



# Coronavirus Disease 2019 (COVID-19)

## Daily Situation Report of the Robert Koch Institute

06/10/2020 - 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>303,258</b> (+2,639*)	<b>9,546</b> (+12*)	<b>14,803</b> (+838*)	<b>17.8 cases/ 100,000</b> <b>population</b>
<b>Proportion of deaths</b>	<b>Recovered</b>	<b>No. of districts reporting cases</b>	<b>No. of districts with 7-day incidence &gt; 50</b>
<b>3,1%</b>	<b>ca. 265,600**</b> (+1,900**)	<b>401/412</b> (-1*)	<b>7</b> (+0*)

\*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 06/10/2020, 12:00 AM)

- After a temporary stabilisation of case numbers at a higher level, a further increase in reported COVID-19 cases is currently evident in the population of Germany. It is therefore still necessary for the entire population to commit itself to infection prevention and control.
- **After week 36 the portion of older age groups has increased again**
- The nationwide incidence over the past 7 days was **17.8** cases per 100,000 population. The 7-day incidence exceeded 50 cases/100,000 population in 7 districts: the city of Hamm, the city of Remscheid, the district of Vechta and in the city of Berlin the following districts: Friedrichshain-Kreuzberg, Mitte, Neukoelln and Tempelhof-Schoeneberg. In a further **51** districts, it exceeded 25 cases/100,000 population.
- The 7-day incidence in Berlin and Bremen is considerably higher, in Hamburg, North Rhine-Westphalia and Hesse moderately higher than the national mean 7-day incidence.
- In total, **303,258** laboratory-confirmed COVID-19 cases and **9,546** deaths associated with COVID-19 have been electronically transmitted to the RKI in Germany.
- A large number of COVID-19-related outbreaks continue to be reported in various settings. Case clusters are being reported particularly in the context of religious or family events, in nursing homes and hospitals, facilities for asylum-seekers and refugees, community facilities, various occupational settings, and among travellers, **while the overall percentage of cases with an exposure outside of Germany has fallen below 10%.**

# 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, further increase is currently observed in the population in some federal states. The proportion of COVID-19 cases in the older age groups is currently slightly increasing, while the proportion of cases among travel returnees is decreasing since calendar week 34. The R-value has been predominantly slightly greater than 1 since the beginning of September.

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 and religious settings, or, especially in cases among younger people, outbreaks originating from travel returnees. The current development must be further carefully monitored.

Since calendar week 30, the proportion of deaths among COVID-19 cases has been consistently below 1% and is thus markedly lower than among cases in the spring, particularly in April. It is unlikely that the virus has changed to become less pathogenic. Rather, the low proportion of deaths can be explained as follows: On the one hand, recent infections have occurred mainly among young people, who rarely experience a severe course of disease. On the other hand there is also broader testing, which means more milder cases are identified. Additionally, as the number of cases increases, the true proportion of severe courses of disease and deaths only becomes apparent sometime after diagnosis. If the trend continues and elderly and vulnerable people are increasingly infected with SARS-CoV-2, an increase in hospitalisations and deaths is to be expected. Severe cases and deaths can only be prevented through decreased transmission of SARS-CoV-2.

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 if possible and celebrations should be limited to the closest circle of family and friends.

<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 **303,258 (+2,639)** laboratory-confirmed cases of COVID-19 have been electronically 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 (06/10/2020, 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	51,191	257	462	1,818	16.4	1,894	17.1
Bavaria	70,006	375	535	2,096	16.0	2,674	20.4
Berlin	15,949	301	426	1,518	40.5	231	6.2
Brandenburg	4,447	26	177	185	7.4	169	6.7
Bremen	2,632	13	385	249	36.5	59	8.6
Hamburg	8,339	98	453	485	26.3	273	14.8
Hesse	20,113	135	321	1,288	20.6	556	8.9
Mecklenburg-Western Pomerania*	1,293	73	80	123	7.6	20	1.2
Lower Saxony	21,284	209	267	1,113	13.9	691	8.7
North Rhine-Westphalia	73,842	847	412	4,388	24.5	1,886	10.5
Rhineland-Palatinate	11,215	129	275	551	13.5	256	6.3
Saarland*	3,449	69	348	148	14.9	177	17.9
Saxony	7,533	31	185	301	7.4	239	5.9
Saxony-Anhalt	2,764	18	125	145	6.6	68	3.1
Schleswig-Holstein	4,978	40	172	239	8.3	162	5.6
Thuringia	4,223	18	197	156	7.3	191	8.9
<b>Total</b>	<b>303,258</b>	<b>2,639</b>	<b>365</b>	<b>14,803</b>	<b>17.8</b>	<b>9,546</b>	<b>11.5</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.

### 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 114,943 cases (38%), thus their date of reporting is provided.

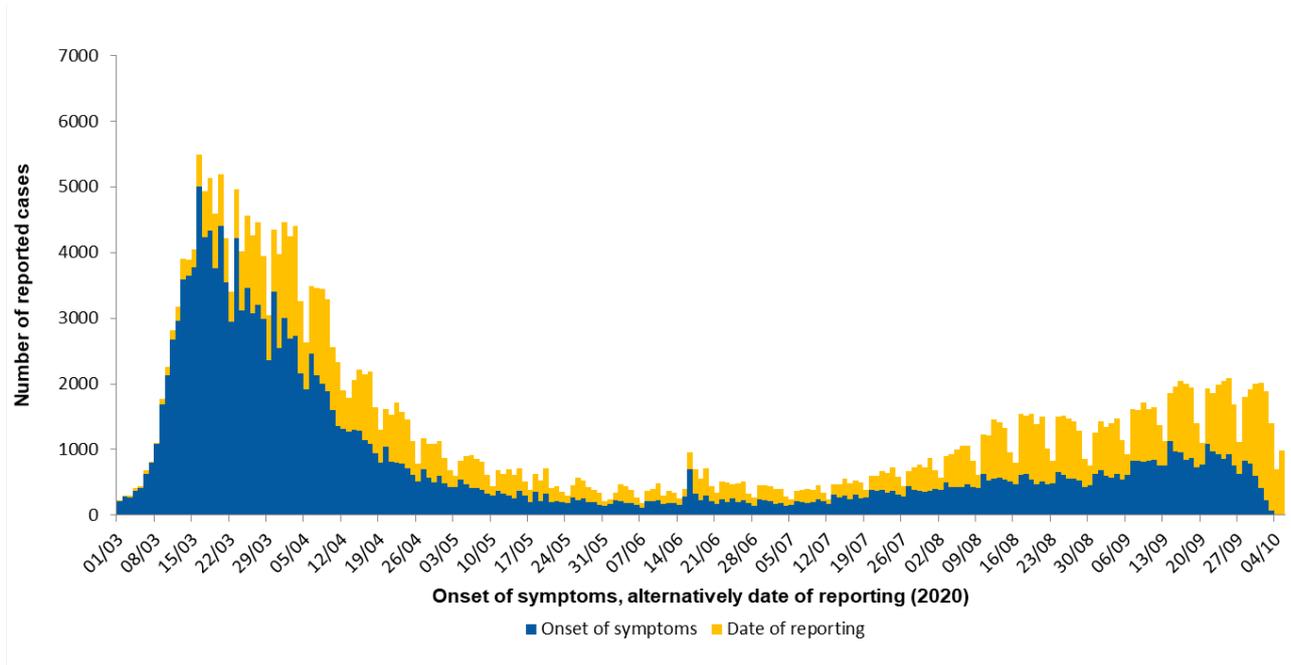


Figure 1: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or – if unknown – alternatively by date of reporting since 01/03/2020 (06/10/2020, 12:00 AM).

### Demographic distribution of cases

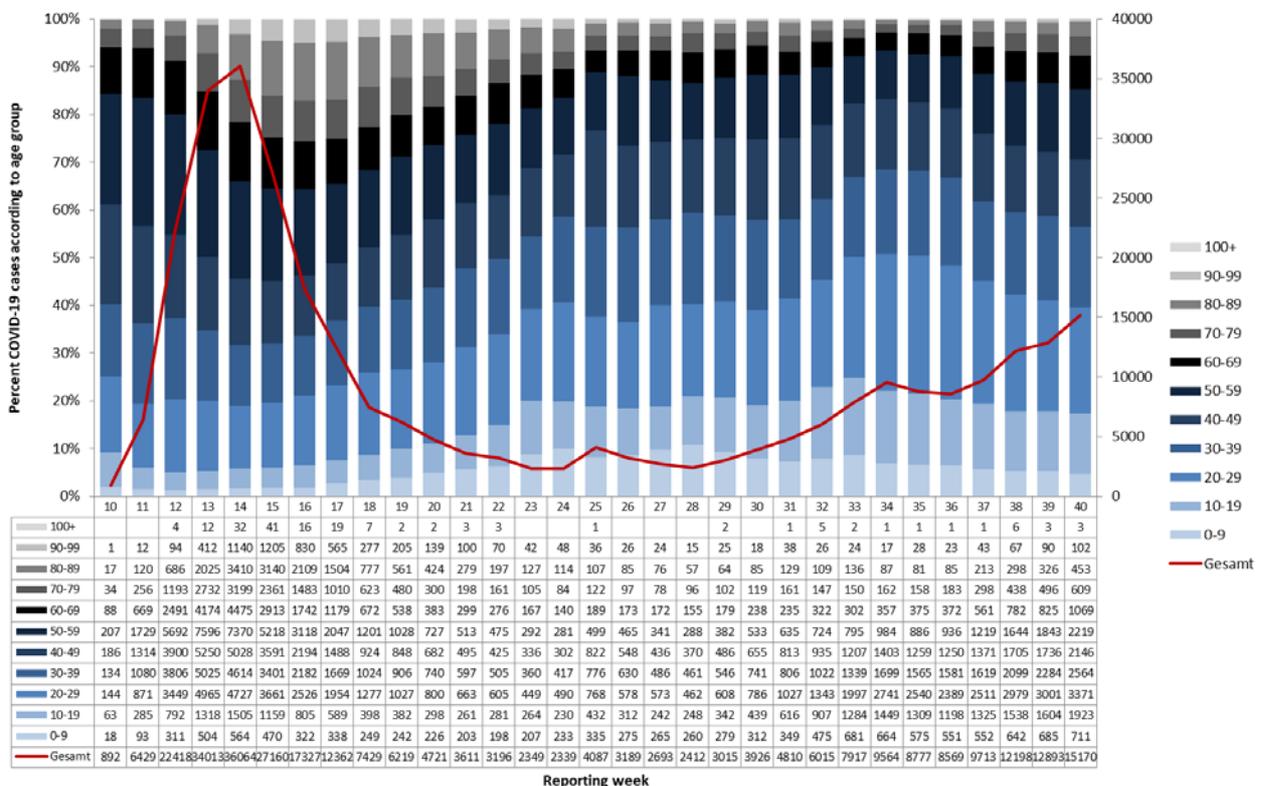


Figure 2: Percent of notified COVID-19 cases by age group and reporting week (n=301,477 cases with respective data in the weeks 10 to 40 (06/10/2020, 12:00 AM). The total number of weekly cases is depicted by the red line. (The Figure was corrected on 30/9/2020).

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

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 a slight increase in the proportion of cases among older age groups.

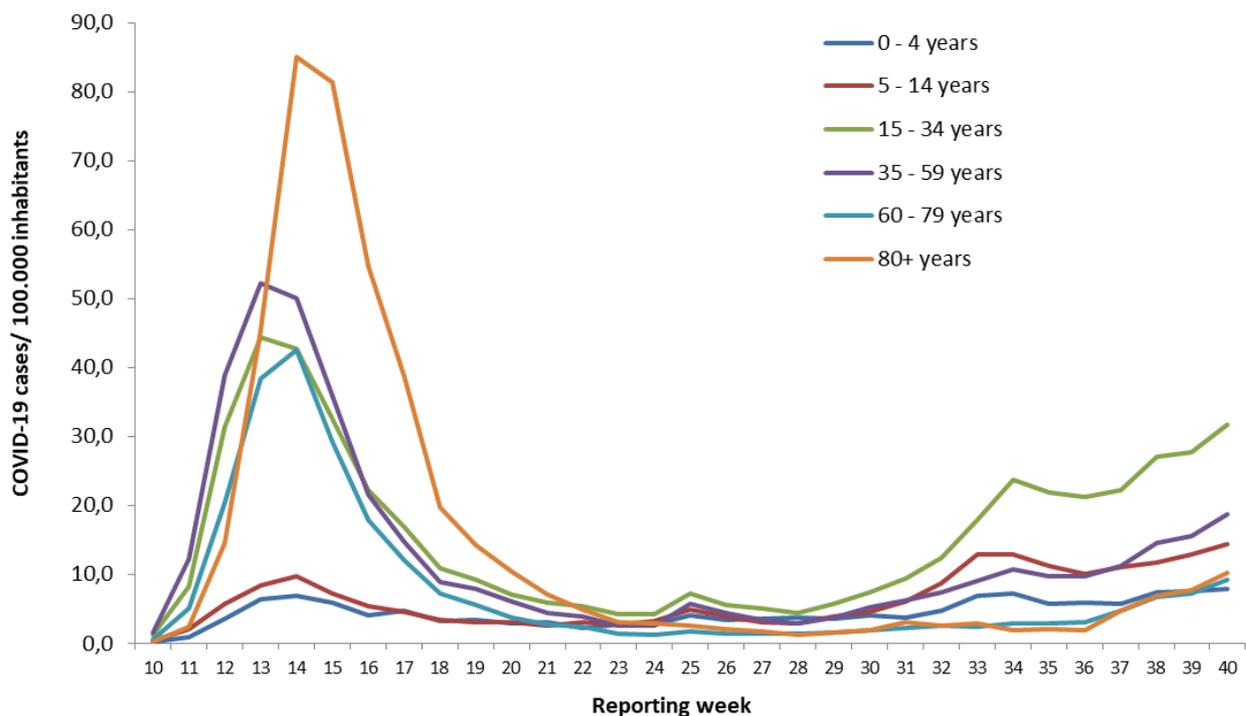


Figure 3: Presentation of the notified COVID-19 cases/ 100,000 inhabitants in Germany by age group and reporting week (06/10/2020, 12 AM)

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 5 to 14-year-olds and now also the 35-59-year-olds. [The incidence increased among persons 60 years of age and older from week 36.](#)

### Clinical aspects

Information on symptoms is available for [245,013](#) (81%) of the notified cases. Among these, cough (43%), fever (36%), rhinorrhoea (21%) and sore throat (20%) were reported most and 14% had no or no relevant COVID-19 symptoms. Pneumonia was reported in [5,849](#) cases (2.4%). 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 [16,733](#) of [100,412](#) cases (17%).

Hospitalisation was reported for 35,250 (14%) of 256,806 COVID-19 cases with information on hospitalisation status.

Approximately 265,600 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 - 40 (06/10/2020, 12:00 AM).

Week	Total cases	Mean age (years)	Men	Women	Number with clinical information	Percent with no or no relevant symptoms for COVID-19	Number with information on hospitalisation	Number hospitalized	Percent hospitalized	Number of deaths	Percent deaths
10	892	42	53%	47%	831	7.6%	800	162	20%	12	1.35%
11	6,430	44	56%	44%	5,772	5.2%	5,611	520	9%	85	1.32%
12	22,430	45	55%	45%	20,189	3.8%	19,333	2,203	11%	478	2.13%
13	34,019	48	49%	51%	30,823	3.2%	29,432	5,099	17%	1,449	4.26%
14	36,068	51	45%	55%	31,948	5.3%	31,459	6,049	19%	2,246	6.23%
15	27,163	52	44%	56%	23,546	8.3%	24,023	4,705	20%	1,865	6.87%
16	17,334	51	45%	55%	14,838	11.3%	15,467	3,349	22%	1,209	6.97%
17	12,367	50	45%	55%	10,253	14.0%	10,922	2,218	20%	716	5.79%
18	7,429	48	48%	52%	6,232	17.7%	6,580	1,350	21%	374	5.03%
19	6,220	47	48%	52%	5,211	19.8%	5,595	1,065	19%	250	4.02%
20	4,722	45	49%	51%	3,921	23.4%	4,196	731	17%	157	3.32%
21	3,612	43	50%	50%	2,811	26.4%	3,104	508	16%	109	3.02%
22	3,198	42	51%	49%	2,529	23.4%	2,756	413	15%	61	1.91%
23	2,352	39	51%	49%	1,829	23.2%	2,072	311	15%	44	1.87%
24	2,339	37	54%	46%	1,727	24.4%	2,072	284	14%	31	1.33%
25	4,089	36	59%	41%	2,927	25.2%	3,731	314	8%	35	0.86%
26	3,197	37	55%	45%	2,303	23.3%	2,834	293	10%	22	0.69%
27	2,693	36	52%	48%	2,058	27.0%	2,463	258	10%	26	0.97%
28	2,415	36	56%	44%	1,901	24.4%	2,183	251	11%	22	0.91%
29	3,017	36	53%	47%	2,347	22.8%	2,626	316	12%	30	0.99%
30	3,929	36	52%	48%	3,089	27.1%	3,411	327	10%	31	0.79%
31	4,814	36	50%	50%	3,581	24.5%	4,055	367	9%	31	0.64%
32	6,035	34	54%	46%	4,379	30.4%	5,135	377	7%	29	0.48%
33	7,925	32	53%	47%	5,578	33.4%	6,751	404	6%	27	0.34%
34	9,572	32	55%	45%	6,924	34.9%	8,023	405	5%	25	0.26%
35	8,786	32	53%	47%	6,523	31.1%	7,090	341	5%	14	0.16%
36	8,582	33	54%	46%	6,192	27.2%	6,806	371	5%	30	0.35%
37	9,726	35	52%	48%	6,862	20.3%	7,521	408	5%	40	0.41%
38	12,217	36	51%	49%	8,548	18.7%	9,320	576	6%	44*	0.36%*
39	12,940	37	52%	48%	7,175	18.7%	9,780	631	6%	36*	0.28%*
40	15,241	38	52%	48%	11,197	17.9%	10,774	539	5%	17*	0.11%*

\* 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 21 at 26%, and fluctuated thereafter only slightly until week 31. Following, the proportion increased to 35% in week 34, but decreased since then to 19% in weeks 38 and 39. During the weeks with the highest proportion of cases

with no or no symptoms relevant for COVID-19, the proportion of cases with exposure in a country other than Germany was also highest (see Figure 5).

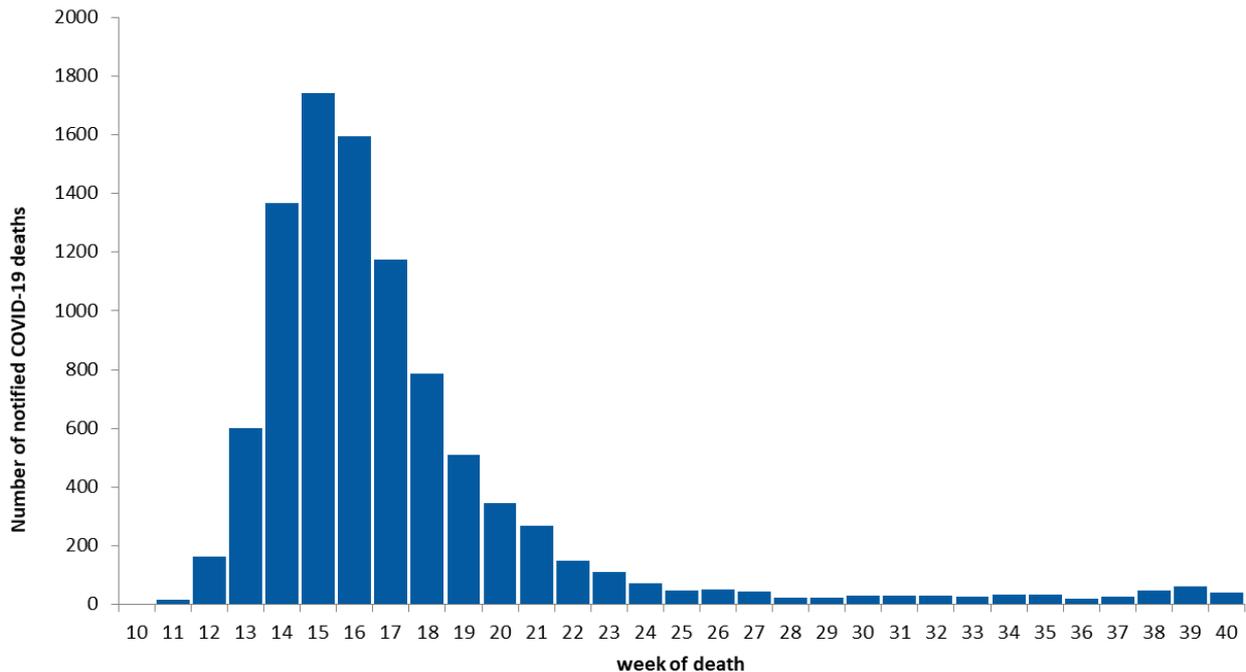


Figure 4: Number of notified COVID-19 deaths according to week of death for the reporting weeks 10 - 40 (06/10/2020, 12:00 AM).

Notified COVID-19 deaths according to day of death are shown by calendar week in Figure 4.

Of all deaths, 8,137 (85%) were in people aged 70 years or older, but only 14% of all cases were in this age group (Table 3). Thus far, two deaths among COVID-19 cases under 20 years of age have been reported to the RKI. Pre-existing medical conditions were reported for both of them. The number of deaths may change after data validation is completed.

Table 3: Number of notified COVID-19 deaths by age group and gender electronically reported to RKI (Data available for 9,542 of notified deaths; 06/10/2020, 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+
<b>Male</b>		1	7	18	60	263	683	1,445	2,209	602	7
<b>Female</b>	1		3	9	24	95	241	704	1,995	1,129	46
<b>Total</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>27</b>	<b>84</b>	<b>358</b>	<b>924</b>	<b>2,149</b>	<b>4,204</b>	<b>1,731</b>	<b>53</b>

### 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 27% 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 and among persons employed in medical facilities according to § 23 IfSG (Table 4). The number of deaths was particularly high among persons cared for in these facilities.

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

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. 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 (301,044\* cases, no data available for 80,786 cases; 06/10/2020, 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	4,351	2,994	703	3,400
	Occupation in facility	16,555	706	23	16,100
§ 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*	9,968	143	1	8,700
	Occupation in facility	4,826	203	8	4,300
§ 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	20,454	4,446	3,727	16,200
	Occupation in facility	11,395	482	41	11,100
§ 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	6,437	266	5	6,100
Neither cared for, accommodated in nor working in a facility		146,272	19,325	3,704	133,300

\*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. 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 303,258 reported COVID-19 cases, information regarding the country of exposure was missing in 99,739 (31%) cases.

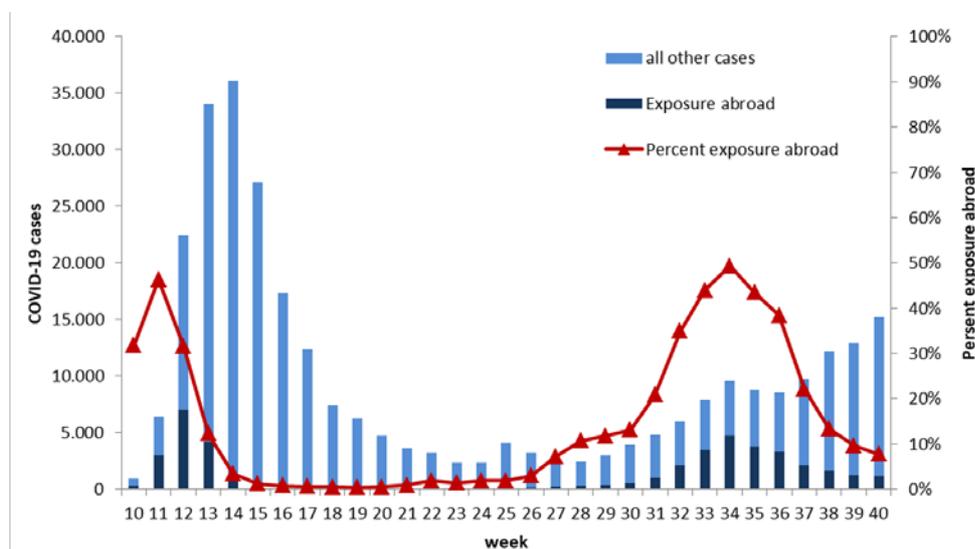


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 40, 2020 (06/10/2020, 12:00 AM)

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

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 probable country of infection abroad markedly increased. It peaked in week 34 at 49% and declined again since, to currently 7.7% (Figure 5). In weeks 37-40, 6,203 persons reported a possible site of infection abroad.

Table 5 lists the top 16 countries in addition to Germany most frequently reported as the probable place of infection in weeks 37 to 40. Turkey, Czech Republic, Romania, the Western Balkan countries, Austria and France were most frequently reported as the country of exposure.

Table 5: Countries of exposures named for COVID-19 cases notified in weeks 37 to 40; 2020 (a total of 30,354 namings), multiple namings possible (06/10/2020, 12:00 AM).

Probable country of infection	Week 37	Week 38	Week 39	Week 40	Total
<b>Germany</b>	4,218	6,169	6,614	7,270	24,271
<b>Turkey</b>	346	261	156	106	869
<b>Czech Republic</b>	141	116	98	119	474
<b>Romania</b>	165	103	84	78	430
<b>Croatia</b>	208	90	43	35	376
<b>Cosovo</b>	168	91	44	31	334
<b>Austria</b>	76	93	66	97	332
<b>France</b>	110	102	60	40	312
<b>Italy</b>	88	87	55	52	282
<b>Spain</b>	103	60	46	57	266
<b>Poland</b>	47	49	40	111	247
<b>Netherlands</b>	35	49	101	44	229
<b>Bosnia and Herzegovina</b>	107	47	28	21	203
<b>Greece</b>	81	56	24	21	182
<b>Hungary</b>	73	32	18	16	139
<b>Others</b>	400	358	328	322	1,408
<b>Total</b>	<b>6,366</b>	<b>7,763</b>	<b>7,805</b>	<b>8,420</b>	<b>30,354</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 from 58 districts, including the city of Hamm, the city of Remscheid, the districts district of Vechta and in the city of Berlin the districts of Berlin Friedrichshain-Kreuzberg, Berlin Mitte, Berlin Neukoelln and Berlin Tempelhof-Schoeneberg, with 7-day incidences of >50 cases/100,000 population.

The increased incidence in the city of Hamm is largely due to about 200 cases in connection with a wedding. More than 300 identified guests were tested and are under quarantine. Stricter distancing measures have been implemented in Hamm.

The increased incidence in the districts of Berlin (Friedrichshain-Kreuzberg, Mitte, Neukoelln, Tempelhof-Schoeneberg) is due to more diffuse transmission, including spread among young and international

travellers and party guests, who contracted the infection during travel or at parties and subsequently infected household members and family.

In the district of Vechta, an outbreak occurred in a long-term care facility with a total of 50 cases among staff and residents. The outbreak has currently infected 100 people in the district with the corona virus.

In the city of Remscheid the high incidence is primarily due to smaller outbreaks in day care centres and schools with spread to outside contacts. Stricter control measures have been implemented.

Currently, COVID-19 cases are predominantly due to transmission at family and other private events. The proportion of travel returnees among the cases is decreasing. The number of COVID-19-related outbreaks reported in nursing homes, hospitals, facilities for asylum seekers and refugees, community facilities, various occupational settings and in connection with religious events has increased.

### 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 2) and not directly extracted from the notification system.

4-day R-value	7-day R-value
1.15	1.08
(95%-prediction interval: 0.92 – 1.38)	(95%-prediction interval: 0.96 – 1.20)

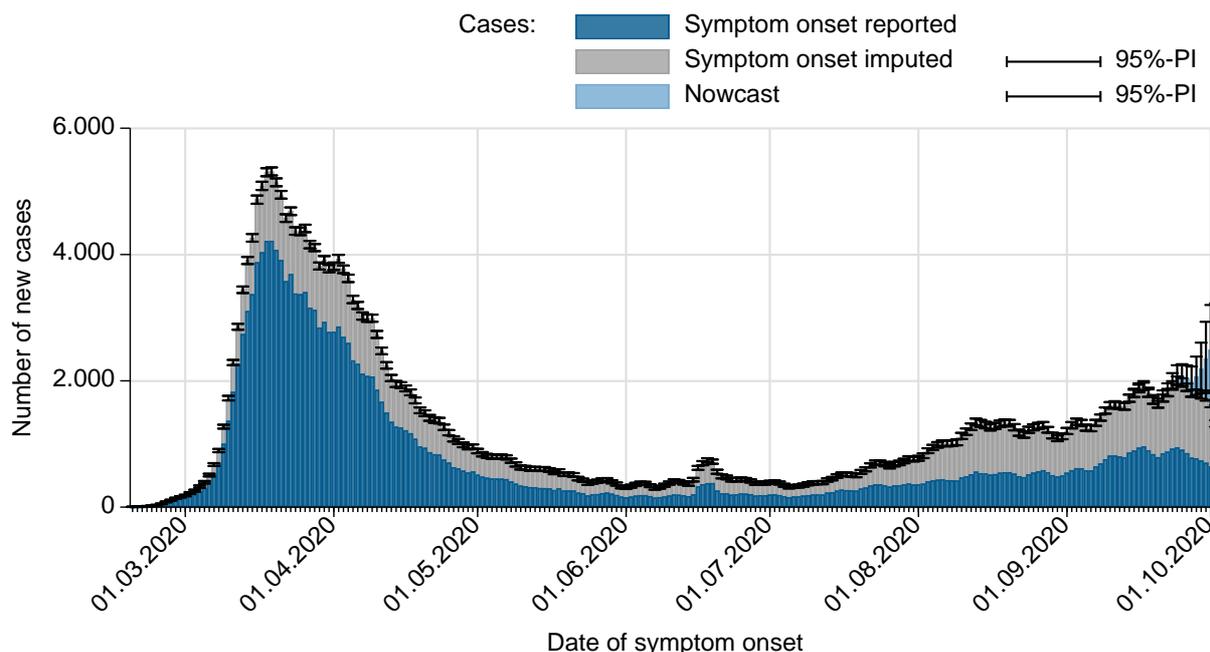


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 06/10/2020, 12 AM, taking into account cases up to 02/10/2020).

The reported R values have been predominantly slightly greater than 1 since the beginning of September.

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 06/10/2020, a total of **1,283** hospitals or departments reported to the DIVI registry. Overall, **30,345** intensive care beds were registered, of which **21,490 (71%)** are occupied, and **8,855 (28%)** are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 3.

Table 6: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (06/10/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
<b>Currently in ICU</b>	449		2
- of these: <b>mechanically ventilated</b>	219	49%	9
<b>Discharged from ICU</b>	17,838		77
- of these: <b>deaths</b>	4.225	24%	5

\*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 18/09/2020. The current version can be found here: [Risk assessment for COVID-19](#)

## Measures taken in Germany

- 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 <https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html> (in German)
- Information from the Ministry of Health for travellers entering Germany: Frequently asked questions and answers <https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/faq-tests-einreisende.html> (in German)
- 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) (in German)

- Regulations for persons entering Germany in connection with the novel coronavirus SARS-CoV-2 (15/09/2020) [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) *(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)*
- 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: <https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundeskanzlerin-mit-den-regierungschefinnen-und-regierungschefs-der-laender-1733248> *(in German)*
- (Non-medical) face masks must be worn on public transport and in shops in all federal states.