



## Coronavirus Disease 2019 (COVID-19)

### Daily Situation Report of the Robert Koch Institute

03/11/2020 - UPDATED STATUS FOR GERMANY

Total (cumulative)		Previous 7 days	
<b>Confirmed cases</b>	<b>Deaths</b>	<b>Confirmed cases</b>	<b>7-day incidence</b>
<b>560,379</b> (+15,352*)	<b>10,661</b> (+131*)	<b>103,273</b> (+3,400*)	<b>124,2 cases/ 100,000 pop</b>
<b>Proportion of deaths</b>	<b>Recovered</b>	<b>7-day incidence of people ≥ 60 years</b>	<b>No. of districts with 7- day incidence &gt; 50</b>
<b>1.9%</b>	<b>ca. 371,500**</b> (+8,300**)	<b>81.3 cases/ 100,000 pop</b>	<b>365</b> (+7*)

\*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 03/11/2020, 12:00 AM)

- Currently, an accelerated increase of transmissions in the population in Germany can be observed. Therefore, the entire population is strongly encouraged to commit itself to infection prevention and control.
- The nationwide incidence over the past 7 days increased further to **124.2** cases per 100,000 population.
- Since the beginning of September, the proportion of cases in older age groups has been increasing again. The 7-day incidence of people ≥ 60 years has further increased to currently **81.3** cases/100.000 population.
- The 7-day incidence in Bavaria, Berlin, Bremen, Hesse, North Rhine-Westphalia and Saarland is higher than the national total 7-day incidence.
- The number of districts with an increased 7-day incidence of >25 cases/ 100,000 inhabitants continues to rise. Only **7** districts have an incidence ≤25 cases/100,000 population. As of today, **137** districts have an incidence of >50-100 cases/100,000 population, **228** districts have an incidence of >100 cases/100,000 population and of these, **32** districts have an incidence of >200 cases/100,000 population.
- The nationwide increase is caused by increasingly diffuse transmission, with numerous clusters in connection with private gatherings, celebrations or public events, but also in educational settings, nursing and long-term care homes, as well as in occupational settings or related to religious events.
- The number of COVID-19 patients requiring intensive care has almost tripled in the past 2 weeks from **879** patients on **20/10/2020** to **2.388** patients on **03/11/2020**.
- In total, **560,379** laboratory-confirmed COVID-19 cases and **10,661** deaths associated with COVID-19 have been transmitted to the RKI in Germany.

# Epidemiological Situation in Germany

In accordance with the international standards of WHO<sup>1</sup> and ECDC<sup>2</sup>, RKI considers all laboratory confirmations of SARS-CoV-2, irrespective of the presence and severity of clinical symptoms, as COVID-19 cases. Thus, in the following report the term "COVID-19 cases" covers acute SARS-CoV-2 infections as well as cases of COVID-19 disease.

## General current assessment

After a temporary stabilisation of case numbers at a higher level in late August and early September, there is currently an increase of transmission within the population in all federal states. The proportion of COVID-19 cases in older age groups is currently increasing. The reported R-values have been stable since the beginning of October, well above 1. **Over the past few days the R-values have decreased and today are approximately 1. This means that each person infected with SARS-CoV-2 will infect on average one other person. As the number of infected persons is currently high in Germany, this means that the daily number of newly infected persons will remain high.**

There are outbreaks in various districts throughout Germany, which are associated with different situations, including large celebrations in the family and circle of friends, in occupational settings, and in old people's and nursing homes. In addition, in many districts there is an increasingly diffuse spread of SARS-CoV-2, without traceable transmission chains.

It is therefore still necessary for the entire population to be committed to infection prevention and control, e.g. by consistently observing rules of distance and hygiene - also outdoors -, by ventilating indoor spaces and, where indicated, by wearing a community mask correctly. Crowds of people - especially indoors - should be avoided.

<sup>1</sup> World Health Organization, [https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance\\_Case\\_Definition-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.1)

<sup>2</sup> European Centre for Disease Prevention and Control, <https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition>

## 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 **560,379 (+15,352)** laboratory-confirmed cases of COVID-19 have been reported to and validated by the RKI (Table 1).

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 (03/11/2020, 12:00 AM). The number of new cases includes positive cases notified 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	85,442	1848	770	12,964	116.8	2,045	18.4
Bavaria	112,301	2952	856	17,760	135.3	2,816	21.5
Berlin	33,310	717	908	5,737	156.3	261	7.1
Brandenburg	8,691	365	345	1,684	66.8	203	8.0
Bremen	5,901	228	866	1,415	207.7	77	11.3
Hamburg	14,288	252	773	1,873	101.4	291	15.8
Hesse	44,598	1219	709	10,044	159.7	683	10.9
Mecklenburg-Western Pomerania	2,917	-1**	181	687	42.7	23	1.4
Lower Saxony	38,862	943	486	7,104	88.9	763	9.5
North Rhine-Westphalia	144,137	4652	803	29,158	162.5	2,193	12.2
Rhineland-Palatinate	21,787	825	532	4,416	107.9	294	7.2
Saarland	7,228	199	732	1,619	164.1	194	19.7
Saxony	19,489	742	479	4,659	114.4	342	8.4
Saxony-Anhalt	5,423	100	247	1,137	51.8	83	3.8
Schleswig-Holstein	8,600	144	296	1,632	56.2	183	6.3
Thuringia	7,405	167	347	1,384	64.9	210	9.8
<b>Total</b>	<b>560,379</b>	<b>15,352</b>	<b>674</b>	<b>103,273</b>	<b>124.2</b>	<b>10,661</b>	<b>12.8</b>

\*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

\*\* Mecklenburg – Western Pomerania did not report any data due to technical issues. These have since been resolved and will be available as usual from tomorrow on.

## Distribution of cases over time

The first COVID-19 cases in Germany were notified in January 2020. Figure 1 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 for **272,202 cases (49%)** thus their date of reporting is provided in Figure 1.

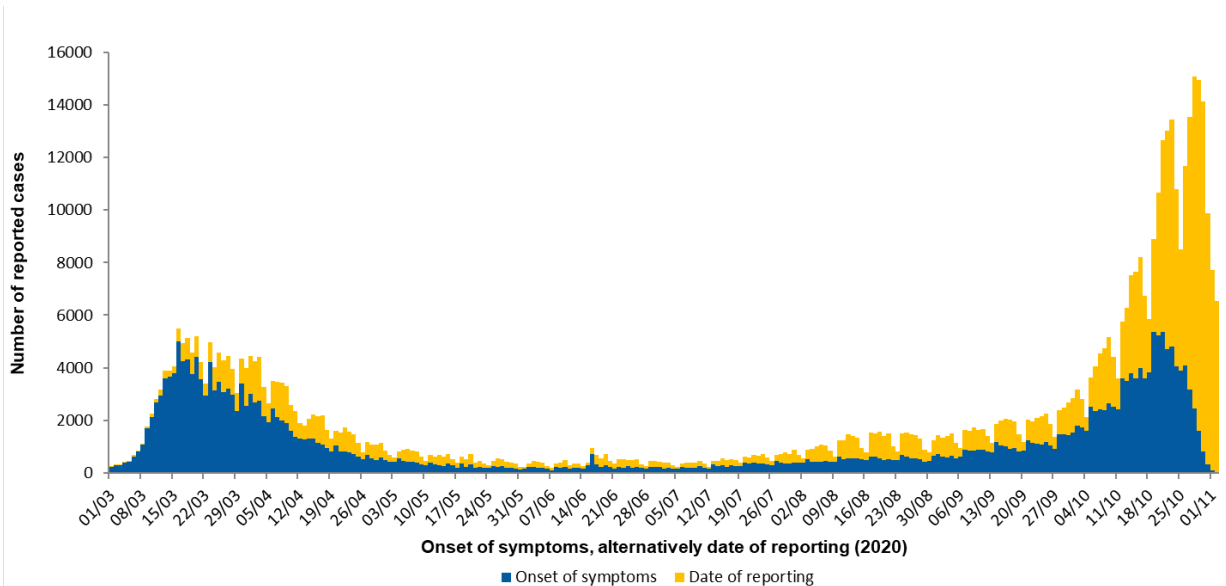


Figure 1: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or – if unknown – alternatively by date of reporting since 01/03/2020 (03/11/2020, 12:00 AM).

### Demographic distribution of cases

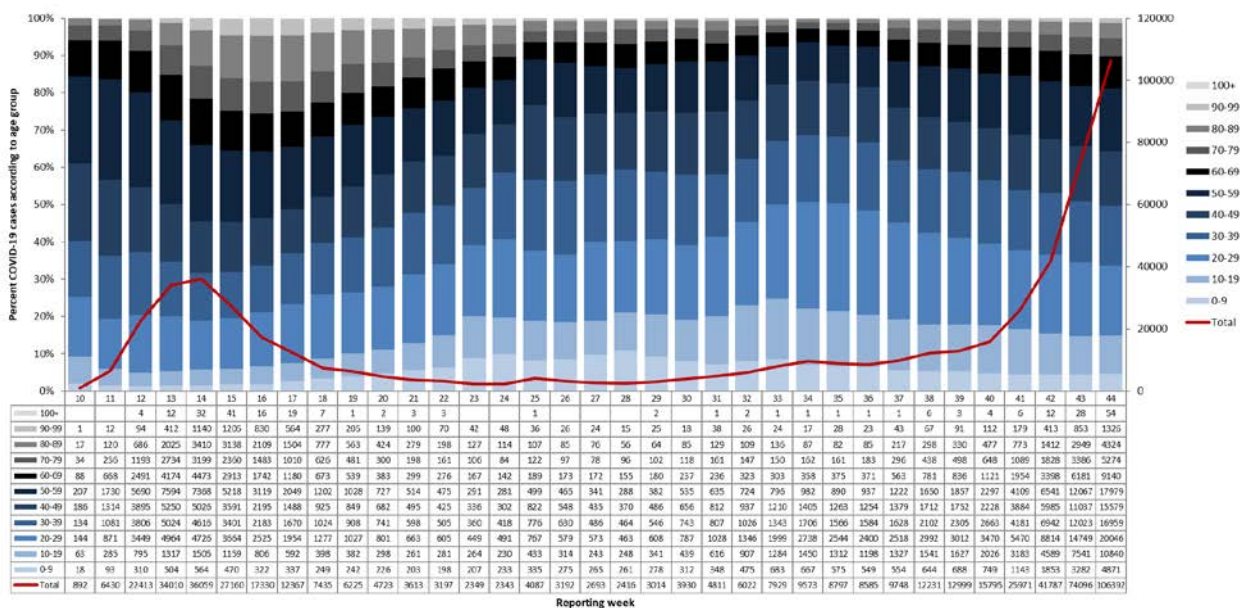


Figure 2: Percent of notified COVID-19 cases by age group and reporting week (n=550,614 cases with respective data in the weeks 10 to 44 (03/11/2020, 12:00 AM). The total number of weekly cases is depicted by the red line.

The illustration of reported COVID-19 cases in Germany according to the proportion of cases per age group and reporting week in Figure 2 shows a high proportion of cases in the age groups 20 - 59 years at the beginning of the pandemic in reporting weeks 11 to 14. From reporting week 15 onwards, the proportion among persons aged 80 and over increased sharply, but then decreased again continuously from reporting week 17 to reporting week 25, accompanied by a significant decrease in the number of cases. This development continued in the following weeks. By comparison, the proportion of cases in the younger age groups between 0 and 29 years of age increased in the same period, but with a concurrent decrease in the number of cases. After reporting week 24, the proportions across all age groups entered a plateau phase with only slight fluctuations. Absolute case numbers increased from week 29. Since reporting week 36, however, case numbers have increased again, with an ongoing increase in the proportion of cases among older age groups.

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

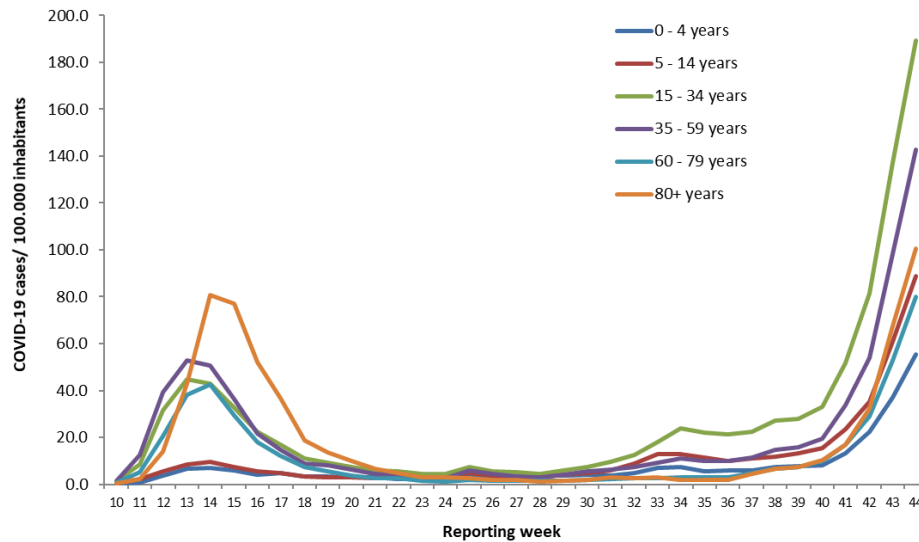


Figure 3: Presentation of the notified COVID-19 cases/ 100,000 inhabitants in Germany by age group and reporting week (03/11/2020, 12 AM)

Figure 3 shows that at the beginning of the pandemic in Germany, COVID-19 incidence increased initially among 15-34-year-olds and 35-59-year-olds, followed by older persons over 80 years of age. After the decline in incidence for all age groups, the highest incidence since the renewed increase in case numbers is currently seen in the age group of 15 to 34-year-olds, followed by the age group of the 35-59-year-olds. From week 36, the incidence among persons 60 years of age and older has also been continually increasing, and from week 40 onwards, an increase can be observed for all age groups. The increasing incidence among 60- to 79-year-olds and over 80-year-olds is very worrisome, since these persons have a higher risk of severe disease and death and require intensive care treatment more often than younger persons.

### Clinical aspects

Information on symptoms is available for 382,157 (68%) of the notified cases. Among these, cough (41%), fever (32%), rhinorrhoea (23%) and sore throat (21%) were reported most and 15% had no or no relevant COVID-19 symptoms. Pneumonia was reported in 6,847 cases (1,8%). 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 47,238 of 237,538 cases (17%) with information available.

Hospitalisation was reported for 45,116 (11%) of 420,592 COVID-19 cases with information on hospitalisation status.

Approximately 371,500 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: COVID-19 cases reported to the RKI by sex and the proportion of hospitalized and deceased for the reporting weeks 10 - 44 (03/11/2020, 12:00 AM).

Week	Total cases	Mean age (years)	Men	Women	Number with clinical information	Percent with no or no symptoms relevant for COVID-19	Number with information on hospitalization	Number hospitalized	Percent hospitalized	Number of deaths	Percent deaths
10	892	42	53%	47%	831	7.6%	800	162	20%	12	1.35%
11	6,431	44	56%	44%	5,774	5.3%	5,612	519	9%	85	1.32%
12	22,425	45	55%	45%	20,190	3.8%	19,337	2,204	11%	478	2.13%
13	34,016	48	49%	51%	30,828	3.2%	29,443	5,104	17%	1,449	4.26%
14	36,063	51	45%	55%	31,951	5.3%	31,460	6,051	19%	2,249	6.24%
15	27,163	52	44%	56%	23,549	8.3%	24,023	4,705	20%	1,863	6.86%
16	17,337	51	45%	55%	14,841	11.3%	15,488	3,350	22%	1,211	6.99%
17	12,372	50	45%	55%	10,263	14.0%	10,931	2,220	20%	717	5.80%
18	7,435	48	48%	52%	6,234	17.7%	6,583	1,351	21%	376	5.06%
19	6,225	47	48%	52%	5,216	19.8%	5,598	1,065	19%	251	4.03%
20	4,724	45	49%	51%	3,925	23.4%	4,198	731	17%	158	3.34%
21	3,614	43	50%	50%	2,811	26.4%	3,105	508	16%	109	3.02%
22	3,199	42	51%	49%	2,531	23.4%	2,756	413	15%	63	1.97%
23	2,352	39	51%	49%	1,832	23.3%	2,073	311	15%	45	1.91%
24	2,343	37	54%	46%	1,730	24.4%	2,080	283	14%	32	1.37%
25	4,089	36	59%	41%	2,928	25.1%	3,731	315	8%	37	0.90%
26	3,200	37	55%	45%	2,311	23.3%	2,847	289	10%	23	0.72%
27	2,693	36	52%	48%	2,062	26.9%	2,465	258	10%	26	0.97%
28	2,419	36	56%	44%	1,910	24.2%	2,186	250	11%	24	0.99%
29	3,016	36	53%	47%	2,349	22.8%	2,631	317	12%	30	0.99%
30	3,933	36	52%	48%	3,136	27.0%	3,430	325	9%	32	0.81%
31	4,814	36	50%	50%	3,586	24.5%	4,063	367	9%	32	0.66%
32	6,042	34	54%	46%	4,393	30.3%	5,145	377	7%	30	0.50%
33	7,935	32	53%	47%	5,623	33.3%	6,789	407	6%	29	0.37%
34	9,581	32	55%	45%	6,997	35.0%	8,050	405	5%	28	0.29%
35	8,804	32	53%	47%	6,622	31.0%	7,158	343	5%	16	0.18%
36	8,596	33	54%	46%	6,375	27.2%	6,865	373	5%	33	0.38%
37	9,760	35	52%	48%	7,154	20.6%	7,631	425	6%	58	0.59%
38	12,247	36	51%	49%	9,049	18.7%	9,555	606	6%	70	0.57%
39	13,031	37	52%	48%	9,522	18.6%	10,330	710	7%	95	0.73%
40	15,836	38	52%	48%	11,448	17.5%	12,675	770	6%	85	0.54%
41	26,067	39	51%	49%	18,041	16.6%	20,036	1411	7%	165	0.63%
42	41,937	39	51%	49%	27,317	15.9%	30,667	1961	6%	256	0.61%*
43	74,487	40	50%	50%	40,616	15.4%	48,090	2935	6%	316	0.42%*
44	107,076	41	50%	50%	45,714	15.8%	58,960	2998	5%	172	0.16%*

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

Table 2 shows the distribution of hospitalizations and deaths by reporting week. The proportion of deaths among all notified cases peaked at 7% in reporting week 16, 2020. Since then, it decreased markedly until week 34 and has remained well under 1% since then. The proportion of cases reported with no or no symptoms relevant for COVID-19 increased over time until week 34 to 35%, but decreased since then to below 20% after week 38.

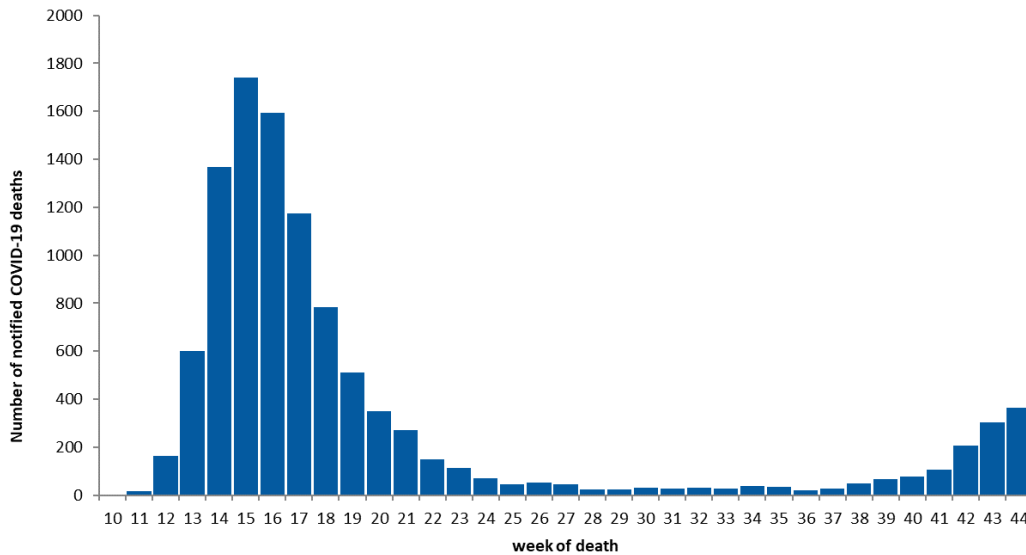


Figure 4: Number of notified COVID-19 deaths according to week of death for the reporting weeks 10 - 44 (03/11/2020, 12:00 AM).

Notified COVID-19 deaths according to week of death are shown in Figure 4. The number of deaths has been increasing since week 37; markedly since week 42.

Of all deaths, 9,110 (86%) were in people aged 70 years or older, but only 12% of all cases were in this age group (Table 3). Thus far, 6 deaths among COVID-19 cases under 20 years of age have been reported to the RKI\*. Pre-existing medical conditions were reported for two of them. The number of deaths may change upon completion of data validation.

Table 3: Number of notified COVID-19 deaths by age group and gender electronically reported to RKI (Data available for 10,654 of notified deaths; 13/10/2020, 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	2*	3*	11	21	67	286	742	1,594	2,478	708	8
Female	1*		3	9	30	101	268	775	2,223	1,273	51
<b>Total</b>	<b>3</b>	<b>3</b>	<b>14</b>	<b>30</b>	<b>97</b>	<b>387</b>	<b>1010</b>	<b>2,369</b>	<b>4,701</b>	<b>1,981</b>	<b>59</b>

\*The cases are currently being validated.

### 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 48% of cases, the numbers 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.

The number of COVID-19 cases was highest among persons cared for or employed in care facilities according to § 36 IfSG, among persons employed in medical facilities according to § 23 IfSG and among persons cared for in educational facilities according to § 33 IfSG (Table 4). The number of deaths was particularly high among persons cared for in facilities according to §§ 23 and 36.

Among the cases reported as working in medical facilities (§ 23 IfSG), 73% were female and 27% male. Their median age was 40 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.

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



The high number of cases among persons working in the food sector (§ 42 IfSG) is largely due to outbreaks in meat processing plants.

Table 4: Notified COVID-19-cases according to possible occupation, accommodation or care in facilities relevant for transmission of infectious diseases according to the Protection Against Infection Act (IfSG), reported to RKI (556,726\* cases, no data available for 266,818 cases; 03/11/2020, 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	5,375	3,513	774	4,000
	Occupation in facility	19,552	770	24	18,100
§ 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*	15,279	196	2	12,700
	Occupation in facility	7,421	251	8	6,300
§ 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	23,604	4,776	3,938	17,700
	Occupation in facility	13,215	522	44	12,200
§ 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	7,817	299	5	7,300
Neither cared for, accommodated in nor working in a facility		197,645	22,028	3,958	171,100

\*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. Due to changes in data registration, not all data entries for cases ascertained in the most recent version of the surveillance software could be taken into account. This will be corrected in the coming days.

### Possible countries of exposure

Of the 560,379 reported COVID-19 cases, information regarding the country of exposure was missing in 232,158 (41%) cases.

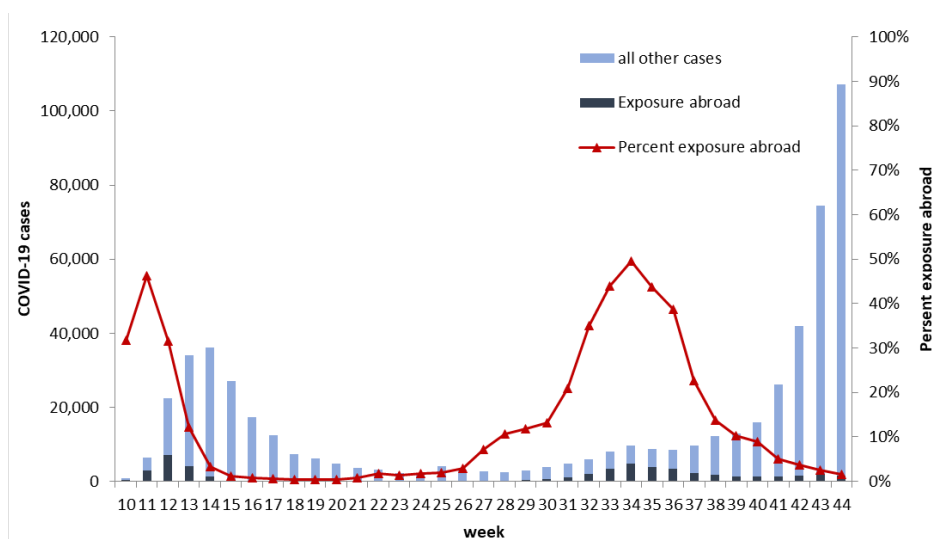


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 44, 2020 (03/11/2020, 12:00 AM)

In reporting week 11, the proportion of all cases was 46% for cases that had a possible foreign country as place of exposure. It then fell steadily to 0.4% in reporting week 19 as a result of travel restrictions. As of reporting week 25, borders reopened, initially in Europe, after which the proportion of cases reporting a

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



probable country of infection abroad markedly increased. It peaked in week 34 at 49% and declined again since, to currently 1.5% (Figure 5). In weeks 41-44, 6.438 persons reported a possible site of infection abroad.

Table 5 lists the countries in addition to Germany that were most frequently reported as the probable place of infection in weeks 41 to 44. Poland, Romania, Italy, Turkey, and Austria were most frequently reported as the country of exposure.

Table 5: Countries of exposures named for COVID-19 cases notified in weeks 41 to 44; 2020 (a total of 119,726 namings), multiple namings possible (11/03/2020, 12:00 AM).

Probable country of infection	Week 41	Week 42	Week 43	Week 44	Total
<b>Germany</b>	14,426	22,156	34,852	41,964	113,398
<b>Poland</b>	182	252	444	425	1,303
<b>Romania</b>	128	199	157	91	575
<b>Italy</b>	103	88	142	135	468
<b>Turkey</b>	83	109	123	90	405
<b>Austria</b>	71	72	88	101	332
<b>Switzerland</b>	42	53	84	42	221
<b>Kosovo</b>	27	31	68	95	221
<b>The Netherlands</b>	45	63	48	37	193
<b>Bosnia and Herzegowina</b>	43	39	59	48	189
<b>Czech Republic</b>	74	48	37	22	181
<b>Spain</b>	46	49	44	34	173
<b>France</b>	38	52	45	33	168
<b>Ukraine</b>	32	35	49	20	136
<b>Northern Macedonia</b>	17	39	29	37	122
<b>Others</b>	359	397	515	370	1,641
<b>Total</b>	<b>15,716</b>	<b>23,682</b>	<b>36,784</b>	<b>43,544</b>	<b>119,726</b>

The proportion of cases with a probable place of infection abroad increased significantly after the opening of borders in calendar week 25, but has been declining again since week 35 (see Figure 5). Through consistent prevention and early case identification, transmission and subsequent cases can be greatly reduced. It remains essential that people follow the rules of physical distancing and hygiene and avoid crowds, and that anyone who develops symptoms compatible with COVID-19 be tested immediately. In addition, travelers who stayed in a COVID-19 risk area within 14 days of entry must maintain a 14-day quarantine unless they have a negative test result (see <https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/>).

## Outbreaks

An increased incidence of >25 cases in 7 days/100,000 population was reported for almost every district (405 of 412), including 228 urban and rural districts with an incidence of over 100 cases/100,000 population and 137 districts with a 7-day incidence of >50 -100 cases/100,000 population. The dashboard (<https://corona.rki.de>) shows all affected districts.

Only about a quarter of the total number of reported COVID-19 cases can be attributed to a specific outbreak. At the beginning of the pandemic in Germany, in weeks 13-18, many COVID-19 cases were assigned to nursing homes as well as hospitals and refugee homes, In weeks 23-32, the workplace was often given as the probable infection environment. Since the summer (from week 33 on), the number of outbreaks in private households has represented the largest share of outbreak situations besides the workplace and leisure activities. Recently, the number of cases in old people's homes and nursing homes also increased again.

In most districts the transmission is diffuse, with several cases clustering in the context of celebrations with family and friends. On some occasions, specific large outbreaks have been the cause for large increases in the affected districts. However, many small outbreaks in retirement and nursing homes, in hospitals and facilities for asylum seekers and refugees, and community facilities, kindergartens and schools, various occupational settings and in the context of religious gatherings continue to contribute to the increase of incidence.

Further details regarding the ascertainment of outbreaks can be found (in German) in the *Epidemiologisches Bulletin* 38/2020 ([https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/38\\_20.pdf](https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/38_20.pdf)).

### Estimation of the reproduction number (R)

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 (Figure 7) and not directly extracted from the notification system.

4-day R-value	7-day R-value
0.94 (95%-prediction interval: 0.75 – 1.12)	0.98 (95%-prediction interval: 0.88 – 1.08)

Delays in reporting of case numbers at weekend days can lead to cyclical fluctuations of the 4-day R-value. The 7-day R-value is less affected because all week days are used to determine the value.

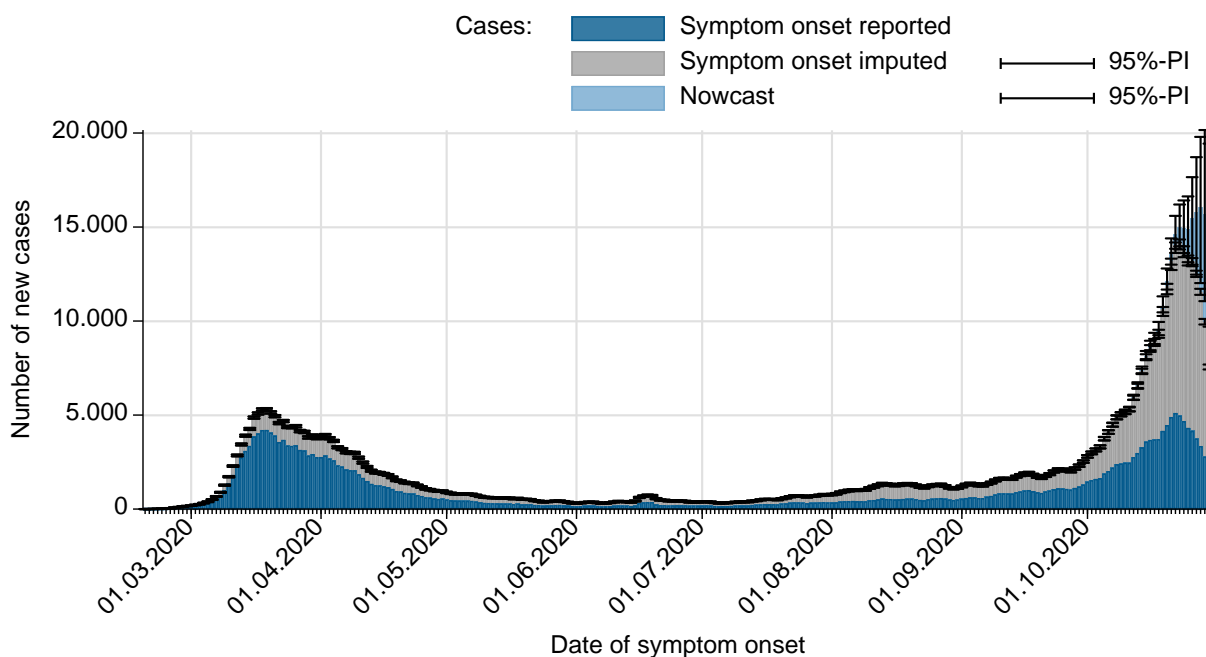


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 03/11/2020, 12 AM, taking into account cases up to 29/10/2020).

The reported R-values have been stable since the beginning of October, well above 1. Over the past days the R-values have decreased slightly and are approximately 1 today.

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 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

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 03/11/2020, a total of **1,283** hospitals or departments reported to the DIVI registry. Overall, **28,720** intensive care beds were registered, of which **21,482 (75%)** are occupied, and **7,238 (25%)** are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 6.

Table 6: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (03/11/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
<b>Currently in ICU</b>	2.388		+145
- of these: with invasive mechanical ventilation	1.256	53%	+89
<b>Discharged from ICU</b>	21.659		+335
- of these: deaths	4.887	23%	+74

\*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.

## Risk Assessment by the RKI

In view of the recent further increase in case numbers, the risk assessment of the RKI was adapted to the epidemiologic situation on 26/10/2020. The current version can be found here:

<https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/Risk-assessment.html>

## Measures taken in Germany

- National Testing Strategy – who will be tested for SARS-CoV-2 in Germany (14/10/2020) (*in German*) [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Teststrategie/Nat-Teststrat.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Teststrategie/Nat-Teststrat.html)
- SARS-CoV-2 test criteria for schools during the COVID 19 pandemic (12/10/2020) (*in German*) [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Teststrategie/Testkriterien-Schulen.pdf](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Teststrategie/Testkriterien-Schulen.pdf)
- Preventive measures in schools during the COVID 19 pandemic (12/10/2020) (*in German*) [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Praevention-Schulen.pdf](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Praevention-Schulen.pdf)
- Selected and regularly updated information on COVID-19 in English <https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/COVID19.html>
- 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 (*in German*)  
<https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html>
- 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>
- Corona-Warn-App  
<https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/CWA/CWA.html>
- Orders concerning travel after the determination of an epidemic situation of national significance by the German Bundestag (29/09/2020)  
[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: (*in German*)  
<https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-bundeslaender-1745198>
- Data on current disease activity can be found on the RKI dashboard:  
<https://corona.rki.de/>
- A distance of 1.5 metres to other individuals must be maintained in public spaces: (*in German*)  
<https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundeskanzlerin-mit-den-regierungschefinnen-und-regierungschefs-der-laender-1733248>
- (Non-medical) face masks must be worn on public transport and in shops in all federal states.