



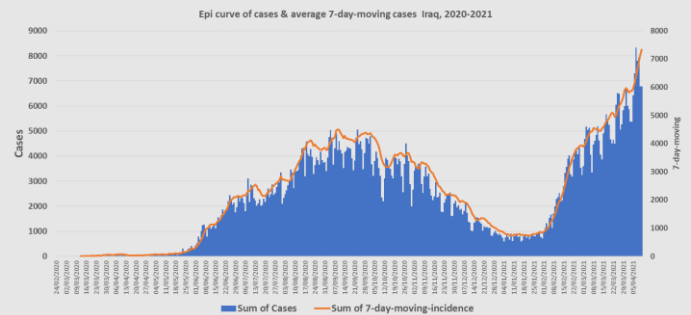
Key figures of COVID-19 as of 11 April 2021

	Recorded in the last 24 hours	Weekly (WK 14)	Cumulative Since 24 February 2020
Tested	43,848	311,301	8,508,732
Confirmed	7,953	51,378	924,946
Active	17,337	59,062	95,380
Cured	5,679	36,318	814,853
Death	44	250	14,713

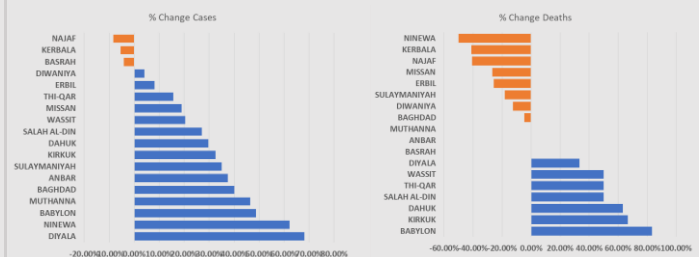
Highlights

- Iraq continues to record a sustained increase in the number of COVID-19 cases across all Governorates, a rising trend that surpassed those recorded at the same period in 2020. This is concerning because Intensive Care Unit beds continue filling up faster in many governorates since the increase in COVID-19 cases started in early 2021, limiting access for people with other health conditions.
- During Week 14, Iraq MOH reported 51,378 new cases of COVID-19 infections, up from 41,140 in Week 13, representing a 25% increase. There is no significant difference in the mortality numbers in Week 14 (250) compared to Week 13, where 251 people died due to COVID-19, which could be associated with the ongoing COVID-19 vaccinations campaign countrywide.
- WHO continued to support the Ministry of Health to build the capacity of the Expanded Programme for Immunization (EPI) focal points and Pharmacovigilance focal points from hospitals on monitoring and response to different types of Adverse Effects Following Immunization (AEFI) and Adverse Effects of Special Interest (AESI) in the communities.
- By the end of this reporting period, Iraq had three types of COVID-19 vaccines in use. These include AZD1222 (AstraZeneca/SKBio) shipped through the COVAX Facility, Sinopharm from China, and Pfizer/BioNTech.

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



Graph 2: change in COVID-19 cases & death by Governorate in week 13 vs week 14 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) Disease Epidemiology

- The number of COVID-19 cases continues to increase during the second community wave that unfolded in 2021. A total of 327,172 cases were reported until week 14 of 2021, representing 54.7% of cases reported in 2020 and 35.4% of the overall cases recorded since February 2020.
- Baghdad (234/100,000), Wassit (231), Basra (183), Najaf (115), and Kerbala (93) remain the most affected governorates in week 14, and people aged 30-39 years remain the most affected age group in this reporting period, contributing to 23% of all cases reported, with a male-female ratio of around 57: 43
- Health care providers account for 3.1% of the total number of COVID-19 cases, with 0.2% reduction from week 13. Nurses and paramedical staff accounted for 52% of cases reported among healthcare workers cases, a decrease of 1% from week 13.
- Although the overall case fatality rate in 2021 remains at 0.57%, the number of deaths during Week 13 and 14 plateaued at 250 deaths per week, indicating increased severity and criticality of cases.
- The overall active case rate increased to 10.5% in Week 14, while the cure rate increased to 89%. With the COVID-19 reproduction number of 1.14 at the national level, the COVID-19 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 11 April 2021

Key figures	2020	2021	Wk14		
Total Confirmed cases	597,774	327,172	51,378		
Incidence rate ¹ /100000/week	37	58	128		
Top 5 DoHs with the highest incident rate	DAHUK	62	NAJAF	122	115
	WASSIT	55	BASRAH	100	183
	BAGHDAD	53	KERBALA	98	93
	KIRKUK	47	BAGHDAD	95	234
	ERBIL	46	WASSIT	91	231
Case fatality rate ²	2.1	0.6			
Top 5 DoHs with the highest case fatality rate	SULYMANIYAH	5.4	ERBIL	1.6	0.015
	THI-QAR	3.4	SULAYMAN IYAH	1.4	0.008
	BABYLON	2.9	DAHUK	1.2	0.010
	ERBIL	2.5	KIRKUK	1	0.009
	MISSAN	2.4	MUTHANNA	0.9	0.006
Percentage of deaths <48 hours of hospitalization	53%	21%		14%	
Percentage of active cases	7%	10.13%		NA	
Percentage of cured cases	90%	83%		NA	
No. PCR tests	4 547 545	3,954,233		311,301	
Overall PCR test Positivity rate ³	13%	8%		17%	
Percentage inpatient	78%	58%		55%	
Percentage of cases treated in ICU	10%	10%		6%	
No. Health care providers infected	24,283	4,968		279	
No. Health care providers dead	256	10		0	
No. IDPs and refugees reported with COVID-19	IDPs = 285	IDPs = 43		0	
	Refugee = 278	Refugee = 48			

2) WHO preparedness and Response

a) COVID-19 Response

- To ensure preparedness and access to COVID-19 vaccines for vulnerable populations living in internally displaced persons and refugees, WHO held a meeting with the Expanded Programme on Immunization (EPI) team in Dahuk Governorate, health cluster partners managing primary health care units in camps. The meetings discussed plans of extending vaccination service to these communities.
- Following the increase of COVID-19 cases Iraq-wide and as part of COVID-19 preparedness in four IDP camps in Dahuk Governorate, WHO held a meeting with NGO partners (PUI and DAMA) to discuss ways of managing COVID-19 Quarantine/Isolation sites. Issues of on-site management and involvement of the Directorate of Health (DOH) to support and facilitate partners' implementation process were discussed and agreed upon.



¹ The incidence rate refers to the frequency with which some event, such as a disease or accident, occurs over a specified time period.

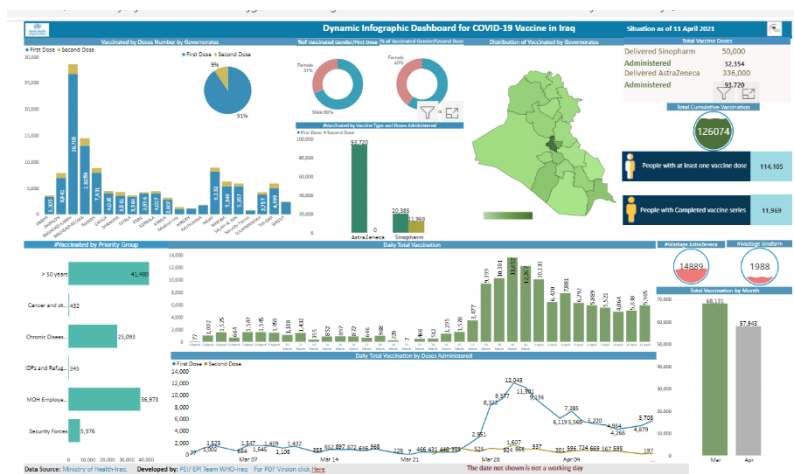
² Case Fatality Rate is the proportion of fatalities from a specified disease among all individuals diagnosed over a certain period of time.

³ 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.

- In Erbil, WHO met UNHCR, Erbil Joint Crisis Coordination Centre, Barzani Charity Foundation, and the Directorate of Health, Erbil, to discuss quarantine and isolation units Hassan Sham and Debaga camps. All agencies agreed that WHO provides technical support in overseeing the establishment process, while the rest of the clusters will maintain their support to the project sites. Also, discussions regarding the online vaccination registration for IDPs and refugees were held. The agencies agreed that refugees would use the UNCHR certificate numbers and their KRI residency card to register for vaccination online in the Kurdistan Region.
- In Kirkuk, WHO, alongside the Directorate of Health, convened a health cluster meeting, discussions focused on COVID-19 vaccination and challenges hindering the implementation of COVID-19 support and support supervision due to restriction in movement as a result of the increasing number of COVID-19. Over the past years, Kirkuk DOH has closely worked with WHO to strengthen immunization in the Governorate, and the COVID-19 vaccination campaign is no different.
- To strengthen the ongoing vaccination campaign, WHO conducted support supervision visits to ThiQar and Muthana Directorates of Health. Issues on strengthening contentious monitoring of the vaccination campaigns, assessing and supporting the vaccination team capacities, and enhancing vaccine registration to make it easier for communities to participate were discussed and agreed by Primary Health Care managers. In Muthana, discussions were held on the health department's preparation and equipment availability to store the Pfizer-Biotech vaccine. The DOH's identified two hospitals, Al-Hussein teaching hospital, and Al-Rumaithah general hospital, to store and offer the vaccination services. The team then visited various primary health care centers and hospitals in the two governorates.

b) Vaccination

Graph 3: number of people vaccinated by governorate and vaccine type



- More than 93,000 Iraqis have been vaccinated using the AZD1222 (Astra Zeneca) vaccines shipped into the country on 25 March 2021 through the COVAX Facility. More than 41,000 of those vaccinated are people aged 50 and above, and more than 25,000 have co-morbidities. Data from the Ministry of Health also shows that Baghdad Karkh has administered the highest number of vaccines with more than 24,000, followed by Baghdad Resafa with 10,746 vaccinated. Wassit and Thi-qar recorded the least number of people immunized at 1,742 and 3,687, respectively.
- More than 32,000 other people were vaccinated throughout the country using the Sinopharm vaccine since 02 March 2021. Of the number vaccinated using the sinopharm, 11,969 have received their second dose of the same vaccine. This brings the total number of people immunized from 02 March to 11 April 2021 using the two vaccines to more than 126 000. Additional 200,000 doses of Sinapharm have arrived in the country to ensure a wider vaccine population reach.
- During this reporting period, the Iraq Ministry of Health also received 50,000 doses of the COVID-19 Pfizer/BioNTech vaccines. The vaccines that arrived at Iraq International Airport on 11 April 2021 were distributed across the country. With more vaccines now in the country, it's expected that this will reach more people reached and reduce severe illness among those exposed to COVID-19 as the country grapples with daily rising numbers cases with ICU beds filling faster.

c) **Risk Communication and Community Engagement**

- In the reporting period, WHO, UNICEF, and Risk Communications and Community Engagement (RCCE) partners continue to disseminate critical messages that encourage uptake of the COVID-19 vaccines through social media and targeted media interviews on television to build people's confidence in vaccination. WHO targeted media interviews were broadcasted on widely listened to TV and radio stations like Arabiya and other local channels. Testimonies of WHO and Ministry of Health staff, including the Director of Public Health getting vaccinated using the AstraZeneca vaccines, were captured and widely circulated through social media platforms to raise confidence in the immunization.
- To strengthen community engagement interventions at the community levels, WHO and UNICEF held meetings with the health cluster to lobby and advocate for more support, involvement, and health partners' engagement in the COVID-19 activities like sensitizations and community engagement to build confidence in COVID-19 vaccines and increase their uptake. The need to continue with intensified community engagements and dialogues is necessary until all target populations are reached throughout the country, and the number of cases declines.



3) **Urgent needs & requirements**

- Ensure a steady supply of COVID19 vaccines through the COVAX facility and bilateral agreement 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**

- The rising number of COVID-19 cases due to community transmission continues to pose a challenge to hospital bed capacities and Intensive Care Unit (ICU) bed occupancy in some governorates. Should cases continue at the current trajectory, as has been in the past weeks of 2021, many governorates may soon run out of hospital space to admit COVID-19 patients and those with other health conditions that require hospitalization.
- Vaccine hesitancy among the communities carries on with negative media news on AstraZeneca.
- The low adherence to the preventive measures and the recommended partial lockdown poses a significant 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**

- 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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