate led to the treatment of several water sources and engaged with water truckers to ensure the provision of safe water to populations within the governorate. This together with proper case management contributed to lowering cholera cases in Sulaymaniyah governorate.

### Acute diarrhea compared to the alert threshold by week in Iraq



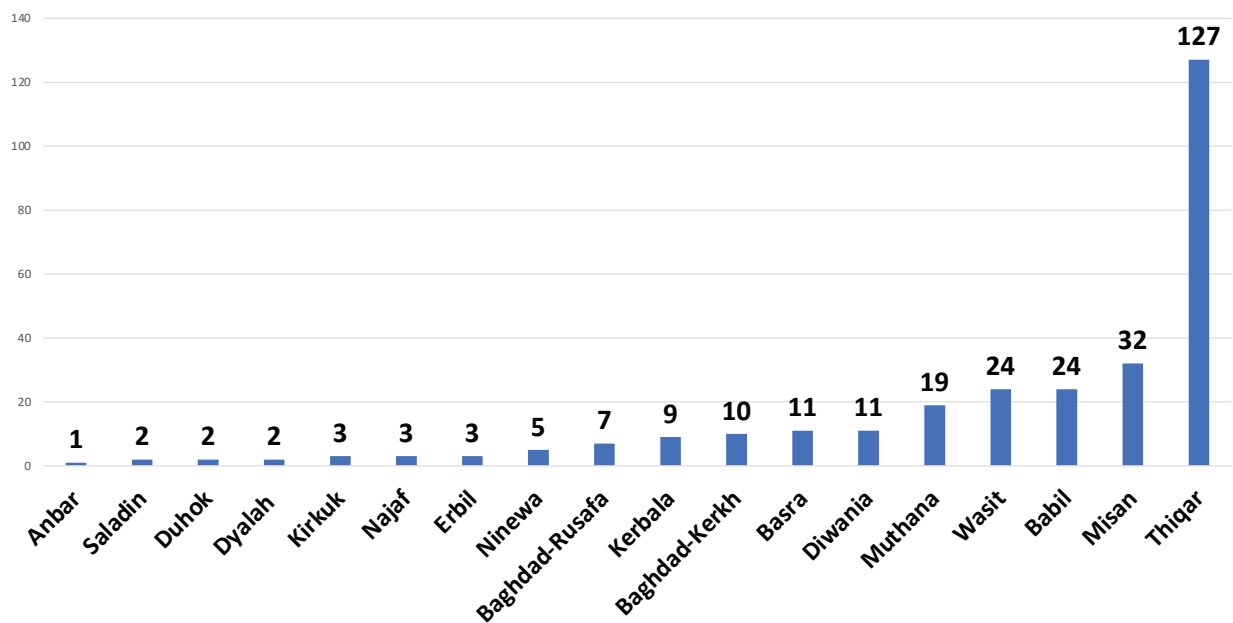
### Suspected and confirmed cases of cholera since week 24



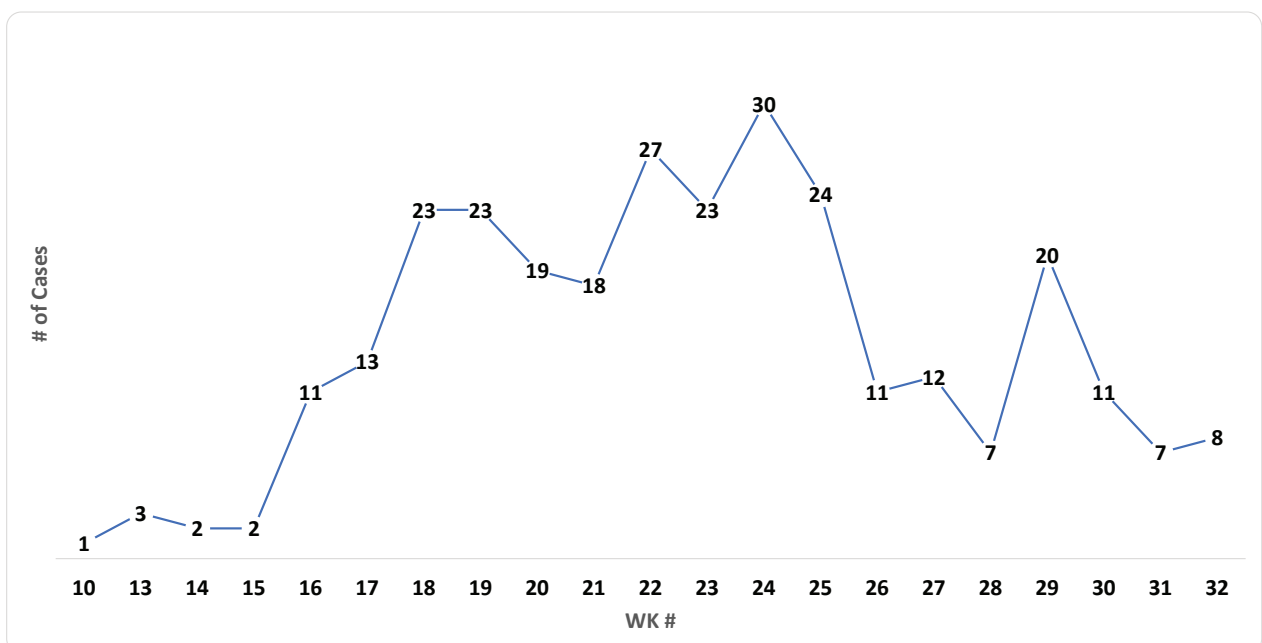
## CCHF update:

- A total of eight confirmed cases of CCHF were reported in week 32, representing an increase of 14% compared to the previous week.
- Thi-Qar is still on the top of the list of the governorates affected by the CCHF outbreak, with 127 confirmed cases, representing 43% of the total cases. Missan, Babil, Wassit and Muthanna governorates also reported a significant number of cases.
- Housewives, butchers and livestock breeders and traders represent 84% of those reported to be infected with CCHF across Iraq. No cases were reported among health workers.

### CCHF distribution by provinces - 2022



### CCHF epi-curve by weeks - 2022



## WHO preparedness and response:

- With support from WHO Headquarter, the country office, together with the Ministry of Health, held a meeting on 11 August to complete an all-hazard risk assessment tool to foster adequate pre-planning preparedness, response and mitigation of health hazards associated with the Arbaeen visit and mass gathering events.



*WHO and the Ministry of Health meets to complete an all-hazard risk assessment tool*

- On 10 August 2022, WHO, in collaboration with the Ministry of Health and UNICEF, concluded a three-day risk communication and community engagement training in Kurdistan Region on cholera outbreak to boost the public health and socio-behavioral capacities of 28 healthcare workers and educators in building a relationship and trust between communities and health authorities. During the training, participants were sensitized to different types of engagement with communities to make sure interventions are safe, feasible and acceptable.



*28 healthcare workers and educator were trained in building relationship and trust between communities and health authorities.*

- On 8 August, WHO met with IRCS to discuss the collaboration project to engage a wide range of community-based volunteers to stimulate and support positive behaviors on CCHF and other outbreaks. These partners and volunteers will be instrumental in promoting correct information and countering misconceptions about CCHF and additional outbreaks in the country. As a result, more community members will be influenced to adopt the right behaviors regarding CCHF and other outbreaks in Iraq. The project aims to cover cities and pilgrims during mass gatherings.
- WHO produced a [CCHF animation video](#) that raises awareness on the best household practices and others who deal with animals or handle meat. The video adopted contextualized Iraqi dialect and scenario to make it more acceptable/understandable to Iraqi communities.

## Health Cluster coordination:

- As part of the transition initiated by the Health Cluster, extensive discussions took place with several partners to support building resilience in health systems serving local populations as well as populations of humanitarian concern. This was the case with Pekawa NGO that initiated a process to temporarily support the medical waste management activities in Hawija Hospital and Hawija primary healthcare centre based on the request of the Directorate of Health in Kirkuk.
- The Global Health Cluster is conducting a series of studies on COVID-19 in countries, including the vaccination in humanitarian settings; Iraq's Health Cluster volunteered to participate in several studies and identified a number of key informants to launch the study both in Federal Iraq and KRI.
- The Health Cluster Transition Advisory Group (TAG) was formed during the reporting period, comprising agencies that are members of the Durable Solutions Technical Working Group's (DSTWG) Area Based Coordination (ABC) forums and/or those having long-term funding to support post-humanitarian interventions.

## Conclusions:

- The number of COVID-19 cases reported in week 32 is the lowest since week 25. The current level of community transmission is moderate since week 31.
- The impact of preparedness and response activities in Sulaymaniyah resulted in a significant decrease in confirmed cholera cases to 82 during week 32, compared to 115 in week 31. However, the coming weeks are critical for monitoring the cholera situation as historically the cholera outbreaks occurred during August-September in Iraq.
- The continuation of extensive RCCE and anti-tick activities, including spraying and dipping of livestock, contributed to the decline in number of CCHF cases. However, a significant movement of livestock and animal slaughtering is taking place during Arbaeen event, increasing the risk of further transmission of CCHF.

## Recommendations:

- As cholera cases historically are reported to increase during the last quarter of the year, increased vigilance and effective surveillance activities during the upcoming weeks are critical for monitoring the cholera situation.
- Advocating for WASH interventions and daily monitoring of drinking water sources are recommended to ensure safe drinking water for the population. RCCE activities must be enhanced to raise awareness of the communities about the prevention measures.
- Coordination between the health and agriculture sectors is underway and needs to be further enhanced and sustained to control the ongoing outbreak and prevent expected flare-ups in the coming weeks.
- As the mass gathering for Arbaeen visit will take place for about four weeks, enhanced public health, preparedness and response should be coordinated among the Ministry of Health, the religious institutions and other stakeholders.

The response to the COVID-19 pandemic and other outbreaks in Iraq is made possible with the generous contributions from WHO Iraq's long-term partners:



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### For the latest data and other updates on COVID-19, please see:

COVID-19 vaccination dashboard in Iraq

COVID-19 dynamic infographic dashboard in Iraq