



WHO Country Office for IRAQ

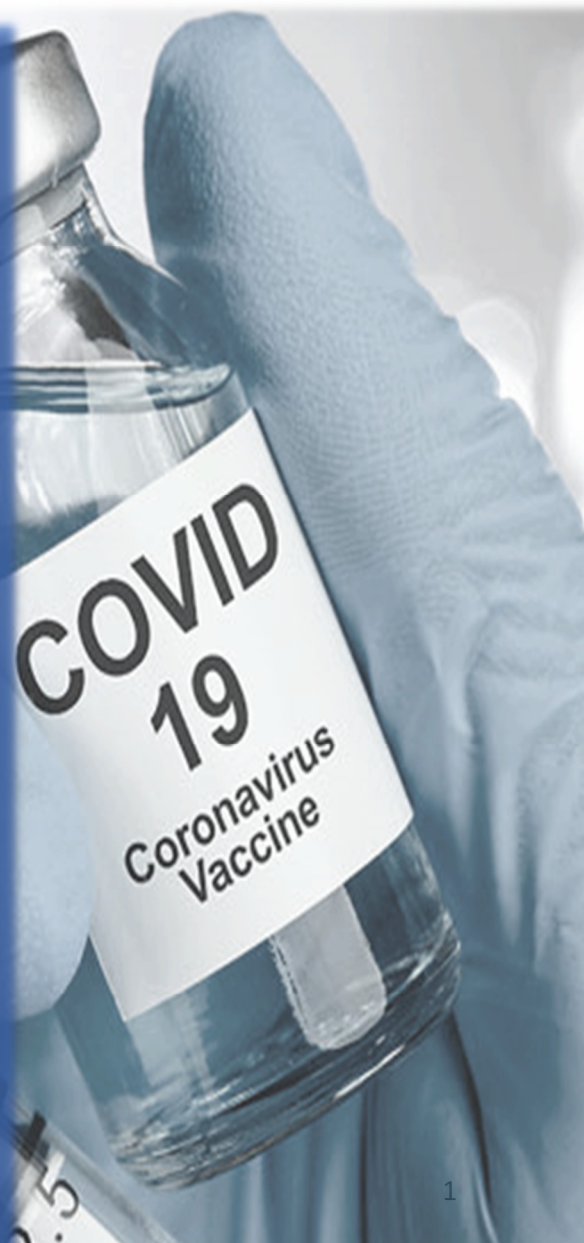
Coronavirus Disease (COVID-19)

Situation Report for #week 17
26 Apr – 2 May 2021

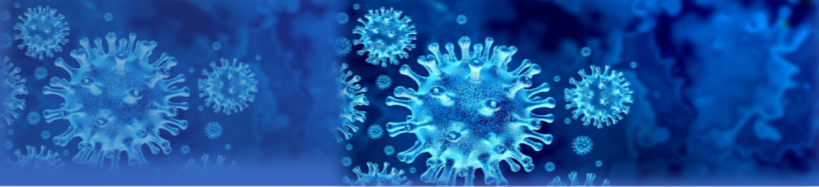
Tested	Active	Confirmed	Cured	Deaths
291,525	45,577	43,608	51,899	279

Highlights

1. Iraq reported accumulative total of 1,074,940 confirmed cases with 15,536 associated deaths since 24 Feb 2020.
2. During WK17, the Ministry of Health reported 43,608 new confirmed cases of COVID-19, representing 20% decrease compared with WK16. The reported deaths in WK17 were 279 deaths representing 1% increase compared with WK16.
3. Highest case reporting for week 17 is in Baghdad, Wassit, and Duhok while least is in Anbar and Ninawah governorates.
4. The vaccine rollout continues with considerable local demand for the Pfizer vaccine. As of 2 May 2021, total of 358104 people have been vaccinated. Iraq received vaccines through WHO supported COVAX facility as well as through bilateral agreements with Pfizer, and Sinopharm
5. In line with its response to COVID 19 Pandemic in Iraq, WHO Iraq supported the Ministry of Health with two shipments of medicines and medical supplies including personal protection equipments (PPEs) worth about US\$300,000. The shipments were made possible through contributions from Kuwait, (USAID) and Germany.
6. WHO Iraq supported Kirkuk Directorate of Health with 20 pallets of medical supplies and technologies comprising a considerable amount of PPEs, medical equipment which included laboratory items, Oxygen concentrator, Centrifuges, and others.



Note: all figures given are as of the reporting period 2 May



1. The Epidemiological Situation for week 17, (26 April – 2 May 2021)

- i) The 2nd wave of COVID-19 in Iraq started in the 5th week of 2021 and seems to have peaked in W16 when a total of 54147 confirmed cases were reported with a positivity rate of 17 %. The reported cases have declined in W17 to stand at 43608 with a positivity rate of 15%, noticeably less than that reported in W16 by 10539 cases indicating a **potential** decline in the wave that could be confirmed if containment measures and prevention tools are adhered to.

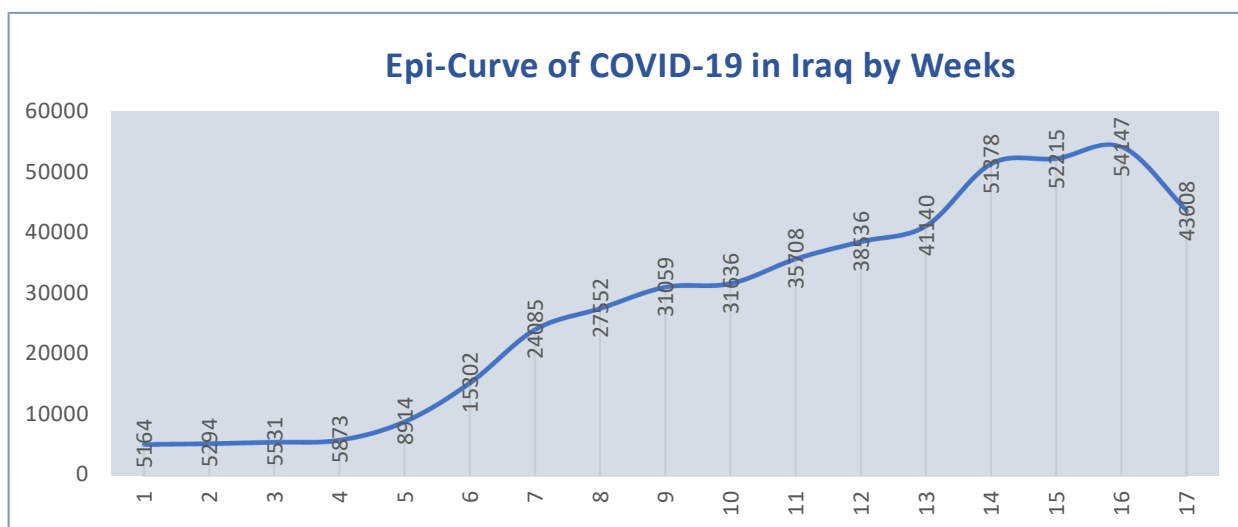


Figure 1: Epi-Curve of COVID-19 by weeks

- ii) This week has observed no significant change in the case fatality rate of 0.4 compared to the 0.6 percent registered in W16.

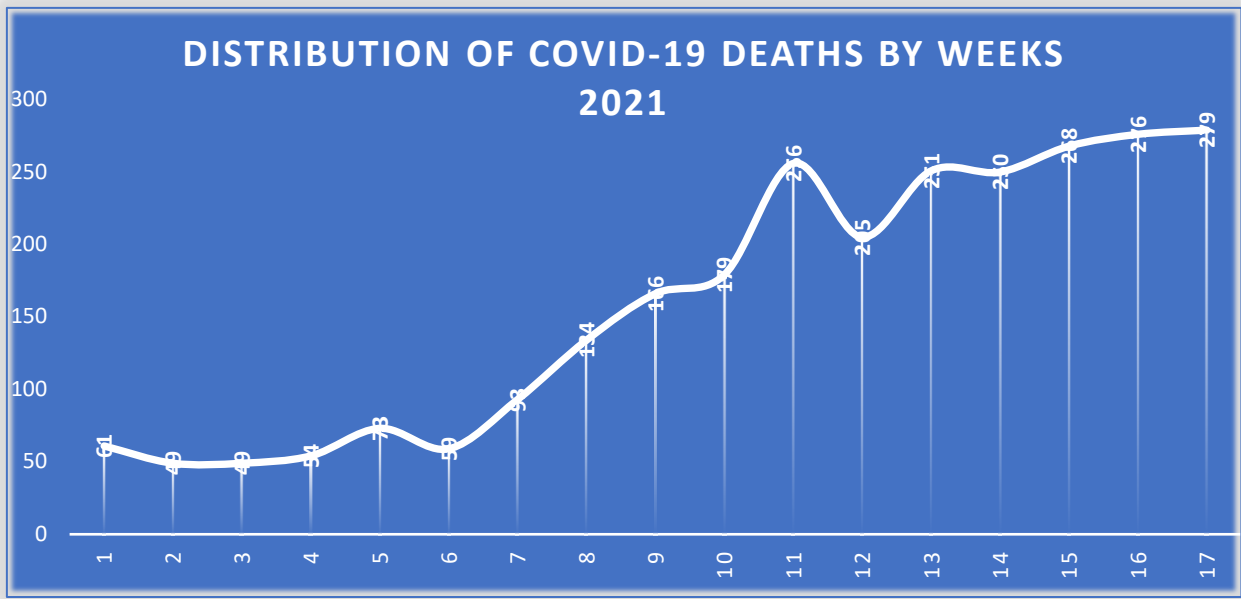


Figure 2: Distribution of COVID-19 Deaths by weeks

- iii) The death rate among hospitalized patients in W17 also dropped down to 1.7% from that of 2% registered in W16.

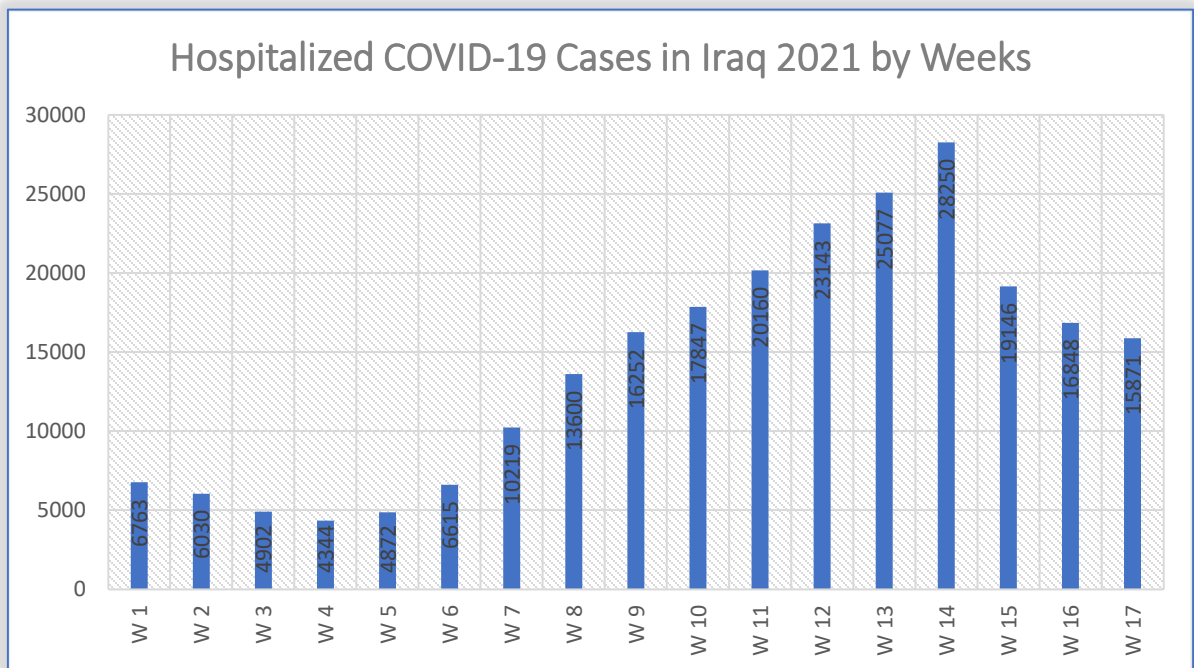


Figure 3: Hospitalized COVID-19 Cases by weeks

- iv) The Community Transmission in W17 has been reflected as Low to Moderate after indicating a Moderate to Substantial transmission in W16.

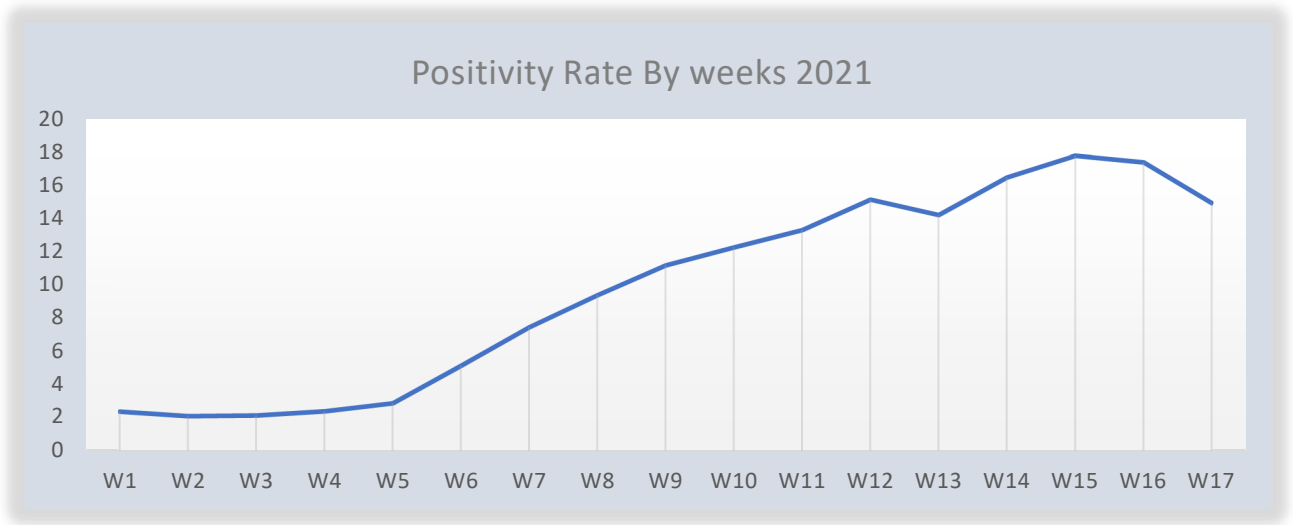


Figure 4: Table indicating the incidence rate in Iraq, W17

- v) The incidence rate of 2666/100000pop is so far highest in Baghdad, Wassit, and Duhok while least in Anbar and Neinawah governorates. The highest case incidence is monitored among the age group 60-69 years, i.e., 51 % of confirmed cases are within the age group > 15 – 45 Years followed by 31 % among > 45-65 Years.

2. The Epidemiological indicators for W17:

Governorates	Case per 100000	Deaths Per 1 M	Positivity Rate	Case per 100000	Death Per M	Positivity Rate
ANBAR	25	1	5	Moderate	Low	Moderate
BABYLON	44	5	10	Moderate	Moderate	Moderate
Baghdad	181	8	21	High	Moderate	High
BASRAH	193	5	15	High	Low	Substantial
DIWANIYA	71	3	14	Substantial	Low	Substantial
DIYALA	159	6	19	High	Moderate	Substantial
KERBALA	78	2	13	Substantial	Low	Substantial
KIRKUK	60	9	33	Substantial	Moderate	High
KRI	106	16	11	High	Substantial	Substantial
MISSAN	200	9	26	High	Moderate	High
MUTHANNA	50	0	12	Moderate	Low	Substantial
NAJAF	105	5	20	High	Moderate	Substantial
NINEWA	13	2	4	Moderate	Low	Low
SALAH AL-DIN	66	4	8	Substantial	Low	Moderate
THI-QAR	44	10	22	Moderate	Moderate	High
WASSIT	148	4	23	High	Low	High
IRAQ	75	5	14	Substantial	Low	Substantial

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of 2 May 2021, a total of ***425628** vaccine doses had been administered countrywide indicating that **1.23%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated, **267,958** have received the first dose, while **17,338** have been fully immunized with both doses.
- In W17, vaccine administration statistics revealed that **174,389 (69%)** males against **77,080 (31%)** females have been vaccinated using the first dose while **11,949 (62%)** males against **7,308 (38%)** 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 **87,889 (31%)** of the priority groups vaccinated is over 50 years of age, followed by **197,407 (69%)** of the age group 18 - 50 years. Vaccination in IDP and refugee camps is yet to commence.

- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh at 57664 (2,87%), followed by Najaf with 2,13%, Diwaniya with 1,42%, Kirkuk at 1,32%, Dahuk at 1.31%, and Babylon at 1.29%. Missan, Wassit, and Suleimaniya have the lowest number of people vaccinated as of week 17.

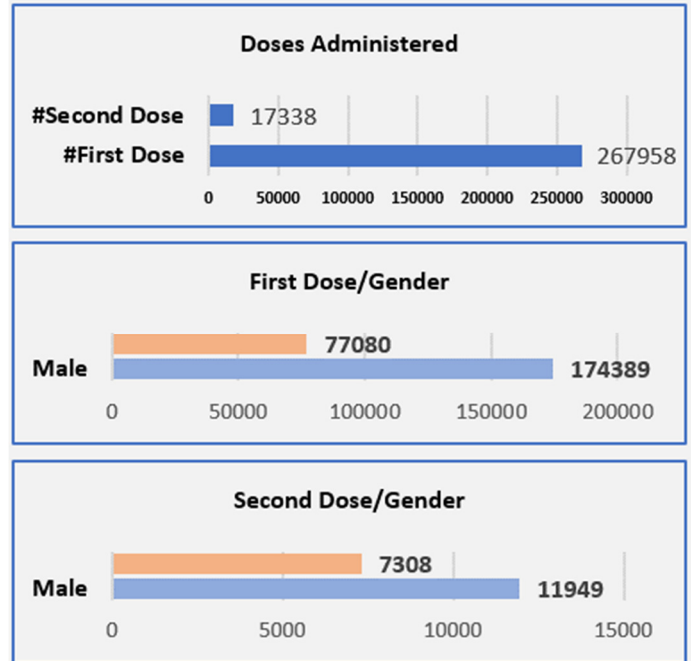


Figure 5: Vaccine administration

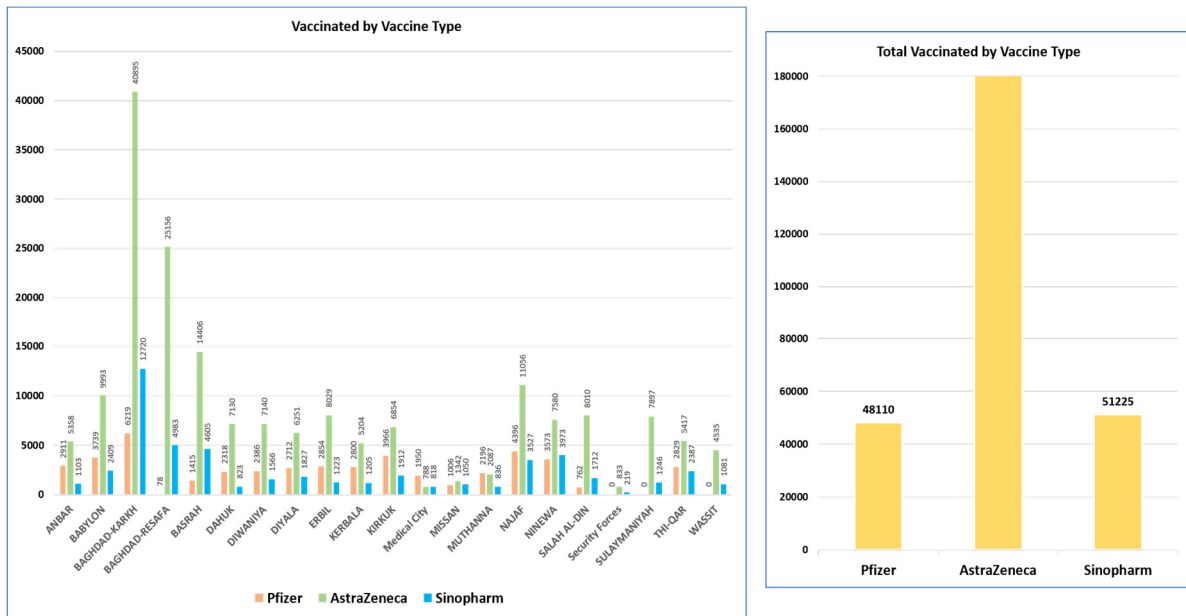


Figure 6: Vaccination by vaccine types used

*Note: The overall 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) Logistics and supply management

- WHO Iraq supported the Central Ministry of Health in Baghdad with two shipments of medicines and medical supplies including personal protection items (PPEs) worth of more than US\$ 300,000. The shipments are funded by the donors: The State and People of Kuwait, The US Agency for International Development (USAID), and the People and Government of Germany.



WHO medical support to MOH_April 2021. WHO Iraq

- WHO Iraq supported Kirkuk h health authorities with 20 pallets of medical supplies and technologies comprising a considerable amount of PPEs, in-kind medical furniture, and more than 44,000 medical equipment which included laboratory items, Oxygen concentrator, Centrifuges, and others.



Part of WHO support to local health authorities in Iraq_Kirkuk on April 2021. WHO Iraq

c) Risk Communications and community engagement:

- WHO Iraq is currently working with the Regional Office for the Eastern Mediterranean Region (EMRO) on a solidarity fund project to build the capacity of Iraqi Civil Society Organizations- local WHO implementing partners- on leading COVID 19 awareness and prevention activities targeting the vulnerable population of the internally displaced population (IDPs) in five displacement camps in Duhok and one IDP/refugee camp in Suleimaniya. The project will accommodate a risk communications training for 80 volunteers to carry out door-to-door awareness-raising, prevention and infection control measures education, in addition to addressing the vaccine hesitancy among this fragile population as well as the hosting community in the target locations.

- ii) Managing myths and misinformation: WHO Headquarter has established an Infodemic Management Center that can be accessed through the details in the below advertising box:

3rd 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








(For further information on WHO’s call to action and how to become a signatory, click [here](#))


- iii) 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.

Real-time training for COVID-19

Free online courses from WHO

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

OpenWHO.org 

3. 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 for the production of general awareness videos focusing on vaccine hesitancy and rumors management
- Support is also needed to address Kirkuk health facilities shortage of COVID 19 testing kits (PCR)

4. Challenges

- Enforcing the prevention restrictions to contain/control the mass gatherings expected with the Eid Al Fitr. Any social gathering could imply more transmission leading to a surge in infection rate.
- The risk of importation of the Indian COVID 19 strain remains real and requires further vigilance.
- Vaccine hesitancy among the communities, especially women, towards AstraZeneca continues to affect vaccination efforts.
- Funding constraints to sustain and support COVID-19 interventions including RCCE

5. Recommendations

- Intensify community sensitizations and engagement to encourage population adherence to public health measures and COVID-19 vaccine demand and uptake.
- Continue to strengthen risk communications community mobilization and media engagement activities to encourage people to continue wearing masks and adhere to the COVID-19 guidelines.
- 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.

6. Health Cluster/ Partners contribution:

The Health Cluster- alongside the EPI managers of Duhok and Sulaymaniyah, UNHCR, and WHO- coordinated a meeting between the Central and KRG Ministries of Health on 28 April to discuss the following COVID 19 issues:

- Vaccination for people without documentation.
- Advocacy for movement across checkpoints.

- Mobile vaccination services for people without access/without documentation.
- Share awareness messages with IDPs coming into PHCCs.
- Link for people to register for vaccination.
- Status of camp management training on the vaccine registration system.
- Update on the Quarantine/Isolation sites in IDP camps

An exercise to map the status of the Q/I areas in 10 IDP camps was requested by the HC/HCT and, in collaboration with WASH and Shelter clusters, Health and CCCM began developing a short advocacy document to be presented in the HCT meeting scheduled for 4 May this year.

The response to the COVID-19 pandemic in Iraq is made possible with the generous contributions from WHO Iraq's long-term partners:



For More Information, please contact:

1. Ms Ajjal Sultany, WHO Communications, Mobile: +9647740892878, email: sultanya@who.int
2. Dr. Vicky Sabaratnam, Technical Officer, Public Health, Mobile: +9647729877244, email: sabaratnamv@who.in
3. Dr Jehan Al-Badri, Technical Officer, Communicable Diseases, Mobile: +9647809269509, email: albadrij@who.int
4. Ms Pauline Ajello, WHO Communications, mobile: +96477729877288, email: ajellopa@who.int