

Tested



13,459,280

Active



164,453

Confirmed



1,712,709

Cured



1,529,053

Deaths



19,203

Highlights:

1. The Ministry of Health sources, this week, reported a total of **76,716** new positive cases with **56,960** recoveries and **469** associated deaths. The sources also indicated the administration of **418822** vaccine doses this week reaching **7.4%** of the target population with at least one dose of the COVID-19 vaccine Iraq wide.
2. The community transmission in WK31 is still high all over the country manifesting alarming scores in 8 governorates specifically, leaving the rest 10 provinces standing at the 'Substantial Community Transmission' level.
3. The mean of hospitalized cases in WK31 is **3606** patients per day with a hospitalized fatality rate of **1.9%**.
4. Inoculation data, so far, revealed the administration of **660,724** doses of AstraZeneca, **1,313,809** of the Pfizer, and **522,847** 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>



1. The Epidemiological Situation for WK 31, (2 – 8 August 2021)

- This week reported **76,716** confirmed COVID-19 cases, indicating a decrease by **6629** cases than in WK30 and representing a rate of 186 cases/per 100,000 population, marking a **(-8%)** change.

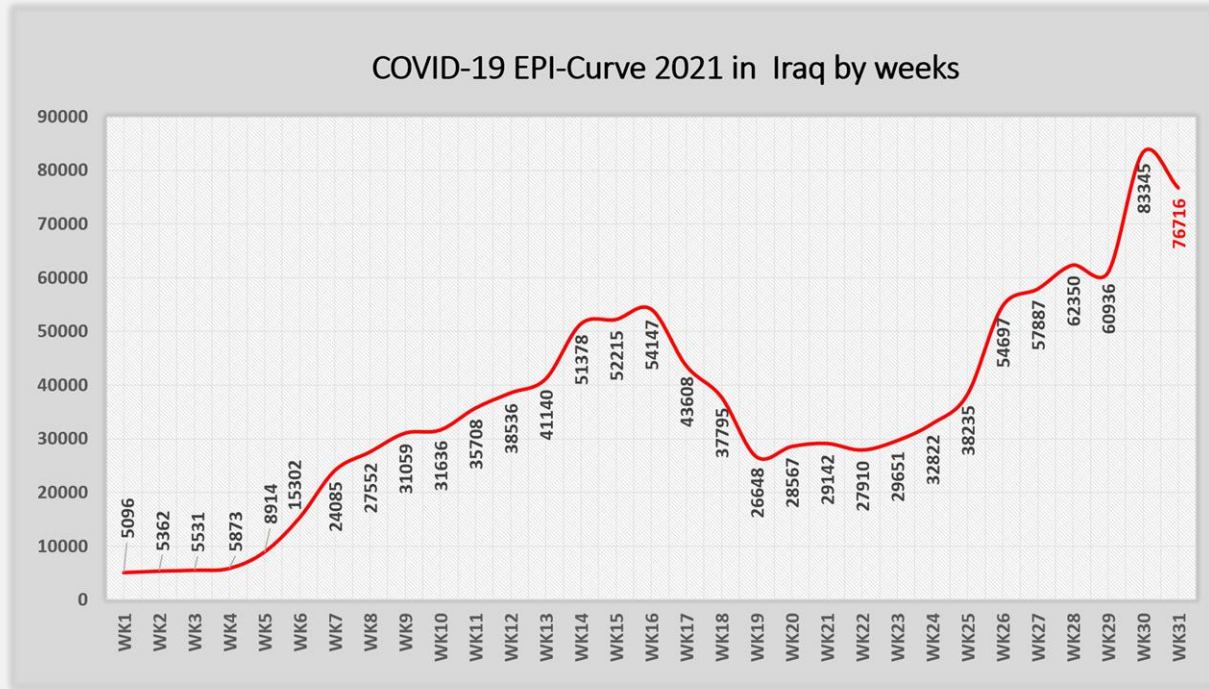


Figure 1: COVID-19 Epi curve in Iraq_ WK31, 2021

- Total RT-PCR dropped down to **336,564** after standing at **369,441** in wk30. The current decrease represents **8171** tests per 1M of population and marks a change of **(-8.8%)**.

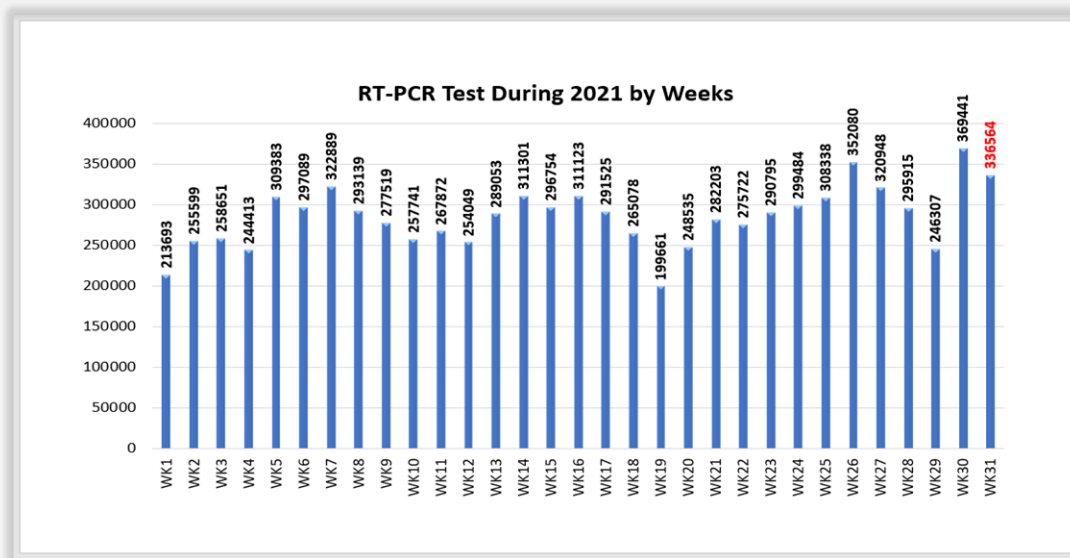


Figure 2: RT-PCR tests per weeks in Iraq_ WK 31, 2021

- The positivity rate in WK31 continued standing at 23% for the second week, maintaining the decline of 2% recorded in WK29. The governorates with the highest positivity rate for WK31 are Karbala at 37.6%, Missan at 36.7%, and Basra at 32.8%. The lowest rate, however, continues to be reported in Anbar at a rate of 10.1 and Erbil at a rate of 14.1%.

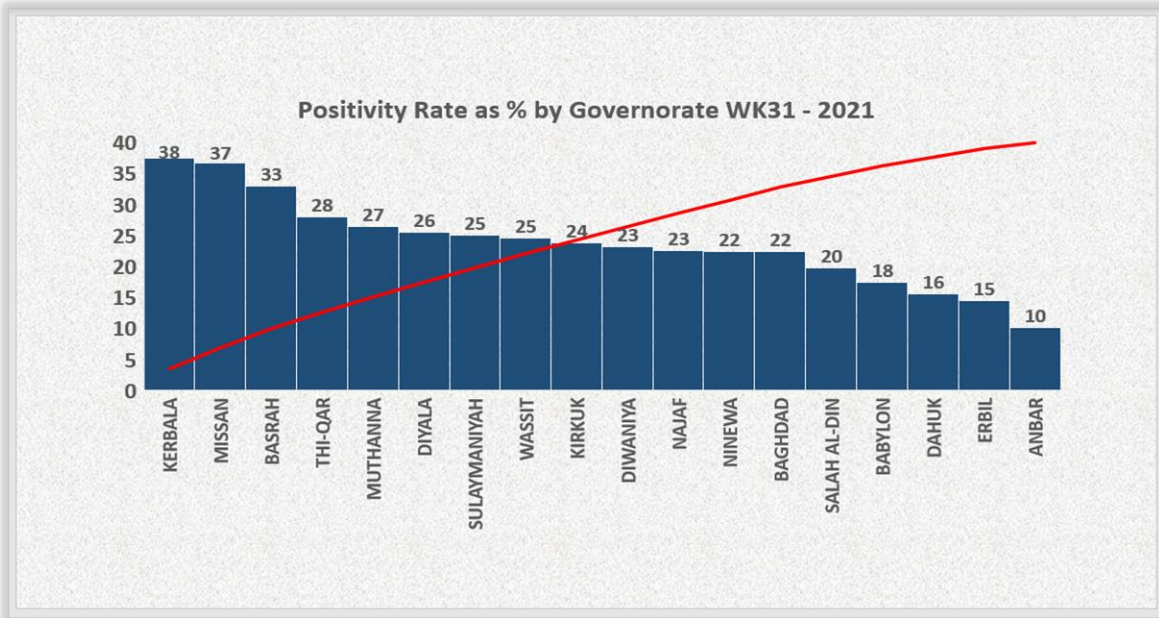


Figure 3: COVID-19 Positivity Rate in Iraq_ WK31, 20201

- COVID-19 related deaths reported this week are **469**, increasing by **22** deaths than last week and raising the case fatality rate to **0.6%**.

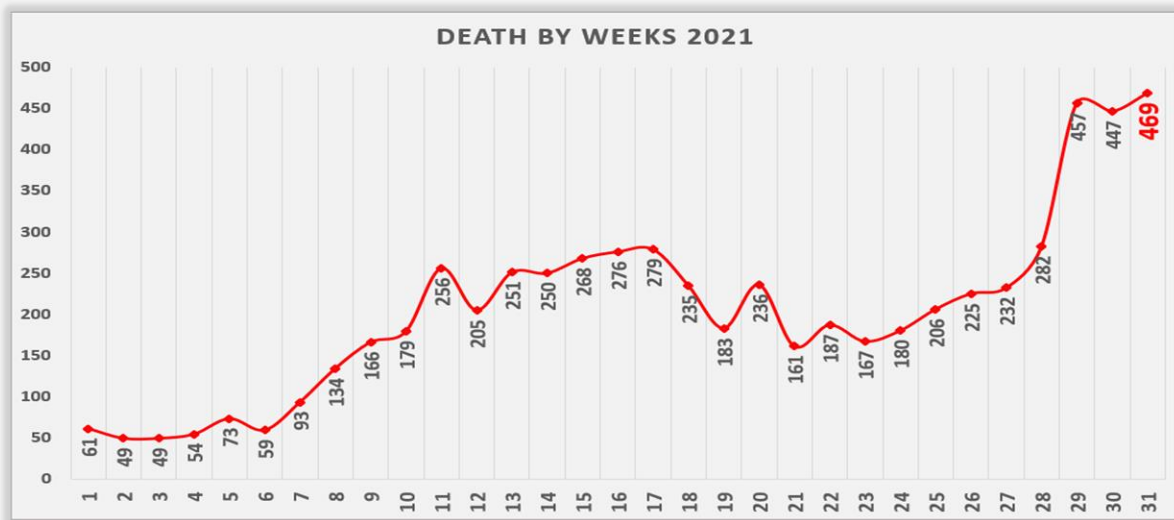


Figure 4: Distribution of COVID-19 deaths by weeks, Iraq_WK31, 2021

- The mean hospitalization figures for this week indicate a value of **3606** patients, of which **33%** are sever cases and **21%** are in the ICU. HFR this week continues standing at **1.9%**.

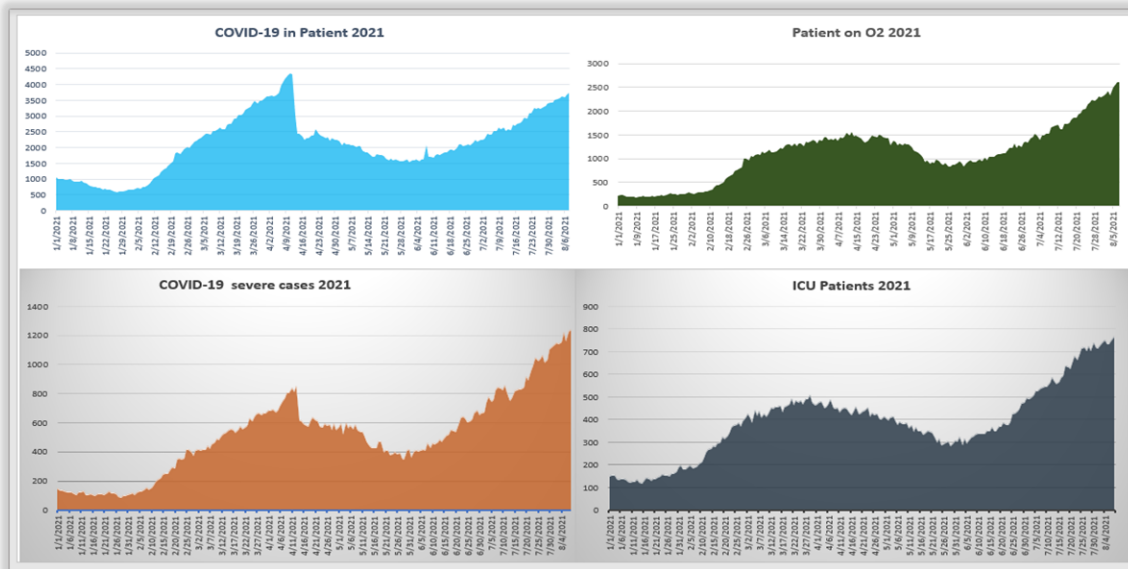


Figure 5: COVID-19 hospitalized and ICU cases per WK_ WK31, 2021

- 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 stands at **1.4** and **1.5** for cases and deaths respectively.

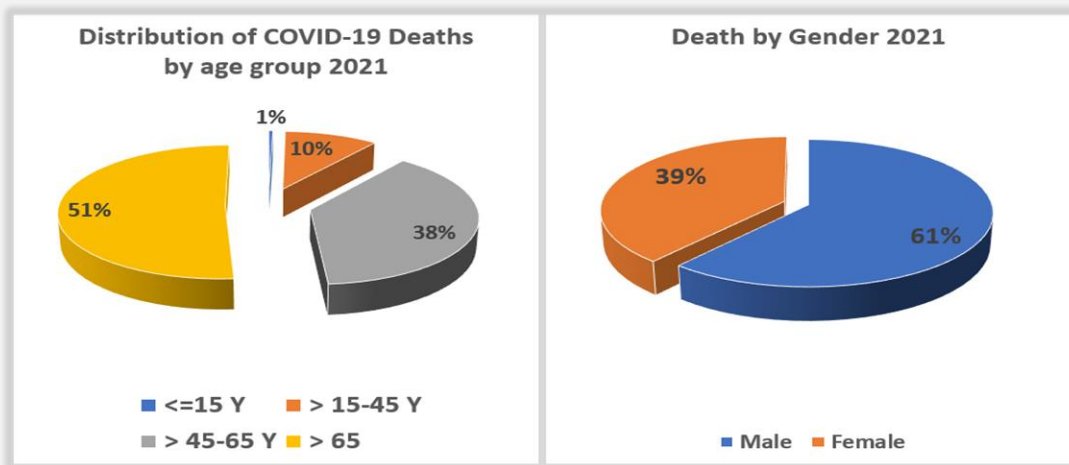


Figure 6: Distribution of COVID-19 deaths by age groups and gender, Iraq, Wk31, 2021

2. The Epidemiological indicators for WK31:

During WK31, the COVID-19 community transmission in Iraq is still high locating 8 out of the 18 country governorates in the alarming RED ZONE. The highest is, however, registered in Duhok and Karbala while the substantial is identified in Babylon, and Ninawa, moving Anbar to the moderate yellow level according to the 3 main epidemics- indicators of the **case, death, and positivity rates**.

Week	31	WK Number	31	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	38.7	1.0	10.1	Moderate	Low	Substantial	2	1	3	6	Moderate
BABYLON	99.1	7.2	17.6	Substantial	Moderate	Substantial	3	2	3	8	Substantial
Baghdad	194.3	9.6	25.9	High	Moderate	High	4	2	4	10	Substantial
BASRAH	224.8	8.3	32.8	High	Moderate	High	4	2	4	10	Substantial
DAHUK	567.8	34.4	15.1	Very High	Substantial	Substantial	5	3	3	11	High
DIWANIYA	189.5	23.0	23.5	High	Substantial	High	4	3	4	11	High
DIYALA	125.7	9.1	25.5	High	Moderate	High	4	2	4	10	Substantial
ERBIL	248.3	17.5	14.1	High	Substantial	Substantial	4	3	3	10	Substantial
KARBALA	302.4	15.2	37.6	Very High	Substantial	High	5	3	4	12	High
KIRKUK	109.6	16.2	23.9	High	Substantial	High	4	3	4	11	High
MISSAN	275.3	17.5	36.7	High	Substantial	High	4	3	4	11	High
MUTHANNA	161.0	8.0	28.3	High	Moderate	High	4	2	4	10	Substantial
NAJAF	110.8	10.1	22.7	High	Substantial	High	4	3	4	11	High
NINEWA	97.0	5.2	22.4	Substantial	Moderate	High	3	2	4	9	Substantial
SALAH AL-DIN	109.3	4.1	19.8	High	Low	Substantial	4	1	3	8	Substantial
SULAYMANIYAH	263.9	18.8	24.5	High	Substantial	High	4	3	4	11	High
THI-QAR	151.5	18.1	28.0	High	Substantial	High	4	3	4	11	High
WASSIT	275.8	3.4	24.6	High	Low	High	4	1	4	9	Substantial

Table 1: COVID-19 Community Transmission in Iraq in WK31, 2021

3. WHO preparedness and Response:

a) COVID 19 inoculation campaign:

- As of WK31, a total of ***2,497,380** 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. Reported data further showed that **1,719,526** of the target population have received the first dose while **777,854** have been double vaccinated.
- As WK31 also, vaccine administration statistics revealed that **1,136,880 (66%)** males against **575,556 (34%)** females have been vaccinated using the first dose while **503,572 (65%)** males against **271,886 (35%)** females have received their second dose. The turnout among women remains comparatively low due to several reasons associated with housekeeping requirements and the rumors about the vaccines' side effects.
- Vaccination rollout data analysis shows **685,302 (27%)** of the priority groups vaccinated are over **50 years** of age, followed by **1,812,078 (73%)** of the age group **18 - 50 years**.

- Governorates with the highest number of vaccinated people using the first dose are Baghdad-Karkh at a rate of **265,649 (12.7%)** followed by Najaf at **(11.5%)**, Basra and Kirkuk at **(9.4%)**, Thiqr at **(9.0%)**, and Duhok at **(8.8%)**. The lowest number of people vaccinated during WK31, on the other hand, is reported in Sulaymaniyah at **(2.4%)**, Ninawa at **(4.5%)**, Salah al-Din and Erbil at **(4.8%)**, and Anbar at **(5.9%)**.

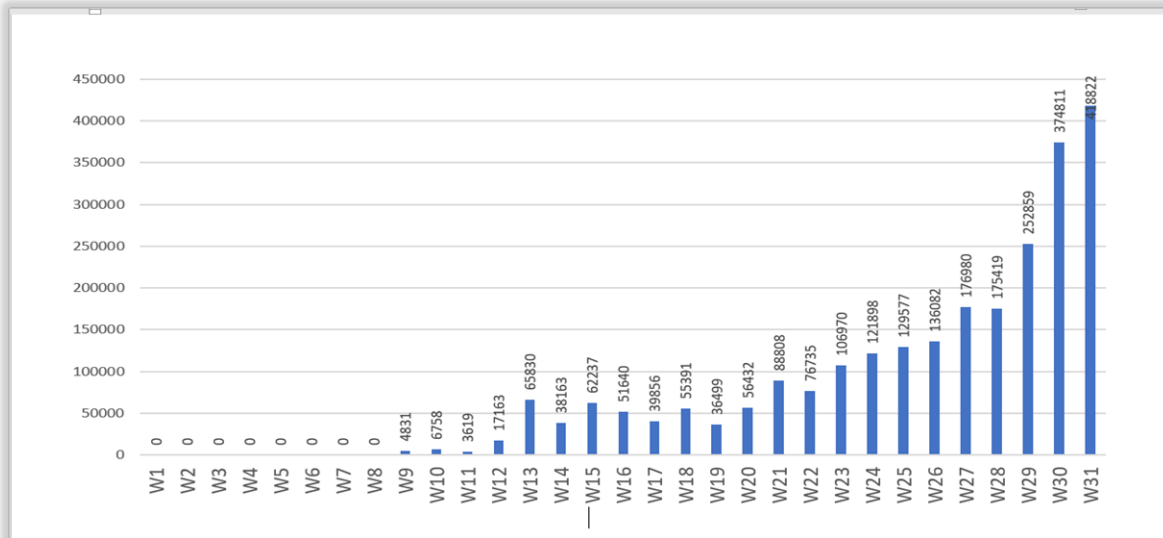


Figure 7: Vaccination in Iraq by weeks_WK31, 2021

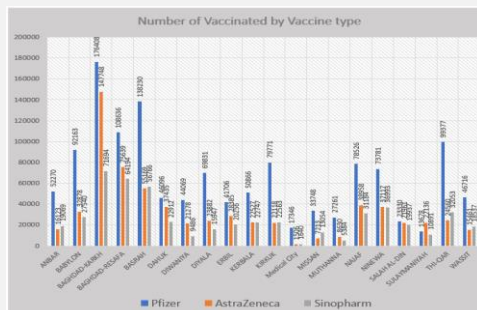


Figure 8: vaccine administration figures by vaccine types in Iraq. WK31, 2021

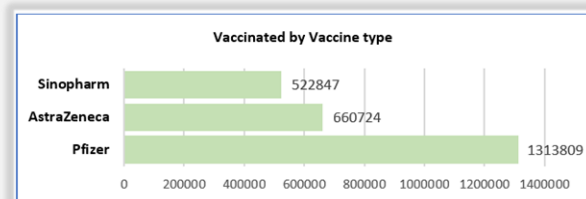


Figure 9: Vaccination by vaccine types in Iraq.

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is *2,497,380. 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:

- A WHO technical team comprising EPI, Health System, and supply chain conducted a mission to Hawija District in Kirkuk Governorate this week to assess the functionality of health facilities here and identify the needs of the vulnerable population of returnees in the district. The visit finding highlighted the urgent gaps in and needs for accessible essential health care service delivery including COVID-19 response activities. The findings will be considered in WHO emergency intervention plan for vulnerable and in-need areas.



Pic 1: WHO technical team visiting Hawija health facilities. Aug 2021. WHO Iraq

- WHO EPI and area coordination team in Erbil also visited the CDC dept. in Erbil, KR-I to discuss several issues pertaining to COVID 19 response and vaccination in Kurdistan Region. A provision of vaccination services for IDPs and refugees in KR-I was among the visit discussion points. WHO is further planning to support MOH/KR-I with a 9-day training on the vaccination management system targeting over 100 health workers from Erbil DOH, end of August 2021.

- WHO EPI and Sulaymaniyah area coordination team visited Arbat IDP camp in Sulaymaniyah governorate to assess the current COVID-19 situation in the mentioned camp. The team discussed with the camp management the means for addressing the spike in COVID-19 transmission among the camp settlers. The team also visited the camp PHCC and the 2 outpatient clinics, triage unit, laboratory, pharmacy, and immunization sites. Findings and health needs shortages will be addressed in WHO emergency response plan.



Pic 2: WHO EPI & Sulaymaniyah coordination Office team visit a health facility serving IDPs in the governorate, July 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).



3. Urgent needs & requirements

- The epidemic indicators alert of rapid deterioration in the disease situation in Iraq, which necessitates further emphasis on the importance of prevention, masking, and vaccination in vulnerable communities specifically.
- 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 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

4. Challenges

- The exponential spread of the COVID 19 **Delta variant** and the significant surge in case reporting.
- Shortage of vaccines in main health facilities and impairments in the vaccination rollout process.
- The high summer temperature and shortage of power supply necessary to maintain the cold chain requirements 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.

5. Recommendations

WHO Iraq Office would like to recommend the following:

- Designate fixed vaccination centers, well announced about 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 further upsurge in cases in the coming few months. Preparedness could include:
 - ✓ the reactivation of the partial lockdown targeting the working hours of malls, cafes, restaurants, and other social gathering places.
 - ✓ 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.

6. Health Cluster/ Partners contribution:

- As of 4 August, and according to UNHCR's weekly reporting on people of concern, the COVID-19 statistics among IDPs and Refugees are identified as below:
 - total cases: 1,325 (617 Refugees + 708 IDPs.)
 - deaths: 74
 - recovered: 883
 - active cases: 271
 - unknown outcome: 97
- The DOHs and Sub-clusters in Sulaymaniyah and Duhok governorates of the Kurdistan Region of Iraq are concerned over the surge in COVID-19 numbers in IDP and Refugee camps in the mentioned governorates. Sulaymaniyah DOH is studying the imposition of a 14-day movement restriction to/from the camps in an attempt at containing the spike in infection rates. Meantime, Duhok DOH is planning to increase the risk communication activities following the success achieved by the WHO supported prevention and awareness sessions project (May-July 2021) conducted by Heevie NGO targeting five IDP camps in the governorate. During the mentioned project implementation, considerable number of IDPs registered their names in the online vaccination portal and many of them got vaccinated. The national Health and CCCM clusters met this week to agree on the division of labor among humanitarian partners at camp level to discuss ways for maintaining these awareness sessions/campaigns in vulnerable locations like the displacement and refugee camps.

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

Ms. Pauline Ajello, Communications, +96477729877288, ajellopa@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.