



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

16/10/2020 - UPDATED STATUS FOR GERMANY

Total (cumulative)		Previous 7 days	
Confirmed cases	Deaths	Confirmed cases	7-day incidence
348,557 (+7,334*)	9,734 (+24*)	30,975 (+2,648*)	37.2 cases/ 100,000 population
Proportion of deaths	Recovered	No. of districts reporting cases	No. of districts with 7- day incidence > 50
2.8%	ca. 287,600** (+3,000**)	411/412 (-1*)	71 (+11*)

**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 15/10/2020, 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 **37.2** cases per 100,000 population.
- In comparison, the 7-day incidence in Berlin and Bremen is considerably higher, in Hesse, North Rhine-Westphalia and Saarland moderately higher and in Baden-Wuerttemberg slightly higher than the national mean 7-day incidence.
- The Berlin districts **Friedrichshain-Kreuzberg**, Mitte, Neukoelln and **Tempelhof-Schoeneberg** as well as the districts **Delmenhorst**, **Kassel**, **Berchtesgadener Land**, Bitburg-Pruem and Sankt Wendel exceeded a 7-day incidence of 100 cases/100,000 population. The 7-day incidence was 50 to 100 cases/100,000 population in **62** districts, in **132** additional districts it was **25-50** cases/100,000 population.
- Since the beginning of September the proportion of cases in older age groups has been increasing again.
- A number of COVID-19-related outbreaks continue to be reported in various settings. Case clusters are being reported particularly in the context of family events, and in nursing homes.
- In total, **348,557** laboratory-confirmed COVID-19 cases and **9,734** deaths associated with COVID-19 have been electronically transmitted to the RKI in Germany.
- The National Testing Strategy was updated and includes targeted antigen testing and extension of testing to further population groups.

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.

General current assessment

After a temporary stabilisation of case numbers at a higher level in late August and early September, **there is currently a fast** increase in nearly all federal states. The proportion of COVID-19 cases in the older age groups is currently slightly increasing. **Since the end of September, R-values remained above 1.**

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 nursing homes.

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. However, it is regarded as implausible that the virus has 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. As elderly and vulnerable people are increasingly infected with SARS-CoV-2, hospitalisations and deaths are increasing. 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.

The National Testing Strategy was updated on the basis of an ordinance on testing for SARS-CoV-2 which will enter into force on 15 October 2020. The overall objective of the National Testing Strategy remains the care for symptomatic COVID-19 cases, the protection of vulnerable groups and the prevention of the spread of the coronavirus SARS-CoV-2. The update includes the targeted use of antigen testing and the extension of testing to more population groups.

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>

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 **348,557 (+7,334)** 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 (16/10/2020, 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	57,455	967	518	4,226	38.1	1,920	17.3
Bavaria	76,680	1,145	584	4,647	35.4	2,702	20.6
Berlin	20,088	551	547	2,710	73.9	239	6.5
Brandenburg	5,211	113	207	512	20.3	172	6.8
Bremen	3,377	103	496	498	73.1	62	9.1
Hamburg	9,456	168	512	603	32.6	278	15.0
Hesse	24,151	670	384	2,940	46.8	571	9.1
Mecklenburg-Western Pomerania	1,590	58	99	225	14.0	20	1.2
Lower Saxony	24,724	715	309	2,192	27.4	710	8.9
North Rhine-Westphalia	86,315	2,154	481	8,940	49.8	1,936	10.8
Rhineland-Palatinate	12,884	237	315	1,097	26.8	262	6.4
Saarland	4,013	53	407	442	44.8	177	17.9
Saxony	9,335	213	229	1,033	25.4	255	6.3
Saxony-Anhalt	3,057	58	139	179	8.2	71	3.2
Schleswig-Holstein	5,510	54	190	355	12.2	163	5.6
Thuringia	4,711	75	221	376	17.6	196	9.2
Total	348,557	7,334	419	30,975	37.2	9,734	11.7

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 139,577 cases (40%), thus their date of reporting is provided.

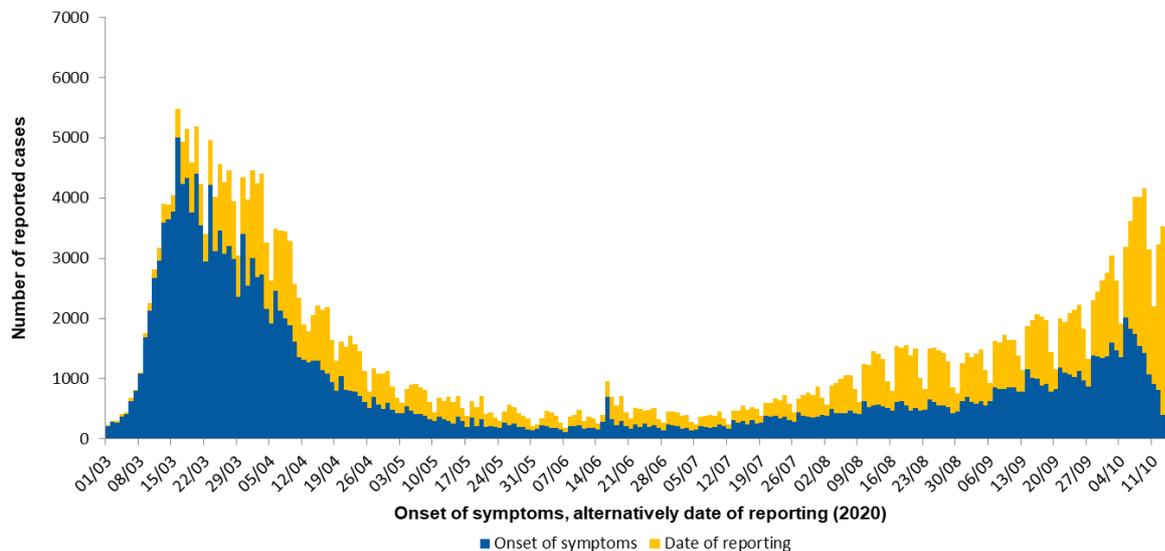


Figure 1: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or – if unknown – alternatively by date of reporting since 01/03/2020 (16/10/2020, 12:00 AM).

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 31% 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 2: 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 (345,946* cases, no data available for 107,270 cases; 16/10/2020, 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	4,583	3,095	723	3,600
	Occupation in facility	17,292	725	24	16,600
§ 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*	11,548	161	1	10,000
	Occupation in facility	5,583	220	8	4,900
§ 36 IfSG (e.g. facilities for the care of older, disabled, or other persons in need of care, homeless shelters, community facilities for asylum-seekers, repatriates and refugees as well as other mass accommodation and prisons)	Cared for / accommodated in facility	21,186	4,523	3,771	16,600
	Occupation in facility	11,769	494	42	11,400
§ 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	6,931	270	5	6,500
Neither cared for, accommodated in nor working in a facility		159,783	20,127	3,777	143,600

*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.

Outbreaks

An increased incidence of >25 cases in 7 days/100,000 population was reported for 203 districts, including 4 city districts in Berlin ([Friedrichshain-Kreuzberg](#), Mitte, Neukoelln und [Tempelhof-Schoeneberg](#)) and the districts of [Delmenhorst \(Lower Saxony\)](#), [Kassel \(Hesse\)](#), [Berchtesgadener Land \(Bavaria\)](#), [Bitburg-Pruem \(Rhineland-Palatinate\)](#) and [Sankt Wendel \(Saarland\)](#) with an incidence of over 100 cases/100,000 population and 62 additional 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.

In the district of Bitburg-Pruem, too, private birthday parties have contributed significantly to the spread of the infections.

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
1.22	1.30
(95%-prediction interval: 0.92 – 1.52)	(95%-prediction interval: 1.12 – 1.49)

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 every day of the week is used to determine the value.

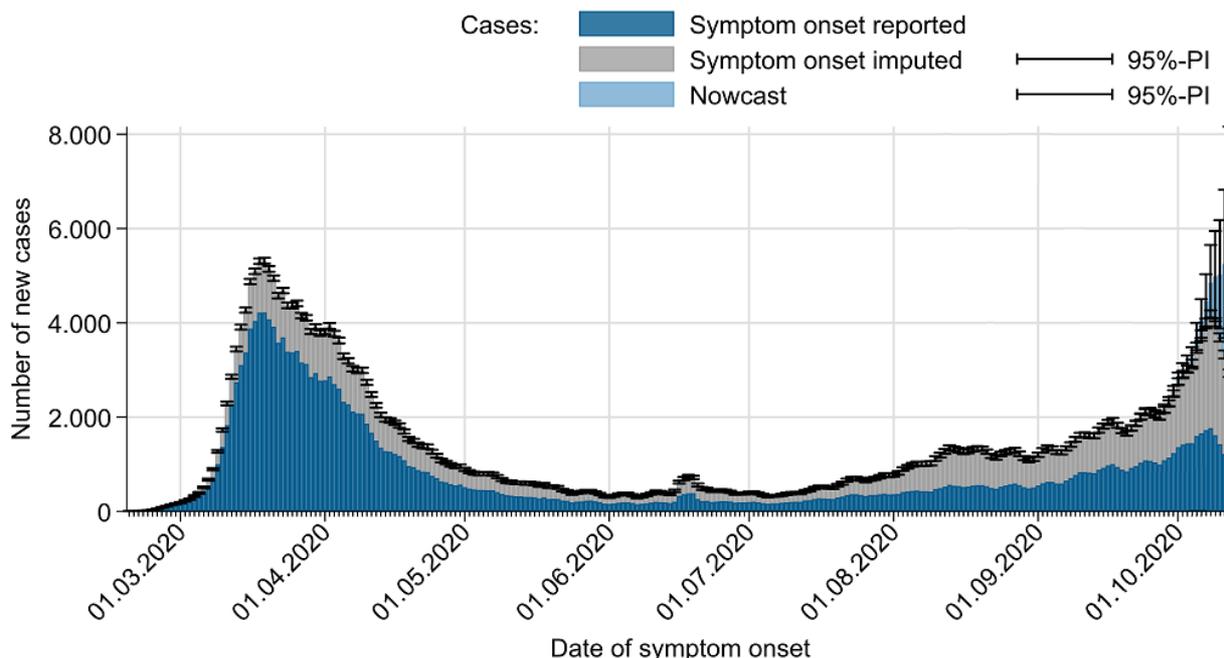


Figure 2: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 16/10/2020, 12 AM, taking into account cases up to 12/10/2020).

Since the end of September, an increase of the R-values, which are above one, 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 16/10/2020, a total of 1,282 hospitals or departments reported to the DIVI registry. Overall, 30,203 intensive care beds were registered, of which 21,546 (71%) are occupied, and 8,657 (29%) are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 3.

Table 3: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (16/10/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	690		+35
- of these: invasive mechanically ventilated	341	49%	+12
Discharged from ICU	18,560		+58
- of these: deaths	4,351	23%	+10

*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.

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 even if in some countries there seems to be a small excess mortality.

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 the first weeks of September, the number of deaths surpassed slightly the average of the previous years.](#) In calendar week 38, 2020 (14/09 – 20/09/2020), 17,107 people deceased (+312 compared to week 37).

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 07/10/2020. 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)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Teststrategie/Nat-Teststrat.html
(in German)
- SARS-CoV-2 test criteria for schools during the COVID 19 pandemic (12/10/2020)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Teststrategie/Testkriterien-Schulen.pdf (in German)
- Preventive measures in schools during the COVID 19 pandemic (12/10/2020)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Praevention-Schulen.pdf (in German)
- 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-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.