

WHO Country Office  
for IRAQ

Coronavirus Disease  
(COVID-19)

Situation Report, Week 29  
19 – 25 July 2021

**Tested**



**12,914,493**

**Active**



**123,332**

**Confirmed**



**1,552,648**

**Cured**



**1,411,029**

**Deaths**



**18,287**

## Highlights:

1. In Week 29, the epidemic curve of COVID-19 declined in the number of reported cases. The Ministry of Health sources reported 60,936 new positive cases this week, 1,414 less cases than WK 28, representing 148 cases per 100,000 population. The decline is attributed to the decline in PCR tests performed. Related deaths recorded this week were 457 with a CFR of 0.75 % which is more than WK28.
2. The highest Incidence of COVID-19 infection for WK29 is recorded in the three governorates of Dahuk, Wassit, and Kerbala, with an infection rate of more than 200 cases per 100,000 population.
3. Community transmission all over Iraq ranged from substantial to high, Seven governorates (Baghdad, Diwaniya, Kerbala, Missan, Thi-qar, Dahuk, & Najaf) being in the Red zone. only Anbar governorate has moderate transmission.
4. As of 25 July, a total of \*1,703,726 vaccine doses were administered Iraq-wide this week, indicating that 7.4% of the target population has so far received at least one dose of the COVID-19 vaccine.
5. The governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh with 187,601 (9%) followed by Najaf at (7.8%), Basra at (6.5%), Thi-Qar (5.6%), Karbala (5.5%), Kirkuk and Babylon at (5.2%). The lowest are reported in Sulaymaniyah (1.5%), Ninawa at (2.6%), Salah al-Din and Wassit at (2.7%), Missan (3.3%).

### 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>



# 1. The Epidemiological Situation for WK 29, (19 - 25 July 2021)

- This week reported **60,936** confirmed COVID-19 cases, indicating a decrease of **1,414** cases than in WK28. Change percentage in this reporting period stands at **-2.2** compared with WK28, amounting to a 7.71% increase over week # 27. The representation of COVID-19 positive cases for this week stands at 148 cases/per 100,000 population.

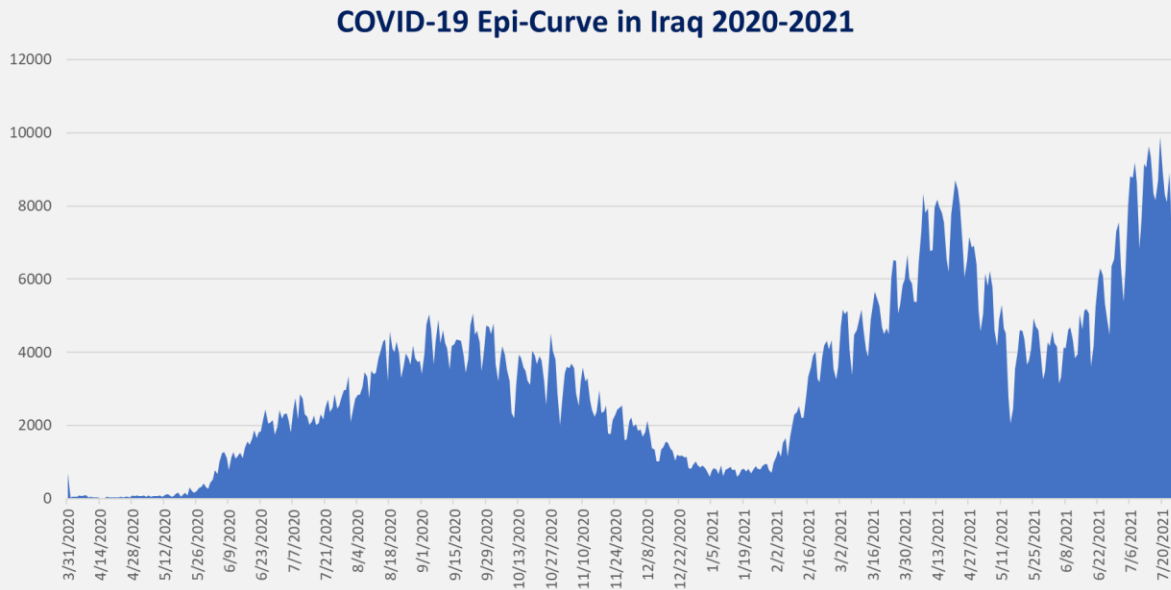


Figure 1: COVID-19 Epi curve in Iraq\_ WK29, 2021

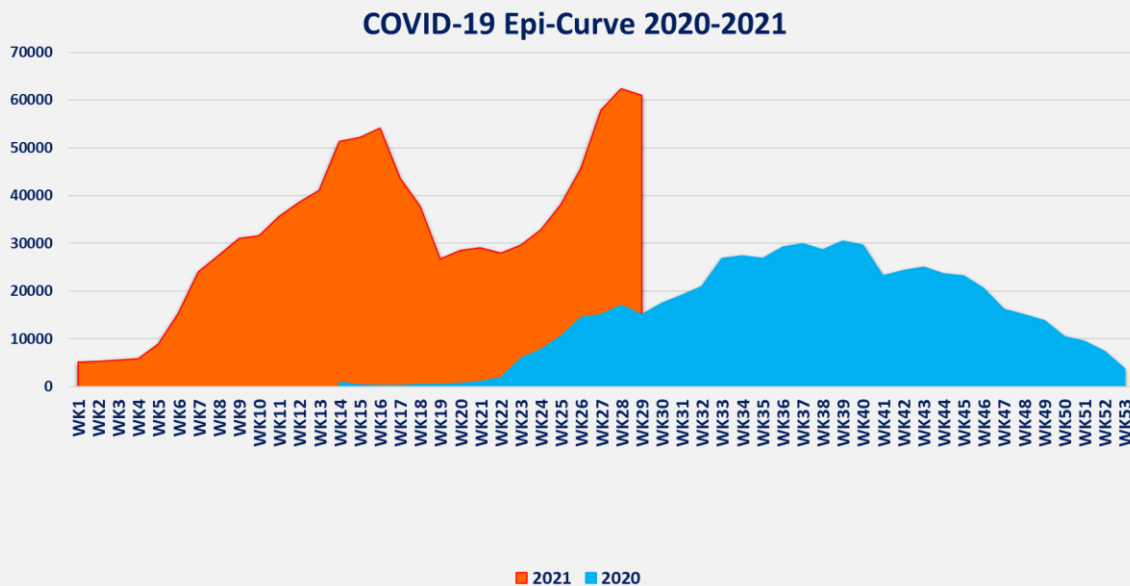


Figure 2: COVID-19 EPI Curve in Iraq for 2020-2021\_ WK29

Total RT-PCR tests during WK29 is **246, 307** less by **49,608** tests than in WK28 and representing **5,980** tests per 1M of population.

### RT-PCR in Iraq 2021 by Weeks Per 1 Million

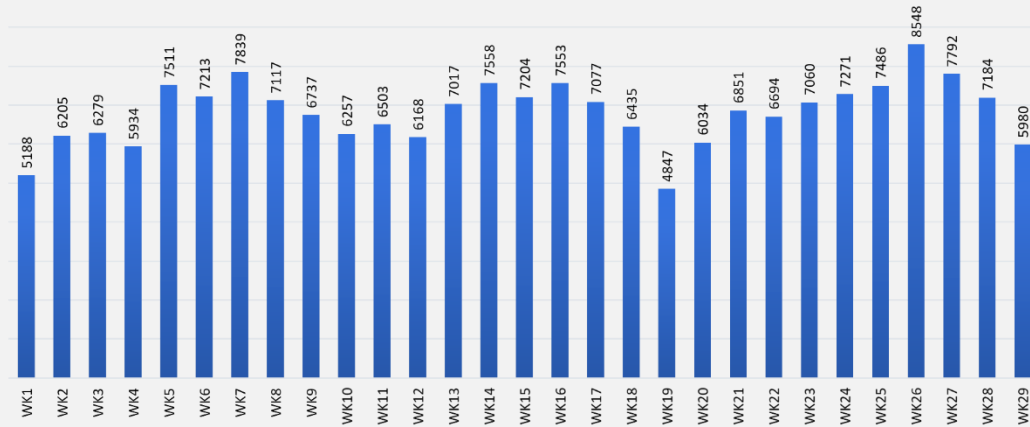


Figure 3: RT-PCR tests per weeks in Iraq\_ WK 29, 2021

The positivity rate in WK29 jumped to the highest surge in reported cases during 2021. The rate this week came to 25%. Almost all governorates this week reported high positivity rate of more than 10% except for Anbar which stands at 6%.

### COVID-19 Positivity Rate by Weeks in Iraq 2021

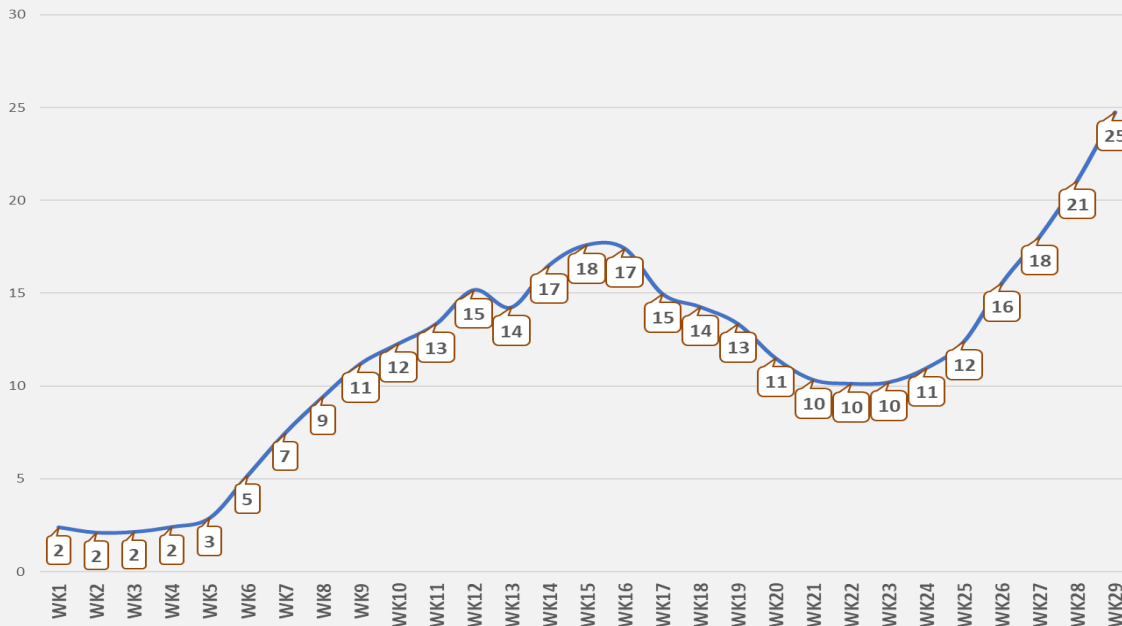


Figure 4: Positivity Rate by Weeks in Iraq 2021\_ WK 29, 2021

- In WK29, the fatality was very high; 457 individuals lost their lives, which increased by 62.1% compared to 282 deaths during WK # 28. The surge in cases could be referred to as spreading the Delta variance in the community and the minimal adherence of the people with public health and social measures and low vaccination rate.

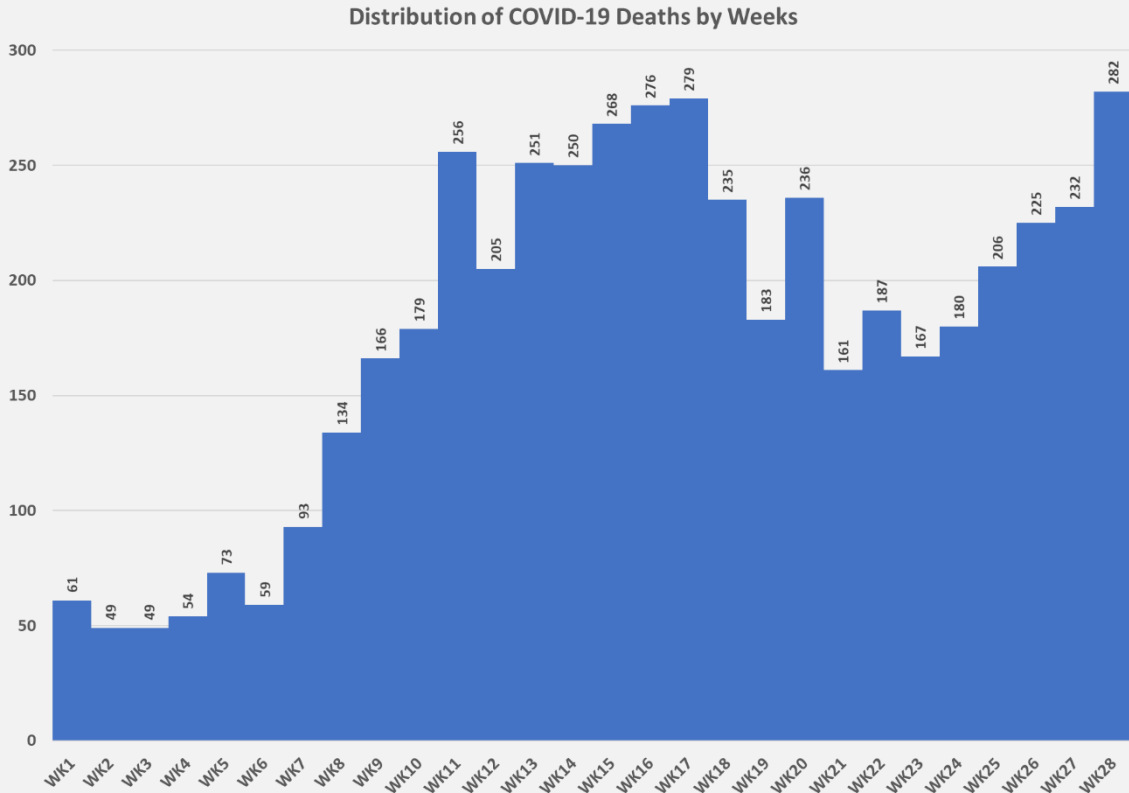


Figure 5: distribution of COVID-19 death by Weeks in Iraq 2021

- The mean of hospitalized patients in WK29 is **3055** patients per day with a hospitalized fatality rate of **2.1%**. The rate of the ICU hospitalized patients for WK29 is 22%, compared with 19% of the mean in previous weeks .

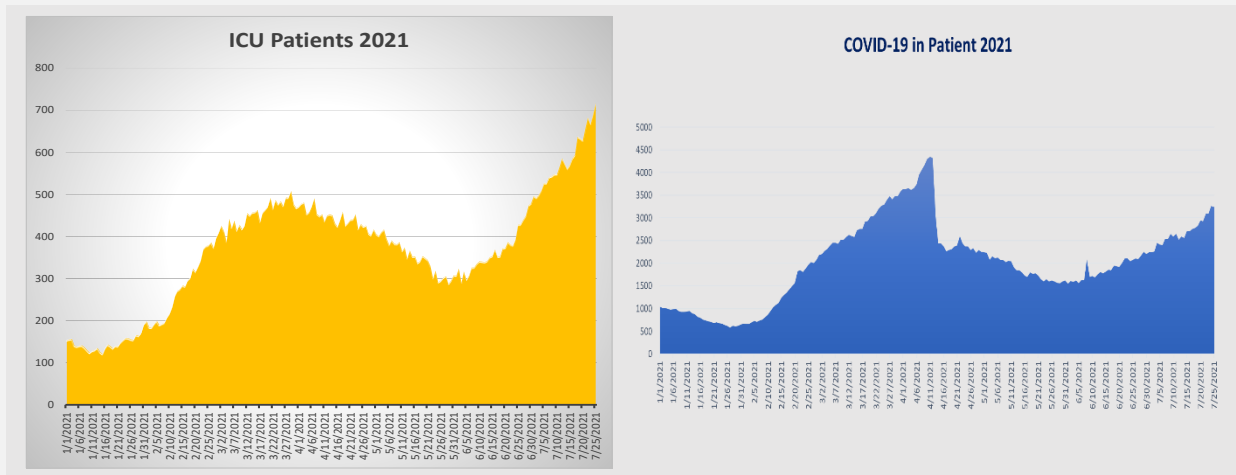


Figure 6: COVID-19 hospitalized and ICU cases per WK\_ WK29, 2021

- The most affected age groups this week are (>15-45 Y) and (> 45-65 Y) at a rate of **59%** and **26%** respectively. As for deaths, the highest was reported among the age groups (>45-65 Y) and (>65 Y) at a rate of **38%** and **52%** respectively.
- The Male-Female Ratio stands at **(1.5)** **(1.6)** for cases and deaths respectively.

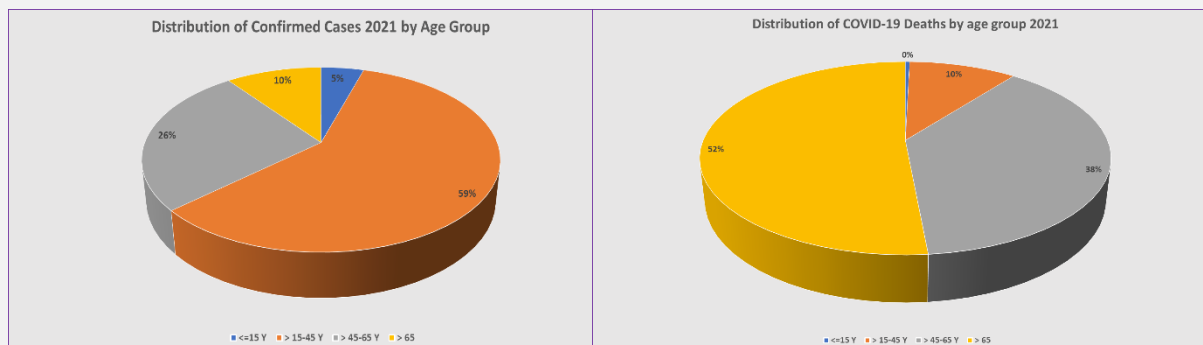


Figure 7: Distribution of COVID-19 confirmed cases and deaths by age groups in Iraq WK 29, 2021

P.S.: (The \*0 value in figure 7, right pie chart, refers to the actual death toll of 11)

## 2. The Epidemiological indicators for WK29:

- During WK29, the COVID-19 community transmission in Iraq ranged between moderate and high according to the three main epidemics- indicators of the **case, death, and positivity rate**. Only one Governorate Anbar reported moderate. The highest were reflected in Baghdad, Diwaniya, Kerbala, Missan, Najaf, Thi-qar and Dahuk Governorate in KRI.

Week	Rank of COVID-19 Community Transmission in Iraq by weeks										
Week	29										
Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	20	1	6	Moderate	Low	Moderate	2	1	2	5	Moderate
BABYLON	81	12	21	Substantial	Substantial	High	3	3	4	10	Substantial
Baghdad	172	11	25	High	Substantial	High	4	3	4	11	High
BASRAH	164	9	37	High	Moderate	High	4	2	4	10	Substantial
DIWANIYA	198	19	35	High	Substantial	High	4	3	4	11	High
DIYALA	133	2	28	High	Low	High	4	1	4	9	Substantial
KERBALA	222	15	40	High	Substantial	High	4	3	4	11	High
KIRKUK	122	9	34	High	Moderate	High	4	2	4	10	Substantial
KRI	181	19	15	High	Substantial	Substantial	4	3	3	10	Substantial
MISSAN	210	18	37	High	Substantial	High	4	3	4	11	High
MUTHANNA	211	9	42	High	Moderate	High	4	2	4	10	Substantial
NAJAF	144	13	23	High	Substantial	High	4	3	4	11	High
NINEWA	43	3	24	Moderate	Low	High	2	1	4	7	Substantial
SALAH AL-DIN	62	3	15	Substantial	Low	Substantial	3	1	3	7	Substantial
THI-QAR	196	22	39	High	Substantial	High	4	3	4	11	High
WASSIT	272	9	39	High	Moderate	High	4	2	4	10	Substantial
IRAQ	148	11	25	High	Substantial	High	4	3	4	11	High

Table 1: COVID community transmission in Iraq in WK29, 2021

### 3. WHO preparedness and response:

#### a) COVID 19 Inoculation campaign

- As of 25 July 2021, a total of **\*1,703,736** vaccine doses were administered countrywide indicating that **7.4%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated **1092277** have received the first dose, while **611459** have been fully immunized with both doses.
- In WK29, vaccine administration statistics revealed that **900,358 (67%)** males against **444,361 (33%)** females have been vaccinated using the first dose while **435,988 (65%)** males against **235,758 (35%)** females have received their second dose. A comparative low turnout among women was noticed and which could be associated with females’ tendency to stay home to attend to their families’ requirements and the rumors associated with vaccines side effects.
- Vaccination rollout data analysis shows that **555,901 (27%)** of the priority groups vaccinated is over 50 years of age, followed by **1,470,050 (73%)** of the age group 18 - 50 years.
- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh with **187,601 (9%)** followed by Najaf at **(7.8%)**, Basra at **(6.5%)**, Thi-Qar **(5.6%)**, Karbala **(5.5%)**, Kirkuk and Babylon at **(5.2%)**. The lowest number of people vaccinated during WK29, on the other hand, is reported in Sulaymaniyah **(1.5%)**, Ninawa at **(2.6%)**, Salah al-Din and Wassit at **(2.7%)**, Missan **(3.3%)**

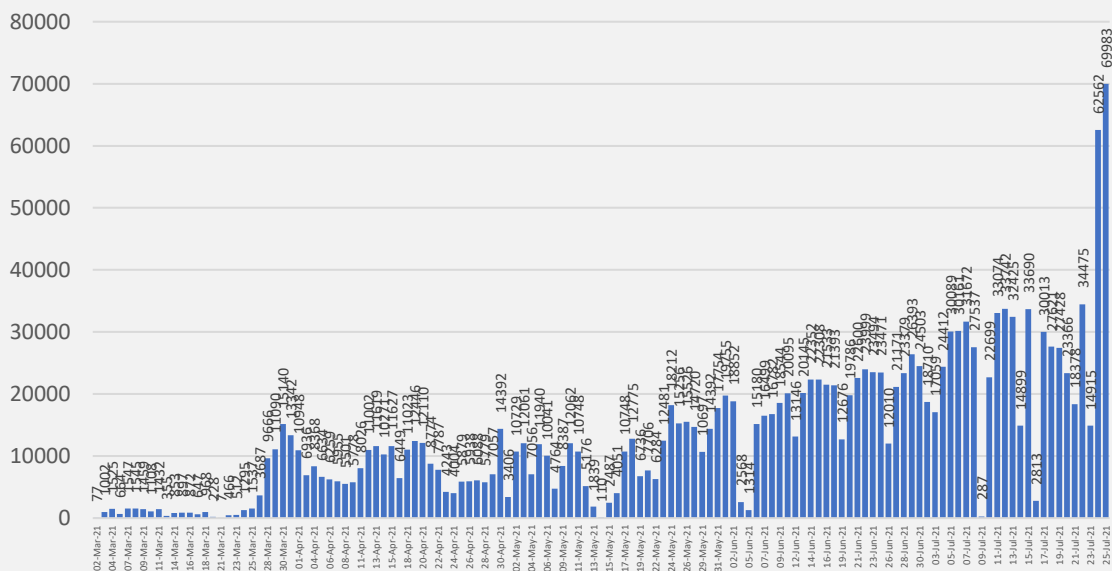


Figure 8: Daily COVID-19 vaccination values as of WK 29, 2021

..... **Note:** The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is **\*1,703,726**. 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

- During this reporting period, WHO joined the Director General of Duhok Directorate of Health, PWJ and UNHCR to visit the newly established 10-bed capacity Intensive Care Unit in Lalav hospital at the same time to follow up on progress of the upgrading the oxygen gas capacity to cope with the new ICU requirement, the project is expected to be completed by end of August 2021. The objective of the visit was to assess the need and the gaps in term of medical equipment and WHO future support to enhance the COVID-19 response in Duhok.
- To strengthen the delivery of secondary health services and fill gaps faced by hospitals in Ninawa Governorate in the areas of medical supplies including personal protective equipment and dis-infectants when managing COVID-19 patients, WHO delivered to the Governorate a shipment of 10 pallets of various supplies worth USD 24000. These included hospital supplies and consumable kits trauma kits and sutures. The trauma kits were delivered to Al Jamhuri and Talafar hospitals while sutures and other supplies will be distributed to all the hospitals in Ninawa.
- As of 18 July, 82,407 individuals in Sulymania had been vaccinated against COVID-19 vaccine as detailed in the figure 9.

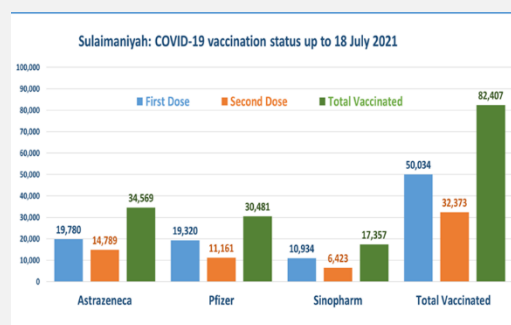


Figure 9: number of people vaccinated by vaccine type as of 18 July, 2021 in Sulymania

## c) Risk Communications and community engagement:

- 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))***

- 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<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

**Real-time training for COVID-19**

Free online courses from WHO

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Other IPC topics
- Country capacity
- Treatment facilities
- Field data tool
- Mass gatherings

[OpenWHO.org](https://openwho.org)

## 4. Urgent needs & requirements

- A steady supply of COVID-19 vaccines through the COVAX facility and bilateral agreements 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 identifying 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 improving 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 potential risk of importing COVID 19 variants, including the **Delta strain(s)**, requires continued vigilance.
- The high summer temperature and shortage of power supply must maintain the cold chain requirements and ensure appropriate vaccines storage.
- Vaccine low intake and uptake levels with growing hesitancy towards the AstraZeneca vaccine.
- Shortage of vaccines in main health facilities and impairments in the vaccination rollout process.
- Funding constraints to sustain and support COVID-19 interventions, including RCCE.

## 6. Recommendations

WHO Iraq Office recommends the following:

- Social adherence to the preventive and control measures is crucial to reduce the virus transmission
- Partial or complete lockdown is of great value to reduce the magnitude of the current flare up, if it is implemented in a proper way
- Vaccination as the perfect solution

## 7. Health Cluster/ Partners contribution:

- During a health cluster meeting held in this reporting period, health cluster partners raised the issue of caretakers accompanying COVID-19 positive patients inside treatment centers and ICUs, which was witnessed during field visits. Patients/caretakers were also noticed buying medicines by themselves and using unprescribed drugs. Possible explanations might be:
  - Under-staffing of the treatment centers – leading to caretakers accompanying patients in the ICUs.
  - Increased cases and expansion of COVID-19 Treatment Centers, causing difficulty in controlling attendant traffic, including shift of caretakers
  - Nursing and support staff not trained in many cases
  - Health staff wages not being paid



- The Cluster is advocating with the MOH to intervene in ensuring adequate staffing for hospitals to minimize caretakers’ presence in hospitals.
- IMC is supporting the MOH at the national and Kurdistan Regional Government in the implementation of the COVID-19 National Deployment and Vaccination Plan (NDVP) through the:
  - Provision of more than 300 internet modems with 1 year internet connection to support data entry at vaccination posts.
  - Provision of eight 2-ton refrigerated trucks, to be donated to the DoHs of Baghdad (Resafa and Karkh, Nineveh, Duhok, Erbil, Sulaymaniyah, Anbar and Salah Al Din, to aid in the transportation of vaccines within those governorates.
  - Printing and donation of more than 2.5 million vaccination cards, in line with technical specifications required by the MoH (Federal and KRG).

2- As per UNHCR Iraq, the COVID-19 cases among “persons of concern” as of 21st July 2021 are:

- a. Total number of cases: 1,043 (507 refugees + 536 IDPs)
- b. Deaths: 72
- c. Recoveries: 823
- d. Active cases: 51
- e. Unknown outcome: 97

**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
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.