





Tested	Active	Confirmed	Cured	Deaths
				
11,577,950	77,384	1,325,700	1,231,225	17,091

Highlights

1. In Week 25, the epidemic curve of COVID-19 continue to rise in the number of reported cases and related deaths. The Ministry of Health reported a total of 38,235 new cases this week representing 92.8% per 100.000 of population. The new COVID-19 related deaths reported this week were 206 with a 26-case increase compared with the previous week.
2. Highest COVID 19 case reporting for WK25 is recorded in the governorates of Thiaqr, Diwaniya, Baghdad, and Basra with an overall positivity rate of 12% countrywide.
3. Community transmission all over Iraq remains substantial and alerting of a potential surge in infection rates.
4. A total of ***976,052** vaccine doses were administered Iraq wide this week indicating that **4.22%** of the target population received at least one dose of the COVID-19 vaccine.
5. Inoculation data, so far, revealed the administration of **441,079** doses of Astrazeneca, **291,816** of the Pfizer, and **243,157** of the third country certified Sinopharm vaccine.



Notes: i) the source of the data in this sitrep (reporting period 21-27 June 2021) is the Ministry of Health daily reporting system.

ii) Detailed information can be acquired from the 'COVID 19 Dvnamic Infoaraphics Dashboard for Iraa: <https://bit.ly/23iNw1k>.

1. The Epidemiological Situation for WK 25, (21-27 June 2021)

- The weekly number of COVID-19 confirmed cases reported this week stands at **38,235**, with an increase of **5413** cases more than in WK24.

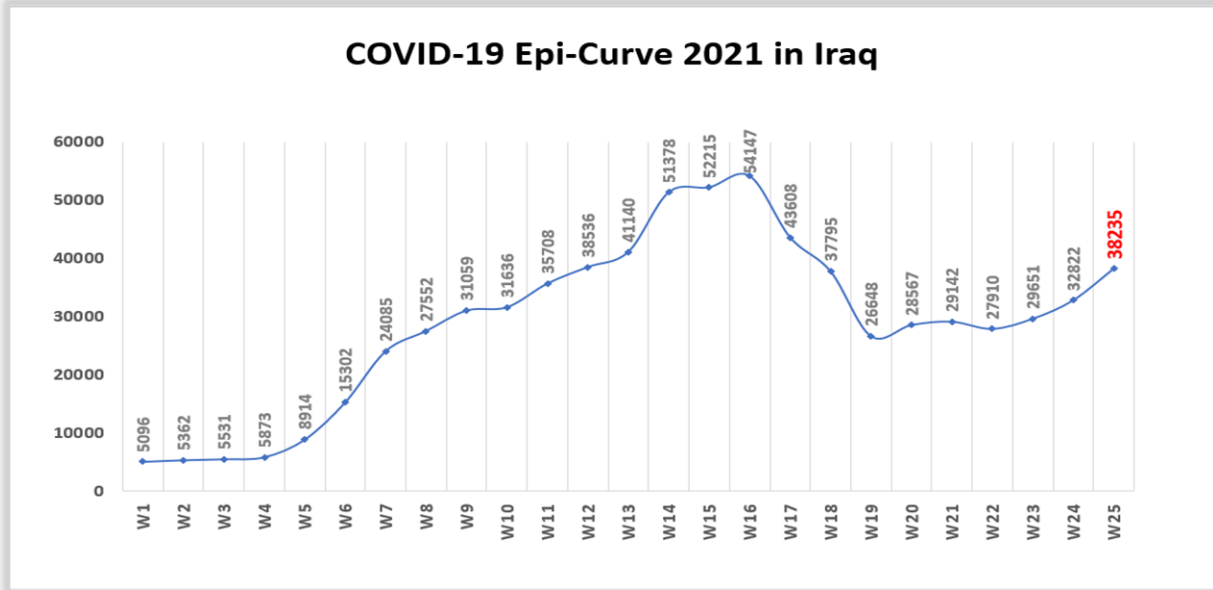


Figure 1: COVID-19 Epi curve in Iraq_ WK25, 2021

- Total RT-PCR tests during WK25 is **308,338** reflecting an increase by **8,854** tests more than in WK 24 and representing 7486 tests per 1M of population.

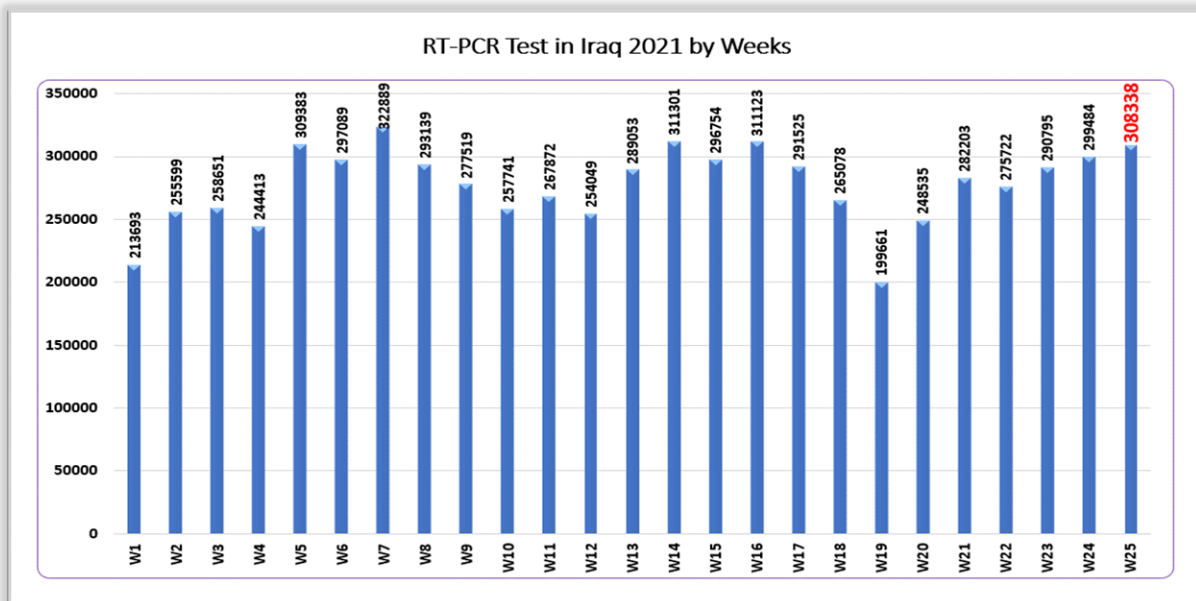


Figure 2: RT-PCR tests per weeks in Iraq_ WK 25, 2021

- The positivity rate in WK25 indicates a new surge in reported cases and stands at **12%** compared to 11% in WK24 and 10% in weeks 21, 22, and 23. The governorates with the highest positivity rate for this week are Wassit at 31%, Missan at 28%, Thiqr at 26.5%, and Diwaniya at 22%. The lowest rate is, however, reported in Anbar at 2.8% and Ninawa at 4%.

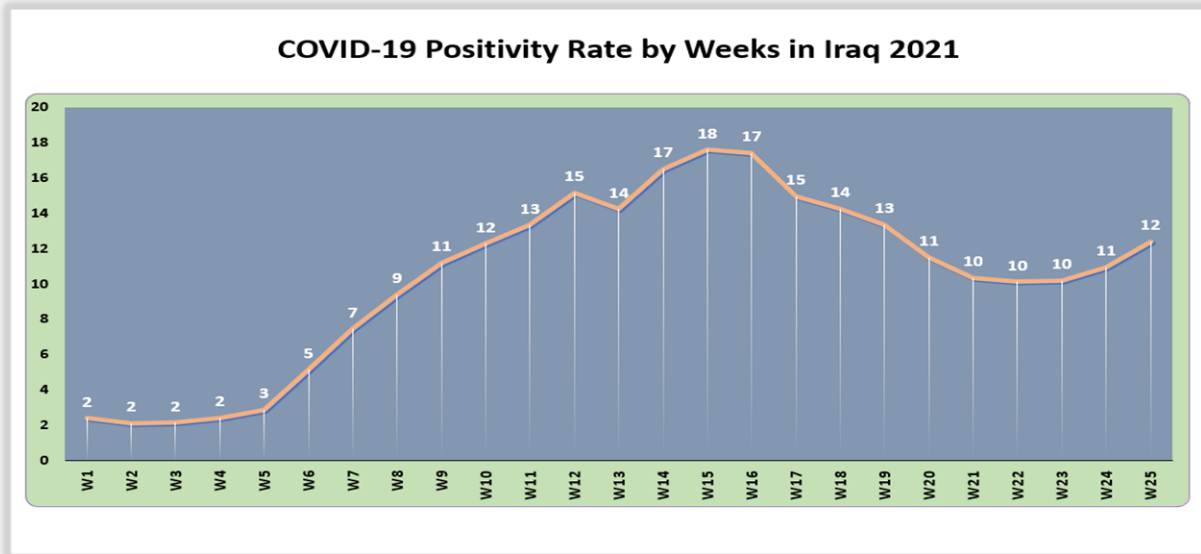


Figure 3: COVID-19 PR by weeks in Iraq. WK25, 2021

- COVID-19 related deaths reported this week are **206**, marking an increase of 26 more deaths than last week (13% increase). The case fatality rate, hence, stands at **0.5%** which is yet of no significant difference from the CFR reported in previous weeks.

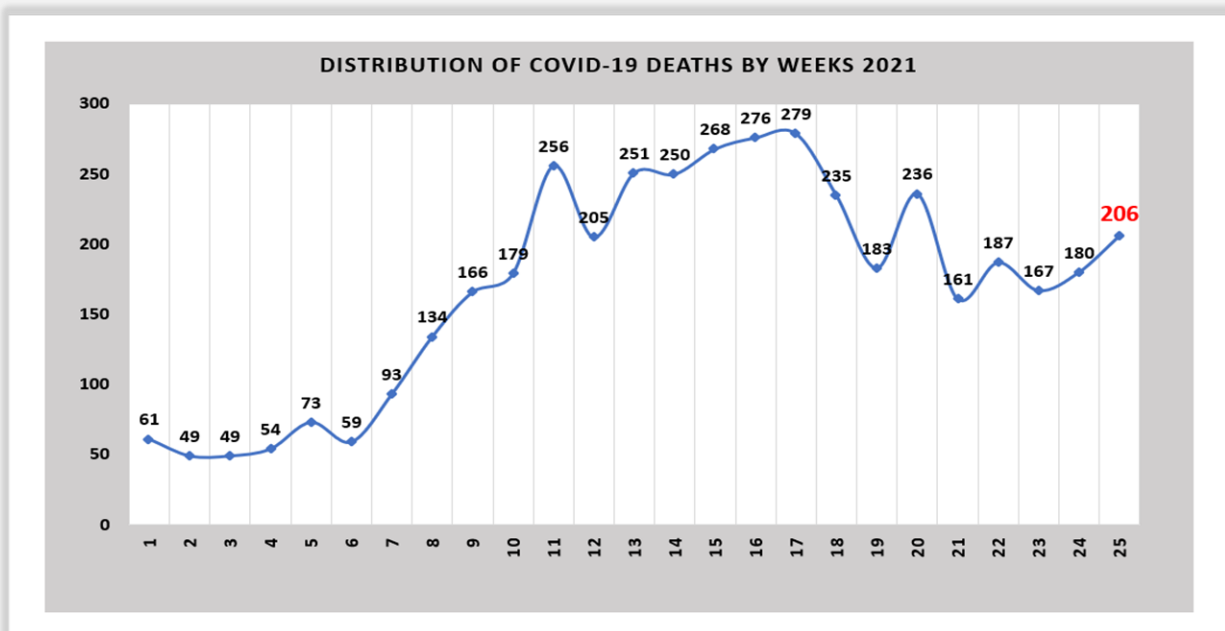


Figure 4: Distribution of COVID 19 deaths per week in Iraq_ WK25, 2021

The mean of hospitalized patients in WK25 is **2067** patients per day with a hospitalized fatality rate of **1.4%**. The rate of the ICU hospitalized patients for this week raised a point up to 20% reflecting no significant change in comparison with previous weeks.

Variable Name	Mean / Per week	WK 25
RT-PCR tests	275,553	308,338
Test Per 1 Million	6,690	7,486
confirmed COVID-19 Cases	28,737	38,235
Case Per 100 THs of Population	69.8	92.8
Positivity Rate	10.3 %	12 %
Case Fatality Rate	0.6 %	0.5 %
Hospitalization (In Patient)	1,950 Patients Per day	2,076
Death	169 Per Week	206
HFR	1.2 %	1.4 %
% of ICU among In Patient	19 %	20 %
% on Ventilator	22 %	19 %

Table 1: COVID-19 data interpretation_WK25, 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 25, the Male-Female Ratio stands at **1.5** and **1.6** for cases and deaths respectively.

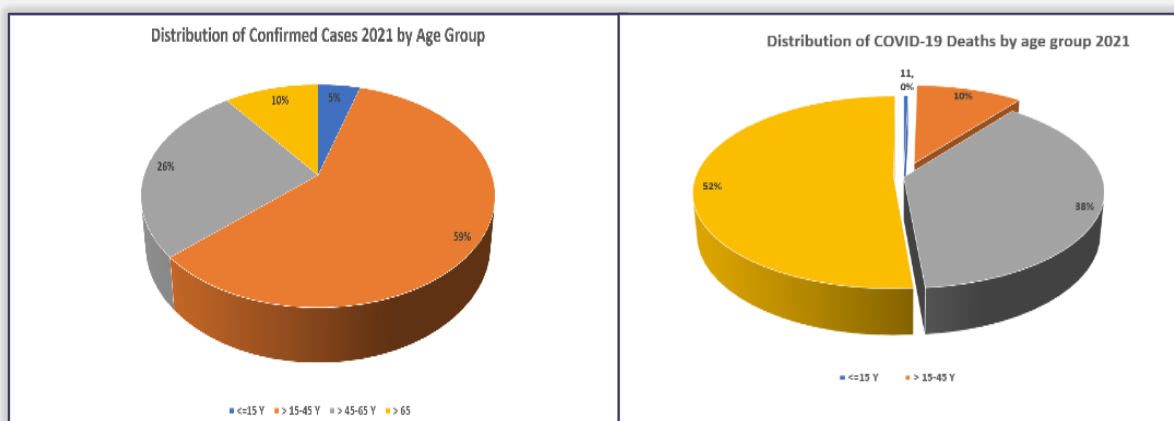


Figure 5: COVID-19 male_female case/death ratio as of WK25, 2021

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

2. The Epidemiological indicators for WK25:

During WK25, 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 reflected in Thi qar at a score of 11, (high community transmission), while the lowest is reported in Anbar and Ninawa at a score of 4, (moderate transmission.)

Community Transmission according to the 3 main indicators (Case, Death, and PR) for WK 25											
Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	17	0	3	Moderate	Low	Low	2	1	1	4	Moderate
BABYLON	68	2	8	Substantial	Low	Moderate	3	1	2	6	Moderate
Baghdad	111	8	12	High	Moderate	Substantial	4	2	3	9	Substantial
BASRAH	209	6	18	High	Moderate	Substantial	4	2	3	9	Substantial
DIWANIYA	111	5	22	High	Moderate	High	4	2	4	10	Substantial
DIYALA	61	1	11	Substantial	Low	Substantial	3	1	3	7	Substantial
KERBALA	102	2	21	High	Low	High	4	1	4	9	Substantial
KIRKUK	47	6	7	Moderate	Moderate	Moderate	2	2	2	6	Moderate
KRI	64	8	7	Substantial	Moderate	Moderate	3	2	2	7	Substantial
MISSAN	130	5	28	High	Low	High	4	1	4	9	Substantial
MUTHANNA	63	0	20	Substantial	Low	Substantial	3	1	3	7	Substantial
NAJAF	157	4	19	High	Low	Substantial	4	1	3	8	Substantial
NINEWA	23	2	4	Moderate	Low	Low	2	1	1	4	Moderate
SALAH AL-DIN	24	0	7	Moderate	Low	Moderate	2	1	2	5	Moderate
THI-QAR	103	11	25	High	Substantial	High	4	3	4	11	High
WASSIT	220	2	31	High	Low	High	4	1	4	9	Substantial
IRAQ	93	5	12	Substantial	Moderate	Substantial	3	2	3	8	Substantial

Table 2: COVID community transmission in Iraq in WK25, 2021

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of WK25, a total of ***976,052** vaccine doses were administered countrywide indicating that **4.22%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Reported data further shows that at least **644,193** of the target population have received the first dose while **212,428** have been completely vaccinated.
- In WK25, vaccine administration statistics revealed that **426,053 (67%)** males against **211,050 (33%)** females have been vaccinated using the first dose while **212,428 (64%)** males against **117,035 (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 **281,122 (29%)** of the priority groups vaccinated are over 50 years of age, followed by **694,930 (71%)** of the age group 18 - 50 years.
- The governorates with the highest number of people vaccinated include Baghdad- Karkh with **174804** at a rate of **(8,39%)** followed by Najaf with **56844** at **(6,38%)**, Basra with **100411** at **(5,70%)**, and Karbala with **37097** at **(5,03%)**. The lowest number of people vaccinated during WK25, on the other hand, is reported in Sulaymaniyah at a rate of **(1,70%)**, Missan at **(2,03%)**, Ninawa at **(2,45%)**, and Wassit at **(2,77%)**.

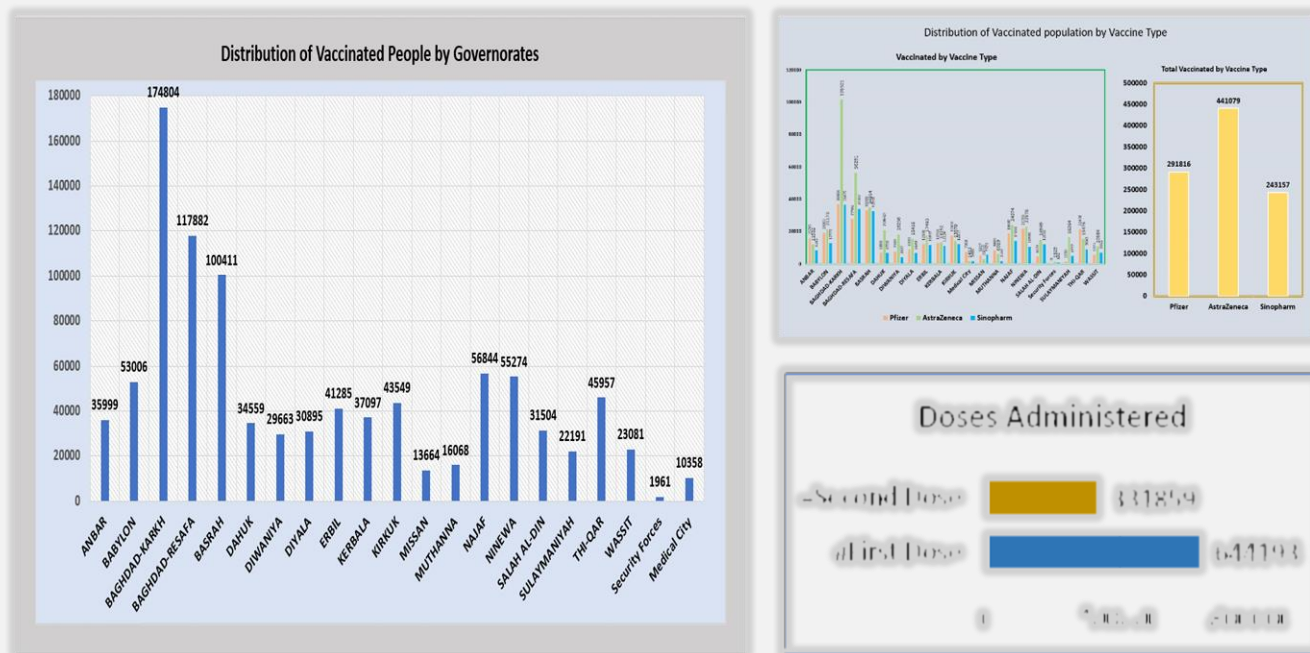


Figure 6: Distribution of Vaccinated population by governorate, doses administered, and vaccination per vaccine type_ WK25, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is ***976,052**. 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 team in Basra Governorate conducted monitoring and evaluation visits to Al Mawane'a Teaching Hospital and Vaccination Center to monitor the Pfizer vaccine storage in addition to providing concerned vaccination teams with COVID-19 vaccines sessions. The team also held technical meetings with Basra DOH officials to discuss WHO upcoming RCCE support to the governorate.



Pic 1: COVID-19 activities performed by WHO team in Basra, WK25

- WHO technical team in Sulaymaniyah Governorate- KRI supported the local health authorities with a shipment of customized medical kits containing 7,200 ampoule injections for distribution to in-needs areas including Halabja, Rania, & Garmian districts in the governorate. The team also visited 2 vaccination centers to monitor the vaccination and cold chain process requirements.



Pic 2: COVID-19 activities performed by WHO team in Sulaymaniya, WK25.

- A WHO technical team also conducted a monitoring visit to Kirkuk Governorate and met with the local health authorities to discuss the COVID-19 rollout measures and the low vaccine uptake in the governorate.



Pic 3: COVID-19 activities performed by WHO team in Kirkuk Governorate, WK 25

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).



4. Urgent needs & requirements

- A steady supply of COVID-19 vaccines through the COVAX facility and bilateral agreements to ensure accessibility of the eligible population to vaccines 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- Sulaymaniyah sub-health cluster reported administering 400 COVID-19 vaccine doses to IDPs and refugees in and outside camps. Sulaymaniyah DOH, moreover, is liaising with the Federal MoH to commence vaccination of in-camp IDPs.
- 2- A medical volunteer group named 'We Are With You' raised some concerns on COVID-19 severe cases management in Sinjar district in the Ninewah governorate. The group alerted against the acute shortage of oxygen, anticoagulants, antibiotics, PPEs, and routine laboratory testing capacity in the mentioned location. The Ninewah sub-cluster coordinator advised the volunteer group on the available capacity of the isolation unit in Sinjar Hospital to adequately manage COVID-19 patients including support with medication, supplies, and ventilators. Similarly, Sinuni Hospital in Sinjar is also capable of responding to COVID 19 cases. The sub-cluster advised the volunteer group to encourage target populations to approach Sinjar Hospital for PCR testing and case management if required.
- 3- Given the importance of ensuring Infection Prevention/Control (IPC) measures during COVID-19 vaccination in public centers across the country, an Arabic version of the Iraq Health Cluster [IPC guideline for COVID-19 vaccination](#) was developed to ensure comprehension and adherence by a wider audience among health workers in vaccination centers.
3. As of 23 June 2021, the COVID-19 statistics among IDPs and Refugees have reported a total of 978 cases among populations of humanitarian concern (480 refugees and 498 IDPs), along with 71 associated deaths. Total recoveries stands at 790, while 20 cases are still deemed active.

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.