



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

13/10/2020 - UPDATED STATUS FOR GERMANY

Total (cumulative)		Previous 7 days	
Confirmed cases	Deaths	Confirmed cases	7-day incidence
329,453	9,634	24,583	29.6 cases/ 100,000
(+4,122 *)	(+13*)	(+1,751*)	population
Proportion of deaths	Recovered	No. of districts reporting cases	No. of districts with 7-day incidence > 50
2.9%	ca. 279,300**	412/412	40
	(+2,500**)	(+2*)	(+8*)

*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 13/10/2020, 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 to **29.6** cases per 100,000 population.
- The 7-day incidence in Berlin and Bremen is considerably higher, in North Rhine-Westphalia, Hesse and in Baden-Wuerttemberg slightly higher than the national mean 7-day incidence.
- The districts Berlin - Neukoelln and Mitte, as well as the districts **Cloppenburg** and **Delmenhorst** exceeded a 7-day incidence of 100 cases/100,000 population. The 7-day incidence was 50 to 100 cases/100,000 population in **36** districts, in **114** additional districts it exceeded 25 cases/100,000 population.
- Since the beginning of September the proportion of cases in older age groups has been increasing again. From week 40 onwards, an increase has been observed in all age groups.
- 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, meat-processing plants, various occupational settings, and among travellers.
- In total, **325,331** laboratory-confirmed COVID-19 cases and **9,621** deaths associated with COVID-19 have been electronically transmitted to the RKI in Germany.
- The RKI has published recommendations on test criteria and prevention measures at schools during the COVID-19 pandemic.

Epidemiological Situation in Germany

In accordance with the international standards of WHO¹ and ECDC², 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.

Recommendations on test criteria and prevention measures at schools during the COVID-19 pandemic

The publications presented in the following paragraph are recommendations of the Robert Koch Institute, the regulation and application of the measures described lies within the responsibility of the federal states.

The central objectives for these presented measures are to maintain a reliable and continuous in-person teaching experience for all students, to avoid complete school closures, and to prevent and protect all those affected, rather than react.

The risk reduction measures in schools include behavioral recommendations for all persons affected, the organization of the administrative side and, wherever possible, the inclusion of spatial and technical conditions.

Preventive measures in schools during the COVID 19 pandemic:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Praevention-Schulen.pdf?__blob=publicationFile

The recommendations on test criteria in schools are designed especially for a case of a shortage of test capacities and a high burden on outpatient care. Therefore, the highest priority is given to symptomatic individuals depending on the local/regional situation, individual exposure risk or whether the persons are considered part of a vulnerable group or close contact with such individuals in family, private environment or through professional activity or membership of a group at risk of frequent transmission. The recommended test strategy is intended to support the decision making of health authorities and treating physicians.

SARS-CoV-2 test criteria for schools during the COVID 19 pandemic:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Teststrategie/Testkriterien-Schulen.pdf?__blob=publicationFile

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 considerably increasing, while the proportion of cases among travel returnees is decreasing since calendar week 34. Since the end of September, an increase of the R-values, which are above one, can be observed.

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

¹ World Health Organization, https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.1

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

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 mainly 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.

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 **329,453 (+4,122)** 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 (13/10/2020, 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	54,939	594	495	3,504	31.6	1,903	17.1
Bavaria	73,788	602	562	3,596	27.4	2,689	20.5
Berlin	18,327	252	499	2,219	60.5	234	6.4
Brandenburg	4,794	23	190	294	11.7	169	6.7
Bremen	3,113	33	457	482	70.8	61	9.0
Hamburg	9,040	77	489	513	27.8	277	15.0
Hesse	22,310	271	355	2,142	34.1	562	8.9
Mecklenburg-Western Pomerania*	1,416	43	88	116	7.2	20	1.2
Lower Saxony*	23,265	603	291	1,776	22.2	696	8.7
North Rhine-Westphalia	81,192	1,211	452	7,118	39.7	1,917	10.7
Rhineland-Palatinate	12,235	129	299	937	22.9	257	6.3
Saarland	3,720	17	377	262	26.5	177	17.9
Saxony	8,559	146	210	857	21.0	248	6.1
Saxony-Anhalt	2,942	10	134	168	7.7	68	3.1
Schleswig-Holstein	5,325	65	183	342	11.8	162	5.6
Thuringia	4,488	46	210	257	12.0	194	9.1
Total	329,453	4,122	396	24,583	29.6	9,634	11.6

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 129,129 cases (39%), thus their date of reporting is provided.

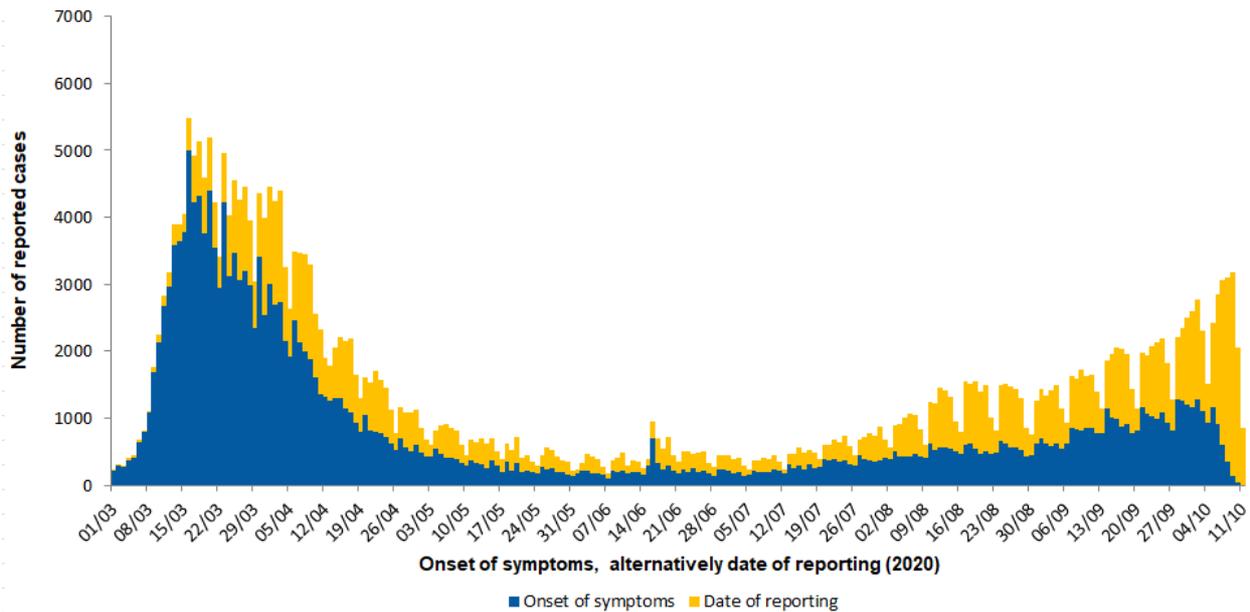


Figure 1: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or – if unknown – alternatively by date of reporting since 01/03/2020 (13/10/2020, 12:00 AM).

Demographic distribution of cases

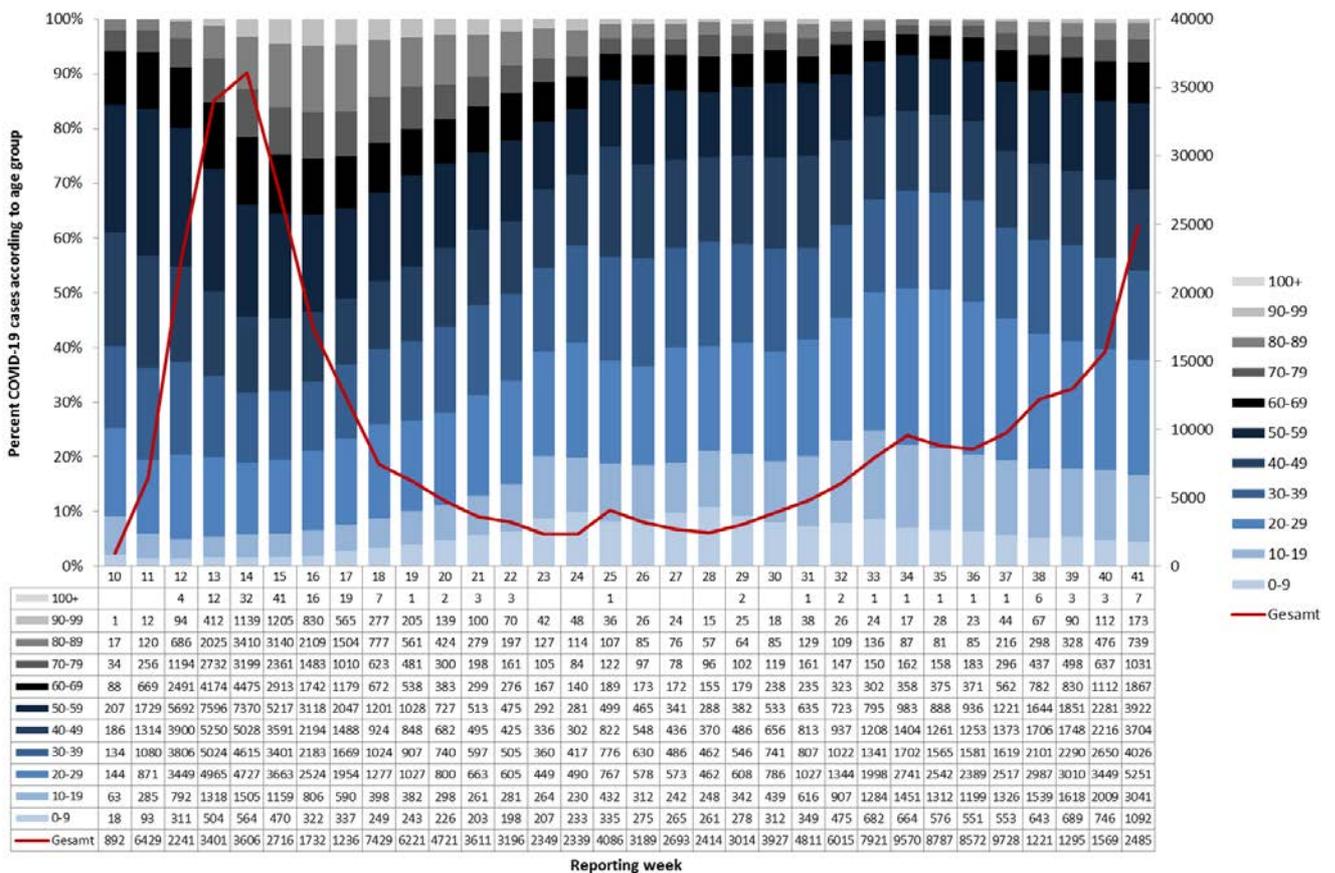


Figure 2: Percent of notified COVID-19 cases by age group and reporting week (n=326,968 cases with respective data in the weeks 10 to 41 (13/10/2020, 12:00 AM). The total number of weekly cases is depicted by the red line.

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 **considerable** increase in the proportion of cases among older age groups.

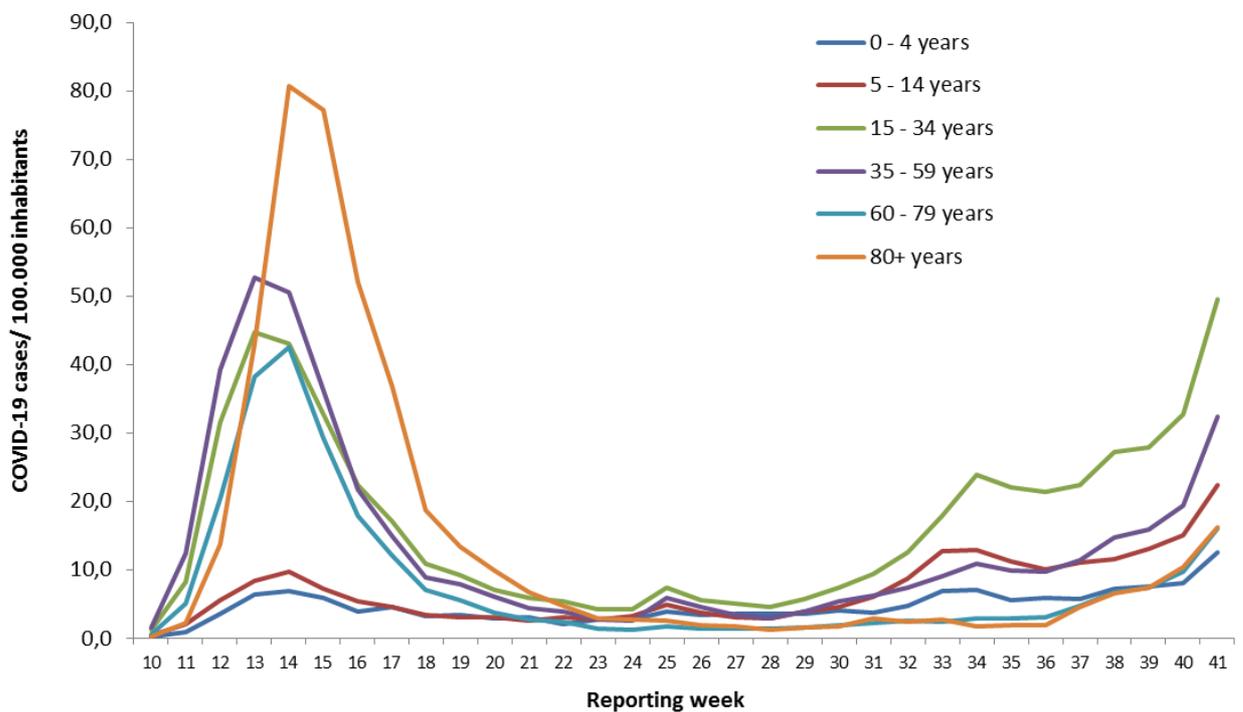


Figure 3: Presentation of the notified COVID-19 cases/ 100,000 inhabitants in Germany by age group and reporting week (13/10/2020, 12 AM)

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 and **from week 40 onwards, an increase can be observed for all age groups.**

Clinical aspects

Information on symptoms is available for **261,502 (80%)** of the notified cases. Among these, cough (43%), fever (35%), rhinorrhoea (22%) and sore throat (20%) were reported most and 14% had no or no relevant COVID-19 symptoms. Pneumonia was reported in **6,003 cases (2.3%)**. 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 **19,789** of **116,894 cases (17%)**.

Hospitalisation was reported for 36,493 (13%) of 275,486 COVID-19 cases with information on hospitalisation status.

Approximately 279,300 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 - 41 (13/10/2020, 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	22,431	45	55%	45%	20,189	3.8%	19,334	2,203	11%	478	2.13%
13	34,018	48	49%	51%	30,825	3.2%	29,437	5,102	17%	1,449	4.26%
14	36,068	51	45%	55%	31,952	5.3%	31,461	6,049	19%	2,246	6.23%
15	27,164	52	44%	56%	23,549	8.3%	24,022	4,705	20%	1,864	6.86%
16	17,334	51	45%	55%	14,838	11.3%	15,479	3,350	22%	1,210	6.98%
17	12,367	50	45%	55%	10,255	14.0%	10,922	2,218	20%	716	5.79%
18	7,429	48	48%	52%	6,233	17.7%	6,580	1,350	21%	374	5.03%
19	6,221	47	48%	52%	5,215	19.8%	5,596	1,065	19%	250	4.02%
20	4,722	45	49%	51%	3,923	23.4%	4,196	731	17%	157	3.32%
21	3,612	43	50%	50%	2,810	26.4%	3,104	508	16%	109	3.02%
22	3,198	42	51%	49%	2,530	23.4%	2,756	413	15%	61	1.91%
23	2,352	39	51%	49%	1,830	23.2%	2,072	311	15%	44	1.87%
24	2,339	37	54%	46%	1,728	24.4%	2,072	283	14%	31	1.33%
25	4,088	36	59%	41%	2,928	25.1%	3,731	314	8%	35	0.86%
26	3,197	37	55%	45%	2,309	23.3%	2,834	293	10%	22	0.69%
27	2,693	36	52%	48%	2,061	26.9%	2,464	258	10%	26	0.97%
28	2,417	36	56%	44%	1,908	24.3%	2,185	251	11%	22	0.91%
29	3,016	36	53%	47%	2,349	22.8%	2,627	316	12%	30	0.99%
30	3,930	36	52%	48%	3,132	27.1%	3,417	327	10%	31	0.79%
31	4,814	36	50%	50%	3,582	24.6%	4,055	367	9%	31	0.64%
32	6,035	34	54%	46%	4,389	30.3%	5,136	377	7%	30	0.50%
33	7,929	32	53%	47%	5,601	33.4%	6,757	405	6%	28	0.35%
34	9,578	32	55%	45%	6,980	34.9%	8,035	405	5%	27	0.28%
35	8,796	32	53%	47%	6,577	31.2%	7,103	343	5%	14	0.16%
36	8,585	33	54%	46%	6,321	27.2%	6,815	372	5%	32	0.37%
37	9,741	35	52%	48%	7,066	20.5%	7,556	418	6%	45	0.46%
38	12,229	36	51%	49%	8,877	18.7%	9,407	589	6%	58	0.47%
39	12,995	37	52%	48%	9,232	18.5%	10,049	674	7%	57	0.44%*
40	15,745	38	52%	48%	10,787	17.2%	12,123	696	6%	39	0.25%*
41	24,983	39	51%	49%	14,080	16.6%	16,649	1005	6%	19	0.08%*

* 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. 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).

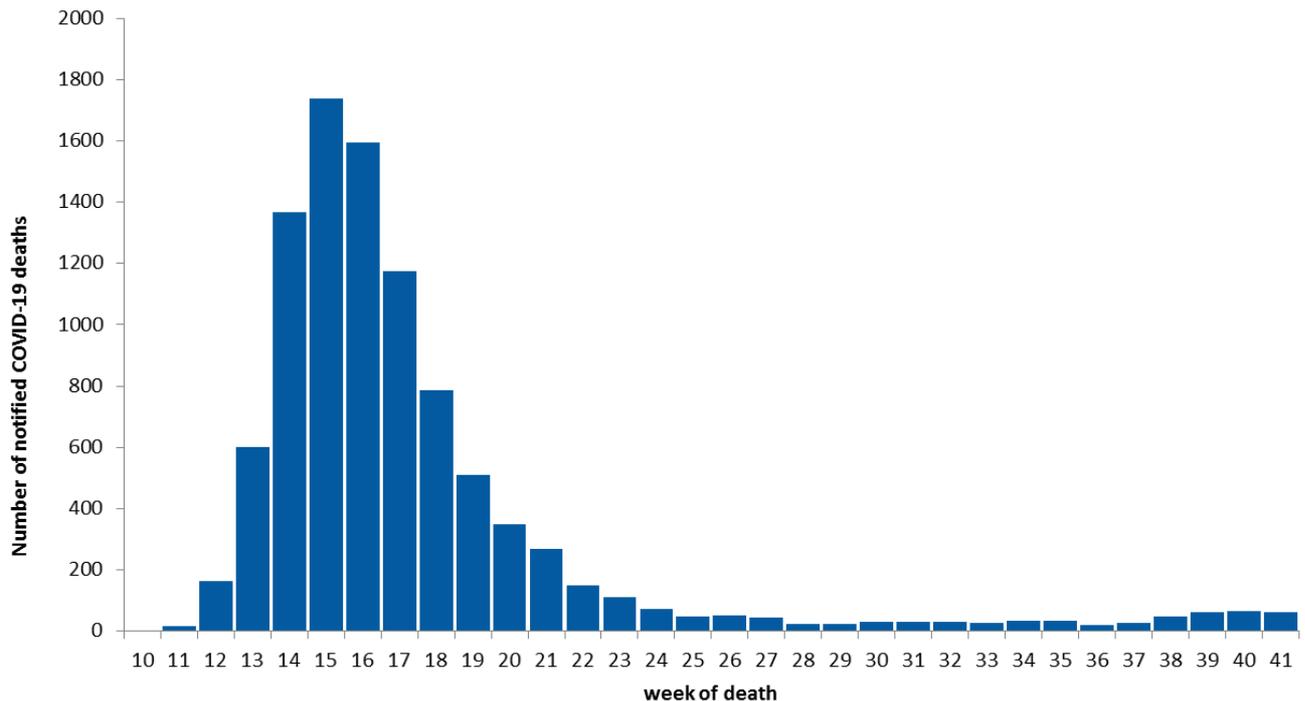


Figure 4: Number of notified COVID-19 deaths according to week of death for the reporting weeks 10 - 41 (13/10/2020, 12:00 AM).

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

Of all deaths, 8,211 (85%) were in people aged 70 years or older, but only 13% 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 9,630 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	1*	1	8	18	60	265	691	1,467	2,226	610	7
Female	1	1*	3	8	24	96	244	708	2,006	1,139	46
Total	2	2	11	26	84	361	935	2,175	4,232	1,749	53

*both these cases of death have been identified to be entry errors and will be removed

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 29% 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 2). 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 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 (326,964* cases, no data available for 95,307 cases; 13/10/2020, 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	4,497	3,059	713	3,500
	Occupation in facility	17,002	722	24	16,400
§ 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*	10,995	156	1	9,600
	Occupation in facility	5,313	213	8	4,700
§ 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	20,906	4,496	3,756	16,500
	Occupation in facility	11,589	490	41	11,300
§ 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	6,766	270	5	6,400
Neither cared for, accommodated in nor working in a facility		154,589	19,834	3,744	140,100

*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 329,453 reported COVID-19 cases, information regarding the country of exposure was missing in 111,369 (34%) cases.

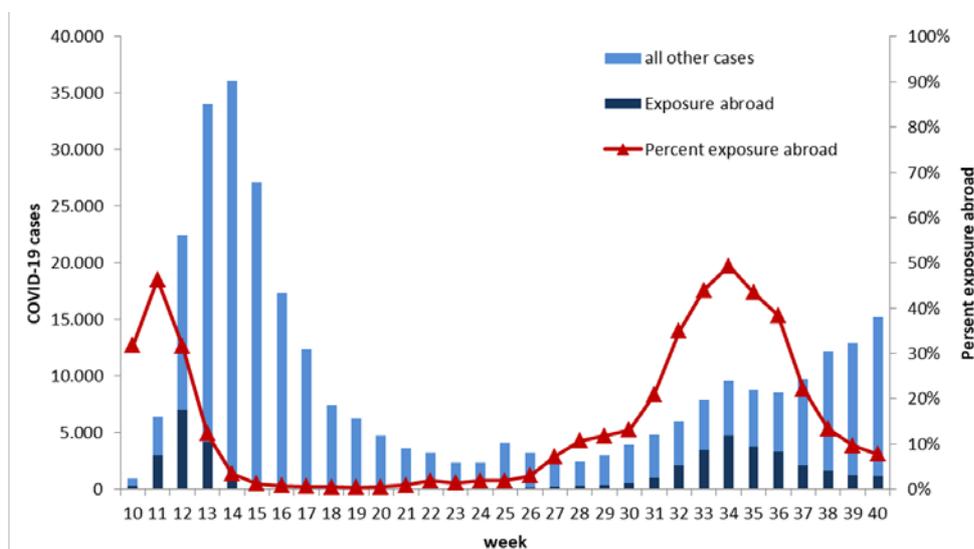


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 41, 2020 (13/10/2020, 12:00 AM)

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 4.3% (Figure 5). In weeks 38-41, 5320 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 38 to 41. Turkey, Czech Republic, Romania, Poland, Austria and Italy were most frequently reported as the country of exposure.

Table 5: Countries of exposures named for COVID-19 cases notified in weeks 38 to 41; 2020 (a total of 38,385 namings), multiple namings possible (13/10/2020, 12:00 AM).

Probable country of infection	Week 38	Week 39	Week 40	Week 41	Total
Germany	6,259	6,921	8,395	11,622	33,197
Turkey	265	165	120	67	617
Czech Republic	117	99	133	63	412
Romania	107	88	88	106	389
Polen	49	43	135	152	379
Österreich	94	71	103	57	325
Italien	87	58	57	78	280
Frankreich	103	63	44	29	239
Niederlande	50	102	51	36	239
Spanien	62	46	66	35	209
Kroatien	90	46	40	19	195
Kosovo	92	44	35	22	193
Bosnien und Herzegowina	48	29	26	30	133
Griechenland	57	27	22	17	123
Ukraine	31	32	35	20	118
Andere	365	326	351	295	1,337
Total	7,876	8,160	9,701	12,648	38,385

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 154 districts, including 2 city districts in Berlin (Neukoelln, Mitte), the district of Cloppenburg and the city of Delmenhorst with an incidence of over 100 cases/100,000 population and 40 districts with a 7-day incidences of >50 cases/100,000 population. The dashboard (<https://corona.rki.de/>) shows all affected districts

Currently, in most districts it is mostly a diffuse situation with increased frequency of COVID-10 cases in connection with private celebrations with family and friends. In several affected districts larger outbreaks are the cause of the sharp increase in case numbers. However, many smaller outbreaks in nursing homes, hospitals, facilities for asylum seekers and refugees, community facilities, schools and

kindergarten, various occupational settings and in connection with religious events, continue to contribute to the increase in incidence.

The increased incidence in the districts of Berlin is due to more diffuse transmission. Stricter distancing rules and opening restrictions for restaurants, bars and shops are applied since 10/10/2020.

Among the 32 districts with more than 50 cases/100,000 inhabitants, the increase in incidence in the following districts can be attributed mainly to a single outbreak:

In the district of Cloppenburg 89 cases are related to an outbreak among workers of a slaughterhouse.

In the district of Esslingen, a cargo centre has developed as a hotspot for the spread of SARS-CoV-2 in addition to a diffuse situation of infection.

In the city Hamm, more than 200 corona infections are associated with a wedding.

In the Wesermarsch district, the increase in incidence is directly related to the incidence of infections at the childcare facilities and schools in Lemwerder.

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
1.18	1.20
(95%-prediction interval: 0.96 – 1.42)	(95%-prediction interval: 1.08 – 1.34)

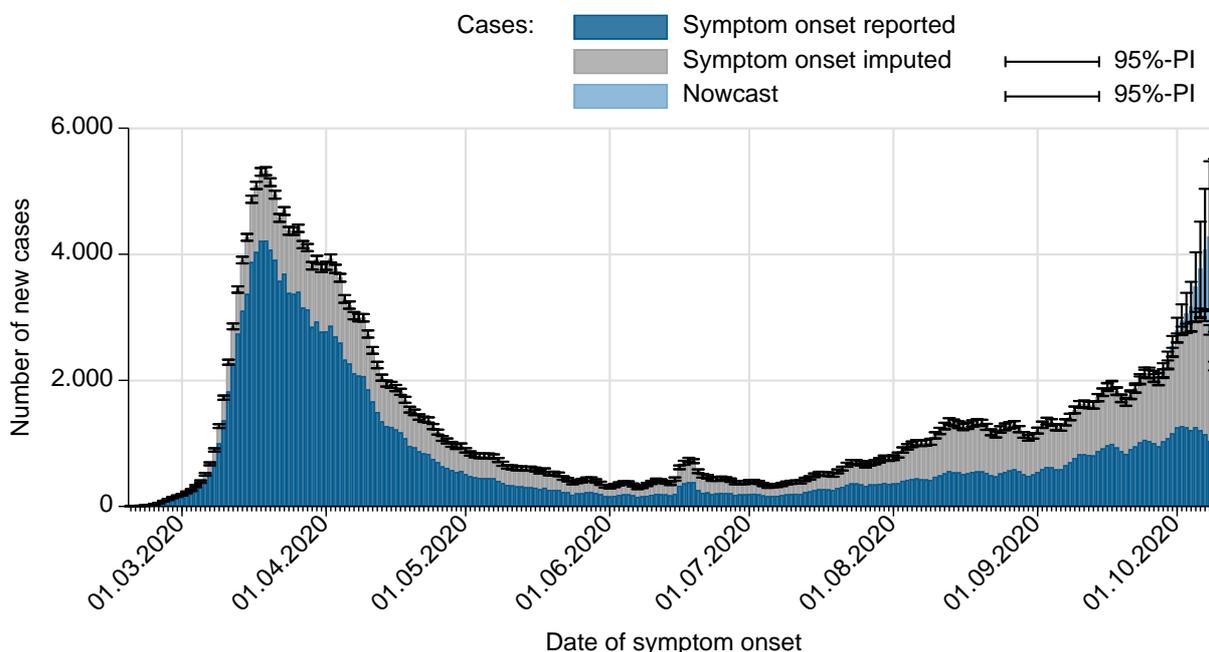


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 13/10/2020, 12 AM, taking into account cases up to 09/10/2020).

The reported R values have been predominantly higher than 1 since the beginning of September. Since the end of September, an increase of the R-values can be observed.

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 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

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 12/10/2020, a total of **1,279** hospitals or departments reported to the DIVI registry. Overall, **30,276** intensive care beds were registered, of which **21,330** (70%) are occupied, and **8,946** (30%) 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 (13/10/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	618		28
- of these: invasive mechanically ventilated	319	52%	33
Discharged from ICU	18.278		76
- of these: deaths	4.313	24%	18

*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
- 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 (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 (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-bundestkanzlerin-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.