



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

11/08/2020 - UPDATED STATUS FOR GERMANY

Confirmed cases	Deaths	Deaths (%)	Recovered
217,293	9,201	4,2%	ca. 198,100**
(+ 966*)	(+ 4*)		

*Change from previous day; **Estimate

COVID-19 cases are notified to the local public health department in the respective districts, in accordance with the German Protection against Infection Act (IfSG). The data are further transmitted through the respective federal state health authority to the Robert Koch Institute (RKI). This situation report presents the uniformly recorded nationwide data on laboratory-confirmed COVID-19 cases transmitted to RKI.

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

Summary (as of 11/08/2020 12:00 AM)

- In the past few weeks the COVID-19 incidence has risen in many federal states and the number of districts reporting zero COVID-19 cases over a period of 7 days has decreased markedly. This trend is concerning.
- The cumulative nationwide incidence over the past 7 days was **6.7** cases per 100,000 inhabitants and thus further increased. A total of **46** districts transmitted zero cases over the past 7 days. In a further 215 districts the 7-day-incidence is below 5.0/100,000 inhabitants.
- In Nordrhein-Westfalia and Hamburg the 7-day incidences are high, with a markedly increasing trend. In Berlin and Hesse the 7-day incidences are also higher than the mean total 7-day incidence.
- In total, **217,293** laboratory-confirmed COVID-19 cases and **9,201** deaths associated with COVID-19 have been electronically reported to the RKI in Germany.
- In the Bavarian district of Dingolfing-Landau a COVID-19 related outbreak occurred with >400 cases among harvest workers of an agricultural company and among employees of a canning company.
- Moreover, further COVID-19-related outbreaks are being reported in various settings, including nursing homes and hospitals, facilities for asylum-seekers and refugees, meat-processing plants and other occupational settings, educational settings, among travellers and in the context of religious or family events.

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

Epidemiological Situation in Germany

General current assessment

The increase in the number of reported COVID-19 cases over the past weeks can be observed in many of the federal states. The increase in cases in Hamburg is not solely due to the outbreak that was reported at a shipyard, but is also due to travellers.

Nationwide, there are reports of many smaller outbreaks in a number of administrative districts in various settings, such as larger family events, leisure activities, educational and occupational settings, but also in community and health facilities. In addition, COVID-19 cases are increasingly being identified among travellers entering Germany.

The number of new cases reported daily has been increasing since calendar week 30. This development is very concerning and will continue to be monitored very closely by the RKI. A further worsening of the situation must be avoided. This will only succeed if the entire population continues to be committed to decreasing transmission, e.g. by consistently observing rules of physical distancing and hygiene - also in outdoor settings -, by airing indoor areas and, where indicated, wearing a community or face mask correctly.

Geographical distribution of cases

Epidemiological analyses are based on validated cases notified electronically to the RKI in line with the Protection Against Infection Law (Data closure: 12:00 AM daily). Since January 2020, a total of **217,293 (+966)** laboratory-confirmed cases of COVID-19 have been electronically reported to and validated by the RKI (see Figure 1 and Table 1). A total of **46** districts reported no cases in the past 7 days. In the past few weeks, the number of districts not transmitting any COVID-19 cases over a period of 7 days decreased continuously, from a maximum of 125 districts on 12/07/2020.

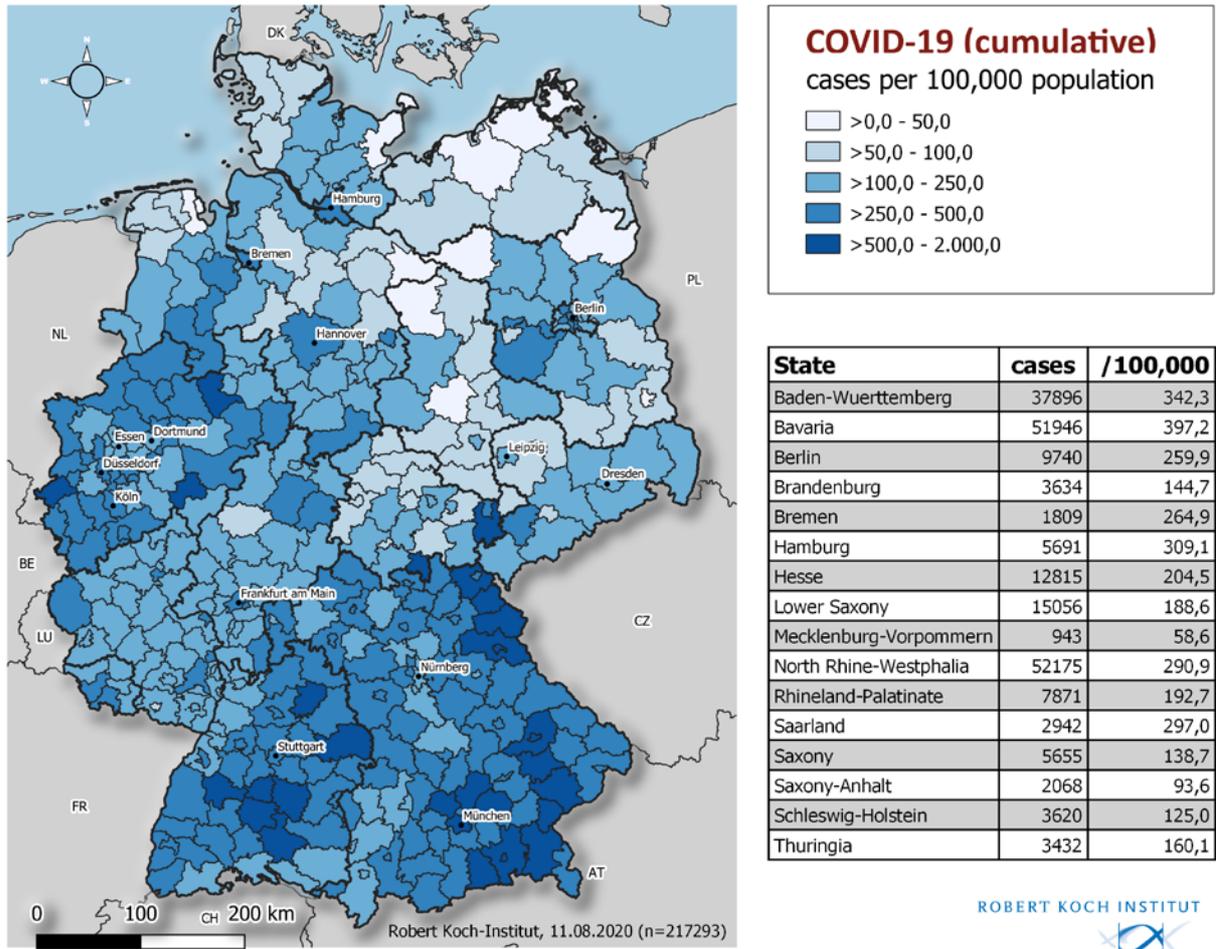


Figure 1: Number and cumulative incidence (per 100,000 population) of the 217,293 electronically reported COVID-19 cases in Germany by county and federal state (11/08/2020, 00:00 AM). Please see the COVID-19 dashboard (<https://corona.rki.de/>) for information on number of COVID-19 cases by county (local health authority).

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

Table 1: Number and cumulative incidence (per 100,000 population) of laboratory-confirmed COVID-19 cases and deaths for each federal state electronically reported to RKI, Germany (11/08/2020, 12:00 AM). The number of new cases covers positive cases, which have been sent to the local health department at the same day, but also at previous days.

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	37,896	105	342	377	3.4	1,858	16.8
Bavaria	51,946	98	397	578	4.4	2,627	20.1
Berlin	9,740	42	260	355	9.5	224	6.0
Brandenburg	3,634	7	145	50	2.0	169	6.7
Bremen	1,809	5	265	23	3.4	56	8.2
Hamburg	5,691	13	309	201	10.9	262	14.2
Hesse	12,815	78	205	594	9.5	525	8.4
Mecklenburg-Western Pomerania	943	5	59	56	3.5	20	1.2
Lower Saxony	15,056	82	189	377	4.7	654	8.2
North Rhine-Westphalia	52,175	413	291	2,348	13.1	1,763	9.8
Rhineland-Palatinate	7,871	39	193	270	6.6	239	5.9
Saarland	2,942	12	297	50	5.0	174	17.6
Saxony	5,655	23	139	92	2.3	225	5.5
Saxony-Anhalt	2,068	7	94	34	1.5	64	2.9
Schleswig-Holstein	3,620	32	125	126	4.3	158	5.5
Thuringia	3,432	5	160	45	2.1	183	8.5
Total	217,293	966	261	5,576	6.7	9,201	11.1

Quality checks and data cleaning by the health authorities and regional offices can lead to corrections to cases previously transmitted (e.g. detection of duplicate reports). This can occasionally lead to negative values for the number of new cases.

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. Of these cases, the onset of symptoms is unknown in 69,290 cases (32%), thus their date of reporting is provided in Figure 2.

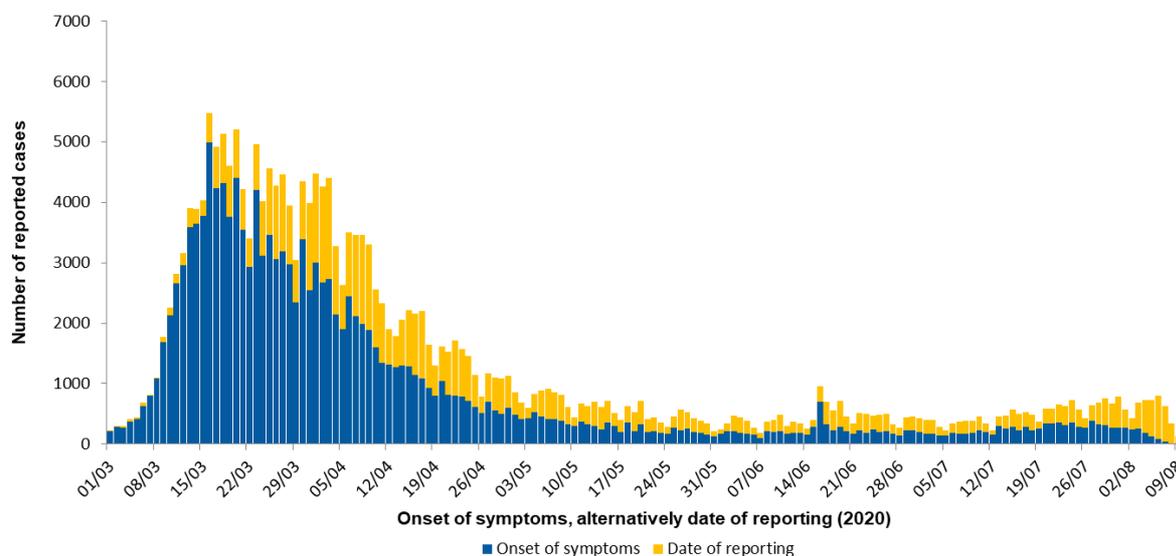


Figure 2: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or –if unknown- alternatively by date of reporting since 01/03/2020 (11/08/2020, 12:00 AM).

Demographic distribution of cases

Of all notified cases, 51% are female and 49% are male. [Table 2 depicts the evolution of the sex distribution and average age over time.](#) Among all notified cases for whom data on age and gender were reported, 6,739 were children under 10 years of age (3.1%), 12,200 children and teenagers aged 10 to 19 years (5.6%), 97,699 persons aged 20 to 49 years (45%), 63,276 persons aged 50 to 69 years (29%), 31,353 persons aged 70 to 89 years (14%) and 5,498 persons aged 90 years and older (2.5%). The age and/or gender was unknown in 528 notified cases. Cases had a mean age of 47 years (median age 47 years). The highest incidences are seen in persons aged 90 years and older (Figure 3).

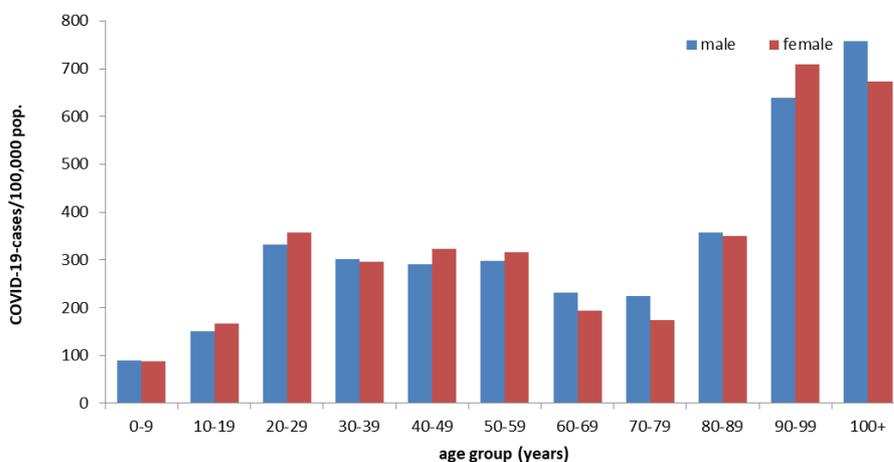


Figure 3: Electronically reported COVID-19 cases/100,000 population in Germany by age group and gender (n=216,759) for cases with information available (11/08/2020,12:00 AM).

The presentation of reported COVID-19 cases in Germany according to the proportion of cases per age group and reporting week in Figure 4 shows a continuous, distinct decrease in the relative proportion of people over 80 years of age from reporting week 17 to reporting week 24, accompanied by a marked decrease in the number of cases, which also continued in the following weeks. In comparison, the proportion of cases in the younger age groups between 0 and 29 years of age increased in the same period, with a corresponding decrease in the number of cases. After reporting week 24, the proportion across all age groups entered a plateau phase with only slight fluctuations, while as of week 32 the proportion of the under 20 year olds has increased slightly. The absolute number of cases has been increasing since week 28.

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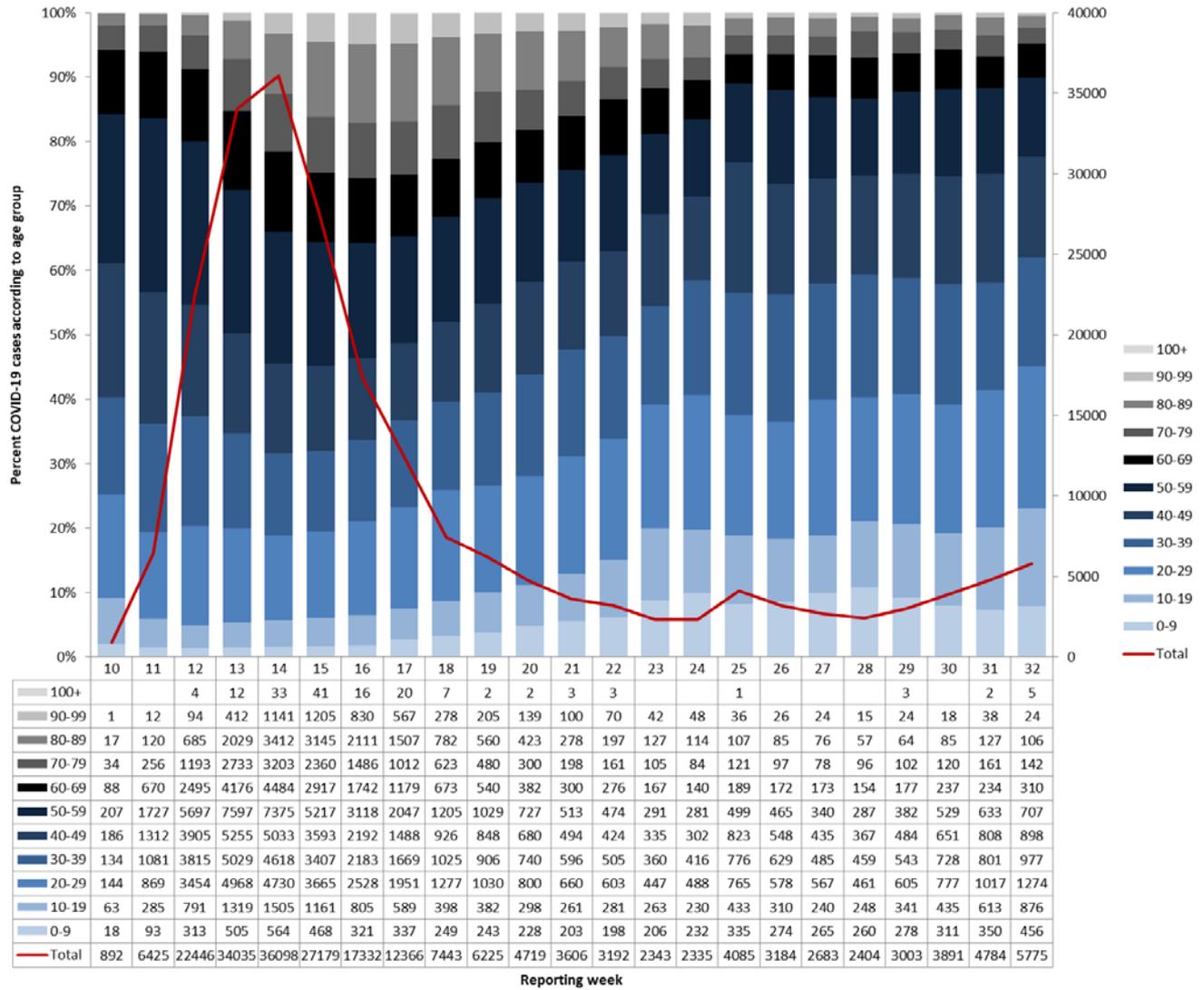


Figure 4: Percent of notified COVID-19 cases by age group and reporting week (n=216,445 cases with respective data in the weeks 10 to 32 (11/08/2020, 12:00 AM). The total number of weekly cases is depicted by the red line.

Clinical aspects

Information on symptoms is available for **183,607 (84%)** of the notified cases. Commonly reported symptoms were cough (47%), fever (39%) and rhinorrhoea (21%). Pneumonia was reported in 5,325 cases (2.9%). 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 **5,868 of 39,368** cases (15%).

Hospitalisation was reported for **31,200 (17%)** of **188,836** COVID-19 cases with information on hospitalisation status. **The proportion of cases hospitalized has decreased over the course of the past few weeks.**

Approximately **198,100** 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 this number.

Table 2 depicts the proportion of hospitalization and deaths according to notification week.

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

Table 2: The COVID-19 cases reported to the RKI by sex and the proportion of hospitalization and deceased for the reporting weeks 10 - 30 (28/07/2020, 12:00 AM).

Week	Total cases	Mean age (years)	Men	Women	Number information on hospitalisation	Number hospitalized	Percent hospitalized	Number of deaths	Percent deaths
10	890	43	54%	46%	798	162	20%	12	1,3%
11	6.418	45	56%	44%	5.603	519	9%	84	1,3%
12	22.447	46	55%	45%	19.325	2.189	11%	473	2,1%
13	34.017	48	49%	51%	29.372	5.065	17%	1.443	4,2%
14	36.061	51	45%	55%	31.428	6.018	19%	2.235	6,2%
15	27.123	52	44%	56%	23.970	4.664	19%	1.854	6,8%
16	17.310	52	45%	55%	15.415	3.329	22%	1.204	6,9%
17	12.350	51	45%	55%	10.894	2.202	20%	708	5,7%
18	7.435	49	48%	52%	6.567	1.342	20%	373	5,0%
19	6.217	47	48%	52%	5.541	1.048	19%	245	3,9%
20	4.716	46	49%	51%	4.144	721	17%	153	3,2%
21	3.586	44	50%	50%	3.068	502	16%	103	2,9%
22	3.179	42	51%	49%	2.716	407	15%	58	1,8%
23	2.341	39	51%	49%	2.044	303	15%	42	1,8%
24	2.325	38	54%	46%	2.046	278	14%	31	1,3%
25	4.087	37	59%	41%	3.687	302	8%	33	0,8%
26	3.187	37	55%	45%	2.801	284	10%	18	0,6%
27	2.676	37	52%	48%	2.425	250	10%	18	0,7%
28	2.387	36	56%	44%	2.092	241	12%	17	0,7%
29	2.966	36	52%	48%	2.486	294	12%	10*	0,3%
30	3.675	37	53%	47%	2.904	249	9%	6*	0,2%

* Data not yet meaningful, as outcome of the diseases in these weeks is still unclear

A total of **9,201** COVID-19-related deaths have been reported in Germany (**4.2%** of all confirmed cases). Of these, **5,096** (55%) are men and **4,101** (45%) are women (see Table 3), the gender is unknown in four cases. The proportion of deaths among cases was highest in reporting weeks 13 to 18, ranging from 4.2% to 6.9%, and has decreased markedly since then (Table 2).

The median age of COVID-19 cases reported to have died was 82 years. Of all deaths, **7,864** (85%) were in people aged 70 years or older, but only 17% of all cases were in this age group. Thus 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 3: Number of notified COVID-19 deaths by age group and gender electronically reported to RKI (Data available for 9,197 of notified deaths; 11/08/2020, 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+
Male	0	2	7	17	57	241	656	1,395	2,137	578	6
Female	1	0	3	6	22	88	235	676	1,928	1,098	44
Total	1	2	10	23	79	329	891	2,071	4,065	1,676	50

Occupation, accommodation or care in facilities

In accordance with the Protection Against Infection Act, 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 25% 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.

Table 4: Notified COVID-19-cases according to possible occupation, accommodation or care in facilities relevant for transmission of infectious diseases electronically reported to RKI (216,021* cases, no data available for 54,294 cases; 11/08/2020, 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	3,692	2,648	664	2,900
	Occupation in facility	14,564	663	23	14,400
§ 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*	4,645	90	1	4,100
	Occupation in facility	3,043	155	7	2,900
§ 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	18,814	4,212	3,641	14,900
	Occupation in facility	10,325	438	39	10,200
§ 42 IfSG (e.g. meat processing plants or kitchens in the catering trade, in inns, restaurants, canteens, cafés, or other establishments with or for communal catering)	Occupation in facility	5,217	224	5	5,000
Neither cared for, accommodated in nor working in a facility		101,427	16,989	3,542	93,700

*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

The number of COVID-19 cases was highest among persons cared for or employed in medical and other care facilities according to §23 and §36 IfSG (Table 4). The number of deaths was particularly high among persons cared for in these facilities.

Among the cases reported as working in medical facilities, 73% were female and 27% male. Their median age was 41 years. 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. The increase in the number of cases among persons working in the food sector (§42) is largely due to outbreaks in meat processing plants.

Countries of Exposure

Of the 217,293 reported COVID-19 cases, information regarding the country of exposure was missing in 71,969 (33%).

Borders have been opening since reporting week 25, initially within Europe. Since then, the proportion of COVID-19 cases for whom countries other than Germany were reported as the country of exposure has increased. This proportion peaked at 46% (2,975 cases) in reporting week 11, after which it rapidly decreased in association with the implemented travel restrictions to 0.4% (19 cases) in week 20. From week 21 onwards, this proportion has again increased to 31% (1,777 cases) in week 32.

Table 5 lists the top 15 countries most frequently reported as the probable place of infection in weeks 29 to 32. The Western Balkan countries, as well as Turkey, Bulgaria and Romania were most frequently reported as the country of exposure.

Table 5: Countries of exposures reported for COVID-19 cases notified in weeks 29 to 32 (a total of 12,120 reported locations, multiple answers possible, 2020 (11/08/2020, 0:00 Uhr).

Country of exposure	
Deutschland	8,607
Kosovo	1,096
Türkei	501
Kroatien	260
Serbien	196
Bulgarien	166
Bosnien und Herzegowina	156
Rumänien	113
Polen	112
Spanien	107
Mazedonien	92
Albanien	86
Niederlande	50
Österreich	44
Frankreich	43
Ukraine	43
Rest	448
Total	12,120

The proportion of cases with exposure outside of Germany has substantially increased during the past weeks. Through consistent prevention and early identification, transmission and subsequent cases can be considerably reduced. To this end, testing for travellers returning from abroad is being offered free-of-charge, with mandatory testing for travellers from high risk countries to be implemented later this week. It remains essential that people follow hygiene and distancing recommendations, avoid crowds and that all persons who develop COVID-19 compatible symptoms obtain testing immediately.

Outbreaks

Two districts reported an increased incidence of >25 cases in 7 days/100.000 inhabitants: the district of Dingolfing-Landau in Bavaria and the city of Duisburg.

In the district of Dingolfing-Landau a 7-day incidence with more than 100 cases per 100,000 inhabitants was observed. The increase is due to two outbreaks with >400 COVID-19-cases, one among harvest workers of an agricultural company and the other one among employees in two of three locations of a canning company. On 09/08/2020 80 were still counted active cases. Quarantine was ordered for all employees of both companies. The local population (3,300 inhabitants) has been offered voluntary testing. No transmission into the local population has been detected thus far.

In Duisburg cases among travellers entering Germany play an important role in the observed high 7-day incidence.

In Hamburg >75 cases were reported amongst employees of a shipyard. Of these, about one third are residents of other federal states or of another country. Cases among travellers also contributed to the marked increase in the 7-day incidence.

Further COVID-19 outbreaks continue to be reported in nursing homes and hospitals, refugee facilities, educational settings, meat-processing plants and other occupational settings, in the context of family events and religious communities as well as among travellers.

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 data 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 one infected person. R can only be estimated based on statistical analyses such as nowcasting and not directly extracted from the notification system.

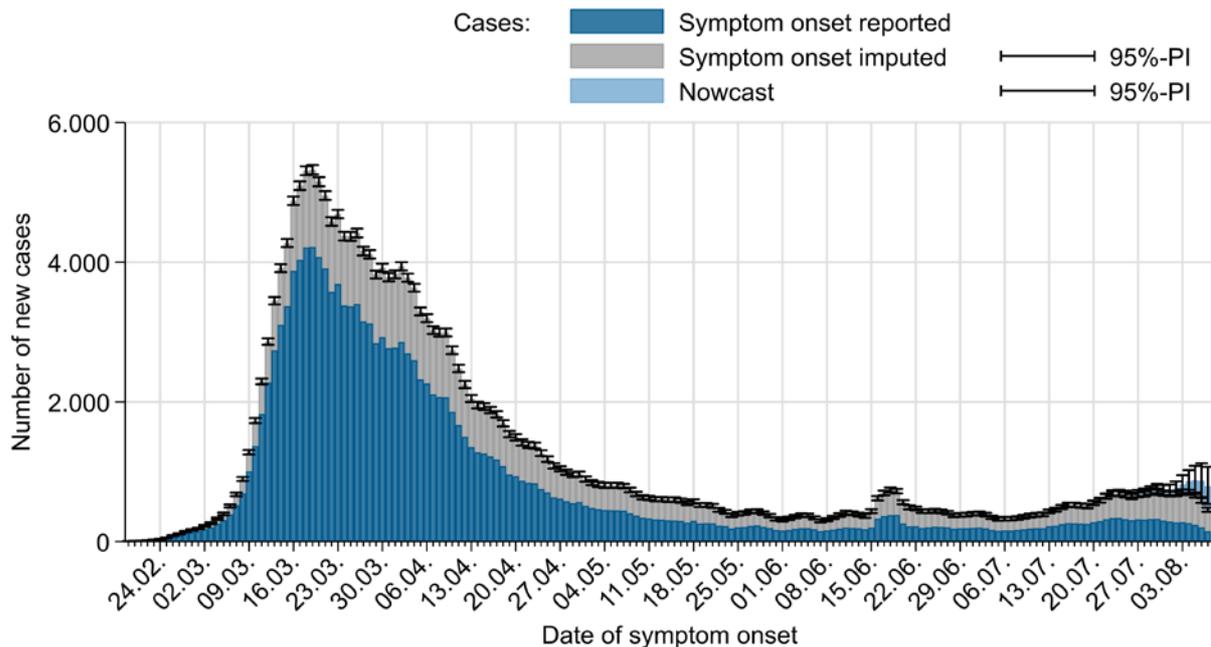


Figure 4: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 11/08/2020, 12 AM, taking into account cases up to 07/08/2020).

A sensitive 4-day-R-value can be estimated by using a 4-day moving average of the number of new cases estimated by nowcasting. This 4-day value reflects the infection situation about one to two weeks ago. This value reacts sensitively to short-term changes in case numbers, such as those caused by individual outbreaks. Furthermore, outbreak dynamics may be influenced widespread testing performed among affected persons, leading to therapid detection of many additional COVID-19 cases. This can lead to relatively large fluctuations in the estimated R-value, especially if the total number of new cases is small.

The current estimate of the 4-day R-value is **0.97** (95%-prediction interval: **0.79 – 1.16**) and is based on electronically notified cases as of 11/08/2020, 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, as this value 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 **1.04** (95% prediction interval: **0.94 – 1.14**) and is based on electronically notified cases as of 11/08/2020, 12:00 AM.

The reported R values has been around 1 or slightly above since mid-July 2020. This is associated with a larger number of small outbreaks, but also with case numbers in Germany overall, which have increased steadily in recent weeks since the relaxation of the measures and due to an increased number of travel returnees.

See also the RKI's statement on high case numbers of 24/07/2020

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Gestiegene_Fallzahlen.html

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. A detailed methodological explanation of the more stable 7day 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 (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 11/08/2020, a total of **1,274** hospitals or departments reported to the DIVI registry. Overall, **30,390** intensive care beds were registered, of which **21,562** (71%) are occupied, and **8,828** (28%) are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 5.

Table 5: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (11/08/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	234		4
- of these: mechanically ventilated	139	59%	7
Discharged from ICU	16.040		145
- of these: deaths	3.942	25%	37**

*The interpretation of these numbers must take into account the the number of reporting hospitals and therefore the number of reported patients may change from day to day. On certain days, this can explain an occasionally important decrease or increase in the cumulative number of discharged patients or deaths compared with the day before.

** The high number of deceased as of today is due to the delayed entry of a reporting area which exhibits irregular reporting behaviour

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 cases continues to increase worldwide. The number of newly reported cases declined from mid-March until early July. Since then, case numbers have been steadily increasing. Some districts are transmitting very few or no cases to the RKI. However, individual outbreaks are increasingly occurring again, which can reach considerable proportions. Vaccines and anti-viral therapeutics are currently not available. 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

SARS-CoV-2 can be transmitted easily from person to person. The risk of infection depends heavily on the regional spread, living conditions and also on individual behaviour (physical distancing, hygiene measures and community masks).

Disease severity

In most cases, the disease is mild. The probability of progression towards serious disease increases with increasing age and underlying illnesses. Individual long-term consequences cannot be estimated yet.

Burden on health system

The burden on the health care system depends largely on the geographical distribution of cases, health care capacity and initiation of containment measures (isolation, quarantine, physical distancing etc.). In large parts of Germany it is currently low, but it can rapidly increase locally and affect the public health system in particular as well as medical care facilities.

Measures taken in Germany

- The ministry of health has published a record of all measures implemented in Germany since 27/01/2020
<https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html> (in German)
- Information from the Ministry of Health for travelers entering Germany: Frequently asked questions and answers (in German) <https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/faq-tests-einreisende.html>
- Corona-Warn-App
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/WarnApp/Warn_App.html
- Regulations for persons entering Germany in connection with the novel coronavirus SARS-CoV-2 (15.06.2020) https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Transport/BMG_Merkblatt_Reisende_Tab.html
- 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)