



Tested



15,937,990

Active



24,657

Confirmed



2,062,863

Cured



2,014,862

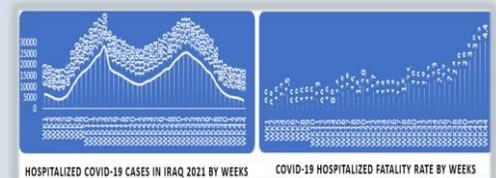
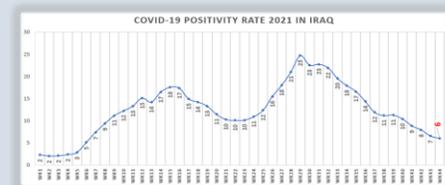
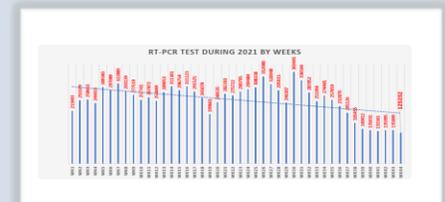
Deaths



23,344

The COVID-19 epidemiological situation in Iraq for WK44:

- A total of **7,615** confirmed cases were reported this week, indicating a decrease by **1359** cases than in the previous week and representing a rate of **18 cases/per 100,000** population with a change percentage of **(-18%)**. Associated deaths reported this week are **174** with a CFR rate of **2.3%**.
- Total RT-PCR tests this week stand at **125,232** indicating a decrease by **10617** tests than in WK43. This represents **3,040** tests per 1M of population and marks a change of **(-8 %)**.
- The positivity rate in WK44 stands at 6%. The governorates with the highest positivity rate this week are Sylumaniah at **12%** and Dahuk and Kirkuk at **11%** each. The lowest rate is, however, reported in Babylon and Kerbala at **0.9** and **1.9** respectively.
- The mean hospitalization for this week stands at around **561** patients per day, of which **27%** are severe cases, **31%** in the ICU, and approximately **71%** in need of O2. HFR this week is **4.4%**.



Notes for the reader:

- The source of the data in this sitrep is the Ministry of Health daily reporting system.
- For detailed information on COVID in Iraq, visit the 'COVID 19 Dynamic Infographics Dashboard for Iraq': <https://bit.ly/2SINwkk>

The COVID-19 epidemiological indicators for WK44:

The overall community transmission in Iraq this week is moderate except for Kirkuk and the KR-I governorates of Sulaymaniyah, Erbil, and Duhok where it is substantial marking a score of 7 for Kirkuk and 8 for KR-I governorates. The lowest score in the low Green zone, however, remains in Anbar, Babylon, Baghdad, and 7 other governorates scoring 3 each, according to the 3 main epidemic indicators of *case, death, and positivity rates*.

Week	44	WK	44	Community Transmission by Weeks							
Row Labels	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
ANBAR	3.8	0.0	5.0	Low	Low	Low	1	1	1	3	Low
BABYLON	1.9	0.0	0.9	Low	Low	Low	1	1	1	3	Low
Baghdad	9.6	1.5	3.1	Low	Low	Low	1	1	1	3	Low
BASRAH	8.0	1.6	3.5	Low	Low	Low	1	1	1	3	Low
DIWANIYA	4.6	0.0	2.6	Low	Low	Low	1	1	1	3	Low
DIYALA	11.1	2.8	10.5	Moderate	Low	Substantial	2	1	3	6	Moderate
KERBALA	3.4	1.5	1.9	Low	Low	Low	1	1	1	3	Low
KIRKUK	22.8	8.1	10.7	Moderate	Moderate	Substantial	2	2	3	7	Substantial
KRI	72.5	19.2	9.3	Substantial	Substantial	Moderate	3	3	2	8	Substantial
MISSAN	3.6	0.0	3.6	Low	Low	Low	1	1	1	3	Low
MUTHANNA	3.8	0.0	2.0	Low	Low	Low	1	1	1	3	Low
NAJAF	10.6	0.6	3.0	Moderate	Low	Low	2	1	1	4	Moderate
NINEWA	18.1	3.2	8.3	Moderate	Low	Moderate	2	1	2	5	Moderate
SALAH AL-DIN	23.3	4.1	5.8	Moderate	Low	Moderate	2	1	2	5	Moderate
THI-QAR	2.7	0.4	3.7	Low	Low	Low	1	1	1	3	Low
WASSIT	7.5	2.0	3.2	Low	Low	Low	1	1	1	3	Low
IRAQ	18.5	4.2	6.1	Moderate	Low	Moderate	2	1	2	5	Moderate

Table 1: COVID-19 Community Transmission in Iraq in WK44, 2021

WHO preparedness and Response:

I. COVID 19 vaccine rollout and uptake:

- As of 08 Nov, a total of ***10,136,121** vaccine doses were administered countrywide, counting for **6,353,607** individuals (**15.4%**) of total population having received the first dose while **3,782,514** (**9.2%**) have been fully vaccinated.
- As of WK44, moreover, vaccine administration statistics revealed that **3,939,236** (**62%**) males against **2,414,371** (**38%**) females have been vaccinated with the first dose while **2,382,984** (**63%**) males against **1,399,530** (**37%**) females have received their second dose. The turnout among women remains comparatively low due to several reasons associated with housekeeping requirements and the rumors about the vaccines' side effects.
- Vaccination rollout data analysis shows that **1,922,071** (**19%**) of the doses administered for people **over 50 years** of age, followed by **8,214,050** (**81%**) of the age group between **18 - 50 years**.
- Governorates with the highest number of people vaccinated with the first dose include Baghdad- Karkh with **809,384** (**37.9%**), followed by Basra at (**35.1%**), Najaf at (**31.9%**), Diyala at (**31.5%**), Duhok at (**30.9%**), Salah Aldin at (**30.2%**), Kerbala at (**28.2%**), and Kirkuk at (**26.7%**). The lowest coverage of vaccination as of WK44, on the other hand, are reported in Missan at a rate of (**17.7%**), Sulaymaniyah at (**18.0%**), and Muthanna at (**19.3%**).

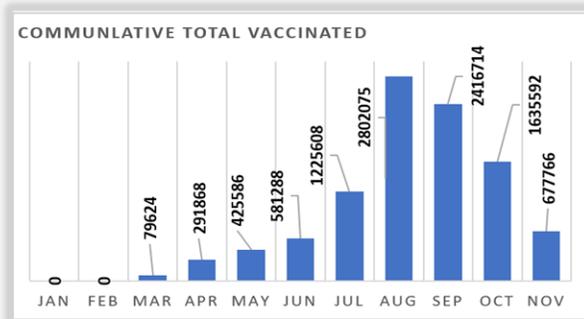


Figure 1: Vaccination in Iraq by months- 2021

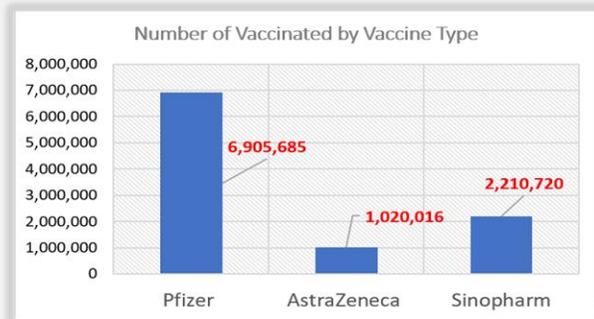


Figure 2: Vaccination by vaccine types in Iraq. WK44, 2021

Note: The overall number of vaccine doses administered in Iraq according to the MOH statistics this week is *10,136,121. 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 a few days to be completed, which explains the difference in numbers between the statistics in the WHO dashboard and the daily numbers reported by the MOH.

II. Health Cluster/ Partners contribution: (WK 44)

- WHO in partnership with the Ministry of Health of Iraq launched a mass COVID 19 vaccination campaign targeting a population of approximately 12 million people all over the country. The mass vaccination campaign target is to reach a vaccination coverage of 40% in Iraq by end of 2021. The campaign will include vaccinating children 12 years and above as per the recommendations of the Iraqi EPI Consultative Scientific Committee, the Ministry of Health, and WHO.



Pic 1: WR Iraq with one child receiving his vaccine during the WHO/MOH joint COVID19 vaccination Campaign, Erbil-Iraq on 6 Nov 2021. WHO Iraq

- As of 7 November 2021, the Taskforce coordinator conducted four health facilities assessment missions to IDP camps in Ninawa, Erbil, Duhok and Sulaymaniyah governorates. The assessed health facilities were selected based on number of population served to monitor the Infection, Prevention and Control (IPC) practices and detect relevant problems and shortcomings that require improvement. The tool used in the assessment is grouped into (technical capacity, reporting, referral mechanism, supplies, triage/management of suspected cases, training, monitoring of health workers, and waste management).



Pic2: The Cluster TF Coordinator in assessment missions to HF in IDP camps, Nov 2021. WHO Iraq

The mission findings were presented in the COVID-19 TF meeting and the recommendations below were shared with partners.

- Early identification and separation of suspected COVID-19 patients at triage is important to prevent transmission in healthcare facilities
- A questionnaire should be available for use and should include questions that will determine if the patient meets the COVID-19 case definition or not
- Set up a separate waiting area for suspected COVID-19 patients

- Install physical barriers (e.g., glass or plastic screens) for registration desk (i.e., reception area) and maintain a social distance of at least one meter to limit close contact between registration desk personnel and potentially infectious patients.
- Establish a hotline that Patients can call or text, notifying the facility that they are seeking care due to COVID-19 symptoms.

Urgent needs & requirements

- The relatively low vaccine intake especially in poor, rural, and remote/outskirts areas needs to promptly be addressed to achieve the 40% coverage country wide by end of 2021.
- The epidemic indicators in Iraq require continued emphasis by health partners on the importance of prevention, Physical Distancing, masking, and vaccination countrywide.
- Provide the public with daily information on the available vaccines and vaccination sites through official local media channels to facilitate the inoculation process in governorates and outreach areas.
- Ensure high quality and quantity RT-PCR testing to assist in the identification of the actual situation of the disease in the country.
- Maintain the provision of RCCE activities to increase vaccine uptake
- Reassess the healthcare facilities to fill the gaps in equipment and performance of healthcare workers which are essential for the improvement of specialized health care service delivery.
- Seek additional funding to support the external mass vaccination campaign both through RCCE and through adequate evaluation and timely field monitoring.

Recommendations

- Ensure proper preparedness to respond to a potential upsurge in cases in the coming few months. Preparedness could include:
 - ✓ Setting external vaccination outlets to speed up the vaccine rollout process.
 - ✓ Utilize informative announcements on the vaccine availability and registry in designated centers where the electronic registration cannot be done by all target groups and the SMS notification service would require unaffordable resources.
- 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 vaccination, mask wearing, and social distancing.
- 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 relevant supporting partners to reassess the immunity profile, pandemic resource structure, and attempt to fill the gaps.
- 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.

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
IHF	Iraq Humanitarian Fund
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.