



Tested



248,535

Active



18,376

Confirmed



28,567

Cured



36,603

Deaths



236

Highlights:

1. In Week 20, 28,567 new cases of COVID-19 were reported with a 4.7% increase in incidence rate compared with WK19. 236 new fatalities were reported this week bringing the total deaths related to COVID19 since the start of the pandemic to 16,190.
2. Highest case reporting for WK20 is registered in governorates of Baghdad and Basra while moderate reporting is identified in Anbar, Muthanna, Thiqr, and Ninawa.
3. As of 23 May 2021, a total of *442,234 vaccine doses were administered countrywide indicating that 1.91% of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine.
4. WHO lists additional COVID-19 vaccine for emergency use and issues interim policy recommendations. WHO recently listed the Sinopharm COVID-19 vaccine for emergency use, giving the green light for this vaccine to be rolled out globally. The Sinopharm vaccine is produced by Beijing Bio-Institute of Biological Products Co Ltd, subsidiary of China National Biotec Group (CNBG).
5. WHO supported Duhok Directorate of Health with 28 pallets of medical supplies and technologies as part of its response to COVID19 pandemic. The shipment comprised a considerable amount of PPEs and medical equipment vital for the treatment of severe COVID 19 cases.



Note: the source of the data in this sitrep (reporting period 17-23 May 2021) is the Ministry of Health daily reporting system.

1. The Epidemiological Situation for WK 20, (17 -23 May 2021)

- The number of confirmed cases reported in WK 20 have noticeably increased by 1919 cases bringing this week's total to 28,567 which represents an incidence rate of (69.4) per 100,000 of the population compared with the total of **26648** cases in WK 19 representing **64.7** per 100,000 ppl. The reported increase in the number of COVID 19 cases could be resulted from recurrent social gathering activities. Governorates of the Kurdistan Region of Iraq (KRI) were the most affected.

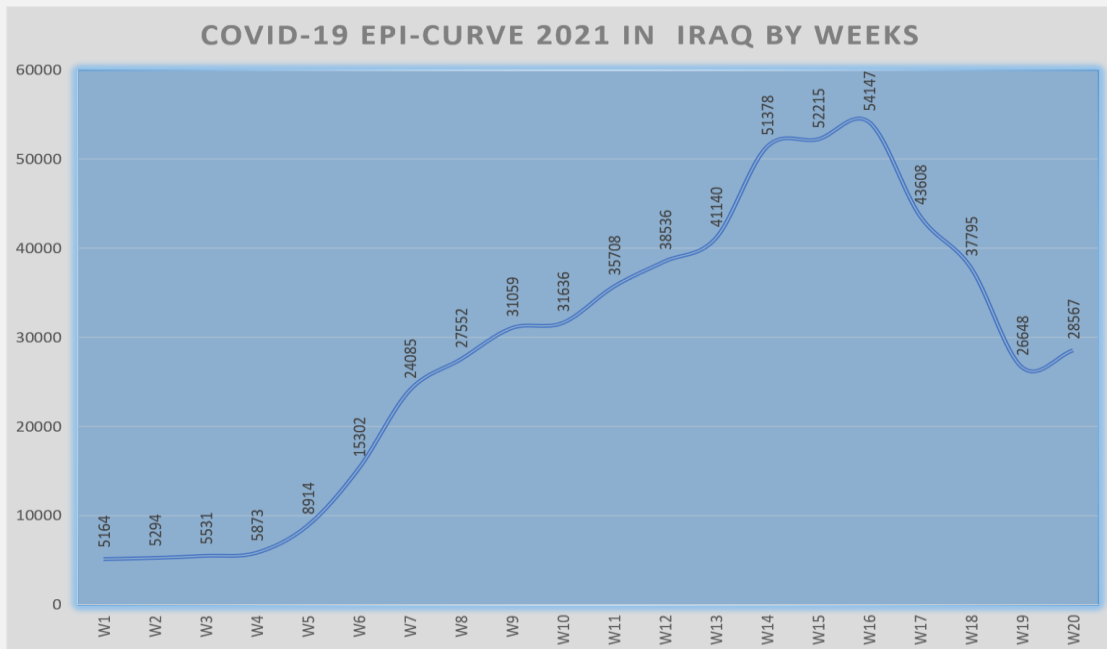


Figure 1: COVID 19 epi curve in Iraq by weeks_ WK20, 2021

- During WK 20, the COVID-19 community transmission in Iraq is identified as **substantial** according to the 3 main epidemic- indicators of **case, death, and positivity rate**.
- Total RT-PCR tests during WK20 stands at **248,535 tests**, more by **48,874 tests** than WK19. This week's figure, however, represents **6,034 tests** per one million population. The increase in the RT-PCR test was identified as a result of health workers' return to work after Eid Al-Fir holidays.

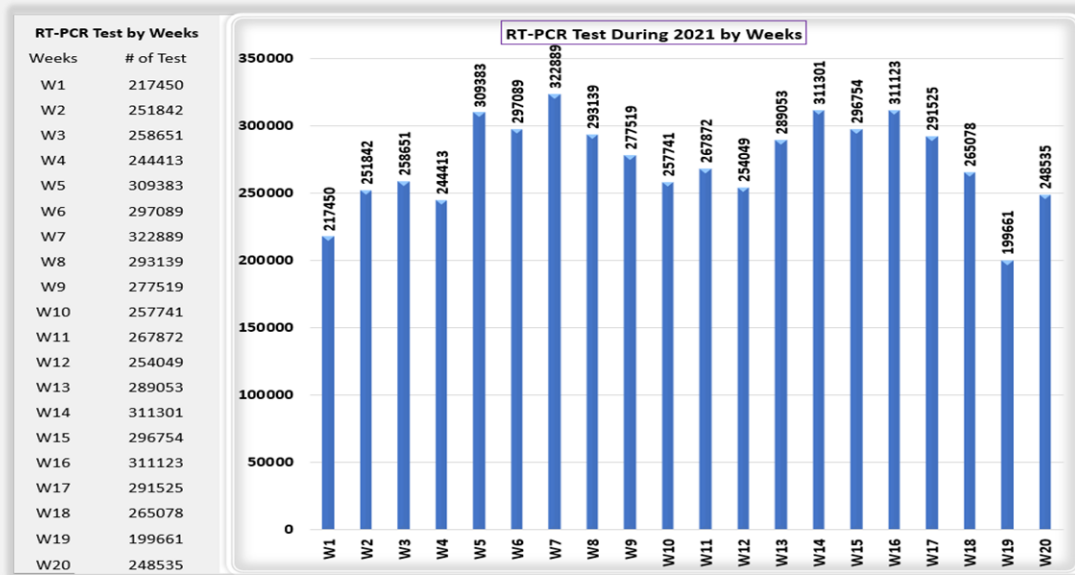


Figure 2: TR-PCR testing by weeks_WK20, 2021

- The range of positivity rate in WK20 is **11%** compared with **13%** for WK19. The 5 governorates with the highest positivity rate are Baghdad-Karkh 24, Missan 21, and Karbala 20.

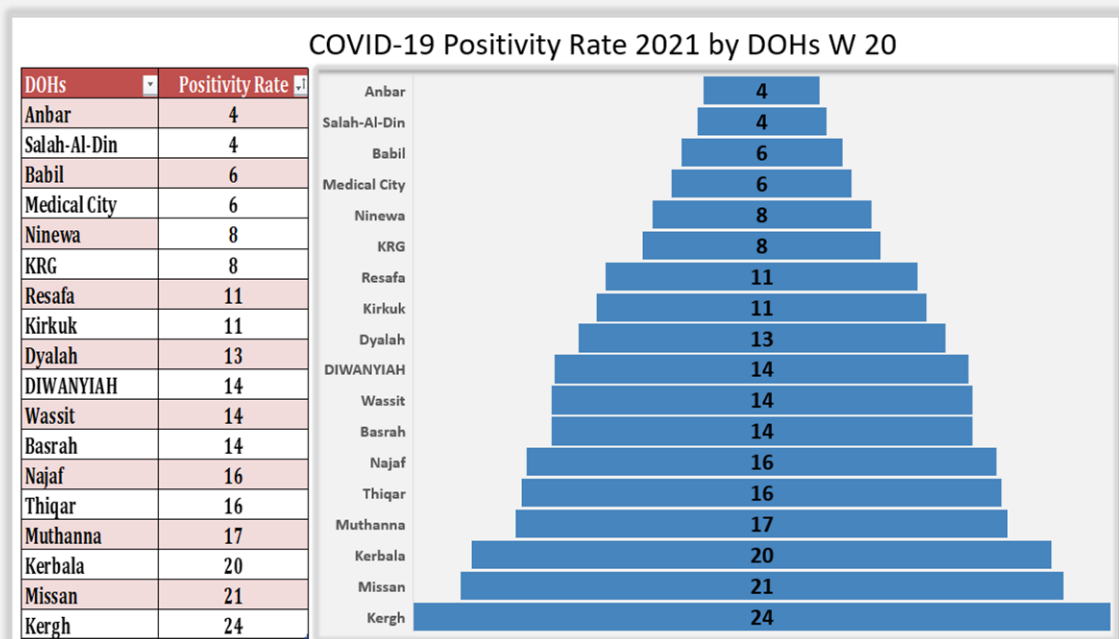


Figure 3: RT-PCR testing during WK 20, 2021

- The case fatality rate in WK20 is **0.8%** indicating no significant difference compared to the CFR reported in the previous week (0.75%)

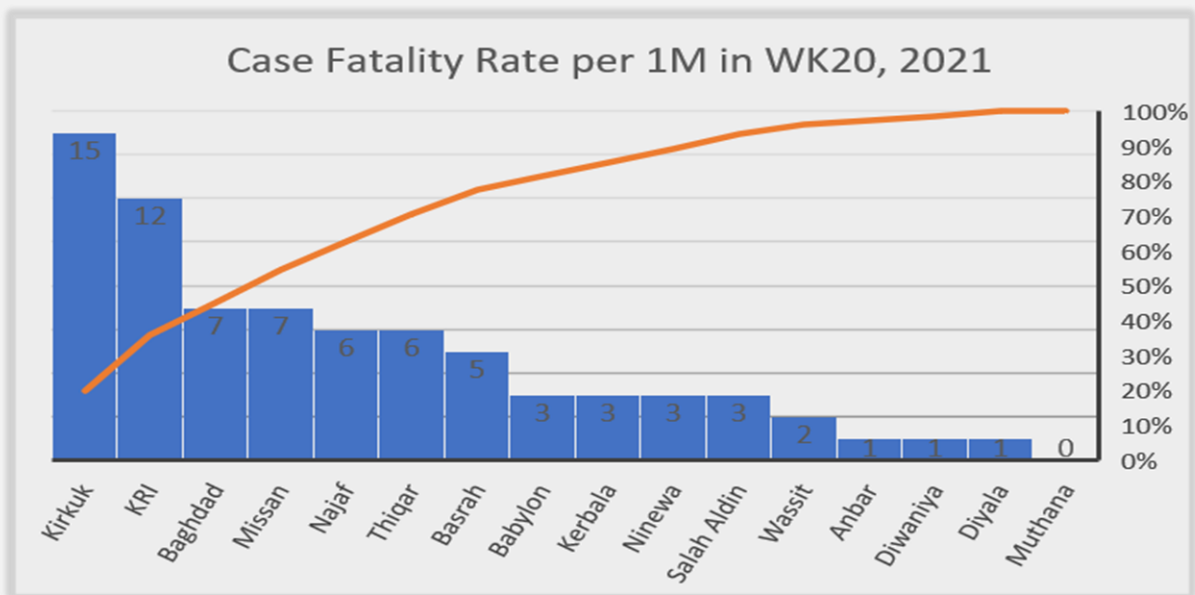


Figure 4: Case Fatality Rate per 1M in WK20, 2021

- The mean of hospitalized patients in WK20 is 1715 per day with a hospitalized fatality rate 2%. No significant change is observed on the ICU hospitalized patients for this week compared with previous weeks.
- The most affected age groups this week are (>15-45 Y) and (> 45-65 Y) at a rate of 54% and 30% respectively. As for deaths, highest was reported among the age groups (>45-65 Y) and (>65 Y) at a rate of 34% and 57% respectively.
- Gender distribution among cases is identified at 57% males and among deaths is 62% males

The Epidemiological indicators for WK20:

The community transmission according to the main epidemic indicators for WK 20 is shown below:

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	16	1	4	Moderate	Low	Low	2	1	1	4	Moderate
BABYLON	32	3	6	Moderate	Low	Moderate	2	1	2	5	Moderate
Baghdad	109	7	16	High	Moderate	Substantial	4	2	3	9	Substantial
BASRAH	120	5	15	High	Moderate	Substantial	4	2	3	9	Substantial
DIWANIYA	55	1	15	Substantial	Low	Substantial	3	1	3	7	Substantial
DIYALA	72	1	13	Substantial	Low	Substantial	3	1	3	7	Substantial
KERBALA	57	3	20	Substantial	Low	High	3	1	4	8	Substantial
KIRKUK	49	15	12	Moderate	Substantial	Substantial	2	3	3	8	Substantial
KRI	86	12	8	Substantial	Substantial	Moderate	3	3	2	8	Substantial
MISSAN	90	7	21	Substantial	Moderate	High	3	2	4	9	Substantial
MUTHANNA	23	0	17	Moderate	Low	Substantial	2	1	3	6	Moderate
NAJAF	84	6	16	Substantial	Moderate	Substantial	3	2	3	8	Substantial
NINEWA	28	3	8	Moderate	Low	Moderate	2	1	2	5	Moderate
SALAH AL-DIN	35	3	5	Moderate	Low	Low	2	1	1	4	Moderate
THI-QAR	25	6	17	Moderate	Moderate	Substantial	2	2	3	7	Substantial
WASSIT	54	2	15	Substantial	Low	Substantial	3	1	3	7	Substantial
IRAQ	69	6	12	Substantial	Moderate	Substantial	3	2	3	8	Substantial

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of 23 May 2021, a total of ***442,234** vaccine doses were administered countrywide indicating that **1.91%** of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated **371,004** have received the first dose, while **71,230** have been fully immunized with both doses.
- In WK20, vaccine administration statistics revealed that **243,371 (69%)** males against **110,358(31%)** females have been vaccinated using the first dose while **46,235 (63%)** males against **26,855 (37%)** 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 **years 129,619 (29%)** of the priority groups vaccinated is over 50 years of age, followed by **312,615 (71%)** of the age group 18 - 50 years.
- Governorates with the highest number of people vaccinated using the first dose include Baghdad-Karkh with **71,566 (4,14%)** followed by Najaf at **(3,14%)**, Karbala at **(2,48%)**, Diwaniya at **(2,36%)**, and each of Basra and Kirkuk at **(2,09%)**. The lowest number of people vaccinated during WK20, on the other hand, is reported in Missan at a rate of **(0,67%)**, Wassit at **(0,92%)**, and Sulaymaniyah at **(0,96%)**.

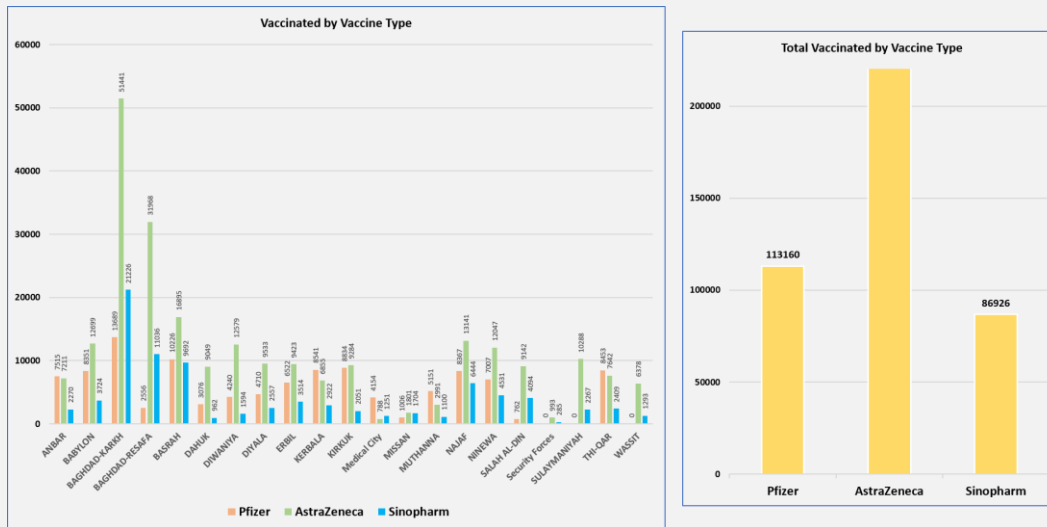


Figure 5: Vaccination by vaccine types used

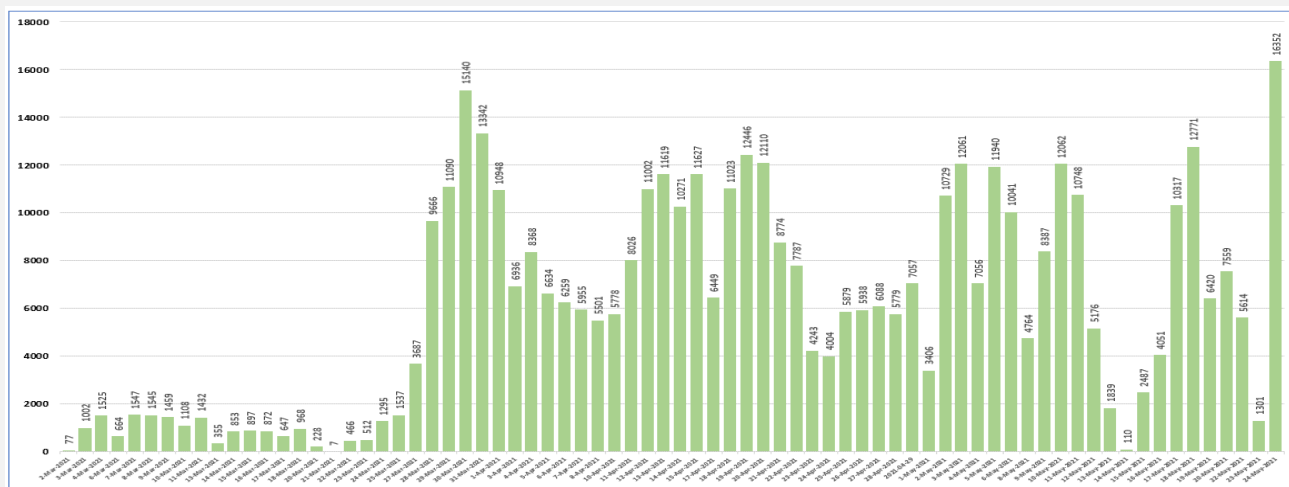


Figure 6: Daily Total Vaccinated population

[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) Risk Communications and community engagement:

- i. WHO, this week, launched the Solidarity Fund Project which will be implemented by the local implementing partners Heevie in 6 IDP camps in the KRI governorates of Duhok and Sulaymaniyah. The 2-month implementation cycle project prelude with a risk communications and community engagement training targeting 50 volunteers from Duhok and will continue to train 30 more volunteers from Sulaymaniyah next week. Trainees will proceed with a door-to-door COVID 19 prevention and vaccination awareness raising campaign in the 6 target camps.



Figure 7: WHO technical team attended part of the RCCE training in Duhok. WHO Iraq

- 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:

(For further information on WHO's call-to action and how to become a signatory, click [here](https://bit.ly/WHOmanifesto))

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

- 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](https://openwho.org).



3. Urgent needs & requirements

- Ensure high quality and quantity RT-PCR testing to assist in the identification of the actual situation of the disease in the country.
- Reassess the health care facilities to fill the gaps pertaining to equipment and performance of health care workers which are essential for the improvement of specialized health care service delivery.
- 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

4. Challenges

- The potential risk of importing the COVID 19 **B.1.617 strain** which 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 COVID 19 **B.1.617 strain** through strict border monitoring, proper case management, and careful contact tracing.
- Creating hotlines for patients undergoing home isolation, in addition to informing on vaccination sites and available vaccine types as possible.

- More testing, contact tracing, and active surveillance remain essential to detect hidden cases and newly emerging strains. 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.
- Ensure proper preparedness to respond to the probable 3rd wave of the pandemic, expected in October this year.
- Coordinate a joint study with the academic institutions to determine the immunity profile of the population and assist in highlighting the efficacy of the vaccine, the cold chain, and vaccinators performance.

6. Health Cluster/ Partners contribution:

- In view of the importance of COVID19 vaccination rollout in displacement and refugee camps, the Emirates Red Crescent (ERC) has launched a COVID-19 vaccination campaign to administer about 16,000 doses of Sinopharm vaccine in refugee and IDP camps in the KRI starting in Debaga IDP camp and Qushtapa Syrian refugee camp. They stated a capacity to administer approximately 3,000 doses per day in Debaga. People under the age of 16 or pregnant/lactating women (unless 6 months post-partum) are not part of the target groups at present. As of 23rd May, **2,272** IDPs have been vaccinated in Debaga camp.
- A total of 27 shelters which have been rehabilitated in Debaga camp to serve as Quarantine/Isolation sites entered the process of handover to IOM and DoH Erbil.
- Based on requests from partners, an [Infection Prevention and Control \(IPC\) guidelines during COVID vaccination](#) and a [health facility checklist on COVID-19 preparedness/response capacity](#) were developed by the Health Cluster and shared with the partners. Partners have been requested to use the checklist and report any issues in the health facility checklist template to the 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
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
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
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
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.