



Tested



13,998,326

Active



145,737

Confirmed



1,825,089

Cured



1,659,168

Deaths



20,184

Highlights:

1. The Ministry of Health, this week, reported a total of **49,325** new positive cases with **63,118** recoveries and **512** associated deaths. The ministry sources also indicated the administration of **3,486,632** vaccine doses, reaching so far **10 %** of the total target population with at least one dose of the COVID-19 vaccine Iraq wide.
2. The community transmission in WK33 returned to the **substantial** category after **4** consecutive weeks of alarming high/red levels country wide.
3. The mean of hospitalized cases in WK33 is **3355** patients per day with a hospitalized fatality rate of **2.2%**.
4. Inoculation data, so far, revealed the administration of **702,043** doses of AstraZeneca, **2,247,837** of the Pfizer, and **746,711** of the third country certified Sino-pharm vaccine.
5. WHO and the national health authorities continue the field and online prevention and vaccination promotion campaigns, urging the population—whether they have had COVID-19 or not – to take precautions including physical distancing, hand, and respiratory hygiene, wearing a mask, and ensuring adequate ventilation to prevent getting or spreading COVID-19.

Notes for the reader:

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

MASS GATHERINGS AND COVID-19



If you must attend a gathering, adhere to prevention measures, even if you have already been vaccinated:

- stay at least a 1 metre away from others
- wear a mask
- avoid crowded or poorly ventilated areas
- cover coughs and sneezes with bent elbow or tissues
- clean your hands frequently

MASS GATHERINGS AND COVID-19



In the context of the COVID-19, there is no “zero-risk” when it comes to any kind of gathering – especially events that bring large groups of people together.

1. The Epidemiological Situation for WK 33, (16 – 22 August 2021)

- This week reported **49,325** confirmed COVID-19 cases, indicating a further decrease by **13,730** cases than in WK32 and representing a rate of 119 cases/per 100,000 population and a change rate of **(-27%)**.

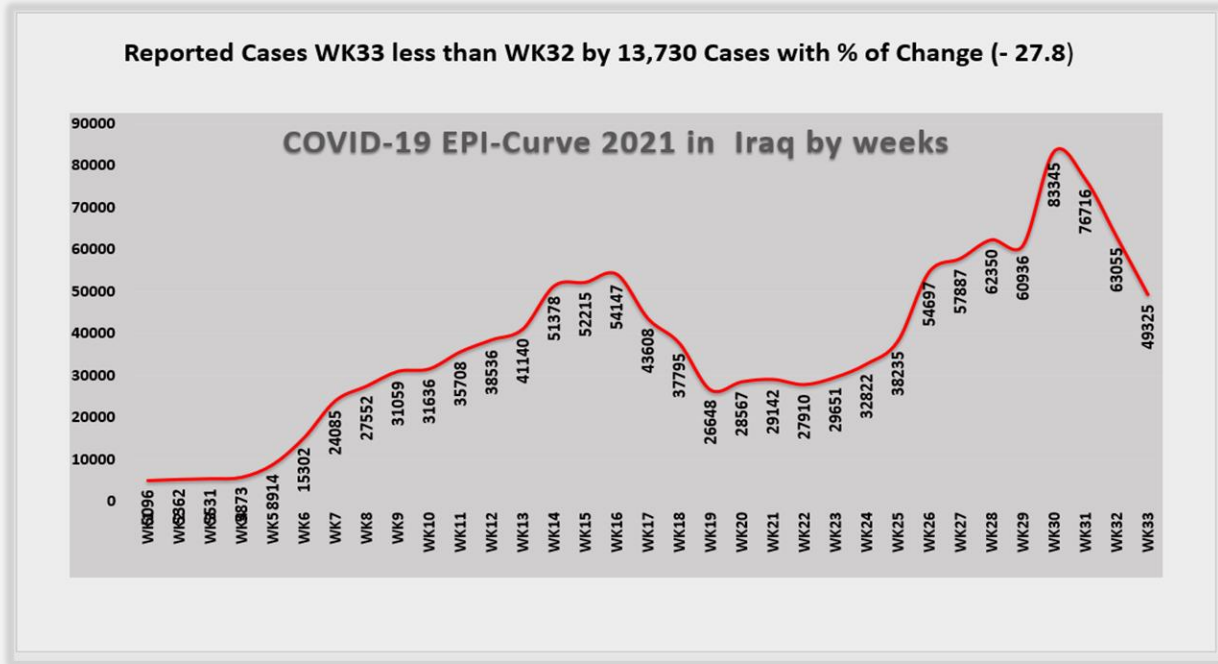


Figure 1: COVID-19 Epi curve in Iraq_ WK33, 2021

- Between 16 and 22 August 2021, **168,489** suspected cases of COVID-19 were tested reflecting a decrease by **35,053** cases than in WK 32. The current decrease represents **6118** tests per 1M of population and marks a change of **(-14%)**.

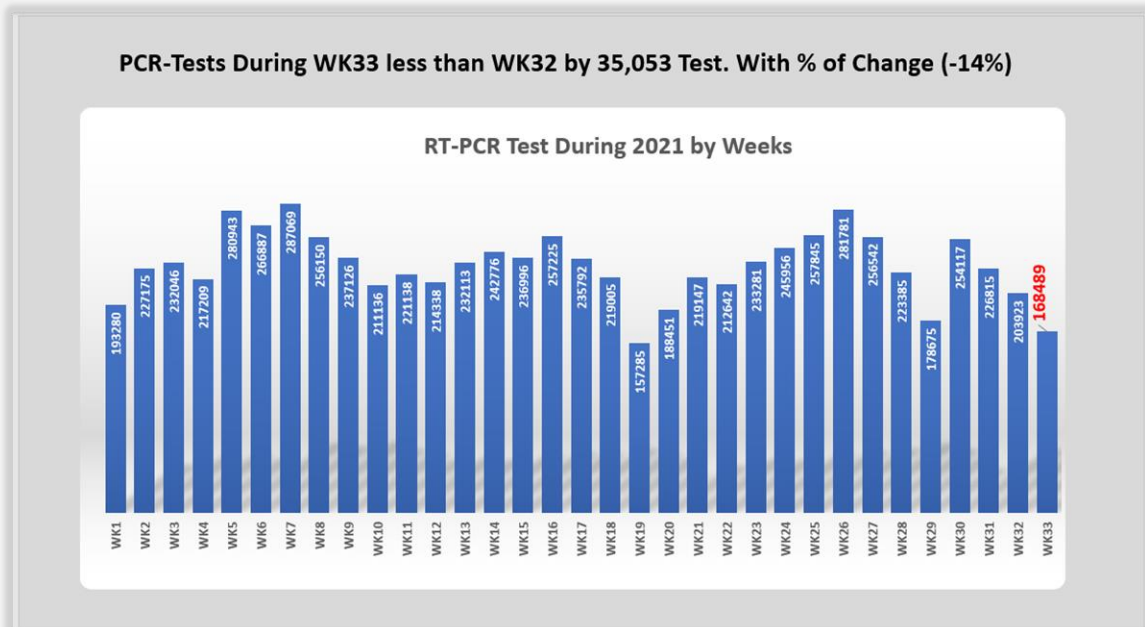


Figure 2: RT-PCR tests per weeks in Iraq_ WK 33, 2021

- The positivity rate in WK33 stands at **20%**, two points below the rate marked for WK32. The governorates with the highest positivity rate in WK33 are Missan at **35%**, Karbala at **33%**, and Basra at **28.7%**. The lowest rate, however, continues to be reported in Anbar at a rate of **7.7** and Duhok and Erbil at **9.8%** and **10.2%**, respectively.

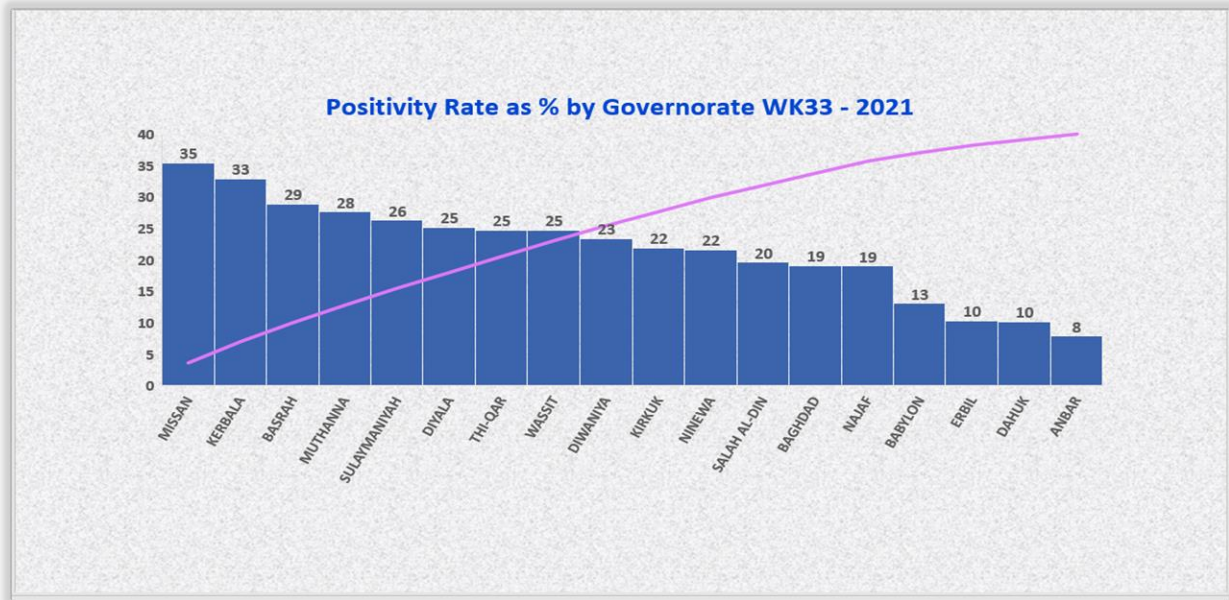


Figure 3: COVID-19 Positivity Rate in Iraq_ WK33, 20201

- New 512 deaths were reported this week bringing fatality rate of **1.0%**.

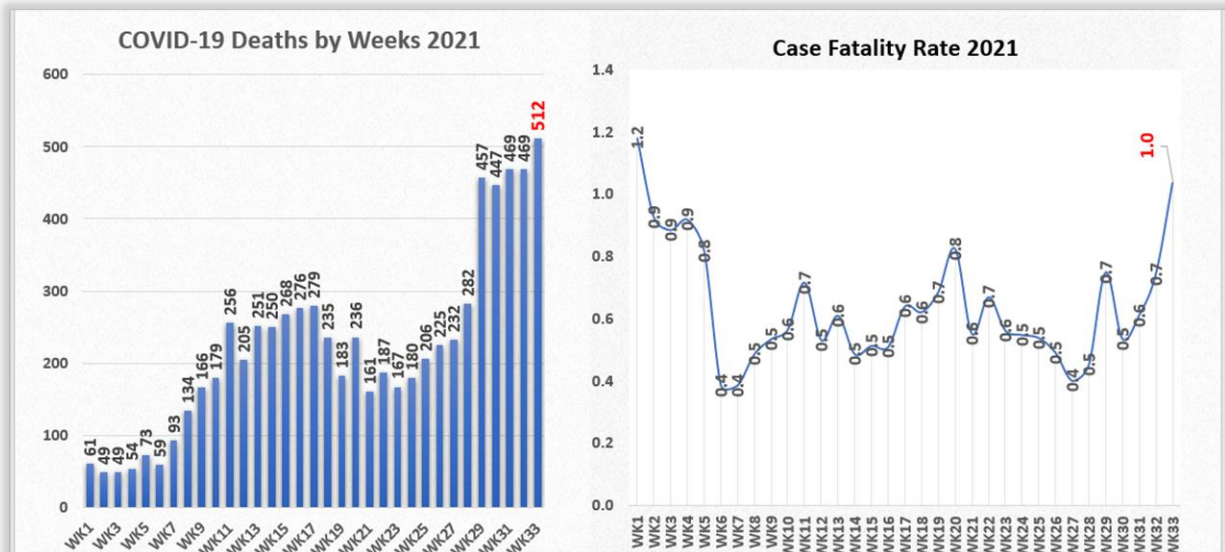


Figure 4: Distribution of COVID-19 deaths by weeks, Iraq_ WK33, 2021

- The mean hospitalization figures for this week indicate a value of **3355** patients per day, of which **34%** are severe cases, **20%** are in the ICU and approximately **69%** need O2. HFR this week stands at **2.2%**.

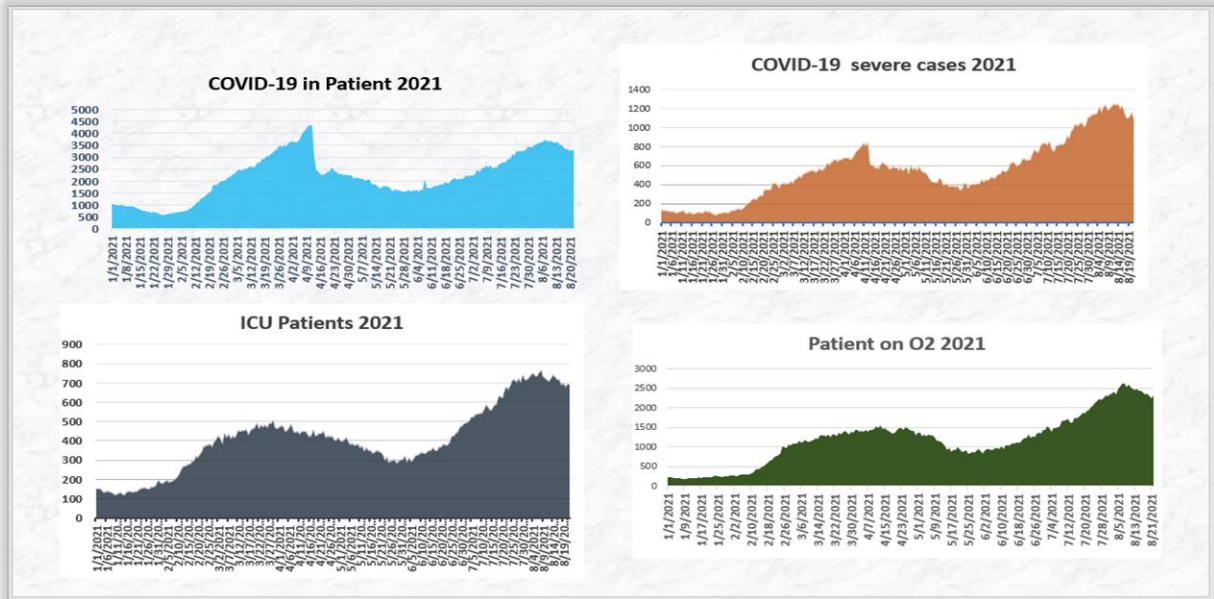


Figure 5: COVID-19 hospitalized, ICU, and under O2 patients per WK_ WK33, 2021

- The most affected age groups this week are (**>15-45 Y**) at a rate of (**61%**), followed by (**> 45-65 Y**) at a rate of (**26%**). As for deaths, the highest this week was reported among the age groups **>65** at a rate of **49%**, followed by (**>45-65 Y**) at a rate of **39%**. The Male-Female Ratio maintains its value of 1.4 and 1.5 for cases and deaths respectively.

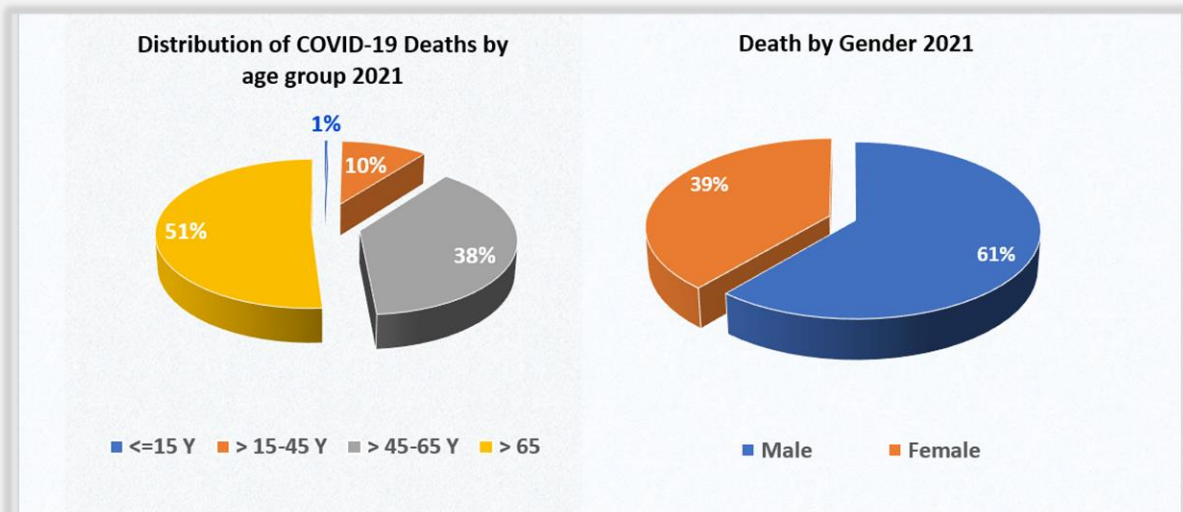


Figure 6: Distribution of COVID-19 deaths by age groups and gender, Iraq, Wk33, 2021

2. The Epidemiological indicators for WK33:

During WK33, the overall community transmission in Iraq was restored to a substantial level after four weeks of alarming high manifestation. However, the highest record is still registered in Sulaymaniyah, Basrah, Missan, Wassit, Diyala, Kirkuk and Karbala (red) while the moderate (yellow) is maintained in Anbar according to the 3 main epidemics- indicators of the **case, death, and positivity rates**.

Week	33.0	WK Number	33	Community Transmission by Governorates							
Row Labels	Case 100THs	Death 1 M	PR	Case 100THs	Death/M	PR	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	25.1	0.5	7.7	Moderate	Low	Moderate	2	1	2	5	Moderate
BABYLON	52.7	12.6	12.8	Substantial	Substantial	Substantial	3	3	3	9	Substantial
Baghdad	122.8	8.8	20.5	High	Moderate	High	4	2	4	10	Substantial
BASRAH	152.9	10.2	28.7	High	Substantial	High	4	3	4	11	High
DAHUK	231.8	37.2	9.8	High	Substantial	Moderate	4	3	2	9	Substantial
DIWANIYA	114.3	7.9	24.1	High	Moderate	High	4	2	4	10	Substantial
DIYALA	107.7	11.3	25.6	High	Substantial	High	4	3	4	11	High
ERBIL	154.5	28.9	10.2	High	Substantial	Substantial	4	3	3	10	Substantial
KARBALA	146.3	20.5	31.1	High	Substantial	High	4	3	4	11	High
KIRKUK	119.2	13.3	22.2	High	Substantial	High	4	3	4	11	High
MISSAN	203.9	19.1	35.0	High	Substantial	High	4	3	4	11	High
MUTHANNA	44.5	0.0	22.0	Moderate	Low	High	2	1	4	7	Substantial
NAJAF	70.4	6.3	19.5	Substantial	Moderate	Substantial	3	2	3	8	Substantial
NINEWA	57.9	4.7	22.8	Substantial	Low	High	3	1	4	8	Substantial
SALAH AL-DIN	91.5	8.7	19.8	Substantial	Moderate	Substantial	3	2	3	8	Substantial
SULAYMANIYAH	243.0	22.2	25.8	High	Substantial	High	4	3	4	11	High
THI-QAR	90.7	18.6	24.7	Substantial	Substantial	High	3	3	4	10	Substantial
WASSIT	178.4	14.8	24.5	High	Substantial	High	4	3	4	11	High

Table 1: COVID-19 Community Transmission in Iraq in WK33, 2021

3. WHO preparedness and Response:

a) COVID 19 inoculation campaign:

- As of 22 August, a total of ***3,486,632** vaccine doses were administered countrywide indicating the inoculation of **10%** of the target population in Iraq with at least one dose of the COVID-19 vaccine. Reported data further showed that of the mentioned total of vaccines administered, **2,322,084** were given as first doses while **1,164,548** were distributed for the double dose vaccination.
- As WK33, moreover, **1,513,182 (65%)** males against **801,812 (35%)** females have been vaccinated using the first dose while **755,835 (65%)** males against **406,299 (35%)** females have received their second dose. The turnout among women remains comparatively low due to multiple reasons associated with housekeeping requirements and the rumors about the vaccines' side effects.
- Vaccination rollout data analysis shows **931,747 (27%)** of the priority groups vaccinated are **over 50 years of age**, followed by **2,554,885 (73%)** of the age group **18 - 50 years**.

- Governorates with the highest number of vaccinated people using the first dose are Baghdad (Karkh sector) at a rate of **362,977 (17.4%)** followed Najaf at **(14.0%)**, Dahuk at **(14.6%)**, Basra at **(13.2%)**, Kirkuk at **(13.0%)**, Diyala at **(12.1)**, and Thi-Qar at **(11.1%)**. The lowest number of people vaccinated as of WK33, on the other hand, is reported in Sulaymaniyah **(3.5%)**, Salah al-Din at **(6.2%)**, and Baghdad-Resafa at **(7.0%)**.

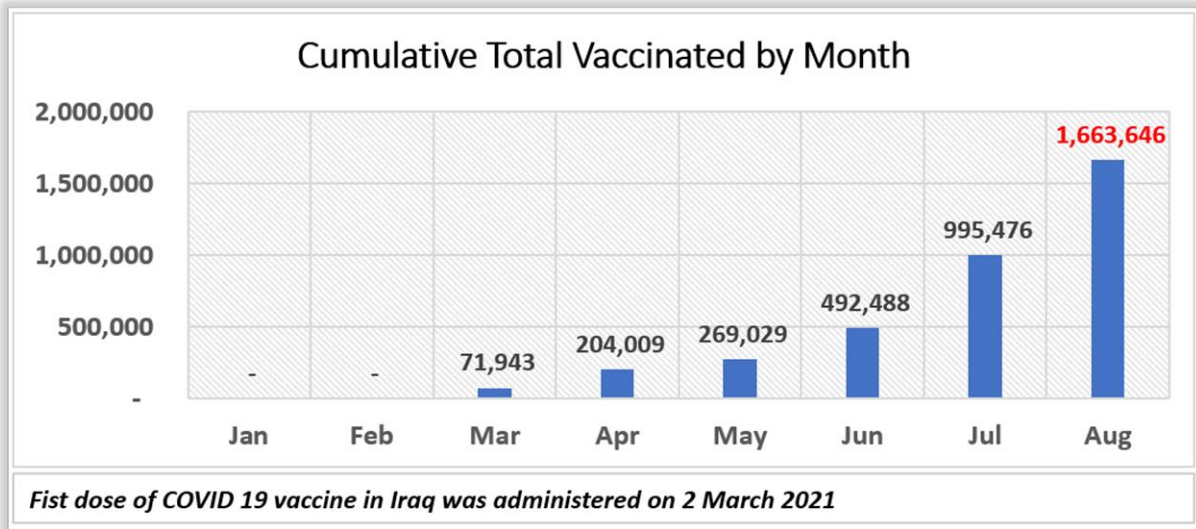


Figure 7: Vaccination in Iraq by months-2021

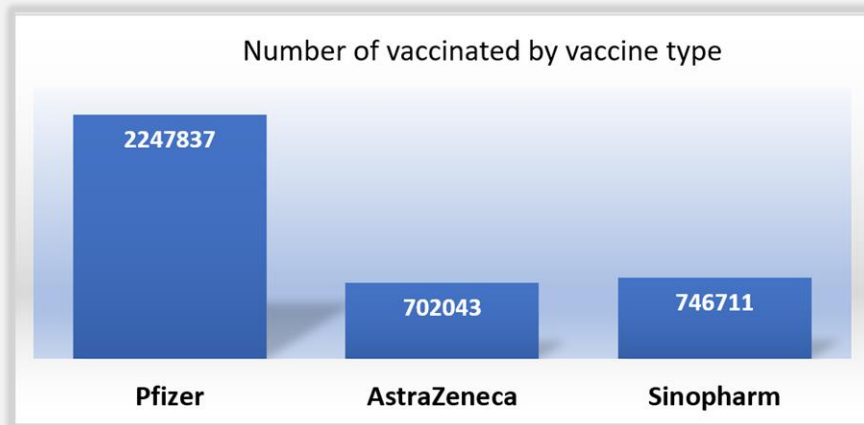


Figure 8: vaccine administration figures by vaccine types in Iraq. WK33, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is ***3,486,632**. 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:

- The technical team in the WHO Duhok coordination office visited the COVID-19 Quarantine/ Isolation site in Bajed Kandala-2 IDP camp in Sumel district of Duhok governorate. The new site is one of a project to establish three Q/I sites in Duhok under the direct implementation of the IHF fund and the involvement of Health, WASH, CCCM, and Shelter/NFI clusters. The project targets enhancing COVID-19 response in IDP camps in the governorate and is expected to open the sites' doors for patients in September this year. The sites will accommodate professional health staff for the delivery of emergency and lifesaving health care services to the vulnerable displaced population in the governorate.



Pic 1: WHO visiting the newly constructed Q/I site in Bajed Kandala 2 IDP camp in Duhok, Aug 2021. WHO Iraq

- WHO Coordination Office in Sulaymania was informed by Sulaymania DOH on the increase in the number of COVID-19 vaccinated people during the last week of August which coincided with the increase in the number of vaccination outlets bringing the total from 34 to 57 sites. Sulaymaniyah DOH also communicated its intention to open additional inoculation centers in the governorates' sub-districts.



Pic 2: Side of a WHO_DOH vaccination awareness campaign in Sulaymania, Aug 2021. WHO Iraq

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

- The epidemic indicators indicated the return of the overall disease situation in Iraq to a substantial level after four weeks of alarming red levels. However, the situation still necessitates the further emphasis on the importance of prevention, masking, and vaccination in vulnerable communities specifically.
- A steady supply of COVID-19 vaccines is important 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.
- 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 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 exponential spread of the COVID 19 **Delta variant**.
- Shortage of vaccines in main health facilities and impairments in the vaccination rollout process.
- The necessity to maintain the cold chain requirements in inoculation sites and ensure proper vaccine storage.
- Vaccine relative low intake especially in poor, rural, and remote/outskirts areas.
- Funding constraints to sustain and support COVID-19 interventions including RCCE.

6. Recommendations

WHO Iraq Office would like to recommend the following:

- Educate the public on the potential risk of a new COVID 19 outbreak if the social and religious gatherings would continue without strict adherence to essential preventive measures.
- Designate fixed vaccination centers, well announced 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 potential upsurge in cases in the coming few months. Preparedness could include:
 - ✓ using the afternoon 'Popular Clinics' set in designated PHCCs in all governorates to target the old and chronic diseases groups already registered for a subsidized share of chronic disease medications disbursed on monthly basis. Mobilizing this already well-organized service for vaccine administration could speed up the vaccine rollout process.
 - ✓ 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.
- 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:

- As of 18 August, and according to UNHCR's weekly reporting on people of concern, the COVID-19 statistics among IDPs and Refugees are identified as below:
 - o Total cases: 1,615 (759 refugees and 856 IDPs)
 - o Deaths: 87
 - o Recoveries: 1,006
 - o Active cases: 425
 - o Unknown outcome: 97
- The Ministry of Health and the Civil Association are in the process of developing new internationally accepted vaccination cards with QR codes, scheduled to be available in October 2021. It is worth mentioning that the UN Vaccination cards are not yet accepted in other countries; therefore, discussions are underway between UNAMI and WHO for the direct coordination with MoH to provide UN inoculation clinics with a QR card.
- The Iraqi Judiciary this week released an official statement addressing the serious impact of social media misinformation. According to the statement, any person who spreads misinformation on COVID-19 and vaccinations would be arrested with legal action be taken against him/her.

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:

Ms. Ajyal Sultany, Communications Officer, +9647740892878, sultanya@who.int
 Dr. Wael Hatahit, WHO Emergency Team Lead, +964 7729 814 999, hatahitw@who.int

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.