



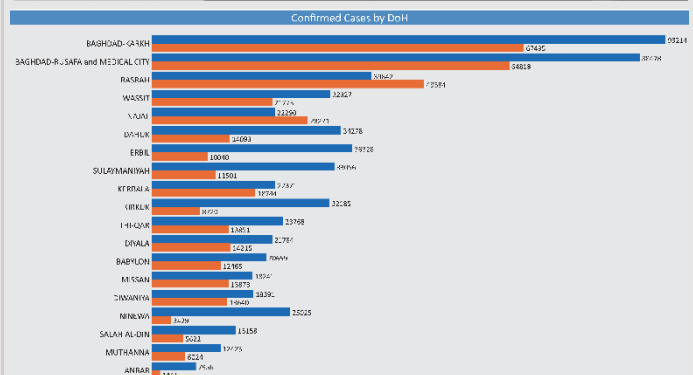
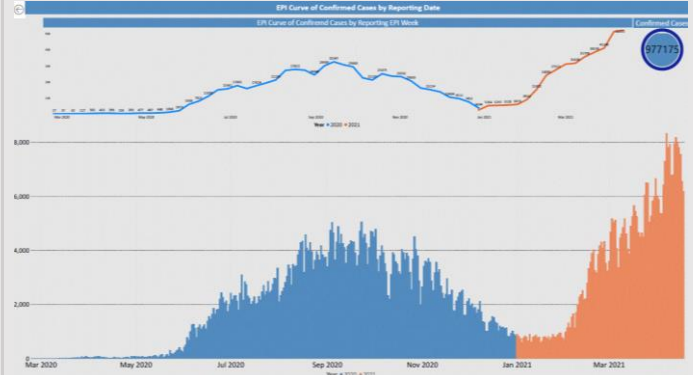
**Key figures of COVID-19 as of 18 April 2021**

	Recorded in the last 24 hours	Weekly (WK 15)	Cumulative Since 24 February 2020
<b>Tested</b>	41,850	296,754	8,805,486
<b>Confirmed</b>	7,775	52,215	977,175
<b>Active</b>	22,572	63,983	105,662
<b>Cured</b>	7,507	41,679	856,532
<b>Death</b>	45	268	14,981

**Highlights**

- The COVID-19 cases continued to accelerate for the 15<sup>th</sup> week since the start of 2021. During this reporting period, most governorates reported an increased number of confirmed cases except for Diwaniya, Karbala, Najaf, and Muthanna that reported a decline. Meanwhile, in Kurdistan, Region cases increased exponentially in the past few days.
- During Week (WK)15, Iraq MOH reported 52,215 new cases of COVID19 infections, which represents a 1.6% increase compared with week 14, and 268 new deaths with a 7% increase compared to the previous week.
- This week's positivity rate is 20%, the highest ever since WK1 of 2021 (+2.3%). All the governorates reported a positivity rate of above 5% continuing to mark community transmission<sup>1</sup> COVID-19 pandemic.
- As of 18 April 2021, more than 131,200 people were vaccinated using AZD1222 (Astra Zeneca) COVID-19 vaccines three weeks after the vaccination commenced, 20,042 immunized using Pfizer/BioNTech, and 25,143 using Sinopharm.

**Graph 1: COVID-19 confirmed cases by epidemiological week 2020 to 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/iraq>

<sup>1</sup> Community transmission is defined (when the positivity rate of the COVID-19 PCR tests are above 5%)

## 1) Disease Epidemiology

- The overall incidence of COVID-19 in the country remained at an increasing trend over the last two weeks. And a decline observed in hospitalization rate of 2.6 % from 5% during weeks 14.
- More than 373,200 cases of COVID-19 have been recorded in the last 15 weeks of 2021, representing 38.4% of the overall cases. The most affected governorates in WK15 are Wassit (228/100,000), Baghdad (215) Basra (209), Najaf (123), and Kerbala (97).
- The most affected age group within Iraq is 30-39-year-olds, followed by people aged 20-29 years, 40-49, and 50-59 years. Cases among children under 19 years are also on the rise representing 12% this week. The male-female ratio remaining at 57%: 43%.
- Cases among health care providers remained at 3.1% of the total cases in this reporting period, with less than 80 COVID-19 cases per day over the last few weeks.
- The overall case fatality rate is 1.5%. Sixty-nine percent of those who died had at least one co-morbidity, and 49% of deaths occurred within 48 hours of admission. The daily average death among the confirmed COVID-19 cases remains less than 50 per day.
- The overall active case rate for 2021 is 10.9%, and the cure rate is 87.5%.
- More details in the WHO Dashboard <https://bit.ly/3uu5w0w>

Table 1: Additional figures of COVID-19, as of 18 April 2021

Key figures	2020	2021	Wk15		
Total Confirmed cases	597,774	379,401	52,215		
Incidence rate <sup>2</sup> /100000/week	37	63	130		
Top 5 DoHs with the highest incident rate	DAHUK	62	NAJAF	122	123
	WASSIT	55	BASRAH	107	209
	BAGHDAD	53	BAGHDAD	103	215
	KIRKUK	47	WASSIT	100	228
	ERBIL	46	KERBALA	97	85
Case fatality rate <sup>3</sup>	2.1	0.6		0.65	
	SULYMANIYAH	5.4	ERBIL	1.6	0.017
Top 5 DoHs with the highest case fatality rate	THI-QAR	3.4	SULAYMANIYAH	1.3	0.010
	BABYLON	2.9	DAHUK	1.2	0.013
	ERBIL	2.5	KIRKUK	0.9	0.003
	MISSAN	2.4	THI-QAR	0.9	0.013
	Percentage of deaths <48 hours of hospitalization	53%	21%		14
Percentage of active cases	7%	13.76%		NA	
Percentage of cured cases	90%	82%		NA	
No. PCR tests	4 547 545	4,250,987		298,574	
Overall PCR test Positivity rate <sup>4</sup>	13%	9%		14%	
Percentage inpatient	78%	55%		37%	
Percentage of cases treated in ICU	10%	9%		6%	
No. Health care providers infected	24,283	5,461		373	
No. Health care providers dead	256	12		1	
No. IDPs and refugees reported with COVID-19	IDPs = 285	IDPs = 64		4	
	Refugee = 278	Refugee = 61		6	

## 2) WHO preparedness and Response

### a) COVID-19 Response

- WHO contentiously assesses needs and gaps of the COVID-19 response Iraq-wide and uses that to guide its support and gap filling. The assessments mainly focus on much-needed medical supplies and equipment at the national, regional, subnational, and hospital levels to boost the treatment, isolation, surveillance, testing, and detection of cases. As part of this intervention, WHO met with the management of Shikhan hospital in Duhok Governorate to assess the health needs of the newly established COVID-19 isolation unit. The 50-bed capacity isolation unit is currently under construction and expected to start receiving patients in May. WHO will continue to engage with the hospital administration, to beef up its support to this facility.
- Engagements to strengthen the COVID-19 response in internally displaced camps (IDP) were stepped up this reporting period, following an increase in the number of reported cases. For instance, in week 15, 26 COVID-19 cases were

<sup>2</sup> The incidence rate refers to the frequency with which some event, such as a disease or accident, occurs over a specified time period.

<sup>3</sup> Case Fatality Rate is the proportion of fatalities from a specified disease among all individuals diagnosed over a certain period of time.

<sup>4</sup> 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.

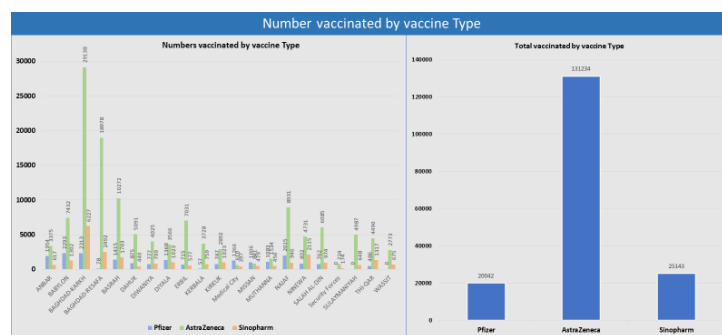
recorded among the IDP community, a figure higher than the previous months and year. In response to this increase, WHO participated in an ad hoc meeting convened by the Directorate of Migration and Crisis Response (DMCR) Duhok office to discuss the implementation plan for a Quarantine/Isolation site Shikhan IDP camp and options for expediting the establishment process. All members, including OCHA, Camp Coordination, and Camp Management (CCCM) cluster, Lutheran World Foundation (LWF), and Barazani Charity Foundation (BCF), agreed to a field visit to the camp to further assess the situation and meeting with camp management and residents.

- In Erbil Governorate, WHO, UNHCR, BCF, Erbil Joint Crisis Coordination Centre (JCC), and DOH was conducted a joint mission to Darashakran refugee camp to assess the need for establishing a quarantine/isolation area in the camp. The mission also assessed the need to increase the national health system capacity in the camp to enhance the management of the COVID-19 cases to decrease the caseload on public health facilities. When space and resources, including funding, are secured and agreed upon by all humanitarian partners, a decision will be taken to implement the recommendation. It's important to note that COVID-19 cases are also increasing in IDP and refugee camps with new infections.
- In Sulaymaniyah, WHO visited three camps, Ashti and Arbat IDP camps, and Arbat refugee camp, to follow up on the COVID-19 situation, provide supportive supervision, and monitor medical supplies and services deployed by WHO, and follow up on Cutaneous Leishmaniasis case recorded in Arbat IDP camp. Discussions on ways to strengthen WHO and health cluster partner support and the management of COVID-19 patients and non-COVID-19 conditions were held with the management of the primary health care facilities in the three camps. As of week 15, Arbat IDP camp had recorded four COVID-19 cases, Ashti recorded one case, and Arbat refugee camp had recorded three cases, all confirmed by PCR.

## b) Vaccination

- From 02 March 2021 to 18 April 2021, Iraqi had vaccinated 190,264 individuals of the targeted 23,105,711 across the country. More than 131,200 (69%) were immunized using AZD1222 (AstraZeneca) vaccine, 20,042 (10.5%) using Pfizer/BioNTech, and 25,143 (13.2%) using Sinopharm. One hundred seventy-six thousand four hundred nineteen persons had received their first dose of the vaccine, and 13,845 received their second dose of the Chinese vaccine Sinopharm. Baghdad Karkh has the highest number of people at 21.8% in the first and second dose, followed by Baghdad Resafa at 12.2%, Najaf with 7.7%, and the least governorate with people vaccinated is Wassit with 2%.

Graph 2: number of people vaccinated by governorate and vaccine type



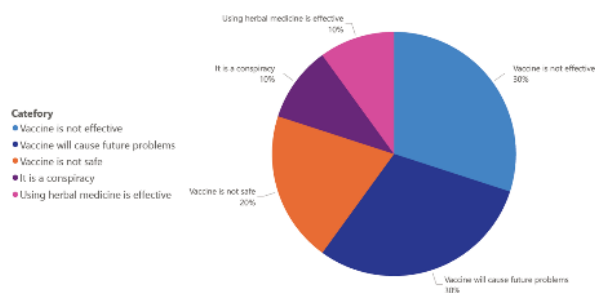
- Data also indicates that 39% of the priority groups vaccinated are over 50 years of age, followed by health workers at 32% and people with at least one or more co-morbidities at 23%. Vaccination in IDP and refugee camps is yet to commence.
- There remains a considerable gender gap in access and uptake of the COVID-19 vaccines among the Iraqi population. As of 18 April 2021, 68% of males had received the first dose of the COVID-19 vaccines compared to 32% among the females. Also important to note is that 60% of males had received the second dose compared to 40% of the males female. Reasons for the low uptake among women varies, but this could partly be associated with rumors of the COVID-19 vaccines and the nature of women

## c) Risk Communication and Community Engagement

- To understand the community knowledge, perceptions, and myths about the ongoing vaccination campaigns and observance of COVID-19 Public Health Measures, UNICEF and WHO conducted a rapid assessment through focus group discussions (FGDs) in six Governorates of Iraq (Kirkuk, Salahadin, Basra, Ninewa, and Muthana). One hundred and eight-four participants (70 males and 117 females), including groups of men, women, stakeholders, and mixed groups, were selected from the IDPs, returnees, and host communities. Discussion on possible Information, Education and Communications (IEC) materials used for COVID-19 vaccination were held with the participants. The following were the findings of these FGDs:

- 56.67% had general information on vaccines, and 39% had information on future vaccinations through Community Health Workers
- 20% had information on COVID-19 vaccines, and 34.14% assumed that the COVID-19 vaccines would end the pandemic
- On vaccine refusal, acceptance, and hesitancy – 58.20% said they would refuse the vaccines, 28.80% said they would accept the vaccine, while 13% were hesitant about taking the vaccines.
- On COVID-19 knowledge and practices, 92.5% of the FGD participants said they had sufficient information on COVID-19, but only 29.3% said they would comply with public health measures of COVID-19.
- Graph 3 provides a summary of rumors that participants from the FDGs had about COVID-19 and COVID.

Graph 3: rumors shared by participants for the focus group discussions.



- Besides other surveys and assessments, WHO and UNICEF are also using these results to design and tailor audience-specific messages to address fears and rumors expressed. This will help build people's confidence in the COVID-19 vaccines and increase their uptake, especially for the AstraZeneca vaccines.

### 3) Urgent needs & requirements

- Ensure a steady supply of COVID19 vaccines through the COVAX facility and bilateral agreement so that people who have received the first dose get the second and ensure adequate immunity among a large proportion of the eligible population 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

- High risk of severe cases and high Intensive Care Unit (ICU) bed occupancy among all the admitted cases 74% reported from Najaf, 51% in Diwaniya, 40 % in Diyala, and 33 % in Muthanna.
- Vaccine hesitancy among the communities, especially women, towards AstraZeneca continues to affect vaccination efforts.
- The upcoming festival season, high population movement adherence to public health measures, and weak implementation of the recommended partial lockdown pose a great 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

- Enforcement of the lockdown measures and follow up to ensure full compliance with public health measures by the population
- Intensify community sensitizations and engagement to encourage COVID-19 vaccine demand and uptake in the population.
- Continue to strengthen 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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