








Tested	Active	Confirmed	Cured	Deaths
				
265,078	32,999	37,795	48,169	235

### Highlights

1. Iraq received the second batch of approximately half a million doses of the AstraZeneca COVID-19 vaccine contracted through the COVAX Facility. The arrival of the second batch of exactly 499,200 doses brings the total number of vaccines received by the Iraqi health authorities from the COVAX Facility to nearly one million so far.
2. During WK18, the Ministry of Health reported 37,795 new confirmed cases of COVID-19, representing -13.33% decrease compared with WK17. The reported deaths in WK18 were 235 deaths representing -15.77% decrease compared with WK17.
3. Highest case reporting for WK 18 is in Baghdad, Diyala, Basra, and Missan while least is in Anbar, Thiqr, and Ninawa governorates.
4. Duhok Directorate of Health (DOH) together with WHO and other UN partners envisaged to open a COVID-19 vaccination unit in Domiz1 refugee camp to deliver the COVID 19 vaccines to refugees in and outside the camp. Opening of the Unit is suggested on 1 June 2021.
5. WHO technical team in Basra Office paid a visit to Abu AL-Khaseeb Heath District and met with the EPI team here. The visit discussed the provision of joint support to the COVID19 response operations and vaccine rollout activities in Basra Governorate.

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



## 1. The Epidemiological Situation for WK 18, (2 -10 May 2021)

- i) The 2<sup>nd</sup> wave of COVID-19 in Iraq started in the 5<sup>th</sup> week of 2021 and monitored a peak in WK16 when a total of 54147 confirmed cases were reported with a positivity rate of 17%. The reported cases have declined in WK18 to stand at 37995 with a positivity rate of 15%, noticeably less by 30% than that reported in WK16 indicating a **potential** decline in the wave that could be confirmed if containment measures and prevention tools are adhered to.

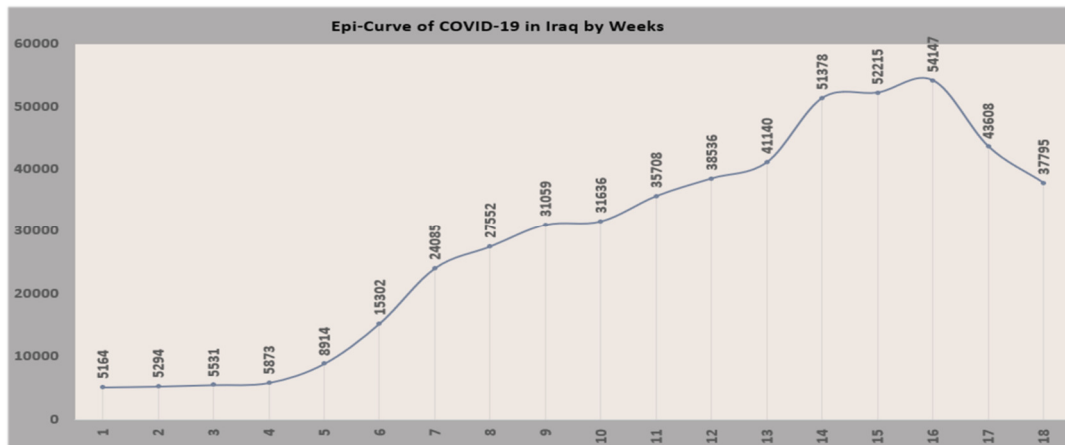


Figure 1: The Epi curve for Week 18

- During WK 18 of the COVID-19 community transmission, the health system and public health service capacity and performance were assessed through calculating 9 primary and essential epidemiological indicators for the last 7 days of reporting (02-09 May 2021).
- Total RT-PCR tests during WK18 stands at **265078 tests** representing **6602 test** per one million, of which **37795 are Confirmed Cases** with **14%** positivity rate all over the Country.

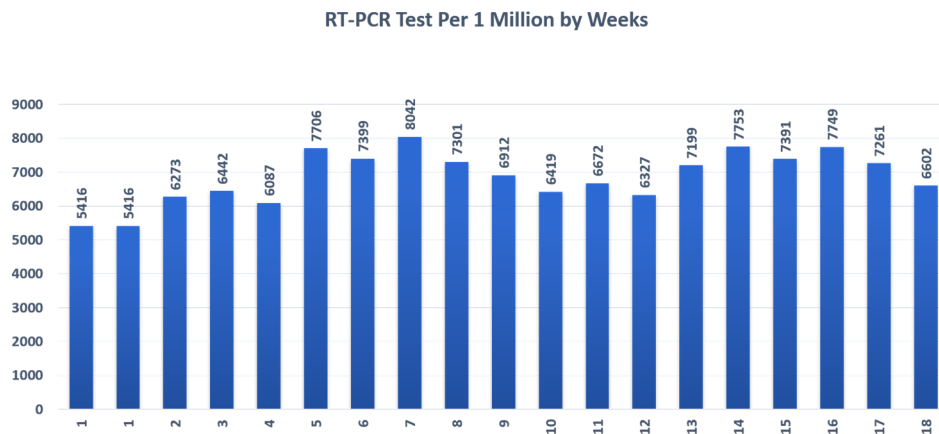


Figure 2: RT-PCR test per 1 M

4. The incidence rate per 100000 during WK18 further stands at **94** countrywide

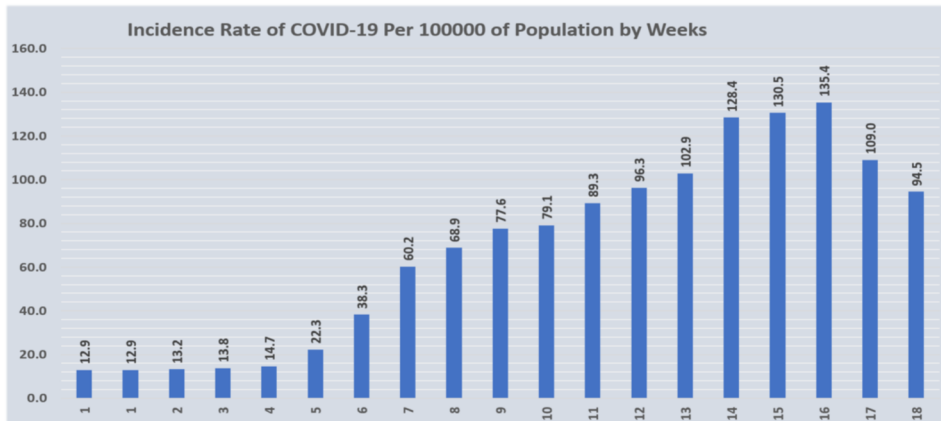


Figure 3: Incidence rate of COVID 19 per 100000 of Population by week

5. The positivity rate in WK 18 is **(5-31)**. The 5 Governorates with the highest positivity rate are Baghdad Kerkh 31, Diyalah 23, Missan 21, Najaf 19, and Thiqr 18.

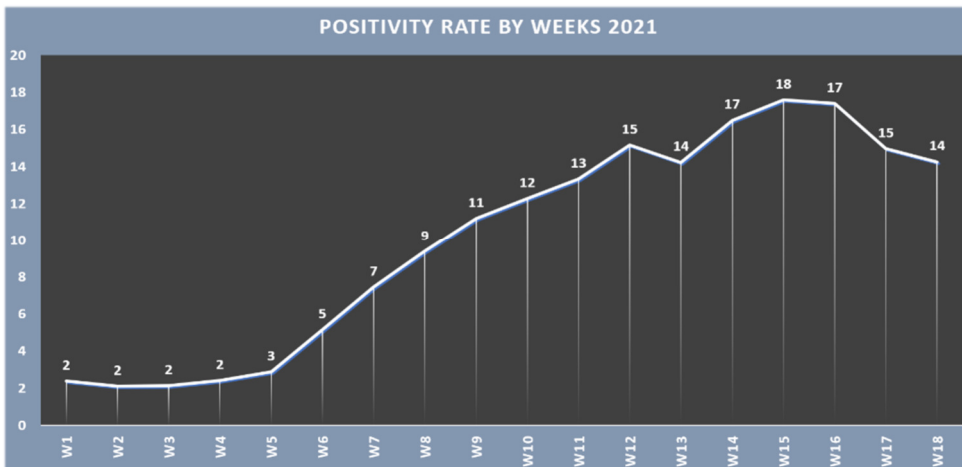


Figure 4: Positivity rate by weeks 2021

6. This week observed a death rate of **235** which is **15%** less than the figure reported in WK16.

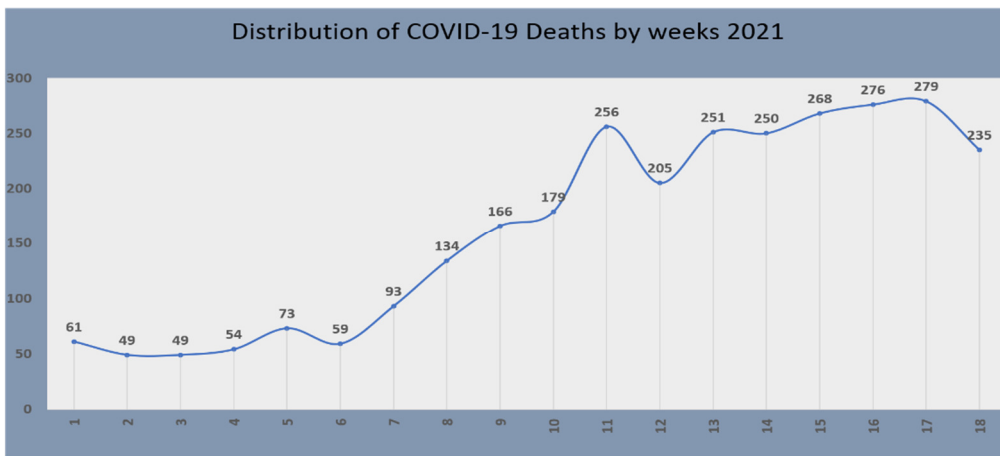


Figure 5: Figure 5: Distribution of COVID-19 Deaths by weeks 2021

7. No significant change was observed this week on the CFR rate of 0.6% compared to the previous 0.4% registered in W17.
8. The number of hospitalized patients in week 18 is **2090 Patients** with a hospitalized fatality rate of **2%**.

Figure 6: Table of Covid-19 frequency and proportion of new reported cases and new deaths in Iraq.

Year / Month	New cases	New deaths	New cases %	New deaths %
<b>2020</b>	<b>595291</b>	<b>12813</b>	<b>53.50%</b>	<b>81.26%</b>
Feb	22	0	0.00%	0.00%
Mar	666	46	0.06%	0.29%
Apr	1397	47	0.13%	0.30%
May	4353	112	0.39%	0.71%
Jun	42878	1739	3.85%	11.03%
Jul	75863	2798	6.82%	17.75%
Aug	109755	2301	9.86%	14.59%
Sep	128047	2137	11.51%	13.55%
Oct	109649	1732	9.85%	10.98%
Nov	79919	1344	7.18%	8.52%
Dec	42742	557	3.84%	3.53%
<b>2021</b>	<b>517374</b>	<b>2954</b>	<b>46.50%</b>	<b>18.74%</b>
Jan	24345	234	2.19%	1.48%
Feb	75853	359	6.82%	2.28%
Mar	155435	917	13.97%	5.82%
Apr	214215	1138	19.25%	7.22%
May	47526	306	4.27%	1.94%
<b>Grand Total</b>	<b>1112665</b>	<b>15767</b>	<b>100.00%</b>	<b>100.00%</b>

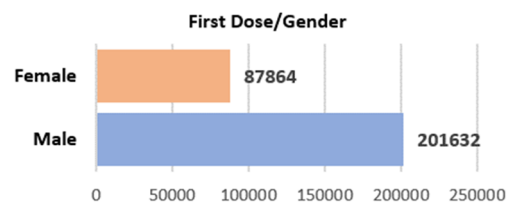
## 2. The Epidemiological indicators for WK18:

Governorates	Case per 100000	Deaths Per 1 M	Positivity Rate	Case per 100000	Death Per M	Positivity Rate
ANBAR	23	0	5	Moderate	Low	Moderate
BABYLON	52	3	8	Substantial	Low	Moderate
Baghdad	174	8	20	High	Moderate	Substantial
BASRAH	147	4	14	High	Low	Substantial
DIWANIYA	54	4	14	Substantial	Low	Substantial
DIYALA	156	3	24	High	Low	High
KERBALA	55	5	16	Substantial	Low	Substantial
KIRKUK	42	11	15	Moderate	Substantial	Substantial
KRI	84	11	10	Substantial	Substantial	Substantial
MISSAN	142	8	21	High	Moderate	High
MUTHANNA	52	1	14	Substantial	Low	Substantial
NAJAF	91	3	19	Substantial	Low	Substantial
NINEWA	23	2	5	Moderate	Low	Moderate
SALAH AL-DIN	57	4	7	Substantial	Low	Moderate
THI-QAR	30	8	18	Moderate	Moderate	Substantial
WASSIT	86	3	16	Substantial	Low	Substantial
IRAQ	94	6	14	Substantial	Moderate	Substantial

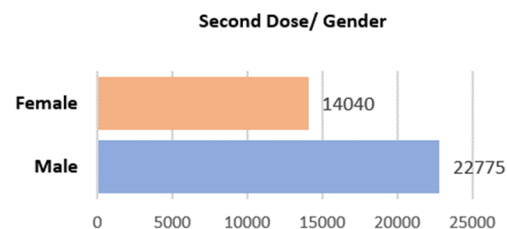
## 3. WHO preparedness and Response:

### a) COVID 19 Inoculation campaign:

- As of 9 May 2021, a total of **\*341,358** vaccine doses had been administered countrywide indicating that **1.48%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated **306,462** have received the first dose, while **14,040** have been fully immunized with both doses.



- In WK18, vaccine administration statistics revealed that **201,632 (70%)** males against **87,864 (30%)** females have been vaccinated using the first dose while **22,775 (62%)** males against **14,040 (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 **101,332 (30%)** of the priority groups vaccinated is over 50 years of age, followed by **240,026(70%)** of the age group 18 - 50 years. Vaccination in IDP and refugee camps is yet to commence.

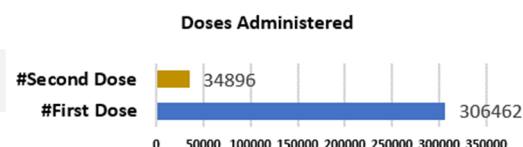


Figure 7: Vaccination status by doses

- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh at 62474 (3,33%), followed by Najaf with 2,48%, Kerbala with 1,67%, Kirkuk at 1,56%, Dahuk at 1,51%, Basra at 1,50%. Missan, Wassit, and Ninewa have the lowest number of people vaccinated during WK18.

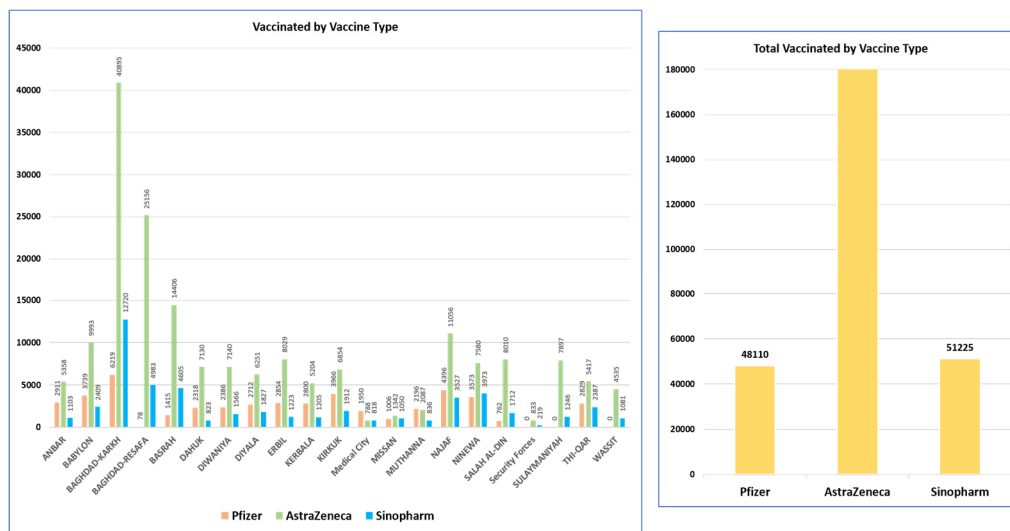


Figure 8: Vaccination by vaccine types used

Note: The overall vaccination 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) Coordination of COVID 19 activities with local health authorities:

- In line with COVID 19 joint response, Sulaymaniyah DOH alongside WHO and other partners and stakeholders visited the Isolation site in Ashti camp in Sulaymaniyah to touch base with the medical team and highlight the challenges crippling the COVID 19 response operations including the vaccination roll-out in the governorate. As of 10 May, 214 deaths were reported out of 16,632 confirmed Lab cases indicating a case fatality rate of 1.3% in 2021 compared to 5.4% CFR in 2020. The case fatality rate for the 1st and 2<sup>nd</sup> day of WK 18 is 0.5%.

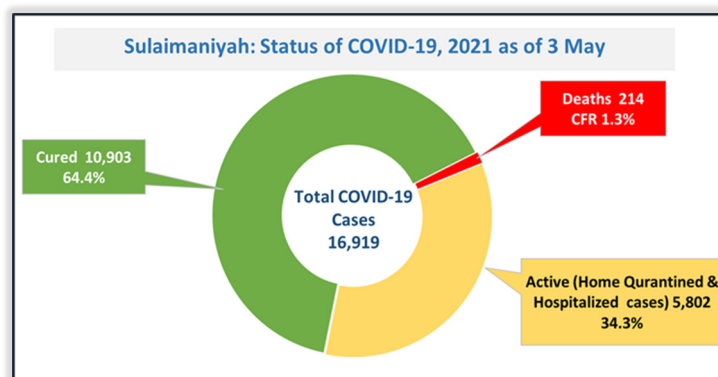


Figure 9: Sulaymaniyah Governorate status of COVID 19, 2021 as of 3 May

- In Basra, WHO technical team visited Basra DOH media Department and COVID 19 new radio station in an attempt at emphasizing the importance of media and communication in the COVID 19 overall response operations activities. WHO further discussed the urgent need for mobilizing the community leaders and influencers in advocating for the vaccine using WHO communications tools and websites.



Figure 10: WHO team coordinating COVID 19 response activities in Basra, May 2021. WHO Photo

## 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](https://bit.ly/WHOmanifesto))***

3<sup>rd</sup> 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

- 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).



### **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

### **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 and 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.



- The recent decline in infection rate may require more testing, contact tracing, and active surveillance which are essential in detecting hidden cases. 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.

## 6. Health Cluster/ Partners contribution:

- iii) The Health Cluster Coordinator, along with cluster coordinators of Protection, CCCM, Food Security, and WASH took part in a meeting at the US Consulate in Erbil on 4th May, to meet focal persons of BHA and PRM. Among the issues discussed, the support to continuous awareness campaigns on COVID-19 prevention measures and vaccination uptake, as well as potential support to the vaccination campaign itself, based on the needs of the MoH and the capacities of partners to deliver, were raised.
- iv) Based on a request from the Global Health Cluster COVID-19 Task Team, the Iraq Health Cluster Team provided technical input to a guidelines document titled Brief on Risk Communication and Community Engagement for Covid-19 Vaccines: Considerations for Marginalized Populations.
- v) The Cluster Coordination team is organizing a task force meeting on COVID 19 to discuss cooperation issues of COVID 19 in humanitarian settings with the participation of select members of the health cluster.

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
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
BPRM	US State Department Bureau of Population, Refugees, and Migration
RC	Risk Communications
RCCE	Risk Communications and Community Engagement
PHCC	Primary Health Care Center
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
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.