



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

11/06/2020 - UPDATED STATUS FOR GERMANY

Confirmed cases	Deaths	Deaths (%)	Recovered
<b>185,416(+ 555*)</b>	<b>8,755 (+ 26*)</b>	<b>4.7%</b>	<b>ca. 171,200**</b>

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

COVID-19 cases are notified to the local public health department in accordance with the German Protection against Infection Act. This situation report presents the data on laboratory-confirmed COVID-19 cases transmitted to RKI.

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

## Summary (as of 11.06.2020, 12:00 AM)

- The number of newly transmitted COVID-19 cases to RKI continues to decrease in comparison to previous weeks. The cumulative nationwide incidence over the past 7 days was 2.9 cases per 100,000 inhabitants. A total of 122 districts transmitted zero cases.
- In total, 185,416 COVID-19 cases and 8,755 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 (364), Baden-Wuerttemberg (316), Saarland (279) and Hamburg (278).
- Most cases (67%) are between 15 and 59 years old. Women (52%) and men (48%) are almost equally affected. Slightly more men (55%) than women (45%) died.
- People aged 70 years or older account for 86% of deaths but only 19% of all cases.
- COVID-19 outbreaks continue to be reported in nursing homes and hospitals.
- Outbreaks of COVID-19 have been reported in several federal states (including in institutions for asylum seekers and refugees, in meat processing plants and logistics companies, among seasonal harvest workers and in connection with religious events and family gatherings).
- Data on syndromic surveillance for acute respiratory illnesses are presented weekly on Thursdays.

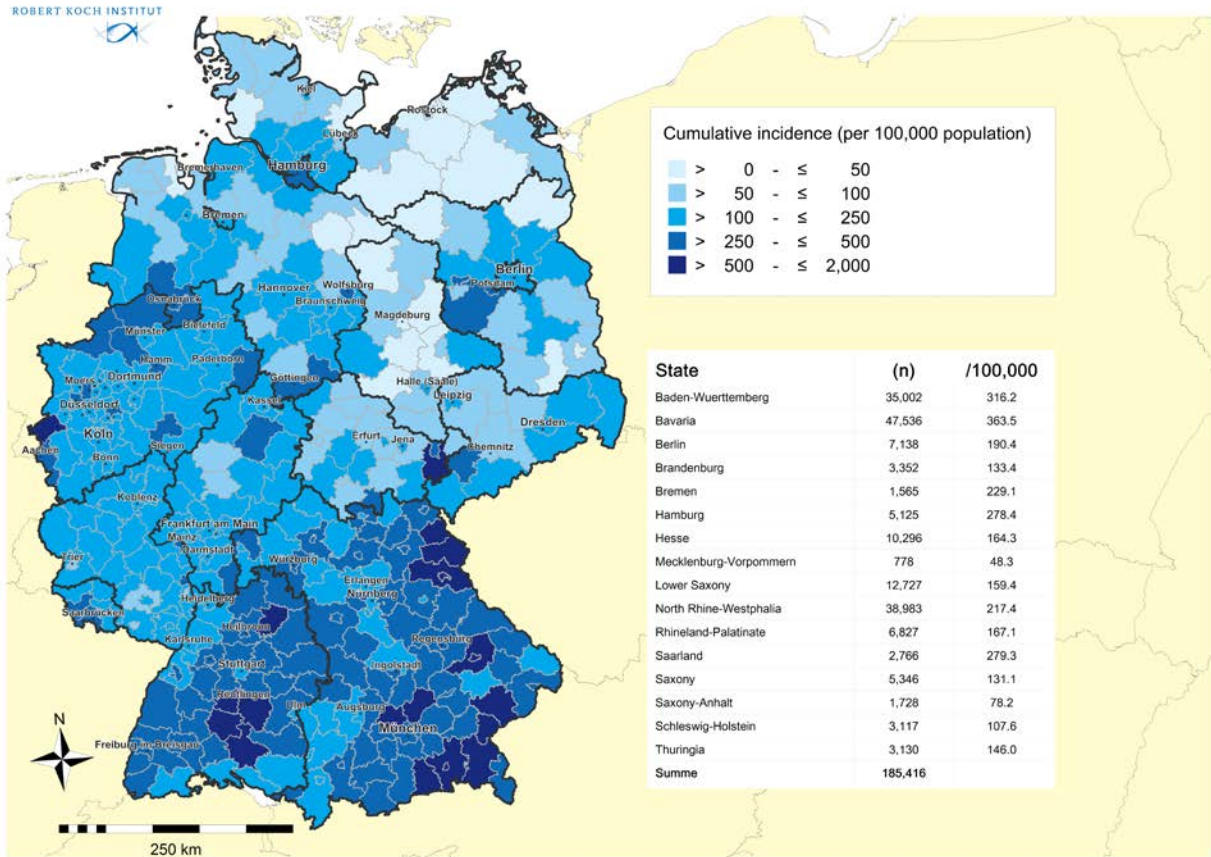
# Epidemiological Situation in Germany

## 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 **184,816 (+555)** laboratory-confirmed cases of coronavirus disease 2019 (COVID-19) have been electronically reported to and validated by the RKI, including **8,755** deaths (see Table 1 and Figure 1). A total of **122** districts reported no cases in the past 7 days. 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 (11/06/2020, 12:00 AM).

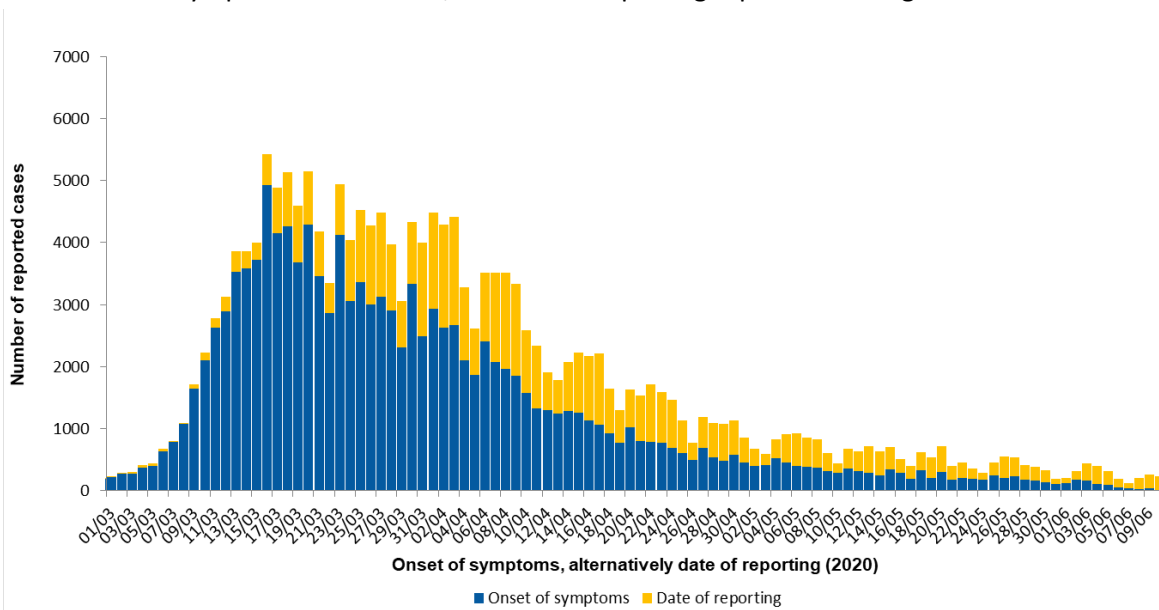
Federal State	Total number of cases	Number of new cases	Cases/100,000 pop.	Cases in the last 7 days	7-day incidence per 100,000 pop.	Number of deaths	Number of deaths/100,000 pop.
Baden-Wuerttemberg	35,002	37	316	167	1.5	1,801	16.3
Bavaria	47,536	57	364	336	2.6	2,536	19.4
Berlin	7,138	56	190	204	5.4	208	5.5
Brandenburg	3,352	43	133	40	1.6	161	6.4
Bremen	1,565	18	229	101	14.8	43	6.3
Hamburg	5,125	4	278	17	0.9	254	13.8
Hesse	10,296	40	164	161	2.6	489	7.8
Mecklenburg-Western Pomerania	778	1	48	15	0.9	20	1.2
Lower Saxony	12,727	101	159	424	5.3	610	7.6
North Rhine-Westphalia	38,983	138	217	694	3.9	1,641	9.2
Rhineland-Palatinate	6,827	17	167	95	2.3	231	5.7
Saarland	2,766	3	279	29	2.9	167	16.9
Saxony	5,346	9	131	29	0.7	219	5.4
Saxony-Anhalt	1,728	7	78	17	0.8	56	2.5
Schleswig-Holstein	3,117	2	108	12	0.4	148	5.1
Thuringia	3,130	22	146	80	3.7	171	8.0
<b>Total</b>	<b>185,416</b>	<b>555</b>	<b>223</b>	<b>2,421</b>	<b>2.9</b>	<b>8,755</b>	<b>10.5</b>



**Figure 1:** Number and cumulative incidence (per 100,000 population) of the 185,416 electronically reported COVID-19 cases in Germany by county and federal state (11.06.2020, 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. With regard to all cases reported from 01.03.2020 onwards, the onset of symptoms is unknown in 55,320 cases (30%). When the onset of symptoms is unknown, the date of reporting is provided in Figure 2.

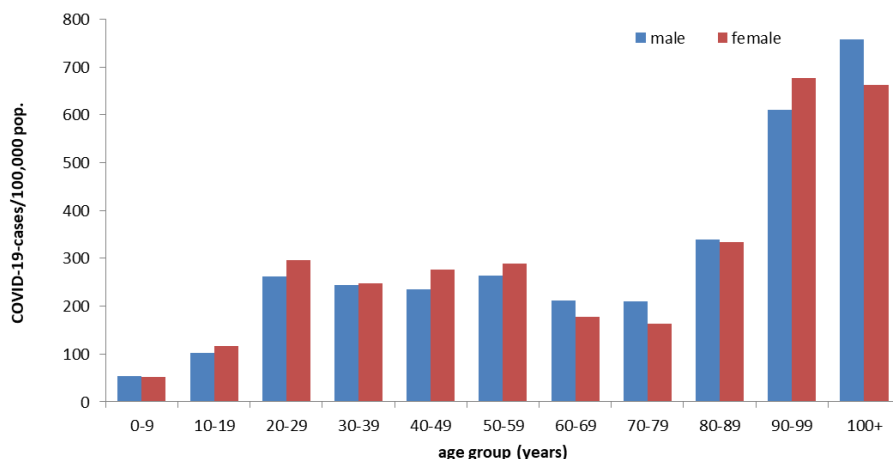


**Figure 2:** Number of electronically reported COVID-19 cases in Germany by date of symptom onset and by date of reporting from 01/03/2020 (11.06.2020, 12:00 AM).

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 with data on gender, 4,048 were children under 10 years of age (2.2%), 8,476 children and teenagers aged 10 to 19 years (4.6%), 80,454 persons aged 20 to 49 years (43%), 57,450 persons aged 50 to 69 years (31%), 29,621 persons aged 70 to 89 years (16%) and 5,263 persons aged 90 years and older (2.8%). The age is unknown in 104 notified cases. The mean age of cases is 49 years (median age 49 years). The highest incidences are seen in persons aged 90 years and older (Figure 3).



**Figure 3:** Electronically reported COVID-19 cases/100,000 population in Germany by age group and gender (n=185,017) for cases with information available (11.06.2020, 12:00 AM).

### Clinical aspects

Information on symptoms is available for 158,459 (85%) of the notified cases. Common symptoms are cough (49%), fever (41%) and rhinorrhoea (21%). Pneumonia was reported in 4,777 cases (3.0%). Since calendar week 17, cases are reported to the RKI as a distinct COVID-19 surveillance category. Since then, ageusia and anosmia can also be entered as symptoms. At least one of these two symptoms was reported in 2,505 of 16,745 cases (15%).

Hospitalisation was reported for 28,187 (18%) of 159,717 COVID-19 cases with information on hospitalisation status.

Approximately 171,200 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, 8,755 COVID-19-related deaths have been reported in Germany (4.7% of all confirmed cases). Of these, 4,846 (55%) are men and 3,904 (45%) are women (see Table 2; gender was unknown in five cases). The median age was 82 years. Of all deaths, 7,522 (86%) were in people aged 70 years or older, but only 19% of all cases were in this age group. So far, three deaths among COVID-19 cases under 20 years of age have been reported to the RKI. Pre-existing medical conditions were reported for all three.

**Table 2:** Number of notified COVID-19 deaths by age group and gender (Data available for 8,750 of notified deaths; 11.06.2020, 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	16	49	222	612	1,325	2,056	553	5
<b>Female</b>	1	0	3	6	19	80	215	644	1,852	1,039	45
<b>Total</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>22</b>	<b>68</b>	<b>302</b>	<b>827</b>	<b>1,969</b>	<b>3,908</b>	<b>1,592</b>	<b>50</b>

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

## 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

Since information on occupation, accommodation or care in these facilities is missing in 27% of cases, the proportion of cases working, accommodated or cared for in these facilities reported here should be considered minimum values. Among the COVID-19 cases reported from the above mentioned facilities, the proportion of cases that actually acquired their infection in these facilities is unknown.

So far, **13,339** 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, 20 persons died.

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. 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.

**Table 3: Notified COVID-19-cases according to possible occupation, accommodation or care in facilities relevant for transmission of infectious diseases (184,426\* cases, no data available for 49,141 cases; 11.06.2020, 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	3,124	2,225	589	2,400
	Occupation in facility	13,339	613	20	13,200
§ 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*	2,514	61	1	2,300
	Occupation in facility	2,568	128	7	2,500
§ 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	17,204	3,906	3,424	13,000
	Occupation in facility	9,599	406	49	9,400
§ 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	2,527	156	4	2,400
Neither cared for, accommodated in nor working in a facility		84,410	15,182	3,329	79,300

\*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

## Outbreaks

A high 7-day incidence rate was observed in **seven** cities or districts, primarily due to localised outbreaks: The districts of Aichach-Friedberg (Bavaria), Sonneberg (Thuringia), Göttingen (Lower Saxony), Coburg (Bavaria), **Hersfeld-Rothenburg (Hesse)**, Cuxhaven (Lower Saxony) and the city of Bremerhaven (Bremen).

In the district of Aichach-Friedberg an outbreak was reported among seasonal harvest workers. Tracing and testing of contacts as well as implementation of hygiene and quarantine measures were rapidly implemented. Harvest activities were temporarily halted.

In the city of Bremerhaven an outbreak extending to other districts, including Cuxhaven, occurred within a religious community. Another outbreak occurred following a large family gathering.

In addition an outbreak occurred in a nursing home for the elderly in the district of Sonneberg, in which both residents and employees were infected with SARS-CoV-2. In the neighbouring district of Coburg an increased number of SARS-CoV-2 infections were also reported in nursing homes, some in conjunction with dialysis treatment.

A large Covid-19 outbreak occurred in the district of Göttingen related to family gatherings, for which a large number of contact persons has been identified. Due to a high number of affected children, numerous schools and day care institutions were temporarily closed.

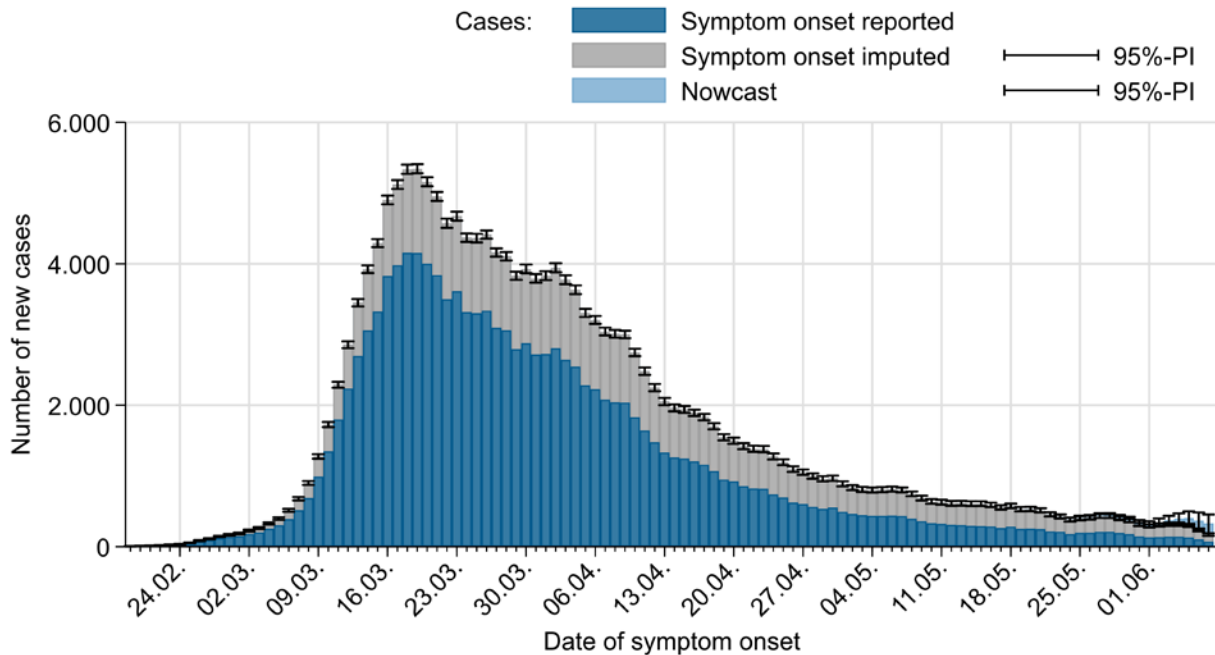
Outbreaks continue to occur in meat-processing plants in several federal states, some of which have led to closures of plants.

Outbreaks in the context of religious communities have been reported from Berlin, Hessen and Mecklenburg-Western Pomerania.

In addition, several large outbreaks have occurred among workers at logistics companies, for instance in North Rhine-Westphalia and Lower Saxony.

### 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.



**Figure 4:** Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset (light blue) (as of 11.06.2020 12 AM, taking into account cases up to 05/06/2020).

The reproduction number, R, is defined as the mean number of people infected by one infected person. 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 incident cases with a high degree of sensitivity. This value is thus 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 if the total number of new cases is relatively low. In addition to this sensitive R-value, the RKI therefore now provides a second, more stable 7-day R-value, which is based on data from a longer time period and is therefore less subject to short-term fluctuations. Thus, it reflects trends more reliably, but is based on infections that occurred on average earlier than those on which the more sensitive R-value is based.

Both R-values are estimated on the basis of nowcasting. The nowcasting predicts the number of cases with illness onset up to the date of 4 days ago, as no reliable prediction can be made about the number of new cases in the last 3 days.

The sensitive R-value reported so far can be estimated using a moving 4-day average of the number of incident cases as estimated by nowcasting. It compares the 4-day mean of incident cases on one day with the corresponding mean 4 days before. Thus, taking into account that infection occurs four to six days before the onset of symptoms, the daily sensitive R-value represents the course of infection approximately one to two weeks ago. This value is sensitive to short-term changes, e.g. due to local outbreaks, especially, if the number of new cases is relatively low. The current estimate is  $R = 0.88$  (95%-prediction interval:  $0.69 - 1.08$ ) and is based on electronically notified cases as of 11.06.2020, 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. The 7-day R thus represents a slightly later course of infection of about one to a little over two weeks ago. The 7-day R-value is estimated at  $0.99$  (95% prediction interval:  $0.89 - 1.09$ ) and is based on electronically notified cases as of 11.06.2020, 12:00 AM.

Sample calculations as well as an excel sheet presenting both R-values with daily updates can be found under [www.rki.de/covid-19-nowcasting](http://www.rki.de/covid-19-nowcasting). A detailed methodological explanation of the more stable R-value is also available there. More general information and sample calculations for both R-values can also be found in our FAQs (<http://www.rki.de/covid-19-faq>).

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)

### **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 11.06.2020, a total of **1,274** hospitals or departments reported to the DIVI registry. Overall, **31,998** intensive care beds were registered, of which **20,708** (65%) are occupied, and **11,290** beds (35%) 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 (11.06.2020, 12:15 AM).

	Number of patients	Percentage	Change to previous day*
<b>Currently in ICU</b>	462		-30
- of these: mechanically ventilated	281	61%	-12
<b>Discharged from ICU</b>	14,056		+85
- of these: deaths	3,653	26%	+19

\*The interpretation of these numbers must take into account the slightly changing number of reporting hospitals (with large differences in their number of beds) from day to day. This can explain the observed decrease in the cumulative number of discharged patients and deaths on some days compared to the previous day.

\* Bei der Interpretation der Zahlen muss beachtet werden, dass die Anzahl der meldenden Standorte (die auch große Unterschiede in der Bettenzahl aufweisen) täglich schwankt. Dadurch kann es auch zu einer Abnahme der kumulativen abgeschlossenen Behandlungen und Todesfällen im Vergleich zum Vortag kommen.

### Information from additional 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 23, 2020, the rate of ARI (“ARI rate”) decreased slightly. Since the end of the influenza epidemic in week 12, 2020, the ARI rate has been markedly 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 23, 2020, the number of patient visits due to respiratory infections decreased, thus remaining at a very low level. Within the viral surveillance of the AGI, rhinovirus was detected in 3 of 26 samples (12%) in week 23, 2020. Since week 15, 2020, no influenza activity has been observed within the viral surveillance of the AGI. No SARS-COV-2 has been detected since week 16, 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). In week 22, 2020, the total number of SARI cases decreased to an unusually low level. Of all reported SARI cases in week 22, 2020, 3% were diagnosed with COVID-19 (ICD-10 code U07.1!). The proportion of COVID-19 cases has been decreasing since week 14, 2020 (See Figure 5). 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.



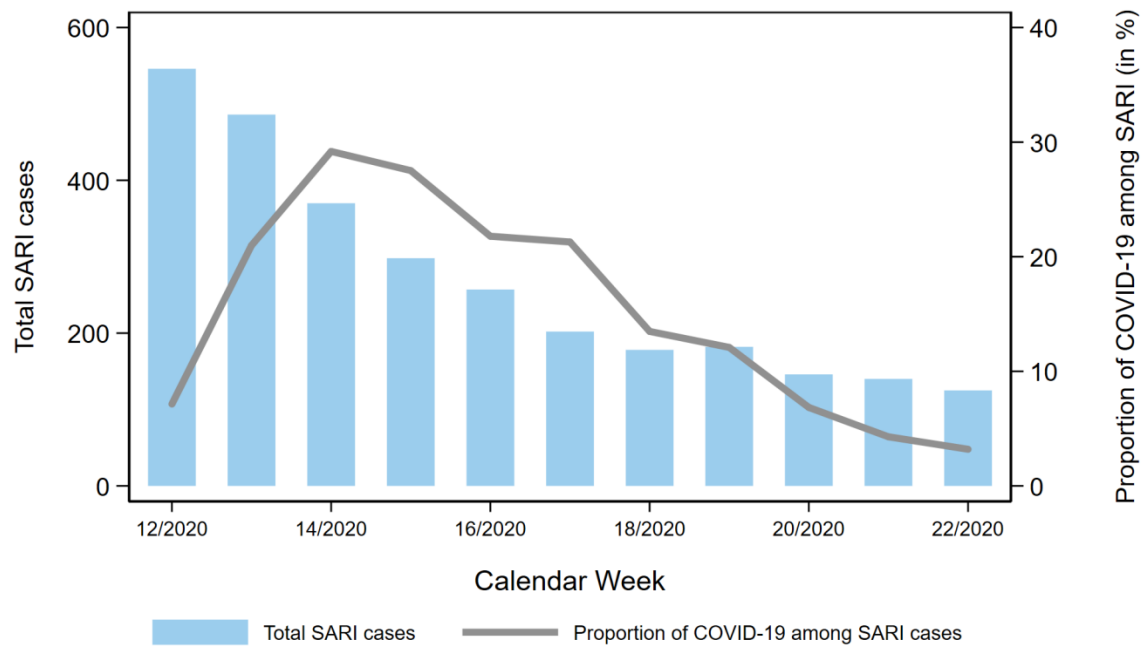


Figure 5: Weekly number of SARI cases (ICD-10 codes J09-J22) and proportion of cases with a diagnosis of COVID-19 (ICD-10 code U07.1!) among SARI cases with duration of hospitalisation of up to one week and with date of admission in weeks 12 to 22, 2020, from 70 sentinel hospitals

## Risk Assessment by the RKI

### General assessment

At the global and the national level, the situation is very dynamic and must be taken seriously. The number of newly reported cases 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. This assessment may change at short notice based on new insights.

### Infection risk

The risk of infection depends heavily on the regional spread, living conditions and also on individual behaviour.

### Disease severity

In most cases, the disease is mild. The probability of progression towards serious disease increases with increasing age and underlying illnesses.

### Burden on health system

The burden on the health care system depends on the geographical distribution of cases, health care capacity and initiation of containment measures (isolation, quarantine, physical distancing etc.). The burden is currently low in many regions, but may be high in some locations.

## Measures taken by Germany

- From 15 June, travel within Europe should be possible again – provided the COVID-19 activity in destination countries permits this. <https://www.bundesregierung.de/breg-de/themen/coronavirus/reisen-wieder-moeglich-1757372> (in German)
- Information on additional regulations at the regional level regarding control measures such as physical distancing or quarantine regulations for persons entering from other countries can be accessed here: <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-bundeslaender-1745198> (in German)
- (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/>
- A distance of 1.5 metres to other individuals must be maintained in public spaces:  
<https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundeskanzlerin-mit-den-regierungschefinnen-und-regierungschefs-der-laender-1733248> (in German)