

WHO Country Office
for IRAQ

Coronavirus Disease
(COVID-19)

Situation Report, Week 24
14 – 20 June 2021

Tested

Active

Confirmed

Cured

Deaths



11,269,612

70,477

1,287,465

1,200,103

16,885

Highlights:

1. In Week 24, the epidemic curve of COVID19 is showing a new rise in the number of reported cases and related death. The Ministry of Health reported a total of 32,822 new cases this week representing a 10% increase as compared with Wk23. The new COVID-19 related deaths reported this week were 180 with 7,7% increase compared with the previous week.
2. Highest COVID 19 case reporting for WK24 is identified in the southern governorates of Diwaniya, Missan, Thiaqr, and Wassit with an overall positivity rate of 11% countrywide.
3. Community transmission all over Iraq remains substantial and alerting of a potential surge in infection rates.
4. As of 20 June 2021, a total of *825,051 vaccine doses were administered Iraq wide indicating that 3.57% of the target population received at least one dose of the COVID-19 vaccine.
5. Inoculation data, so far, revealed the administration of 396.993 doses of Astrazeneca, 234.400 of the Pfizer, and 193.658 of the third country certified Sinopharm vaccine.



Notes: i) the source of the data in this sitrep (reporting period 14-20 June 2021) is the Ministry of Health daily reporting system.

ii) Detailed information can be acquired from the 'COVID 19 Dynamic Infographics Dashboard for Iraq: <https://bit.ly/2SINwIk>'.

1. The Epidemiological Situation for WK 24, (14-20 June 2021)

- The number of newly COVID-19 confirmed cases reported this week stands at **32,822**, marking an increase of **3171** cases than in WK23 (10% increase).

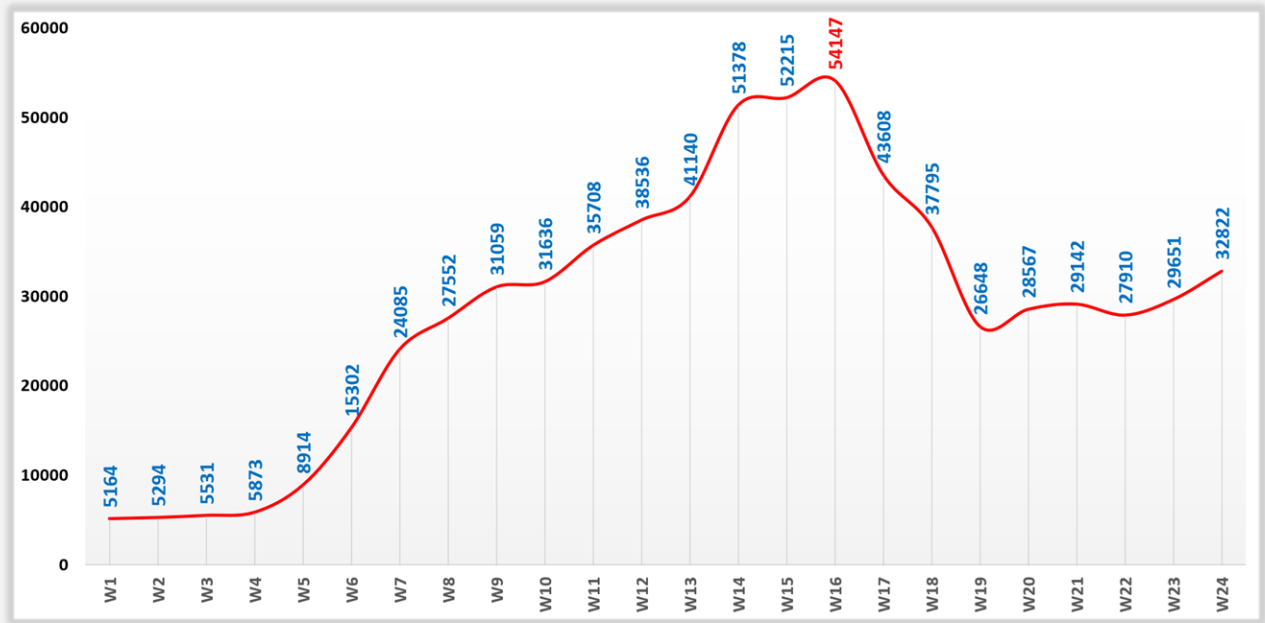


Figure 1: COVID-19 Epi curve in Iraq_ WK24, 2021

- Total RT-PCR tests during WK24 is **299,484**, reflecting an increase by **8,686** tests than in WK 23 and representing 7271 tests per 1M of population.

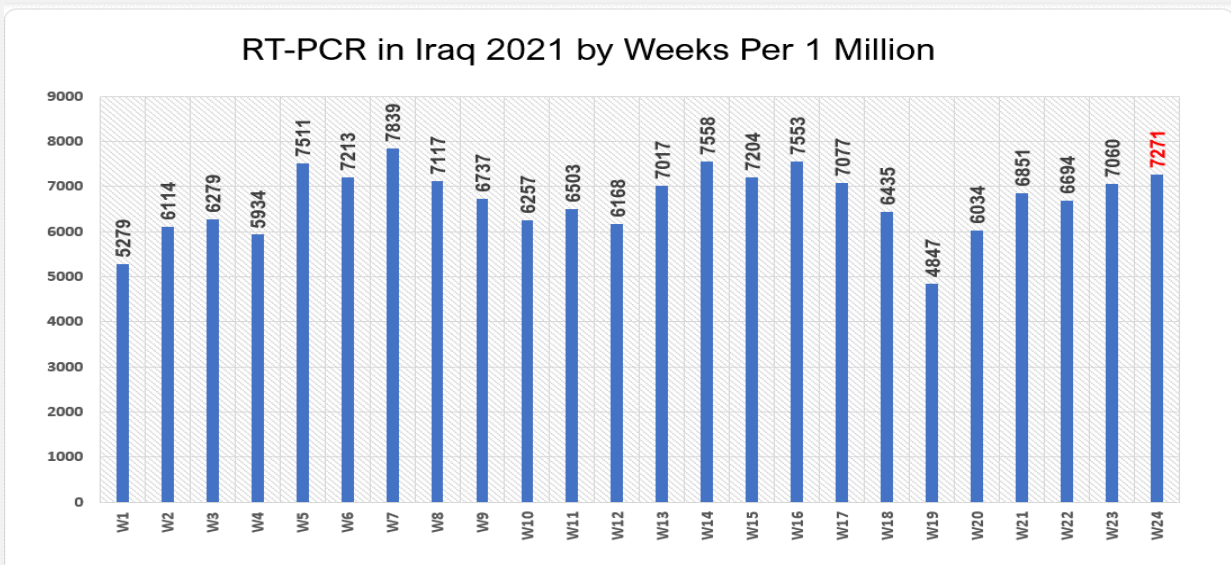


Figure 2: RT-PCR test in Iraq for WK 24, 2021

- The positivity rate in WK24 has leveled up by one degree to **11%** after standing at **10%** for the past 3 weeks. The governorates with the highest positivity rate for this week are Thiqr at 27%, Missan at 23%, Wassit at 22%, and Diwaniya at 21%. The lowest is, however, reported in Anbar at 2%, Salahaddin at 3%, and Ninawa at 4%.

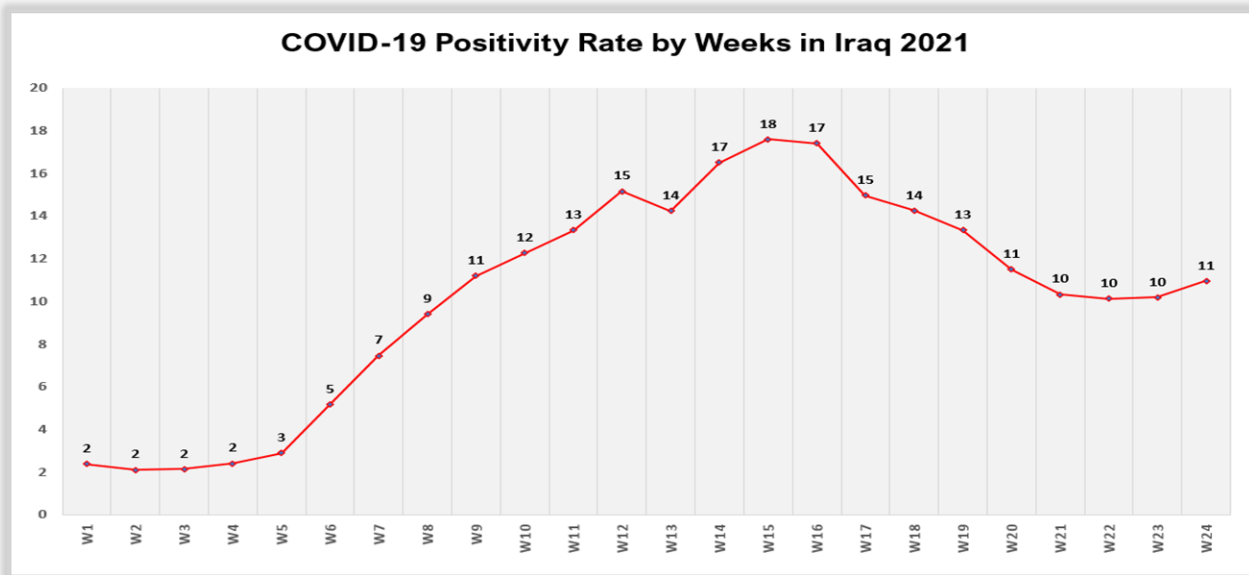


Figure 3: COVID-19 PR by weeks in Iraq. WK24, 2021

- COVID-19 related deaths reported this week are **180**, marking an increase of 13 more deaths than last week. The case fatality rate, hence, stands at **0.5%** which is yet of no significant difference from the CFR reported in previous weeks.

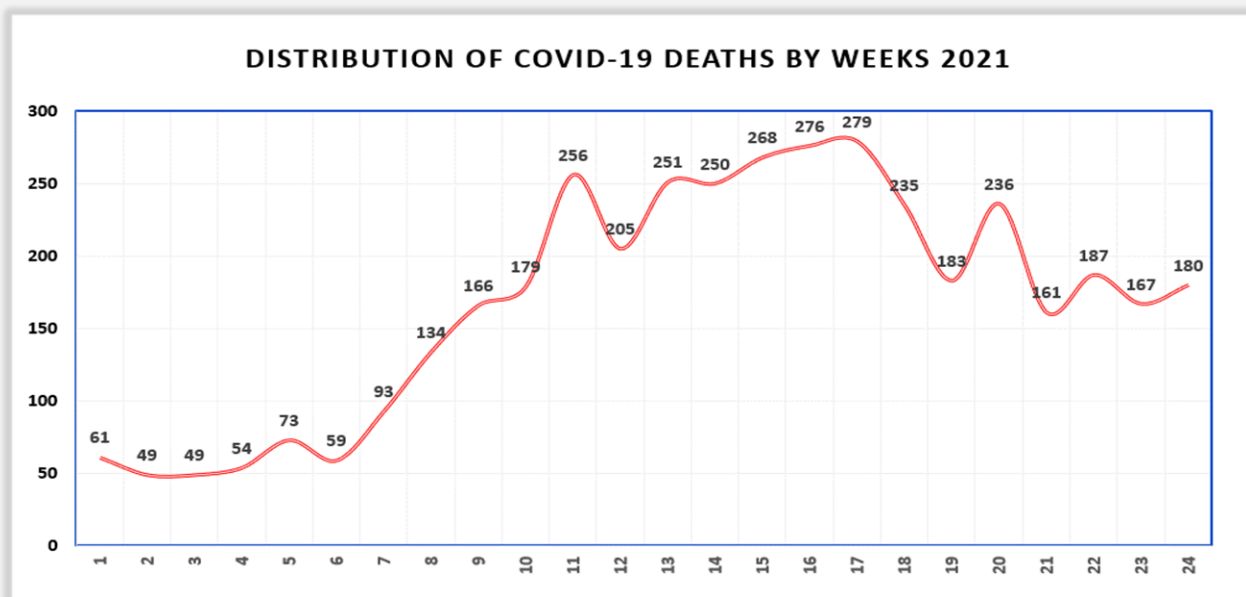


Figure 4: Distribution of COVID 19 deaths in Iraq_ WK23, 2021

- The mean of hospitalized patients in WK24 is **1871** patients per day with a hospitalized fatality rate of **1.4%**. The rate of the ICU hospitalized patients for this week remains at **19%** reflecting no significant change in comparison with previous weeks.

COVID-19 Data Interpretation 2021, Mean of Previous weeks , Versus Current Week		
Variable Name	Mean	WK 23
RT-PCR tests	275,801	299,484 ↑
Test Per 1 Million	6,664	7,271 ↑
confirmed COVID-19 Cases	28,559	32,822 ↑
Case Per 100 THs	69.3	79.7 ↑
Positivity Rate	10.3 %	11 % ↑
Case Fatality Rate	0.7 %	0.5 %
Hospitalization (In Patient)	1,954 Per Day	1871 Per Day ↓
Death	168 Per Week	180
HFR	1.2	1.4%
% of ICU among In Patient	19 %	19 %
% on Ventilator	22 %	19 %

Table 1: COVID-19 data interpretation_WK24, 2021. Mean of previous weeks versus current week

- The most affected age groups this week are (**>15-45 Y**) and (**> 45-65 Y**) at a rate of **59%** and **26%** respectively. As for deaths, the highest was reported among the age groups (**>45-65 Y**) and (**>65 Y**) at a rate of **38%** and **52%** respectively.
- As of WK 24, the Male to Female Ratio stands at **1.5** and **1.6** for cases and deaths respectively.

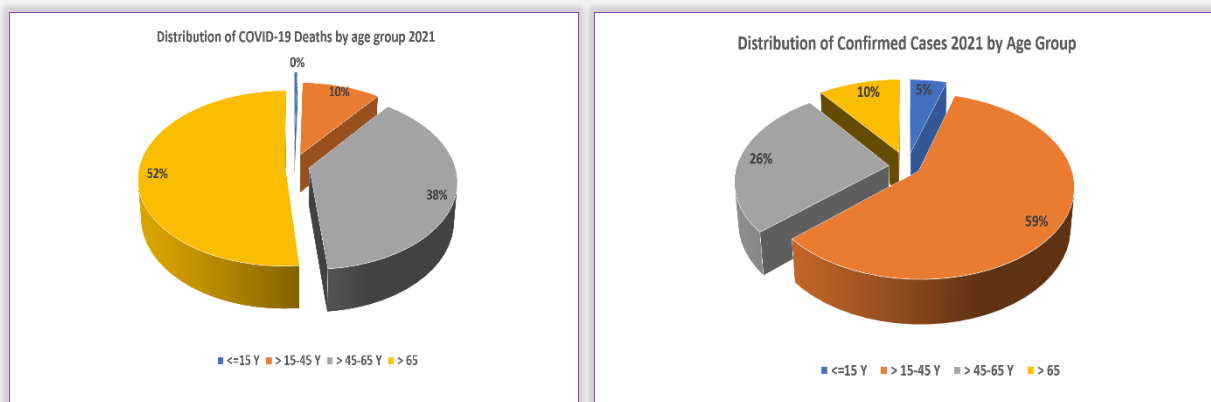


Figure 5: COVID-19 male_female case/death ratio as of WK24, 2021

P.S.: (The *0 value in figure 5, left piechart, refers to the actual death toll of 11)

2. The Epidemiological indicators for WK24:

During WK 24, the COVID-19 community transmission in Iraq continues as **substantial** according to the 3 main epidemics- indicators of the **case, death, and positivity rate**. The highest is still reflected in Thiqr, Wassit, Basrah, Baghdad, and Najaf while the lowest is reported in Salahaddin and Anbar.

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	14	1	2	Moderate	Low	Low	2	1	1	4	Moderate
BABYLON	61	1	7	Substantial	Low	Moderate	3	1	2	6	Moderate
Baghdad	115	6	13	High	Moderate	Substantial	4	2	3	9	Substantial
BASRAH	163	4	17	High	Low	Substantial	4	1	3	8	Substantial
DIWANIYA	77	0	21	Substantial	Low	High	3	1	4	8	Substantial
DIYALA	61	1	13	Substantial	Low	Substantial	3	1	3	7	Substantial
KERBALA	78	2	16	Substantial	Low	Substantial	3	1	3	7	Substantial
KIRKUK	49	10	7	Moderate	Moderate	Moderate	2	2	2	6	Moderate
KRI	56	9	6	Substantial	Moderate	Moderate	3	2	2	7	Substantial
MISSAN	98	4	23	Substantial	Low	High	3	1	4	8	Substantial
MUTHANNA	25	2	9	Moderate	Low	Moderate	2	1	2	5	Moderate
NAJAF	106	3	14	High	Low	Substantial	4	1	3	8	Substantial
NINEWA	24	1	4	Moderate	Low	Low	2	1	1	4	Moderate
SALAH AL-DIN	11	2	3	Moderate	Low	Low	2	1	1	4	Moderate
THI-QAR	101	9	27	High	Moderate	High	4	2	4	10	Substantial
WASSIT	146	0	22	High	Low	High	4	1	4	9	Substantial
IRAQ	80	4	11	Substantial	Low	Substantial	3	1	3	7	Substantial

Table 2: COVID community transmission in Iraq in WK24, 2021

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of 20 June 2021, a total of ***825,051** vaccine doses were administered countrywide indicating that **3.57%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further shows that of the total number of vaccinated people, **586,236** have received the first dose while **238,815** have been fully immunized with both doses as of the mentioned date.
- In WK24, moreover, vaccine administration statistics revealed that **370,971 (67%)** males against **181,313 (33%)** females have been vaccinated using the first dose while **168,838 (64%)** males against **94,443 (36%)** females have received their second dose. The turnout among

women remains comparatively low and which could be associated with housekeeping requirements and the rumors about vaccines' side effects.

- Vaccination rollout data analysis shows that **238,815 (29%)** of the priority groups vaccinated are over 50 years of age, followed by **586,236 (71%)** of the age group 18 - 50 years.
- The governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh with **105,597 (5.1%)** followed by Najaf at **(3.7%)**, Basra at **(3.0%)**, Diwaniya at **(2.9%)**, Karbala at **(2.8%)**, and Kirkuk at **(2.7%)**. The lowest number of people vaccinated during WK24, on the other hand, is reported in Missan and Sulaymaniyah at a rate of **(1.1%)** each, Ninawa at **(1.5%)** and Wasset at **(1.6%)**.

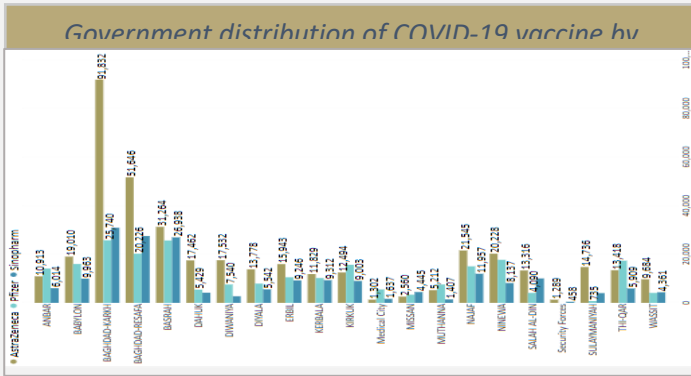


Figure 6: Government distribution of COVID 19 vaccines by type

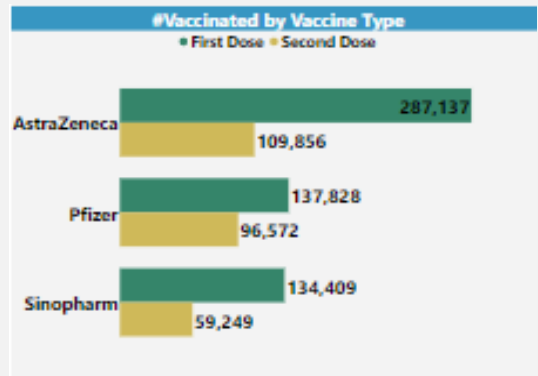


Figure 8: Vaccines administered by vaccine type

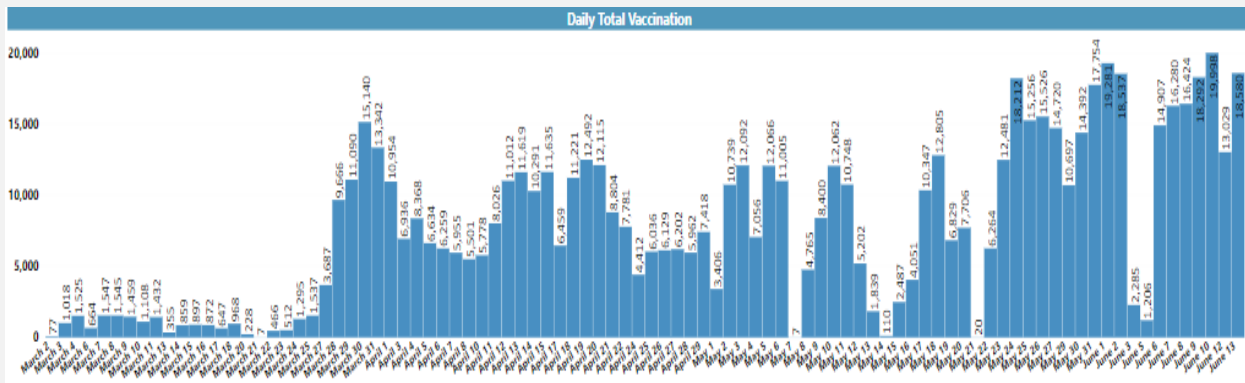


Figure 7: COVID-19 daily vaccination data_WK24, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is *825,051. 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.

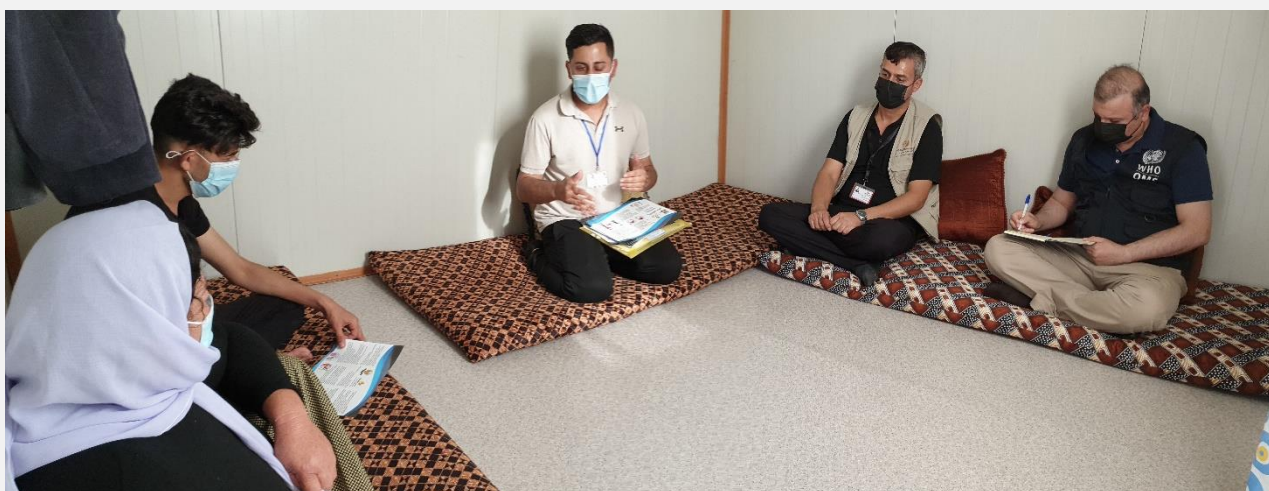
b) Coordination of COVID 19 activities with local health authorities:

- WHO Iraq technical team conducted a monitoring mission to Hawija Hospital which serves a large community of returnees in Hawija District of Kirkuk Governorate. The mission focused on the provision of healthcare services in the district and the health needs and gaps challenging the COVID-19 response efforts in the area.



Pic 1: WHO Iraq team visits Hawija Hospital in Kirkuk, June 2021. Photo: WHO Iraq

- As part of its COVID-19 RCCE activities in Duhok Governorate of KR-I, WHO Iraq technical team visited Mamrashan IDP camp where risk communications activities are currently underway by Heevie local NGO. The camp settlers have been provided with awareness sessions, PPEs, and IEC materials explaining the importance of COVID-19 vaccination and prevention measures. The visit also monitored the IDPs vaccine registration using the MOH electronic registration platform.



Pic 2: WHO Iraq team conducts a RCCE monitoring visit to Mamrashan IDP camp_Duhok_June 2021. Photo: WHO Iraq

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](#))



- 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).



4. Urgent needs & requirements

- A steady supply of COVID-19 vaccines through the COVAX facility and bilateral agreements to ensure adequate immunity among the eligible population 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.
- Maintain the provision of RCCE activities to increase vaccine uptake
- 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 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 potential risk of importing COVID 19 variants including the **Delta strain(s)** which requires continued vigilance.
- Vaccine low intake and uptake levels with growing hesitancy towards the AstraZeneca vaccine.
- Shortage of vaccines in main health facilities and impairments in the vaccination rollout process.
- 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 about 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 probable surge in cases in the coming few months. Preparedness could include:

- ✓ the reactivation of partial lockdown targeting the working hours of malls, cafes, restaurants, and other social gathering places
 - ✓ using the coming Hajj season to call on old and eligible age groups who plan to go for the Haj and/or Omra to speedup the registry and intake of their vaccines
 - ✓ urge chronic diseases people to get vaccinated, benefiting from the annual medication cards these people hold and their monthly visit to designated PHCCs for their subsidized medication share. These PHCCs can be provided with portions of vaccines to materialize the suggested action
 - ✓ 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.
 - Proper detection and management of the new COVID 19 **Delta strain(s)** through strict border monitoring and careful contact tracing.
 - 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:

1. The Internews media outlet is initiating a project 'Rooted in Trust' to collect, analyze, and respond to COVID-19 misinformation in Iraq in coordination with the Health Cluster and other UN partner agencies here. The project which is scheduled to be launched soon includes several activities like:
 - ✓ An assessment of the information ecosystem including exploring the dynamics of trust in information sources and providers

- ✓ COVID-19 online and offline rumor collection and engagement activities
- ✓ Rumor analysis bulletins, reports, and other resources for humanitarian communicators
- ✓ Support to local media to improve their response to the pandemic

The Cluster and the RCCE Working Group provided them with the necessary information to facilitate initiating their project.

- 2- The RCCE Working Group shared with the Cluster a list of radio spots that are being aired across 10 radio channels in the country during specific times in the morning and evening. The messages will focus on the COVID vaccination campaign and myth-busting. The media companies will be tracking the radio, listening to, and collecting feedback to assess the impact of these spots. This radio campaign will run till 7 July 2021. This list was shared with the Cluster partners for information and wide dissemination.
- 3- In the Iraq Health Cluster COVID Task Force meeting on 17 June, IOM made a presentation on the COVID-19 screening and triage processes they are conducting while delivering PHC services to the affected population. IOM's focus is to ensure continuity of essential health services, RCCE, disease surveillance, COVID-19 management, and screening at Points of Entry. The screening and triage system was operational in 30 PHCCs in 6 governorates from October 2020 to May 2021. Despite the lack of COVID-specific funding, IOM will continue to provide screening services in PHCCs where they are the primary health provider.

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, and WHO coordinated by Gavi.