Summary (as of 28/08/2020 12:00 AM)

- Since calendar week 29 the 7-day-COVID-19 incidence has risen markedly overall and in many federal states. The number of districts reporting zero COVID-19 cases over a period of 7 days has decreased markedly. Although case numbers have started to decrease in some states, this development remains very concerning.
- The cumulative nationwide incidence over the past 7 days was 9.9 cases per 100,000 inhabitants. A total of 21 districts transmitted zero cases over the past 7 days. In a further 138 districts the 7-day-incidence is below 5.0/100,000 inhabitants.
- In Hesse, Bavaria and Baden-Wuerttemberg, the 7-day incidence is considerably higher, in Bremen, North Rhine Westphalia and Berlin slightly higher than the national mean 7-day-incidence.
- In total, 239,507 laboratory-confirmed COVID-19 cases and 9,285 deaths associated with COVID-19 have been electronically reported to the RKI in Germany.
- Moreover, further COVID-19-related outbreaks are being reported in various settings, including nursing homes and hospitals, facilities for asylum-seekers and refugees, educational settings, various occupational settings, in the context of religious or family events and especially among travellers.

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 still be observed in some federal states. It is noticeable that the average age of infection decreased over the past few weeks and that the 7-day incidence particularly in younger age groups has increased and is much higher than in older age groups.

Nationwide, there are reports of many small outbreaks in a number of administrative districts in various settings, such as larger events with family and friends. In addition, a large percentage of COVID-19 cases are being identified among travellers entering Germany, especially among younger age groups.

A further worsening of the situation must be avoided. On the one hand, the increase in younger age groups needs to be stopped, on the other hand, transmission into older and vulnerable groups needs to be prevented. As soon as the number of infections rises among elderly people, hospitalisations and number of deaths will likely rise as well. This can only be prevented if the entire population continues to be committed to decreasing transmission, e.g. by consistently observing rules of physical distancing and hygiene - also outdoors -, by airing indoor areas and, where indicated, by wearing a community or face mask correctly. Large gatherings, especially indoors, should be avoided, and events with family and friends should be limited to close family members and friends.

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 239,507 (+1,571) 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 21 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 overall; on 12/07/2020 the number of districts reporting zero cases still amounted to 125 districts.
COVID-19 Situation Report 28/08/2020

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

Figure 1: Number and cumulative incidence (per 100,000 population) of the 239,507 electronically reported COVID-19 cases in Germany by county and federal state (28/08/2020, 00:00 AM). Please see the COVID-19 dashboard (https://corona.rki.de/) for information on number of COVID-19 cases by district (local health authority).

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 (28/08/2020, 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.

<table>
<thead>
<tr>
<th>Federal State</th>
<th>Total number of cases</th>
<th>Number of new cases</th>
<th>Cases/100,000 pop.</th>
<th>Cases in the last 7 days</th>
<th>7-day incidence per 100,000 pop.</th>
<th>Number of deaths</th>
<th>Number of deaths/100,000 pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baden-Wuerttemberg</td>
<td>41,248</td>
<td>284</td>
<td>373</td>
<td>1,518</td>
<td>13.7</td>
<td>1,864</td>
<td>16.8</td>
</tr>
<tr>
<td>Bavaria</td>
<td>56,639</td>
<td>448</td>
<td>433</td>
<td>1,967</td>
<td>15.0</td>
<td>2,636</td>
<td>20.2</td>
</tr>
<tr>
<td>Berlin</td>
<td>11,011</td>
<td>77</td>
<td>294</td>
<td>385</td>
<td>10.3</td>
<td>226</td>
<td>6.0</td>
</tr>
<tr>
<td>Brandenburg</td>
<td>3,857</td>
<td>18</td>
<td>154</td>
<td>75</td>
<td>3.0</td>
<td>169</td>
<td>6.7</td>
</tr>
<tr>
<td>Bremen</td>
<td>1,958</td>
<td>14</td>
<td>287</td>
<td>74</td>
<td>10.8</td>
<td>56</td>
<td>8.2</td>
</tr>
<tr>
<td>Hamburg</td>
<td>6,167</td>
<td>30</td>
<td>335</td>
<td>139</td>
<td>7.5</td>
<td>266</td>
<td>14.4</td>
</tr>
<tr>
<td>Hesse</td>
<td>15,232</td>
<td>127</td>
<td>243</td>
<td>930</td>
<td>14.8</td>
<td>530</td>
<td>8.5</td>
</tr>
<tr>
<td>Mecklenburg-Western Pomerania</td>
<td>1,001</td>
<td>2</td>
<td>62</td>
<td>16</td>
<td>1.0</td>
<td>20</td>
<td>1.2</td>
</tr>
<tr>
<td>Lower Saxony</td>
<td>16,506</td>
<td>87</td>
<td>207</td>
<td>500</td>
<td>6.3</td>
<td>660</td>
<td>8.3</td>
</tr>
<tr>
<td>North Rhine-Westphalia</td>
<td>58,187</td>
<td>361</td>
<td>324</td>
<td>1,888</td>
<td>10.5</td>
<td>1,808</td>
<td>10.1</td>
</tr>
<tr>
<td>Rhineland-Palatinate</td>
<td>8,874</td>
<td>32</td>
<td>217</td>
<td>338</td>
<td>8.3</td>
<td>243</td>
<td>5.9</td>
</tr>
<tr>
<td>Saarland</td>
<td>3,112</td>
<td>17</td>
<td>314</td>
<td>55</td>
<td>5.6</td>
<td>174</td>
<td>17.6</td>
</tr>
<tr>
<td>Saxony</td>
<td>5,905</td>
<td>39</td>
<td>145</td>
<td>101</td>
<td>2.5</td>
<td>225</td>
<td>5.5</td>
</tr>
<tr>
<td>Saxony-Anhalt</td>
<td>2,218</td>
<td>9</td>
<td>100</td>
<td>50</td>
<td>2.3</td>
<td>65</td>
<td>2.9</td>
</tr>
<tr>
<td>Schleswig-Holstein</td>
<td>4,000</td>
<td>19</td>
<td>138</td>
<td>122</td>
<td>4.2</td>
<td>160</td>
<td>5.5</td>
</tr>
<tr>
<td>Thuringia</td>
<td>3,592</td>
<td>7</td>
<td>168</td>
<td>53</td>
<td>2.5</td>
<td>186</td>
<td>8.7</td>
</tr>
<tr>
<td>Total</td>
<td>239,507</td>
<td>1,571</td>
<td>288</td>
<td>8,211</td>
<td>9.9</td>
<td>9,288</td>
<td>11.2</td>
</tr>
</tbody>
</table>

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 82,450 cases (35%), thus their date of reporting is provided.

![Figure 2: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or alternatively by date of reporting since 01/03/2020 (28/08/2020, 12:00 AM).](image)

Demographic distribution of cases

Of all notified cases, 51% are female and 49% are male. Among all notified cases for whom data on age and gender were reported, 8,377 were children under 10 years of age (3.5%), 15,599 children and teenagers aged 10 to 19 years (6.5%), 110,862 persons aged 20 to 49 years (46%), 66,372 persons aged 50 to 69 years (28%), 32,029 persons aged 70 to 89 years (13%) and 5,559 persons aged 90 years and older (2.3%). Age and/or gender were unknown in 709 notified cases. Cases had a mean age of 46 years (median age 45 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=238,798) for cases with information available (28/08/2020,12:00 AM).](image)

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

Information on symptoms is available for 199,190 (83%) of the notified cases. Commonly reported symptoms were cough (45%), fever (38%), rhinorhoea (20%) and sore throat (19%). Pneumonia was reported in 5,450 cases (3%). 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 8,394 of 54,751 cases (15%).

Hospitalisation was reported for 32,256 (16%) of 207,035 COVID-19 cases with information on hospitalisation status. Approximately 213,200 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 this number.

A total of 9,288 COVID-19-related deaths have been reported in Germany (3.9% of all confirmed cases). Of these, 5,145 (55%) are men and 4,139 (45%) are women (see Table 2), the gender is unknown in four cases. The mean age of COVID-19 cases reported to have died was 81 years (median: 82 years). Of all deaths, 7,935 (85%) were in people aged 70 years or older, but only 16% 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 2: Number of notified COVID-19 deaths by age group and gender electronically reported to RKI (Data available for 9,284 of notified deaths; 28/08/2020, 12:00 AM)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age group (in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-9</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
</tr>
</tbody>
</table>

Occupation, accommodation or care in facilities

In accordance with the Protection Against Infection Act (Infektionsschutzgesetz, 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 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 3: Notified COVID-19-cases according to possible occupation, accommodation or care in facilities relevant for transmission of infectious diseases, reported to RKI (238,046* cases, no data available for 60,342 cases; 28/08/2020, 12:00 AM)

<table>
<thead>
<tr>
<th>Facility according to</th>
<th>Total</th>
<th>Hospitalised</th>
<th>Deaths</th>
<th>Recovered (estimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ 23 IfSG (e.g. hospitals, outpatient clinics and practices, dialysis clinics or outpatient nursing services)</td>
<td>Cared for / accommodated in facility</td>
<td>3,877</td>
<td>2,754</td>
<td>675</td>
</tr>
<tr>
<td></td>
<td>Occupation in facility</td>
<td>15,028</td>
<td>674</td>
<td>23</td>
</tr>
<tr>
<td>§ 33 IfSG (e.g. day care facilities, kindergartens, facilities for after school care, schools or other educational facilities, children’s homes, holiday camps)</td>
<td>Cared for / accommodated in facility*</td>
<td>6,074</td>
<td>106</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Occupation in facility</td>
<td>3,401</td>
<td>162</td>
<td>7</td>
</tr>
<tr>
<td>§ 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)</td>
<td>Cared for / accommodated in facility</td>
<td>19,133</td>
<td>4,267</td>
<td>3,664</td>
</tr>
<tr>
<td></td>
<td>Occupation in facility</td>
<td>10,567</td>
<td>459</td>
<td>40</td>
</tr>
<tr>
<td>§ 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)</td>
<td>Occupation in facility</td>
<td>5,542</td>
<td>238</td>
<td>5</td>
</tr>
<tr>
<td>Neither cared for, accommodated in nor working in a facility</td>
<td></td>
<td>114,082</td>
<td>17,614</td>
<td>3,585</td>
</tr>
</tbody>
</table>

*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 care facilities according to §36 IfSG and among persons employed in medical facilities according to §23 IfSG (Table 3). The number of deaths was particularly high among persons cared for in these facilities.

Among the cases reported as working in medical facilities (§23 IfSG), 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 (§36 IfSG) is consistent with numerous reported outbreaks, especially in nursing homes. The high number of cases among persons working in the food sector (§42 IfSG) is largely due to outbreaks in meat processing plants.

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

In 16 districts an increased incidence of ≥25 cases in 7 days/100,000 inhabitants was reported, including the city of Rosenheim in Bavaria with an incidence of >50 cases/100,000 inhabitants in the past 7 days. The federal states mainly affected are Hesse, Bavaria and Baden-Wuerttemberg. The increased incidence in the affected districts is mainly due to people returning home from vacations abroad, but also to transmission in family and other private events.

In the city of Wiesbaden in Hesse, a COVID-19 outbreak occurred among wedding guests, resulting in transmission into the communities, including schools and work places.

Further COVID-19-related outbreaks continue to be reported in nursing homes, hospitals, facilities for asylum seekers and refugees, community facilities, various occupational settings and in connection with religious events.

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 varies 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 28/08/2020, 12 AM, taking into account cases up to 24/08/2020).

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 the rapid 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.

Note: The report is a snapshot and is continuously updated.
The current estimate of the 4-day R-value is 0.94 (95%-prediction interval: 0.77 – 1.11) and is based on electronically notified cases as of 28/08/2020, 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 1.01 (95% prediction interval: 0.90 – 1.10) and is based on electronically notified cases as of 28/08/2020, 12:00 AM.

The reported R values have been above 1 since mid-July 2020 and are slightly below 1 again since the beginning of this week. According to current observations, this seems to be associated to a great extent with an increasing number of cases among travel returnees, especially during the school holidays, as well as a larger number of smaller outbreaks and the overall case numbers in Germany, which have increased steadily in recent weeks since the relaxation of disease control measures.

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 7-day 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).


DIVI intensive care register

The German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI) has in collaboration with RKI established a registry to document the number of available intensive care beds as well as the number of COVID-19 cases treated in participating hospitals on a daily basis. Since 16/04/2020, all hospitals with intensive care beds are required to report. (https://www.intensivregister.de/#/intensivregister)

As of 28/08/2020, a total of 1,283 hospitals or departments reported to the DIVI registry. Overall, 30,679 intensive care beds were registered, of which 21,697 (71%) are occupied, and 8,982 (28%) 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 (28/08/2020, 12:15 PM).

<table>
<thead>
<tr>
<th></th>
<th>Number of patients</th>
<th>Percentage</th>
<th>Change to previous day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently in ICU</td>
<td>236</td>
<td></td>
<td>-5</td>
</tr>
<tr>
<td>- of these: mechanically ventilated</td>
<td>140 59%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Discharged from ICU</td>
<td>16,506</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>- of these: deaths</td>
<td>3,994</td>
<td>24%</td>
<td>-1</td>
</tr>
</tbody>
</table>

*The interpretation of these numbers must take into account 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.

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

A total of 24 European countries provide the European EuroMOMO project (European monitoring of excess mortality for public health action) with official mortality statistics on a weekly basis which allows the detection and measuring of excess deaths related to e.g. seasonal influenza and pandemics (https://www.euromomo.eu/). In Germany, two regional systems that allow the transmission of data, have been established so far (since 2007 in Berlin and Hesse). The establishment of a nationwide monitoring system is planned from 2021 onwards.

An increase in all-cause mortality was observed in conjunction with the COVID-19 pandemic primarily in April 2020. Excess mortality was observed primarily in persons 65 years of age and older, but also among those 15 to 64-years of age. Excess mortality was highest in Belgium, France, Italy, the Netherlands, Spain, Sweden, Switzerland and the UK. All-cause mortality for the countries in the EuroMOMO network has now largely returned to expected levels.

Weekly mortality statistics are also recorded on the website of the Federal Statistical Office, albeit with a certain time lag. A special evaluation of excess mortality is normally updated weekly every two weeks. https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Sterbefaelle-Lebenserwartung/Tabellen/sonderauswertung-sterbefaelle.html (in German).

Looking at the development by months, in March 2020 there was no noticeable increase in the number of deaths compared to March of the previous year. In April, however, all-cause mortality was significantly above the average of previous years; but decreased to expected levels since the beginning of May. In calendar week 31, 2020 (27.07. – 02.08.) 16,953 people died (+341) compared to the week 30); the number of deaths for this calendar week is thus approx. 2% below the average of the previous years 2016-2019.

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 with a clear acceleration in recent weeks; it seems to have stabilized in the last few days. At the same time, the number of districts that have not reported any cases in the last 7 days is decreasing. There are larger and smaller outbreaks nationwide, especially in connection with celebrations in the circle of family and friends and at group events. Travel returnees, especially in the younger age groups, also contribute to the increase in the number of cases. 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). Here, contacts in risk situations (such as long face-to-face contact) play a special role. Aerosol emission increases sharply when speaking loudly, singing or laughing. In indoor rooms, this significantly increases the risk of transmission, even if a distance of more than 1.5 m is maintained. If the minimum distance of 1.5 m without covering the mouth and nose is not
Maintained, e.g. when groups of people sit at a table or in large gatherings, there is also an increased risk of transmission outdoors.

**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. The individual risk cannot be derived from epidemiological/statistical data. Thus, even without known previous illnesses and in young people, the course of the disease can be severe or even life-threatening. Long-term consequences, even after slight progressions, cannot yet be assessed.

**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

- Information on the designation of international risk areas  
  [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html)

- The ministry of health has published a record of all measures implemented in Germany since 27/01/2020  

- Information from the Ministry of Health for travellers entering Germany: Frequently asked questions and answers (in German)  
  [https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/faq-tests-einreisende.html](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](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](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](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 on the RKI dashboard:  
  [https://corona.rki.de/](https://corona.rki.de/)

- A distance of 1.5 metres to other individuals must be maintained in public spaces:  
  *(in German)*