



## Coronavirus Disease 2019 (COVID-19) Daily Situation Report of the Robert Koch Institute

14/05/2020 - UPDATED STATUS FOR GERMANY

Confirmed cases	Deaths	Deaths (%)	Recovered
<b>172,239</b> (+ 933*)	<b>7,723</b> (+ 89*)	<b>4.5%</b>	<b>ca. 150,300**</b>

\*Change from previous day; \*\*Estimate

– Changes since the last report are marked *blue* in the text –

### Summary (as of 14/05/2020, 12:00 AM)

- In total, **172,239** COVID-19 cases and **7,723** deaths due to COVID-19 have been electronically reported to the Robert Koch Institute in Germany.
- The cumulative incidence (cases per 100,000) of COVID-19 is currently highest in Bavaria (**344**), Baden-Wuerttemberg (**304**), Saarland (**270**) and Hamburg (270).
- Most cases (67%) are between 15 and 59 years old. Women (52%) and men (48%) are almost equally affected.
- People aged 70 years or older account for **87%** of deaths but only 19% of all cases.
- COVID-19 outbreaks continue to be reported in nursing homes and hospitals, some associated with a high number of deaths. In addition, outbreaks in meat plant workers have been reported from 3 federal states.

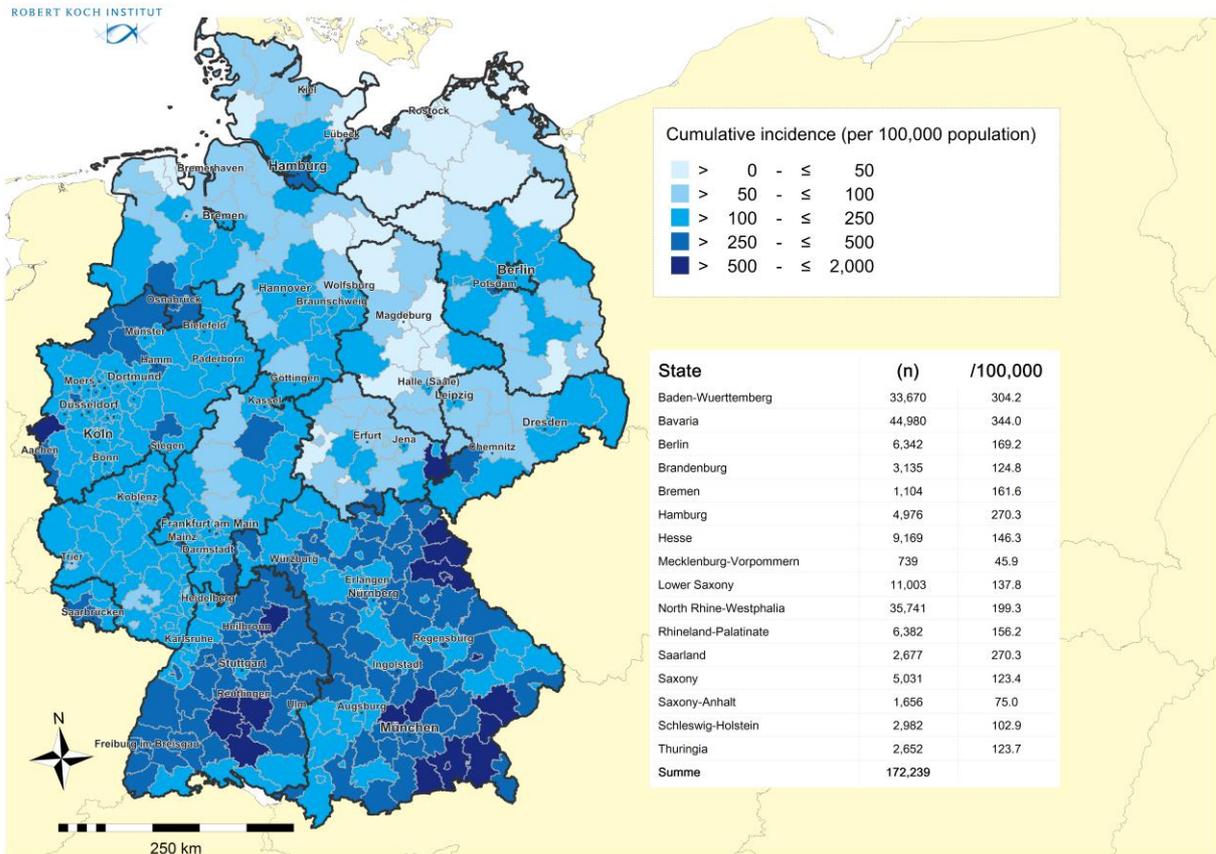
# Epidemiological Situation in Germany

## Geographical distribution of cases

Epidemiological analyses are based on validated cases notified electronically to the Robert Koch Institute (RKI) in line with the Protection Against Infection Law (Data closure: 12:00 AM daily). Since January 2020, a total of **172,239 (+933)** laboratory-confirmed cases of coronavirus disease 2019 (COVID-19) have been electronically reported to and validated by the RKI, including **7,723** deaths (see Table 1 and Figure 1). Information on confirmed cases is also available on the RKI website at [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Fallzahlen.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Fallzahlen.html) and <https://corona.rki.de>.

**Table 1:** Number and cumulative incidence (per 100,000 population) of notified laboratory-confirmed COVID-19 cases and deaths for each federal state, Germany (14/05/2020, 12:00 AM).

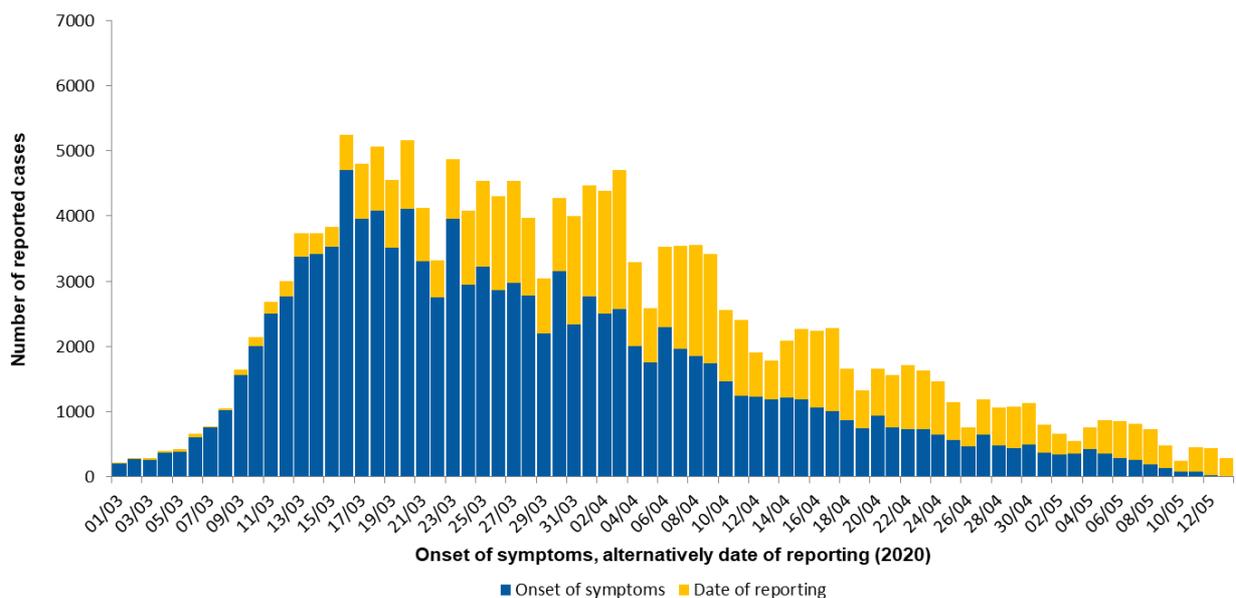
Federal State	Total Number of cases	Number of new cases	Cases/100,000 pop.	Number of deaths	Number of deaths/100,000 pop.
Baden-Wuerttemberg	33,670	152	304	1,608	14.5
Bavaria	44,980	178	344	2,229	17.0
Berlin	6,342	44	169	173	4.6
Brandenburg	3,135	10	125	138	5.5
Bremen	1,104	27	162	37	5.4
Hamburg	4,976	4	270	228	12.4
Hesse	9,169	82	146	423	6.8
Mecklenburg-Western Pomerania	739	3	46	20	1.2
Lower Saxony	11,003	100	138	524	6.6
North Rhine-Westphalia	35,741	186	199	1,483	8.3
Rhineland-Palatinate	6,382	22	156	212	5.2
Saarland	2,677	10	270	145	14.6
Saxony	5,031	69	123	195	4.8
Saxony-Anhalt	1,656	6	75	52	2.4
Schleswig-Holstein	2,982	10	103	125	4.3
Thuringia	2,652	30	124	131	6.1
<b>Total</b>	<b>172,239</b>	<b>933</b>	<b>207</b>	<b>7,723</b>	<b>9.3</b>



**Figure 1:** Number and cumulative incidence (per 100,000 population) of the 172,239 electronically reported COVID-19 cases in Germany by county and federal state (14/05/2020, 12:00 AM). Please see the COVID-19 dashboard (<https://corona.rki.de/>) for information on number of COVID-19 cases by county (local health authority).

**Distribution of cases over time**

The first COVID-19 cases in Germany were notified in January 2020. Figure 2 shows COVID-19 cases transmitted to RKI according to date of illness onset from 01.03.2020 onwards. When the the onset of symptoms is unknown, the date of reporting is provided (54,823 cases).

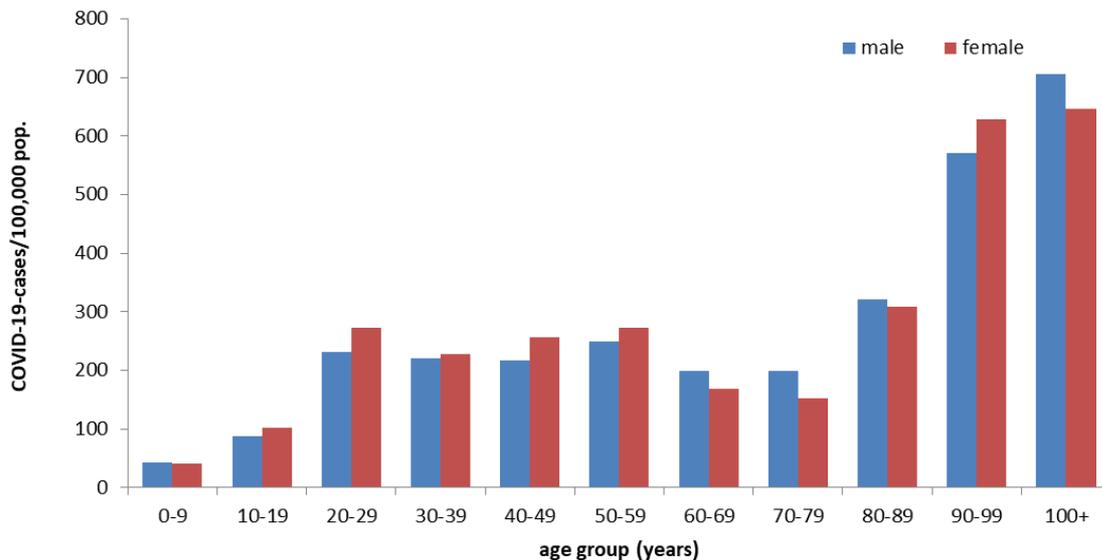


**Figure 2:** Number of electronically reported COVID-19 cases in Germany by date of symptom onset and by date of reporting from 01/03/2020 (14/05/2020, 12:00 AM).

Note: The report is a snapshot and is continuously updated.

## Demographic distribution of cases

Of all reported cases, 52% are female and 48% are male. Among notified cases, 3,208 were children under 10 years of age (1.9%), 7,402 children and teenagers aged 10 to 19 years (4.3%), 74,066 persons aged 20 to 49 years (43%), 54,498 persons aged 50 to 69 years (32%), 28,003 persons aged 70 to 89 years (16%) and 4,921 persons aged 90 years and older (2.9%). The age is unknown in 141 notified cases. The mean age of cases is 49 years (median age 50 years). The highest incidences are seen in persons aged 90 years and older (see Figure 3).



**Figure 3:** Electronically reported COVID-19 cases/100,000 population in Germany by age group and gender (n=171,736) for cases with information available (14/05/2020, 12:00 AM).

## Clinical aspects

Information on symptoms is available for 143,247 (83%) of the notified cases. Common symptoms are cough (50%), fever (41%) and rhinorrhoea (21%). Pneumonia was reported in 4,154 cases (2.9%). Hospitalisation was reported for 25,399 (18%) of 143,067 COVID-19 cases with information on hospitalisation status. Since calendar week 17, cases are reported to the RKI as a distinct COVID-19 surveillance category, similar to other reported infectious diseases. Since then, loss of smell and taste can also be entered as symptoms. At least one of these two symptoms were reported in 1,183 of 7,999 cases (15%) recorded in the COVID-19 category.

Approximately 150,300 people have recovered from their COVID-19 infection. Since the exact date of recovery is unknown in most cases, an algorithm was developed to estimate the number of recovered cases.

In total, 7,723 COVID-19-related deaths have been reported in Germany (4.5% of all confirmed cases). Of these, 4,294 (56%) are men and 3,424 (44%) are women (see Table 2; gender was unknown in five cases). The median age was 82 years. Of all deaths, 6,678 (86%) were in people aged 70 years or older, but only 19% of all cases were in this age group. COVID-19 outbreaks continue to be reported in nursing homes and hospitals. In some of these outbreaks, the number of deaths is relatively high. So far, three deaths among COVID-19 cases who were less than 20 years of age have been reported to the RKI. Among all of these pre-existing conditions were present.

**Table 2:** Number of notified COVID-19 deaths by age group and gender (Data available for 7,718 of notified deaths; 14/05/2020, 12:00 AM)

Gender	Age group (in years)										
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+
<b>Male</b>	0	2	6	13	40	195	520	1,174	1,838	501	5
<b>Female</b>	1	0	2	6	14	62	182	563	1,652	901	41
<b>Total</b>	<b>1</b>	<b>2</b>	<b>8</b>	<b>19</b>	<b>54</b>	<b>257</b>	<b>702</b>	<b>1,737</b>	<b>3,490</b>	<b>1,402</b>	<b>46</b>

### Occupation, accommodation or care in facilities

In accordance with the Protection Against Infection Law (IfSG), the RKI receives information on occupation, accommodation or care in a facility relevant for infection control for reported COVID-19 cases (see Table 3).

Since information on care/attendance, accommodation and occupation in these facilities is missing in 31% of cases, the proportion of cases cared for, accommodated or working in these facilities shown here should be considered minimum values. Among the COVID-19 cases reported as being cared for/attending, accommodated in or working in all of the above mentioned facilities, the proportion of cases that actually acquired their infection in these settings is unknown.

**Table 3:** Notified COVID-19-cases according to possible occupation, accommodation or care in facilities relevant for transmission of infectious diseases (171,322 cases, no data available for 53,946 cases; 14/05/2020, 12:00 AM)

Facility according to		Total	Hospitalised	Deaths	Recovered (estimate)
§ 23 IfSG (e.g. hospitals, outpatient clinics and practices, dialysis clinics or outpatient nursing services)	Cared for / accommodated in facility	<b>2,583</b>	1,759	484	1,600
	Occupation in facility	<b>11,582</b>	528	17	10,800
§ 33 IfSG (e.g. day care facilities, kindergartens, facilities for after school care, schools or other educational facilities, children's homes, holiday camps)	Cared for / accommodated in facility	<b>1,875*</b>	52	1	1,700
	Occupation in facility	<b>2,242</b>	107	7	2,100
§ 36 IfSG (e.g. facilities for the care of older, disabled, or other persons in need of care, homeless shelters, community facilities for asylum-seekers, repatriates and refugees as well as other mass accommodation and prisons)	Cared for / accommodated in facility	<b>14,315</b>	3,242	2,884	9,400
	Occupation in facility	<b>8,317</b>	343	41	7,600
§ 42 IfSG (e.g. kitchens in the catering trade, in inns, restaurants, canteens, cafés, or other establishments with or for communal catering)	Occupation in facility	<b>1,962</b>	123	55	1,200
Neither cared for, accommodated in nor working in a facility		<b>74,500</b>	13,522	2,915	67,800

\*for care according to § 33 IfSG only cases under 18 years of age are taken into account, as other information may be assumed to be incorrect.  
IfSG: Protection Against Infection Law

Until now, 11,582 cases with a SARS-CoV-2 infection have been notified among staff working in medical facilities as defined by Section 23 IfSG. Among the cases reported as working in medical facilities, 73% were female and 27% male. The median age was 41 years, 17 persons died.

The high number of cases among people cared for or working in various care facilities (Section 36 IfSG) is consistent with numerous reported outbreaks, especially in nursing homes. The low number of cases among persons who attend or work in facilities providing child care or education (Section 33 IfSG) reflects the low incidence in children observed thus far.

## Outbreaks

Currently, there are COVID-19 outbreaks in six nursing homes in the district of Greiz, Thuringia. Since the 13<sup>th</sup> of May, the 7-day incidence dropped below 50 cases per 100,000 inhabitants for the first time. Measures have been taken that prohibit visitation in hospitals and nursing homes until the 26<sup>th</sup> of May. Additional COVID-19 outbreaks in nursing homes were reported in the districts of Sonneberg (Thuringia) and Coburg (Bavaria), leading to an increased 7-day- incidence of over 50 cases per 100,000 inhabitants. In the district of Rosenheim, Bavaria, the testing in refugee accommodations has led to an increased 7-day incidence of over 50 cases per 100,000 inhabitants.

Due to a COVID-19 outbreak in a meat processing plant in the district of Coesfeld in North Rhine-Westphalia, the 7-day incidence per 100,000 inhabitants increased to over 100 cases. The lifting of selected lock down measures was postponed to the 18<sup>th</sup> of May. The plant is now closed until the 17<sup>th</sup> of May.

## Estimation of the reproduction number (R)

The presented case numbers do not fully reflect the temporal progression of incident COVID-19 cases, since the time intervals between actual onset of illness and diagnosis, reporting, as well as transmission to the RKI vary greatly. Therefore, a nowcasting approach is applied to model the true temporal progression of COVID-19 cases according to illness onset. Figure 4 shows the result of this analysis.

The reproduction number, R, is defined as the mean number of people infected by a case. R can only be estimated based on statistical analyses such as nowcasting and not directly extracted from the notification system.

The R-value reported to date reflects the trend in the number of new cases and can indicate possible changes in trend. However, this value is sensitive to short-term changes in the number of cases - such as those caused by individual outbreaks - which can lead to relatively large fluctuations, especially in the case of a small number of new cases. In addition to this sensitive R-value, the RKI therefore now provides a second more stable 7-day R-value, which refers to a longer period of time and is therefore subject to less short-term fluctuations.

Both R-values are estimated on the basis of nowcasting. The nowcasting ended on the 10<sup>th</sup> of May 2020, so no reliable statement can be made about the number of new cases in the last 3 days.

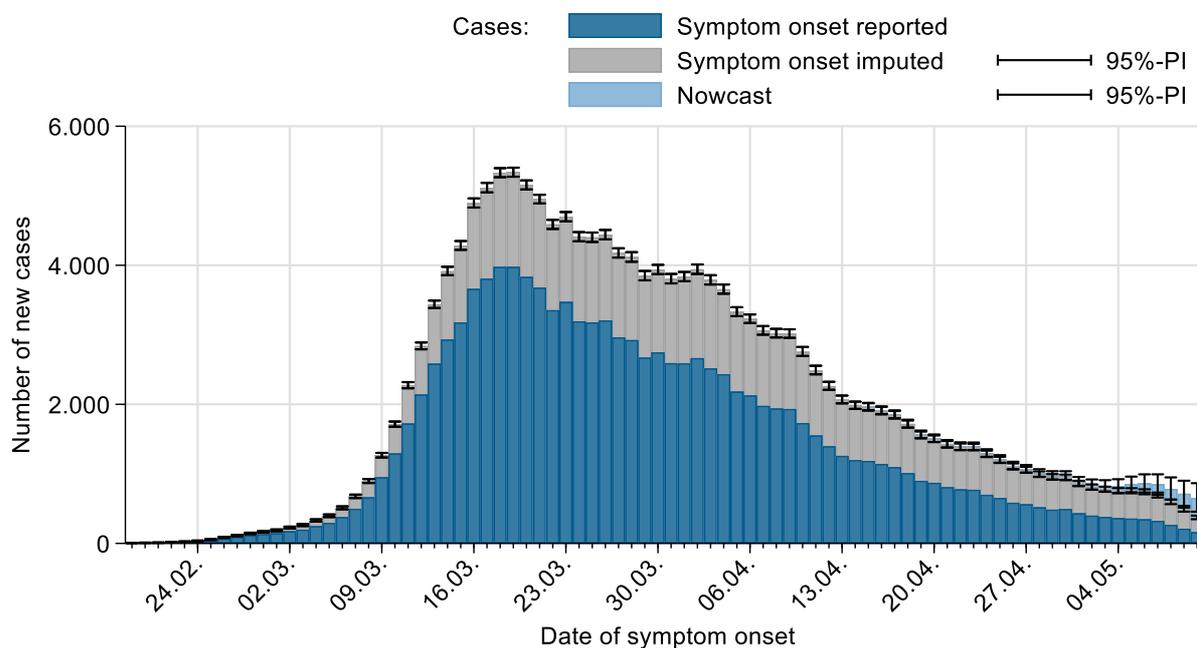
The previously reported sensitive R-value can be estimated by using a moving 4-day average of the number of new cases estimated by nowcasting. It then compares the 4-day average value of the new cases on one day with the corresponding average value four days before. Because the new cases were infected 4 to 6 days before onset of illness, this means that they occurred 8 to 13 days ago. The previous R-value, which is reported today, thus, maps the infection events occurring approximately one to two

weeks ago. The current estimate is  $R = 0.75$  (95% prediction interval:  $0.61 - 0.88$ ) and is based on electronically notified cases as of 14/05/2020, 12:00 AM.

Similarly, the 7-day R-value is estimated by using a moving 7-day average of the nowcasting curve. This compensates for fluctuations more effectively. The 7-day R-value then compares the 7-day average of the new cases on one day with the 7-day average four days earlier. Because the cases were infected 4 to 6 days before onset of illness, this means they occurred 8 to 16 days ago. The 7-day R thus maps the infection events of about one to a little more than two weeks ago. The 7-day R-value is estimated at  $0.88$  (95% prediction interval:  $0.81 - 0.95$ ) and is based on electronically notified cases as of 14/05/2020, 12:00 AM.

A detailed description of the methodology is available at

[https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/17/Art\\_02.html](https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/17/Art_02.html) (Epid. Bull. 17 | 2020 from 23/04/2020)



**Figure 4:** Display of cases with known onset of the disease (dark blue), estimated onset of the disease for cases where the onset of the disease has not been reported (grey) and estimated course of already symptomatic cases (light blue) (as of 14/05/2020 12 AM, taking into account cases up to 10/05/2020).

### DIVI intensive care register

A registry of the German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI), the RKI and the German Hospital Federation (DKG) was established to document intensive care capacity as well as the number of COVID-19 cases treated in participating hospitals

(<https://www.intensivregister.de/#/intensivregister>). The DIVI intensive care register documents the number of available intensive care beds in the reporting hospitals on a daily basis. Since 16/04/2020, all hospitals with intensive care beds are required to report.

As of 14/05/2020, a total of **1,268** hospitals or departments reported to the DIVI registry. Overall, **32,502** intensive care beds were registered, of which **20,297** (62%) are occupied, and **12,205** beds (38%) are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 4.

**Table 4:** COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (14/05/2020, 9:15 AM).

	Number of patients	Percentage	Change to previous day
<b>Currently in ICU</b>	1,329		-136
- of these: mechanically ventilated	892	67%	-82
<b>Discharged from ICU</b>	11,593		+197
- of these: deaths	3,169	27%	+35

### Information from further RKI-based surveillance systems for acute respiratory illnesses

GrippeWeb (“FluWeb”) is a web interface at RKI for monitoring the activity of acute respiratory illness (ARI) utilizing information from the population. In Week 19, 2020, the rate of ARI (“ARI rate” as well as the rate of influenza-like illnesses (“ILI-rate”) has remained stable. ARE and ILI rates were lower than in previous seasons at this time of the year. Further information can be found under <https://grippeweb.rki.de/>.

The Influenza Working Group (AGI) monitors ARI through a sentinel network of physicians in private practices. In week 19, 2020, the number of patient visits due to respiratory infections has remained stable. The AGI broadened its viral surveillance to include SARS-CoV-2. Since Week 8, 2020, a total of 13 SARS-CoV-2 positive samples have been detected in 1,342 tested samples (1%) sent from a subsample of the sentinel physicians. The influenza season ended in Week 12, 2020. No influenza activity has been detected since Week 15, 2020. Further information can be found under <https://influenza.rki.de/>.

A third, ICD-10 code based system, monitors severe acute respiratory illness (SARI) in hospitalized patients (ICD-10 codes J09 to J22: primary diagnoses influenza, pneumonia or other acute infections of the lower respiratory tract). Since week 12, 2020, the total number of SARI cases has declined continuously. In Week 18, 2020, 13% of all reported SARI cases were diagnosed with COVID-19 (ICD-10 code U07.1!). Due to low case numbers, proportions of COVID-19 cases in different age groups were not calculated. Please note that only patients with an ICD-10 Code for SARI as the main diagnosis and hospitalisation duration of up to one week were included in this analysis.

## Assessment by the RKI

At the global and the national level, the situation is very dynamic and must be taken seriously. Severe and fatal courses occur in some cases. The number of newly reported cases, hospitalisations and fatalities in Germany is decreasing. The RKI currently assesses the risk to the health of the German population overall as **high** and as **very high** for risk groups. The probability of serious disease progression increases with increasing age and underlying illnesses. The risk of disease varies from region to region. The burden on the health care system depends on the geographical and age distribution of cases, health care capacity and initiation of containment measures (isolation, quarantine, physical distancing etc.), and may be very high in some geographical regions. This assessment may change on short notice as a result of new findings.

## Measures taken by Germany

- (Non-medical) face masks must be worn on public transport and in shops in all federal states.
- Data on current disease activity can be found in the daily situation reports and on the RKI dashboard <https://corona.rki.de/>.
- RKI teams are currently supporting outbreak containment measures with a focus on outbreaks in retirement and health care homes as well as hospitals in several federal states.
- In public spaces, a distance of 1.5 metres to other individuals must be maintained <https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundestanzlerin-mit-den-regierungschefinnen-und-regierungschefs-der-laender-1733248> (in German)
- A new federal law was implemented on 28/03/2020 for the protection of the public in the event of epidemic situations, granting the federal government additional competencies for the control of epidemics: <https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/2020/1-quartal/corona-gesetzpaket-im-bundesrat.html> (in German)
- On 15/04/2020, the German government and the federal states agreed to gradually reduce social distancing measures <https://www.bundesregierung.de/breg-de/themen/coronavirus/fahrplan-corona-pandemie-1744202> (in German)