




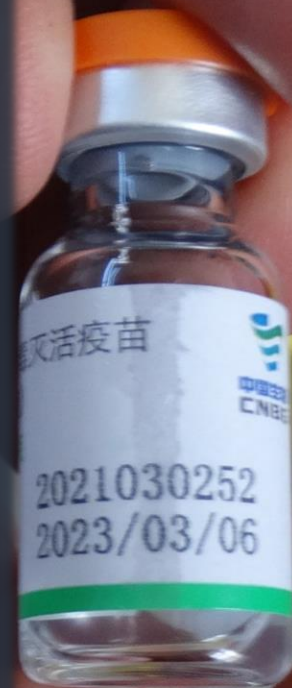


Tested	Active	Confirmed	Cured	Deaths
				
199,661	24,489	26,648	39,871	183

## Highlights

1. During WK19, the Ministry of Health reported 26,648 new confirmed cases of COVID-19 bringing the accumulative total to 1,139,373. Meanwhile, the reported deaths in WK19 were 183 bringing the accumulative total to 15,954.
2. WK19 witnessed a decrease in the RT-PCR testing due to health workers relaxation during the EID holiday. The decline was reflected in the Epi-Curve and the levels of the incidence and positivity rates which may, in turn, indicate a Plateau point that might take a couple of weeks before the start of the declining phase.
3. The overall community transmission level in Iraq remains moderate for the last three weeks 17, 18, and 19 compared to being substantial transmission during previous weeks of 14, 15 and 16.
4. The highest positivity rate for WK 19 in Iraq is identified in Missan with 23% followed by Baghdad with a rate of 20%, Wassit 17%, and each of Diwaniya, Kerbala, and Najaf with 16%. Lowest positivity rate, on the other hand, was identified with 6% for each of Salah Addin and Babylon, and 7% for each of Anbar and Ninawa governorates respectively.



Note: all figures given are as of the reporting period 10 - 16 May 2021

## 1. The Epidemiological Situation for WK 19, (10 – 16 May 2021)

1. The reported cases in WK 19 have noticeably declined to stand at 26,648 with a positivity rate of 13%, (less by 2% than that reported in WK18,) indicating a **potential** decline that could be confirmed if containment measures and prevention tools are collectively considered.

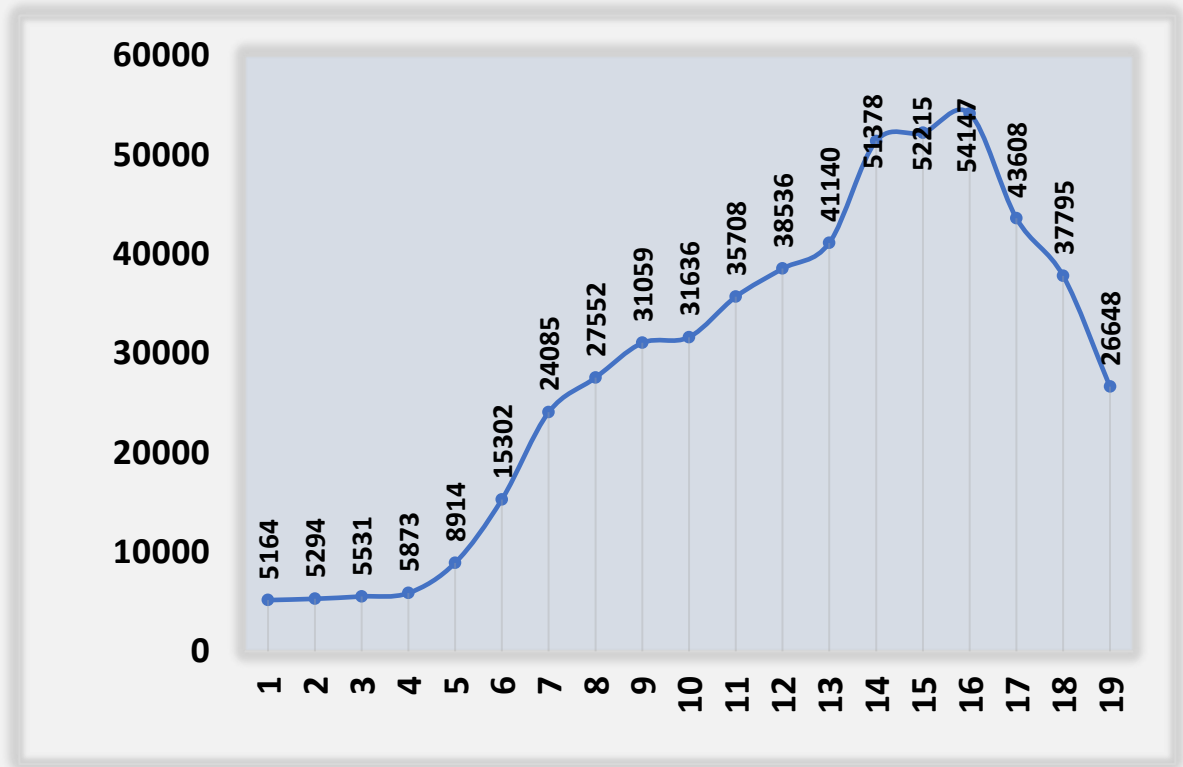


Figure 1: COVID 19 in Iraq, EPI curve for WK 19

2. Total RT-PCR tests during WK19 slightly declined to **199661 tests** as well representing **4973 tests** per one million compared to 265078 tests in WK18.

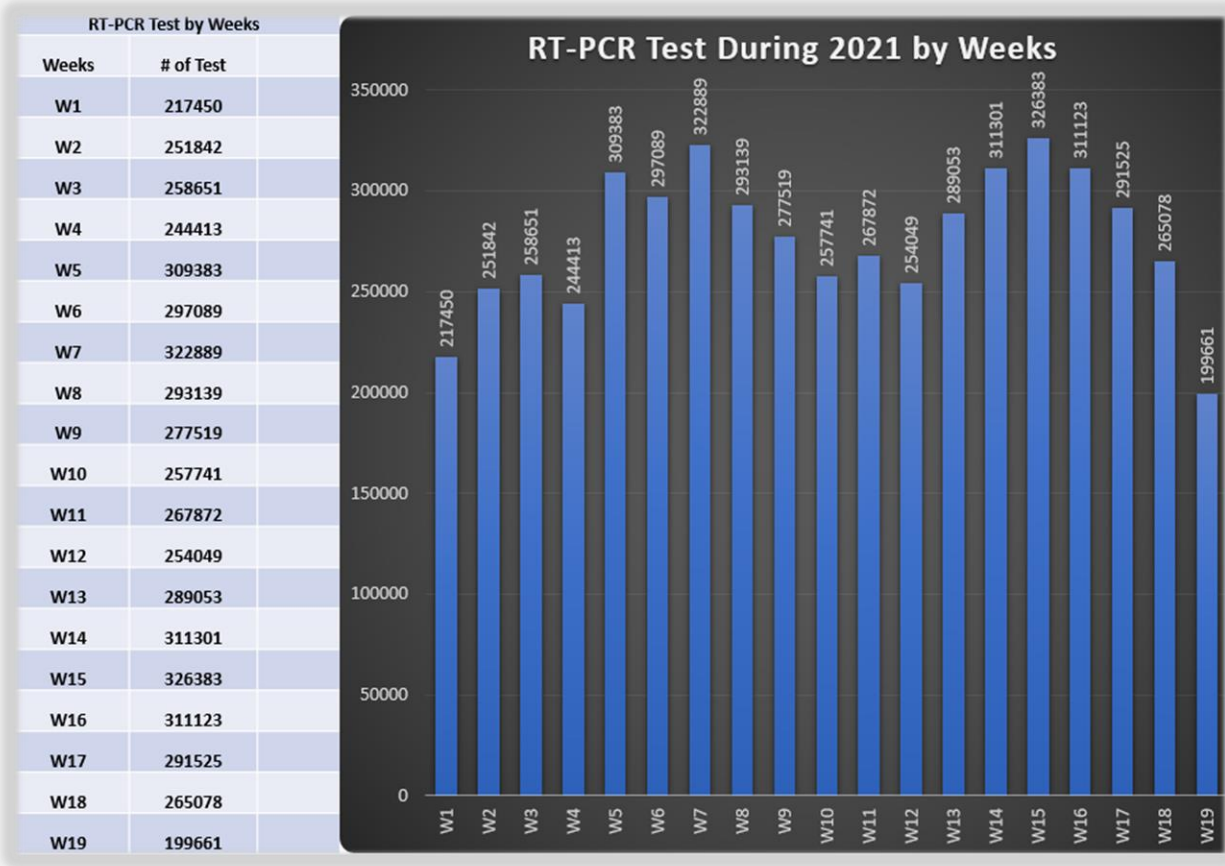


Figure 2: RT-PCR tests for WK19 2021

3. The incidence rate per 100000 has also went down from 94.5 in WK18 to **66.6** in WK19 country wide.

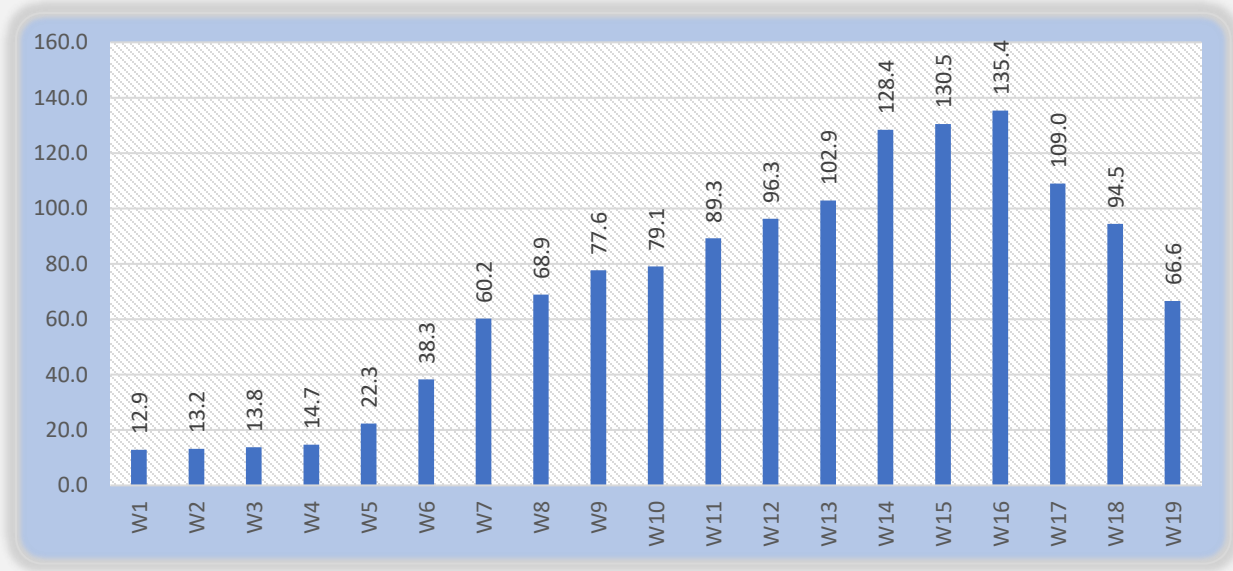


Figure 3: Incidence rate of COVID-19 per 100 of population per week

- The positivity rate reported in WK 19 stands at **13** in comparison with **14, 15, and 17** for Weeks 18, 17 and 16 Respectively.

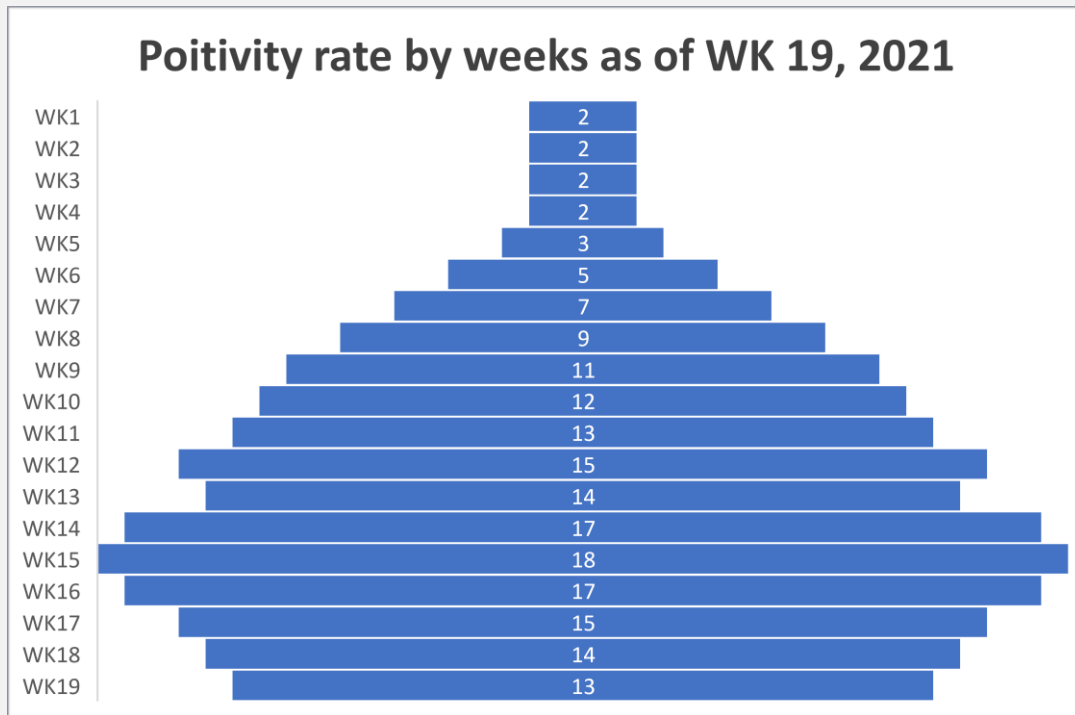


Figure 4: Positivity rate by weeks as of WK 19, 2021

- This week observed a decrease in associated deaths bringing WK18's rate of 235 to 183.
- No significant change on the CFR rate was observed for the 2<sup>nd</sup> consecutive week and WK19 rate remains at 0,75. The Range of CFR during 2021 is **(1.26 – 0.38)**.
- The Percent of hospitalized patients in the Intensive Care Unit (ICU) for WK 19 is **(19)**. No significant change observed in comparison with previous weeks.
- The most affected age groups are >15-45 years old and > 45-65 years old at a rate of **54% and 30%** respectively, while the death rate is identified most among the age groups >45-65 years old and >65 years old at a rate of **38% and 52%** respectively. The relevant gender distribution indicates highest among males with a case rate of 57% and death rate of 62%.

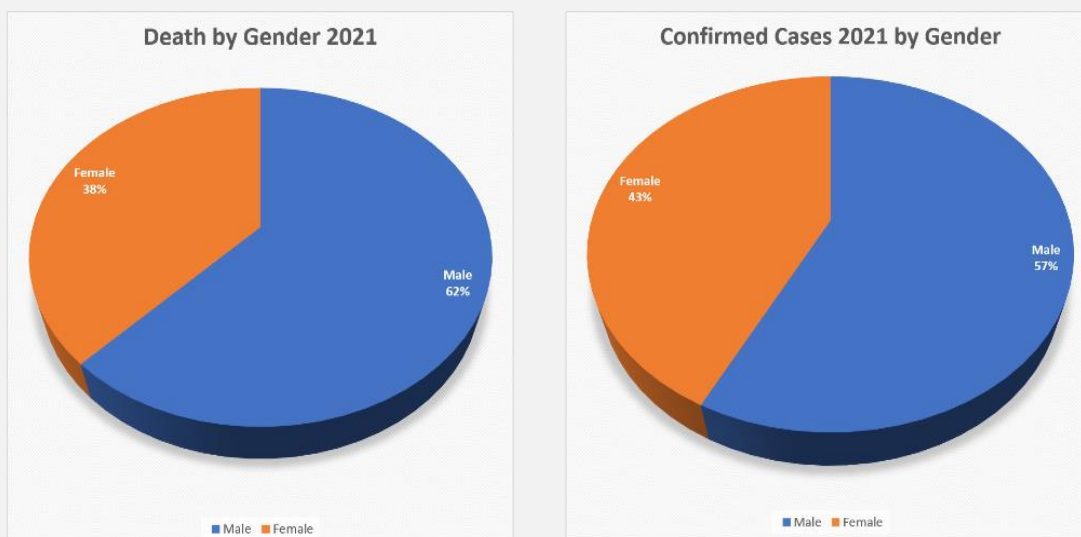


Figure 7: COVID 19 case/death rates by gender

## 2. The Epidemiological indicators for WK19:

The overall community transmission, health system and health care service capacity and performance according to the main epidemiological indicators for WK19 is better manifested in the table below:

Governorates	Case per 100000	Deaths Per 1 M	Positivity Rate	Case per 100000	Death Per M	Positivity Rate
ANBAR	19	0	7	Moderate	Low	Moderate
BABYLON	27	3	6	Moderate	Low	Moderate
Baghdad	121	7	20	High	Moderate	Substantial
BASRAH	106	3	15	High	Low	Substantial
DIWANIYA	43	1	16	Moderate	Low	Substantial
DIYALA	87	1	15	Substantial	Low	Substantial
KERBALA	42	3	16	Moderate	Low	Substantial
KIRKUK	38	7	14	Moderate	Moderate	Substantial
KRI	69	8	9	Substantial	Moderate	Moderate
MISSAN	100	6	23	Substantial	Moderate	High
MUTHANNA	22	6	14	Moderate	Moderate	Substantial
NAJAF	64	4	16	Substantial	Low	Substantial
NINEWA	17	2	7	Moderate	Low	Moderate
SALAH AL-DIN	40	5	6	Moderate	Low	Moderate
THI-QAR	20	5	15	Moderate	Low	Substantial
WASSIT	59	2	17	Substantial	Low	Substantial
IRAQ	66	5	13	Substantial	Low	Substantial

### 3. WHO preparedness and Response:

#### a) COVID 19 Inoculation campaign:

- As of 16 May 2021, an accumulative of **\*388,967** vaccine doses had been administered countrywide indicating that **1.68%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated **336,234** have received the first dose, while **52,733** have been fully immunized with both doses.
- Vaccine administration statistics also revealed that **221,176 (69%)** males against **97,938(31%)** females have been vaccinated using the first dose while **34,240 (63%)** males against **20,412 (37%)** females have received their second dose. The low turnout among women could be associated with how most females stay home attending to families and the rumors associated with vaccines.
- Vaccination rollout data analysis shows that **113,694 (29%)** of the priority groups vaccinated is over 50 years of age, followed by **275,273(71%)** of the age group 18 - 50 years. Vaccination in IDP and refugee camps is yet to commence.

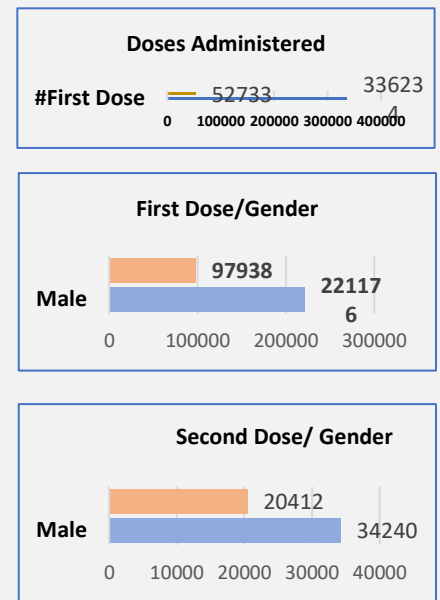


Figure 8: Vaccine administration by doses.

- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh at 78,582 (3,77%) followed by Najaf at 24,612 (2,76%), Kerbala at 15,210 (2,06%), and Diwaniya at 15,989 (2,05%). The lowest number of people vaccinated during WK19 was reported in Missan at 4,158 (0,62%), Sulaymaniyah at 10,752 (0,82%), Wassit at 6,965 (0,84%), and Ninawa at 21,271 (0,94%).

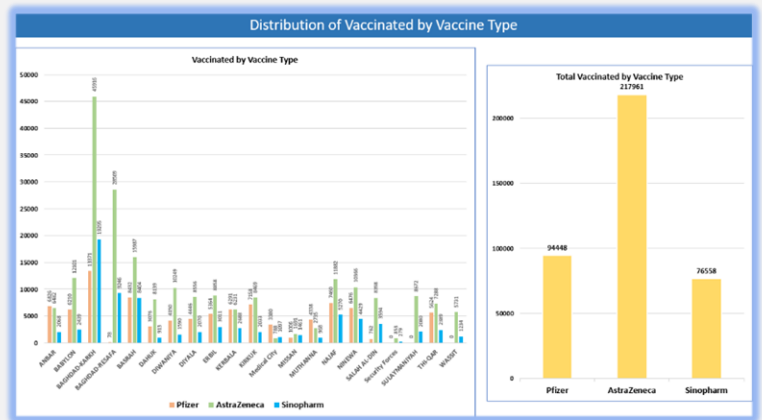


Figure 9: Distribution of vaccinated by vaccine

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics is 425,628 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) 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](#))*



3<sup>rd</sup> VIRTUAL GLOBAL WHO INFODEMIC MANAGEMENT CONFERENCE

**Infodemic Response Call to Action**  
Become a signatory

The overabundance of information—including mis- and disinformation—has gravely affected our societies and remains a threat to our health and well-being.

Join the World Health Organization and partners in making a commitment to hold ourselves accountable to infodemic management. Sign our call to action to show your support.

Read and sign our call to action here:  
<https://bit.ly/WHOmanifesto>

#societyvsinfodemic

World Health Organization | infodemic MANAGEMENT

The poster features a central graphic with the text 'INFODEMIC RESPONSE', 'INFORMATION ECOSYSTEM', and 'HEALTH AND WELL BEING'. It includes a QR code and logos for the WHO and the Infodemic Management Center.

- 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).



**Real-time training for COVID-19**  
Free online courses from WHO

Intro to COVID-19 | Health & safety | Clinical care | Prevention & control (IPC)

Protective equipment | Hand hygiene | Other IPC topics | Country capacitation | Treatment facilities | Field data tool | Mass gatherings

[OpenWHO.org](https://openwho.org)

The poster displays a grid of 14 circular icons representing various COVID-19 related topics, including protective equipment, hand hygiene, IPC topics, country capacitation, treatment facilities, field data tools, and mass gatherings.

## 4. Urgent needs & requirements

- 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
- Support to produce general awareness material highlighting the importance of the COVID 19 vaccination program and addressing the issue of vaccine hesitancy.

## 5. Challenges

- Enforcing the prevention restrictions to contain/control social gatherings which could increase the transmission and lead to a surge in infection rate.
- The risk of importation of the Indian COVID 19 strain remains a threat and requires further vigilance.

- Vaccine hesitancy among the communities, especially women, towards AstraZeneca continues to affect the vaccination program in many areas in Iraq.
- Funding constraints to sustain and support COVID-19 interventions including RCCE

## **6. Recommendations**

- Intensify community sensitization and engagement to encourage the population to consider public health measures, vaccine demand and uptake, continue wearing masks, and adhere to the COVID-19 guidelines.
- In view of the recent decline in number of cases, the health authorities need to consider the following additional precautionary measures and at all levels:
  - a) The education settings may remain open with infection prevention and control (IPC) measures in place.
  - b) Businesses may as well remain open with safety measures in place and encouragement of teleworking as possible.
  - c) The most clinically vulnerable may require additional protection measures like the strict application of PPE and IPC measures, heightened surveillance, and managing visits in long term care and other residential facilities, if required.
- Proper management and control of the new Indian variant through strict border monitoring, proper case management, and careful contact tracing.
- Creating hotlines for patients undergoing home isolation.
- The recent decline in infection rate may require more testing, contact tracing, and active surveillance which are essential in detecting hidden cases. 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.

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

- The Health Cluster COVID-19 Taskforce is coordinating access to vaccination for IDPs residing in the East Mosul camps of Hasansham U2, Hasansham U3, and Khazer M1 with the Ninewah sub-cluster and Ninewah DoH. This is particularly a cause for concern as the closest COVID-19 vaccine center to the above-mentioned camps is Al Hamdaniyah PHCC about 150 kms far.
- The Health Cluster has developed a document on the Infection Prevention and Control (IPC) measures which will be placed in health facilities administering COVID-19 vaccines in IDP camps.
- ICRC informed the Cluster on signing an agreement with the Ministry of Health to support COVID-19 vaccination centers in Iraq with PPEs, Laptops, EPI fridges, and quarantine/Isolation (Q/I) sites in IDP camps.
- The IHF funded a 30-bed-capacity quarantine/isolation site in Ashti IDP camp in Sulaymaniyah Governorate. A referral form was also developed for use by the camp PHCC to refer



asymptomatic/mild cases to the site. Cases in need of respiratory support/ICU will be referred to COVID hospitals in Sulaymaniyah. The site is ready to receive cases from 16th May.

- Ameriyat Al Falluja IDP camp management concluded setting up the infrastructure and WASH facilities for the quarantine/isolation site in the camp.
- Meanwhile, the Health and CCCM clusters are consulting on appealing for funds to operate the quarantining/isolation site in Jedaa 5 IDP camp in Ninewa Governorate.

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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
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
BPRM	US State Department Bureau of Population, Refugees, and Migration
RC	Risk Communications
RCCE	Risk Communications and Community Engagement
PHCC	Primary Health Care Center
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
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.