



Tested	Active	Confirmed	Cured	Deaths
				
10,970,128	65,711	1,254,643	1,172,227	16,705

Highlights:

1. In Week 23, the Ministry of Health reported 29,651 new COVID-19 cases representing 72 case/per 100,000 of population. New COVID 19 related deaths reported this week were 167 indicating a case fatality rate of 0.6 %.
2. As of 13 June 2021, a total of ***703,820** vaccine doses were administered Iraq wide indicating that **3.05%** of the target population received at least one dose of the COVID-19 vaccine.
3. Inoculation data, so far, revealed the administration of 357.292 doses of Astrazeneca, 196.627 of the Pfizer, and 149.901 of the third country certified Sinopharm vaccine.
4. Highest COVID 19 case reporting for WK23 is identified in the southern governorates of Diwaniyah, Thi qar, Wassit, and Missan with positivity rates of 24.9%, 24.6%, 23.7% and 20.5% respectively.
5. Community transmission all over Iraq remains substantial with a potential possibility of a flare up in case reporting.
6. WHO Iraq supported Ninawa DOH with a consignment of 13 pallets of lifesaving emergency medical supplies and technologies necessary for the treatment of sever COVID-19 cases. The consignment is funded by USAID, ECHO, and the State and People of Kuwait.



Note: the source of the data in this sitrep (reporting period 7-13 June 2021) is the Ministry of Health daily reporting system.

1. The Epidemiological Situation for WK 23, (7-13 June 2021)

- The number of newly COVID-19 confirmed cases reported this week stands at **29,651** marking an increase of **1741** cases than in WK22.

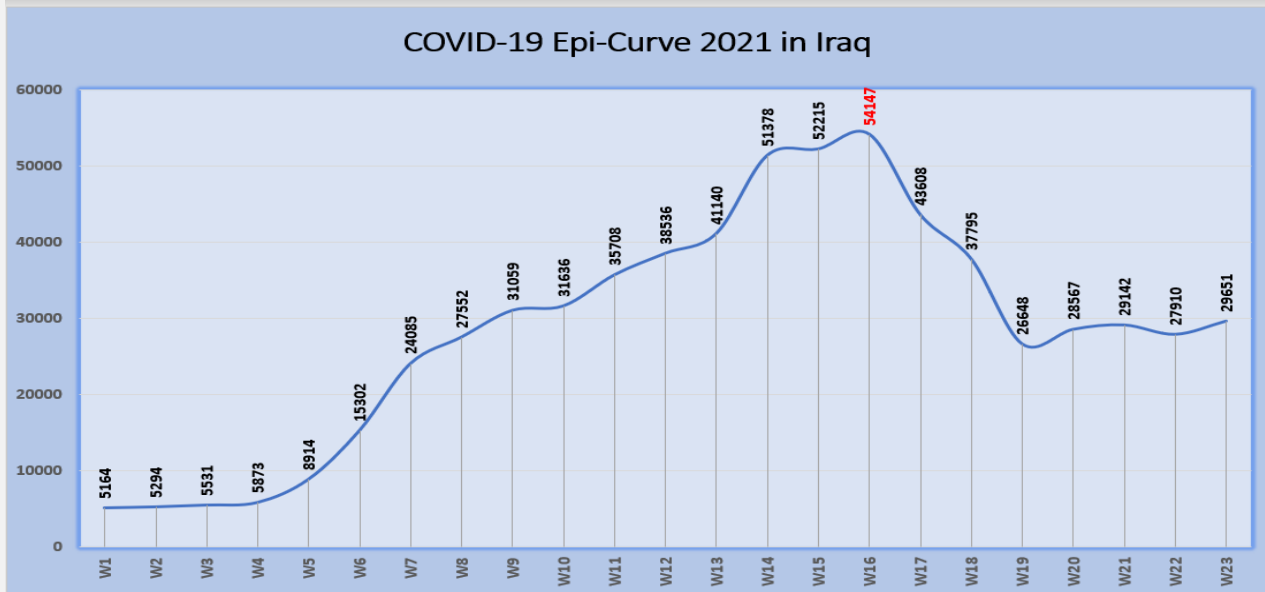


Figure 1: COVID 19 Epi curve in Iraq for WK23, 2021

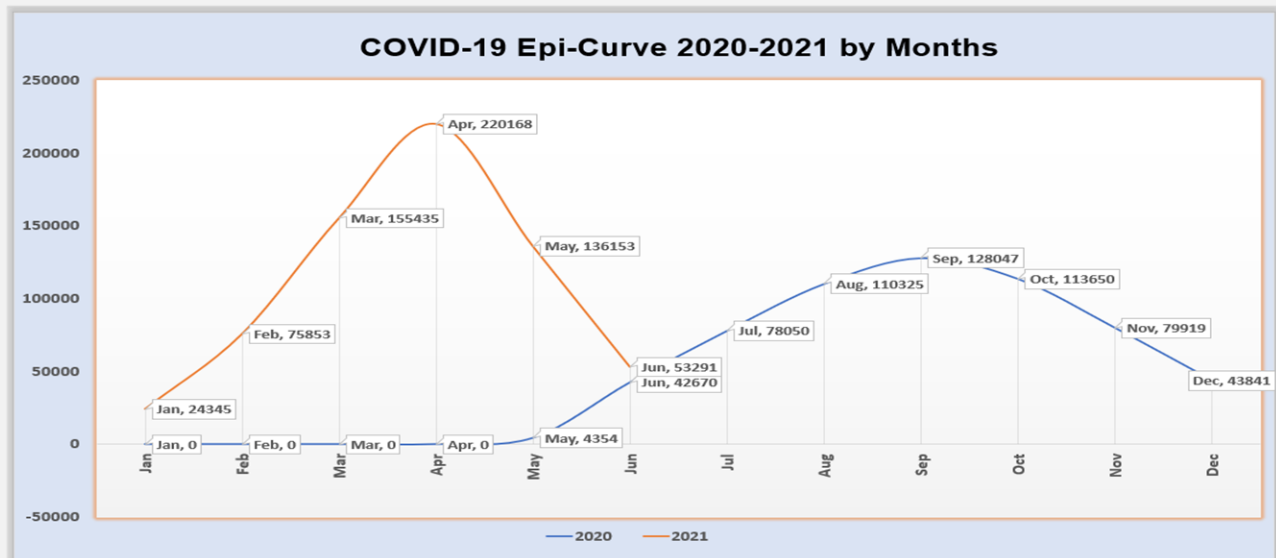


Figure 2: COVID 19 Epi curve in Iraq by months_ 2020-2021

- Total RT-PCR tests during WK23 is 290,795 reflecting an increase by 15,073 tests and representing 7060 tests per 1M of population.

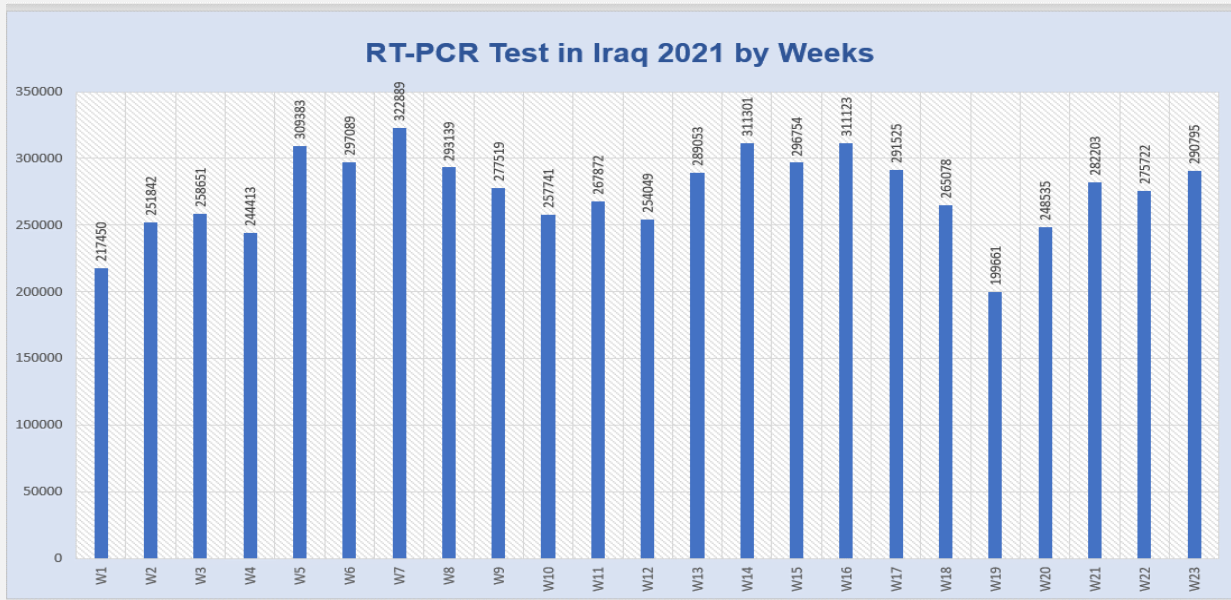


Figure 3: RT-PCR test in Iraq for WK23, 2021

- The positivity rate in WK23 remains at **10%**. The governorates with the highest positivity rate for this week are Diwaniya at 24.9% and Thiqr at 24.6%, while lowest is, however, registered in Erbil at 2.3% and Anbar at 3.1%.

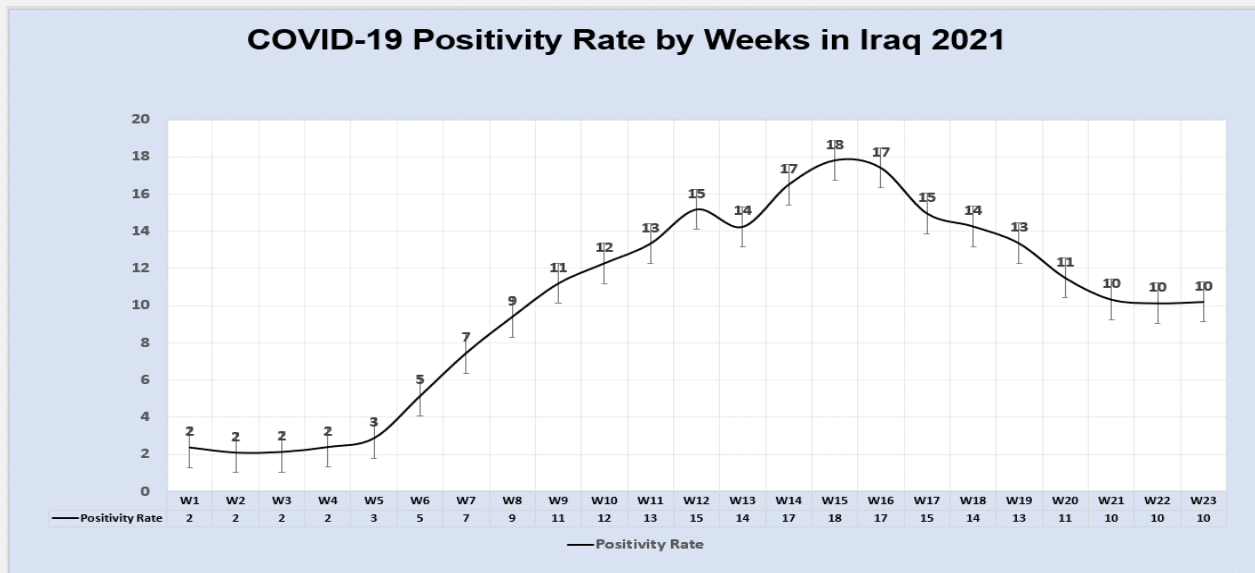


Figure 4: COVID 19 Positivity Rate in Iraq_WK23, 2021

- COVID-19 related deaths reported this week went down by **20** deaths to stand at **167** representing a case fatality rate of **0.6%** which is yet of no significant difference from the CFR reported in previous weeks.

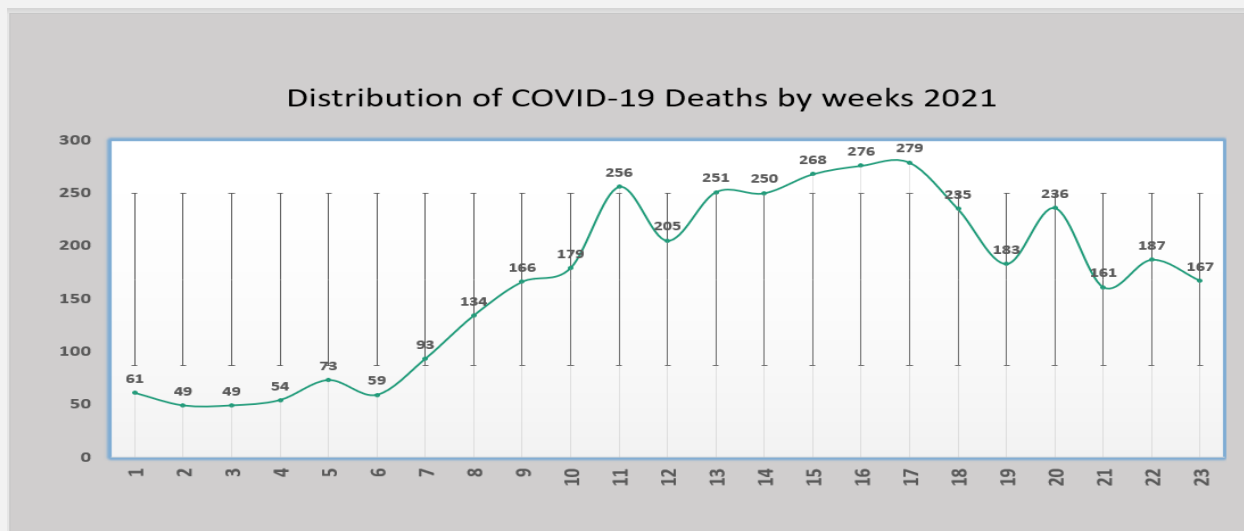


Figure 5: Distribution of COVID 19 deaths in Iraq_ WK23, 2021

- The mean of hospitalized patients in WK23 is **1768** per day with a hospitalized fatality rate of **1.3%**. The rate of the ICU hospitalized patients for this week remains at **19%** reflecting no significant change in comparison with previous weeks.
- The most affected age groups this week are the same as the previous where (>15-45 Y) and (> 45-65 Y) are at a rate of 57% and 29% respectively. As for deaths, the highest was reported among the age groups (>45-65 Y) and (>65 Y) at a rate of 38% and 51% respectively.
- Gender distribution among cases this week is also identified at 58% males and among deaths at 62% males as well.

2. The Epidemiological indicators for WK23:

During WK 23, the COVID-19 community transmission in Iraq is identified as **substantial** according to the 3 main epidemics- indicators of the **case, death, and positivity rate**. The highest is still reflected in Baghdad and Basra while the lowest in Anbar and Ninawa.

Community Transmission according to the 3 main indicators (Case, Death, PR), WK 23

Governorates	Case/100000	Deaths/1 M	Positivity Rate	Case/100000	Death/M	Positivity Rate	Score 1	Score 2	Score 3	Total Score	Rank
ANBAR	12	1	4	Moderate	Low	Low	2	1	1	4	Moderate
BABYLON	41	2	5	Moderate	Low	Moderate	2	1	2	5	Moderate
Baghdad	111	7	13	High	Moderate	Substantial	4	2	3	9	Substantial
BASRAH	132	3	14	High	Low	Substantial	4	1	3	8	Substantial
DIWANIYA	74	1	25	Substantial	Low	High	3	1	4	8	Substantial
DIYALA	38	0	8	Moderate	Low	Moderate	2	1	2	5	Moderate
KERBALA	74	2	16	Substantial	Low	Substantial	3	1	3	7	Substantial
KIRKUK	45	6	6	Moderate	Moderate	Moderate	2	2	2	6	Moderate
KRI	59	7	6	Substantial	Moderate	Moderate	3	2	2	7	Substantial
MISSAN	85	3	21	Substantial	Low	High	3	1	4	8	Substantial
MUTHANNA	20	0	8	Moderate	Low	Moderate	2	1	2	5	Moderate
NAJAF	100	1	15	High	Low	Substantial	4	1	3	8	Substantial
NINEWA	24	2	4	Moderate	Low	Low	2	1	1	4	Moderate
SALAH AL-DIN	27	8	5	Moderate	Moderate	Low	2	2	1	5	Moderate
THI-QAR	71	3	25	Substantial	Low	High	3	1	4	8	Substantial
WASSIT	133	1	24	High	Low	High	4	1	4	9	Substantial
IRAQ	72	4	10	Substantial	Low	Substantial	3	1	3	7	Substantial

Figure 6: COVID 19 Community transmission in Iraq_ WK23, 20201

3. WHO preparedness and Response:

a) COVID 19 Inoculation campaign:

- As of 13 June 2021, a total of *703,820 vaccine doses were administered countrywide indicating that 3.05% of the target population in Iraq has so far received at least one dose of the COVID-19 vaccine. Of the total number vaccinated, 449,524 have received the first dose, while 209,296 have been fully immunized with both doses.
- In WK23, vaccine administration statistics revealed that **320,657 (67%)** males against **155,633 (33%)** females have been vaccinated using the first dose while **131,948 (64%)** males against **74,952 (36%)** 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 212,178 (42%) of the priority groups vaccinated are over 50 years of age, followed by 296,497 (58%) of the age group 18 - 50 years.
- Governorates with the highest number of people vaccinated using the first dose include Baghdad- Karkh with 93,826 (4.5%) followed by Najaf at (3.4%), Diwaniya at (2.7%), Karbala (2.6%), Basra at (2.5%), and Kirkuk (2.4%). The lowest number of people vaccinated during

WK23, on the other hand, is reported in Missan at a rate of (0.8%), Sulaymaniyah at (1.0%), and both Ninawa and Wassit at (1.3%) each.

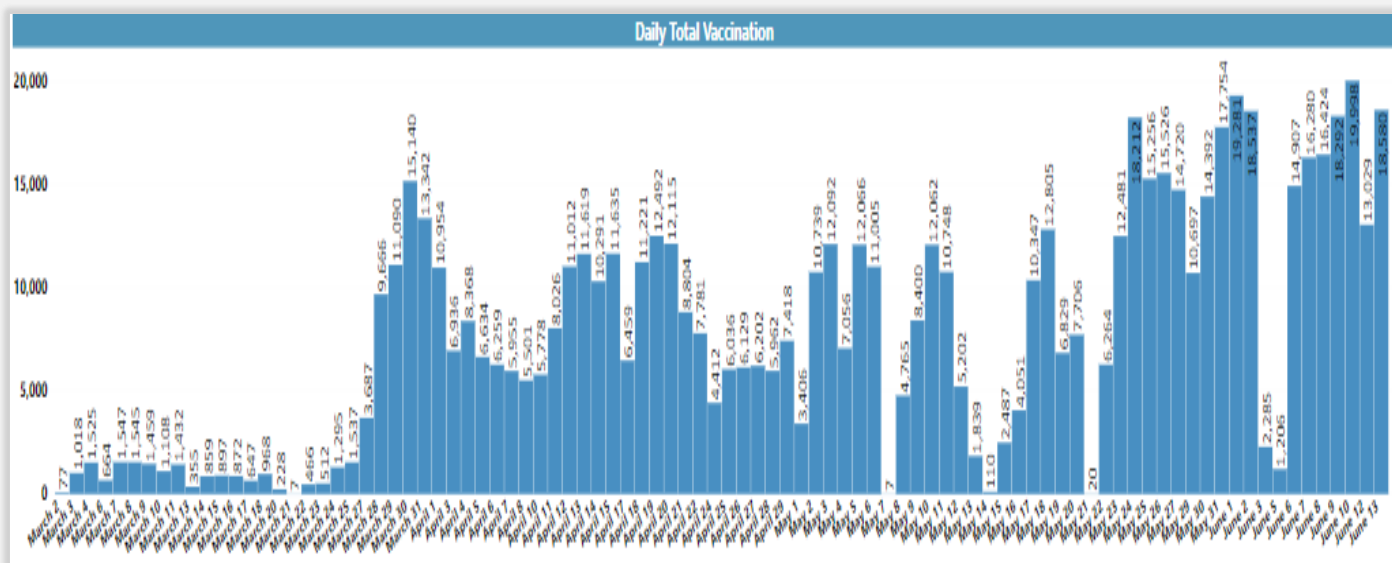


Figure 7: COVID 19 total daily vaccination_WK23_2021

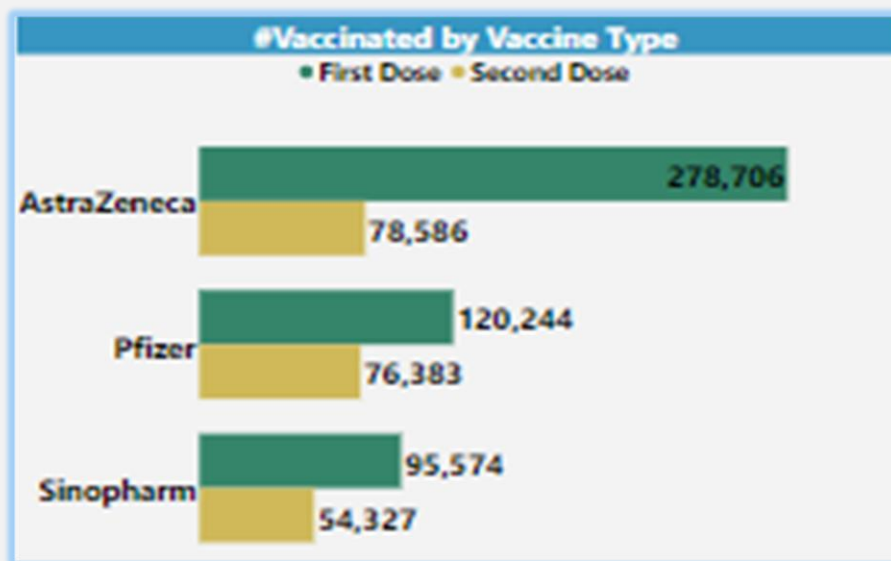


Figure 8: Vaccination rollout by vaccine type_Iraq_WK23, 2021

Note: The overall vaccination number of doses administered in Iraq according to the MOH statistics this week is *703,820. 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:

- WHO Regional Office (EMRO) delegated the Emergency Consultant Dr. Gary Greg Kuniyoshi to Iraq to support the health authorities in Sulaymaniyah Governorate (KR-I), to assess the adequacy of COVID-19 inpatient management measures. Dr. Kuniyoshi visited several health facilities in the governorate including Shahid Aso COVID-19 Hospital and its ICU wards and the 120-bed Shahid Hemin COVID-19 Hospital and its 24/7 COVID-19 clinic and newly constructed ICU wards scheduled to be inaugurated end of June this year.



Pic 1: WHO RO Emergency Consultant Dr Gary Kuniyoshi (right) meets with health officials in Suli_KRI over COVID 19 containment measures. WK23_WHO Iraq

- WHO Iraq supported Ninewa DOH with a consignment of 13 pallets of emergency medical supplies and equipment required for the COVID-19 isolation unit in Al Shifaa Hospital designated to treat severe COVID-19 cases among Ninewa Governorate population including the IDPs and returnees. The consignment also included lifesaving medical equipment and supplies for Al Khansaa Hospital and AL Qudus PHCC in the governorate. The consignment was funded by USAID, ECHO, and the State and People of Kuwait.



Pic 2: WHO Iraq warehouse team preparing for a consignment of medical supplies and technologies to Ninewa DOH. WK23_WHO Iraq

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))

- 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

- 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.
- 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.
- 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

5. Challenges

- The potential risk of importing the COVID 19 **Delta strain** which requires continued vigilance.
- Vaccine hesitancy towards AstraZeneca specifically continues to affect vaccination efforts.
- Funding constraints to sustain and support COVID-19 interventions including RCCE.

6. Recommendations

- Intensify community sensitizations and engagement to encourage population adherence to public health measures and COVID-19 vaccine uptake.
- Continue to strengthen risk communications, community mobilization, and media engagement activities to encourage people to maintain wearing masks and adhere to the COVID-19 guidelines.
- Proper detection and management of the new COVID 19 **Delta strain** through strict border monitoring 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 and other health issues like Mucormycotic (Black Fungus) and other

comorbidity cases. 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 probability of an upsurge of cases 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.

7. Health Cluster/ Partners contribution:

- The Global Health Cluster invited the Iraq Health Cluster to participate in a news story to highlight the best practices/lessons learned and/or operational gaps/needs under the COVID-19 response interventions in the country. The purpose of the request is to highlight how partners at both sub-national and national levels are contributing to the COVID-19 response in Iraq, and how the coordination efforts of the Iraq Health Cluster are critical to the successful execution of a coherent strategy across partners. An international and national NGO (IMC and DAMA) were selected to be interviewed on their contributions to the COVID-19 vaccination and health service provision at a Quarantine/Isolation (Q/I) area in an IDP camp.
- The OCHA-funded Q/I area in Ameriyat Al Fallujah (AAF) IDP camp became functional and started to receive patients from 6 June despite some issues like the agreement on provision of fuel for the entire Q/I site, food for patients in the site, and hiring of administration staff. Relevant partners are working together to resolve these issues.
- The discussion has been ongoing at the Sulaymaniyah ICCG and CCCM meetings on whether to initiate the second phase of activating the larger (96-tent) Q/I area in the Ashti IDP camp in parallel with the already-functional 20-bed Q/I site. The consensus reached was to postpone the action while observing the trend of COVID-19 cases and the utilization rate of the Q/I area, based on which, a later decision can be made.

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.