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Review article

How will the second wave of the dreadful COVID-19 be with the increasing number of the infected cases and mortality in Iraq?

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A R T I C L E   I N F O

Article history:
Received 10 September 2020
Accepted 30 September 2020

Keywords:
Dreadful
Coronavirus
Quarantine
Pandemic
Infection

A B S T R A C T

Since the first period of the virus’s emergence in Iraq, the government and health-related authorities have rushed to impose home quarantine and suspend work in all facilities of the country besides prescribed the rear measures for doubtful cases. From that time, the detected cases elevated with the number of mortality. Our study aims to take an overview of the disease during the past seven months, and a general review of the effects of quarantine measures that have resulted in an altitude graphic curve for both injuries and deaths. Data were analyzed using statistical software with significant values. The number of cases and mortality was elevated in a linear curve. The quarantine has been a factor for containing the virus in the early stages, but on the contrary, no impact was observed recently. The World Health Organization has warned that Iraq will face a second wave of coronavirus next fall, due to the lack of commitment of citizens to the comprehensive implementation of the ban and shortcomings rules of social spacing, proceed to hold special events, and increased activity in the markets. To see the country free from COVID-19, the responsible necessity to focus on the indigence to meet the public health requirements at a proper time.

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¿Cómo será la segunda ola de la terrible COVID-19 con el número creciente de casos infectados y mortalidad en Irak?

R E S U M E N

Desde la primera aparición del virus en Irak, el gobierno y las autoridades sanitarias se apresuraron a imponer cuarentena domiciliaria y suspender el trabajo en todas las instancias del país, además de prescribir medidas de búsqueda para casosudosos. Desde ese momento, los casos detectados se elevaron, al igual que el número de muertes. El objetivo de nuestro estudio es establecer una visión de la enfermedad durante los últimos siete meses, así como una revisión general de los efectos de las medidas sobre cuarentena, que
The actual concern of quarantine has become from the scare of transmission after a patient’s recovery which may create earnest challenges for state and society. Thus, the WHO concentrated on quarantine as a gauge for public health in which the healthy individuals have to separate from others who have symptoms started and early detected cases. Measures have been put in place alongside the implementation of quarantine instructions by the second edition of the Public Health Guidelines for the community to face the pandemic. Through the outbreaks period, the elevation of the isolation rate contributes to the prevention of epidemics. Experimental results in some cities showed that the suggested strategies had a great impact on the control of the disease. In addition to that, the improvement of the isolation rate in the latent infection period is key to the surveillance dispersal of the disease. Quarantines can be volitional or voluntary. In common, the long-time quarantine equals the length of the incubation period of a disease that a person may expose.

The first wave of COVID-19 in Iraq

Since the first emerging of COVID-19 was discovered on the 24th of February, in Iraq by an Iranian student who was visiting the Najaf city. The Ministry of Health announced the registration of new cases almost daily. At the first wave of imported cases, most cities and villages followed the health instruction. All public or private congregations, non-fundamental services, gyms, and recreation facilities have ceased. Schools, universities, and cinemas were sealed. Iraq still goes about their daily activities without the use of a mask, unless they were unwell. The government has dramatically reversed their commendations on the use of masks because they may confer additional protection.

Iraq is among the few countries with high rates of death related to the virus, which reached 2.6%, and it is twice the rate compared with other countries. The impact of preventing roving at the beginning of the outbreak had a limit circulation of the virus but without the serious obligation to the healthy instructions for struggling the prevalence of the epidemic led to an increase in the number of cases. The quarantine has been a main factor for curbing the virus in the early stages, but on the contrary, no leverage was observed recently.

Few points are highlighted here. Among them, the main snag for entering a quarantine was the loss of income of
most jobs during the period of the outbreak. Furthermore, there was a reduction in collaboration between people, most of them rejected entry to quarantine places, and some of them returned illegally.\(^{15}\) As it is difficult to predict pandemics, COVID-19 has brought economic, financial, health, and social issues to people in Iraq. Thus, people have to accept and understand that public health is the priority above all. Some people in quarantine felt like they were in prison while others felt this is a kind of retribution, but as they are safely discharged, their spirits are promoted, being is much better and they wish to follow the quarantine practices and protocols. Between the 24th of February to 21st of September, the number of cases was elevated in a linear curve to reach 322,658 cases, Table 1. After approximately seven months from the first infected case, the number of mortality is recorded 8625 cases, Table 1 and Fig. 2. Based on the statistical analysis, the current data is spotted with significant value \(p<0.01\). The mean, standard error, and standard deviation were extracted from the SPSS software version 25, Table 2. The growing of cases amongst citizens living in the dormitories could be due to the limited space, their culture of communal and involvement in parties, and banquets led to an increase in infection cases. Given the above factors and conditions, it is difficult to properly hand out the contribution of wearing masks versus social distancing, tough tracing of human contact, and other control measures. On the other hand, there has been a noticeable increase in the number of people recovering since the beginning of the epidemic, as their number reached approximately 273,266 cases on the 21st of September, with a rate of 80% of the total cases.

**Statistical analysis of infected and death cases**

At the first wave time, the Ministry of Health was managing the altitude of the flatten curve of the novel coronavirus, but later it has seen a rapid upward trending because citizens failed to comply with sear instructions and health safety, Fig. 1.

![Graph of Total Cases by Date](image)

**Fig. 1 – Total coronavirus cases by date.**

### Table 1 – Total number of cases and deaths upon the date.

| Date   | Total case | Total death | Date   | Total case | Total death |
|--------|------------|-------------|--------|------------|-------------|
| 15-Feb | 0          | 0           | 9-Jun  | 14268      | 392         |
| 20-Feb | 0          | 0           | 14-Jun | 20209      | 607         |
| 25-Feb | 5          | 0           | 19-Jun | 27352      | 925         |
| 1-Mar  | 19         | 0           | 24-Jun | 36702      | 1330        |
| 6-Mar  | 46         | 4           | 29-Jun | 47151      | 1839        |
| 11-Mar | 71         | 8           | 3-Jul  | 56200      | 2368        |
| 16-Mar | 133        | 10          | 8-Jul  | 67442      | 2882        |
| 21-Mar | 214        | 17          | 13-Jul | 79735      | 3345        |
| 26-Mar | 382        | 36          | 18-Jul | 90220      | 3781        |
| 5-Apr  | 961        | 61          | 23-Jul | 102226     | 4212        |
| 10-Apr | 1279       | 70          | 28-Jul | 115332     | 4603        |
| 15-Apr | 1415       | 79          | 2-Aug  | 129151     | 4934        |
| 20-Apr | 1574       | 82          | 7-Aug  | 144064     | 5310        |
| 25-Apr | 1763       | 86          | 12-Aug | 160436     | 5641        |
| 30-Apr | 2085       | 93          | 17-Aug | 180133     | 6036        |
| 5-May  | 2431       | 102         | 22-Aug | 201050     | 6428        |
| 10-May | 2767       | 109         | 27-Aug | 219435     | 6814        |
| 15-May | 3193       | 117         | 1-Sep  | 238338     | 7123        |
| 20-May | 3724       | 134         | 6-Sep  | 260370     | 7512        |
| 25-May | 5632       | 163         | 11-Sep | 282672     | 7881        |
| 30-May | 6179       | 195         | 16-Sep | 303059     | 8248        |
| 4-Jun  | 8840       | 271         | 21-Sep | 322658     | 8625        |
Discussion

The World Health Organization (WHO) has warned that Iraq will face a second wave of coronavirus next Autumn. This caution is concerning to the lack of commitment of citizens to thorough bans, proceed to the holding of special events, lack of application rules of social divergence, and increasing activity in the markets.14

The cooperation between WHO and affected countries coordinates the global health response to COVID-19, including the provision of updated information on the situation, assessment of potential risks, improving guidance, training for health authorities, technical health agencies on provisional surveillance recommendations,15 laboratory testing of cases, the prohibition of infections, control, and clinical management. Observation should be continued to promote between contiguous countries according to WHO guidelines, along with prohibition and facilitate cooperation in healthcare facilities. Properly worn face masks probably help fence dispersal of the virus. Other environmental and ambient factors including temperature, wind velocity, and wetness may also inspire how the respiratory droplets transmit.16

A previous study found that unless travel constraints are combined with control and prohibition of infection measures, the initial prevalence of COVID-19 will not be delayed. The researchers conducted that the travel restrictions are most beneficial in both the early and late stages of the outbreak.17 Governments, healthy institutions, and society have to make precise decisions to putout guidelines and coordinate to overcome challenges.18,19

The easing of the house ban does not mean a return to banquets and gatherings, as the virus is still at its peak, and the infections have not been obstructed. At the beginning of the spreading disease, people were resented by home quarantine, so the government decided to implement partial quarantine.20

In the following weeks, the number of infections and mortality began to rise unprecedented. Based on the available numbers and statistical analyzes on the virus, the region, including our country, maybe on the verge of a real disaster. It is well known that preventive measures lead to significant benefits during a pandemic crisis.21 The public needs to act responsibly, physical distancing measures, and pay heed to this advice.22,23 The adage that “prevention is better than cure” is especially relevant today, due to the given escalating medical and socioeconomic costs are associated with this pandemic. It is important to note that the high number of recovering people compared to the number of cases is a good indicator despite all the negative obstacles mentioned previously.

Conclusion

Human resource management in a crisis is difficult and full of challenges, particularly in pandemics such as COVID-19. The thoroughness of SARS-CoV-2 is affected by a few factors including the health infrastructure, health staff, availability and accessibility of the facilities, lifestyle of the people who were quarantined, and also the social culture. In the current study, we need more social consciousness and one global state-society approach for tackling the contagious disease. This approach sustains the preparedness to follow the procession of pandemics throughout the world. To see the country free from COVID-19, the responsibility has to focus on the meet of the public health requirements at a proper time. This work encourages the study estimation managements and human psychology through times of a pandemic that provides a better realization and reduces the prevalence of infectious diseases.

Funding

None declared.
Conflict of interest

The authors have declared no conflict of interest.

Acknowledgment

The authors send thanks to the University of Mosul for documenting this work.

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