



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

20/10/2020 - UPDATED STATUS FOR GERMANY

Total (cumulative)		Previous 7 days	
Confirmed cases	Deaths	Confirmed cases	7-day incidence
373,167 (+6,868*)	9,836 (+47*)	40,434 (+2,670*)	48.6 cases/ 100,000 population
Proportion of deaths	Recovered	No. of districts reporting cases	No. of districts with 7-day incidence > 50
2.6%	ca. 298,300** (+3,500**)	411/412 (+0*)	129 (+21*)

*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 20/10/2020, 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 **48.6** cases per 100,000 population.
- In comparison, the 7-day incidence in Berlin, Bremen, Hesse, North Rhine-Westphalia and Saarland considerably and in **Bavaria slightly higher** than the national mean 7-day incidence.
- The number of districts with an increased 7-day incidence of >25 cases/ 100,000 inhabitants continues to rise, to **282** urban and rural districts, in total. Of these, **25** districts have an incidence of > 100 cases/100,000 population and **104** districts have an incidence of > 50-100 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, **373,167** laboratory-confirmed COVID-19 cases and **9,836** deaths associated with COVID-19 have been electronically transmitted to the RKI in Germany.

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 increasing. Since the start of October, R-values have been 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. Additionally, in many districts a mostly diffuse spread of transmissions can be observed without distinct chains of infection.

Since end of July, 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 entered 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 **373,167 (+6,868)** 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 (20/10/2020, 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	60,721	668	547	5,277	47.5	1,936	17.4
Bavaria	80,880	1,145	616	6,685	50.9	2,720	20.7
Berlin	21,905	476	597	3,102	84.5	241	6.6
Brandenburg	5,574	123	221	596	23.6	174	6.9
Bremen	3,630	40	533	520	76.3	63	9.2
Hamburg	10,003	93	542	742	40.2	281	15.2
Hesse	26,558	782	422	4,055	64.5	584	9.3
Mecklenburg-Western Pomerania	1,719	14	107	274	17.0	21	1.3
Lower Saxony	26,356	504	330	2,738	34.3	717	9.0
North Rhine-Westphalia	92,694	2,150	516	11,160	62.2	1,963	10.9
Rhineland-Palatinate	13,957	305	341	1,612	39.4	265	6.5
Saarland	4,437	22	450	660	66.9	177	17.9
Saxony	10,520	245	258	1,633	40.1	259	6.4
Saxony-Anhalt	3,334	49	152	346	15.8	71	3.2
Schleswig-Holstein	5,879	165	202	552	19.0	163	5.6
Thuringia	5,000	87	234	482	22.6	201	9.4
Total	373,167	6,868	449	40,434	48.6	9,836	11.8

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.

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.

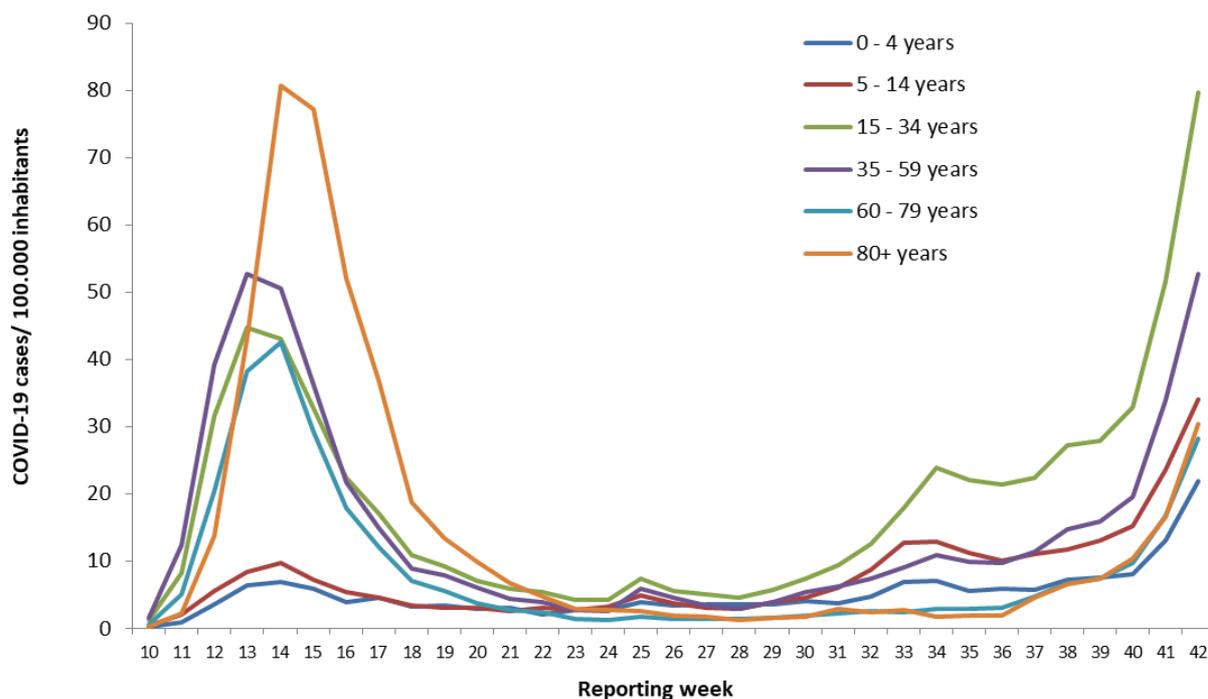


Figure 3: Presentation of the notified COVID-19 cases/ 100,000 inhabitants in Germany by age group and reporting week (20/10/2020, 12 AM)

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. Especially the increase in the age groups 60- 79 years and over 80 years must be monitored with great care.

Clinical aspects

Information on symptoms is available for **287,076 (77%)** of the notified cases. Among these, cough (**42%**), fever (**34%**), rhinorrhoea (**22%**) and sore throat (**21%**) were reported most and 14% had no or no relevant COVID-19 symptoms. Pneumonia was reported in **6,179 cases (2.2%)**. 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 **24,321 of 142,458 cases (17%)**.

Hospitalisation was reported for **38,287 (13%)** of **305,290** COVID-19 cases with information on hospitalisation status.

Approximately 298,300 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 - 42 (20/10/2020, 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	6,431	44	56%	44%	5,775	5.3%	5,613	520	9%	85	1.32%
12	22,420	45	55%	45%	20,187	3.8%	19,335	2,205	11%	478	2.13%
13	34,016	48	49%	51%	30,827	3.2%	29,441	5,103	17%	1,449	4.26%
14	36,063	51	45%	55%	31,952	5.3%	31,462	6,050	19%	2,247	6.23%
15	27,161	52	44%	56%	23,547	8.3%	24,022	4,703	20%	1,862	6.86%
16	17,337	51	45%	55%	14,841	11.3%	15,488	3,350	22%	1,210	6.98%
17	12,367	50	45%	55%	10,255	14.0%	10,923	2,218	20%	715	5.78%
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%	158	3.35%
21	3,613	43	50%	50%	2,810	26.4%	3,104	508	16%	109	3.02%
22	3,199	42	51%	49%	2,531	23.4%	2,756	413	15%	62	1.94%
23	2,352	39	51%	49%	1,830	23.2%	2,074	311	15%	45	1.91%
24	2,340	37	54%	46%	1,730	24.4%	2,078	283	14%	32	1.37%
25	4,088	36	59%	41%	2,928	25.1%	3,732	314	8%	35	0.86%
26	3,197	37	55%	45%	2,309	23.3%	2,844	290	10%	23	0.72%
27	2,693	36	52%	48%	2,061	26.9%	2,465	258	10%	26	0.97%
28	2,419	36	56%	44%	1,910	24.2%	2,187	251	11%	24	0.99%
29	3,015	36	53%	47%	2,349	22.8%	2,627	316	12%	30	1.00%
30	3,932	36	52%	48%	3,133	27.1%	3,421	327	10%	32	0.81%
31	4,814	36	50%	50%	3,584	24.6%	4,061	367	9%	32	0.66%
32	6,037	34	54%	46%	4,391	30.3%	5,143	378	7%	30	0.50%
33	7,930	32	53%	47%	5,610	33.4%	6,778	407	6%	28	0.35%
34	9,577	32	55%	45%	6,982	35.0%	8,041	405	5%	27	0.28%
35	8,799	32	53%	47%	6,584	31.2%	7,115	343	5%	16	0.18%
36	8,590	33	54%	46%	6,337	27.3%	6,837	371	5%	32	0.37%
37	9,745	35	52%	48%	7,111	20.6%	7,591	421	6%	51	0.52%
38	12,235	36	51%	49%	8,953	18.7%	9,475	599	6%	62	0.51%
39	13,014	37	52%	48%	9,380	18.6%	10,189	701	7%	81	0.62%
40	15,807	38	52%	48%	11,141	17.3%	12,409	746	6%	71	0.45%*
41	25,988	39	51%	49%	16,991	16.2%	19,154	1,275	7%	87	0.33%*
42	40,934	39	51%	49%	21,225	16.1%	25,714	1,356	5%	55	0.13%*

* 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.

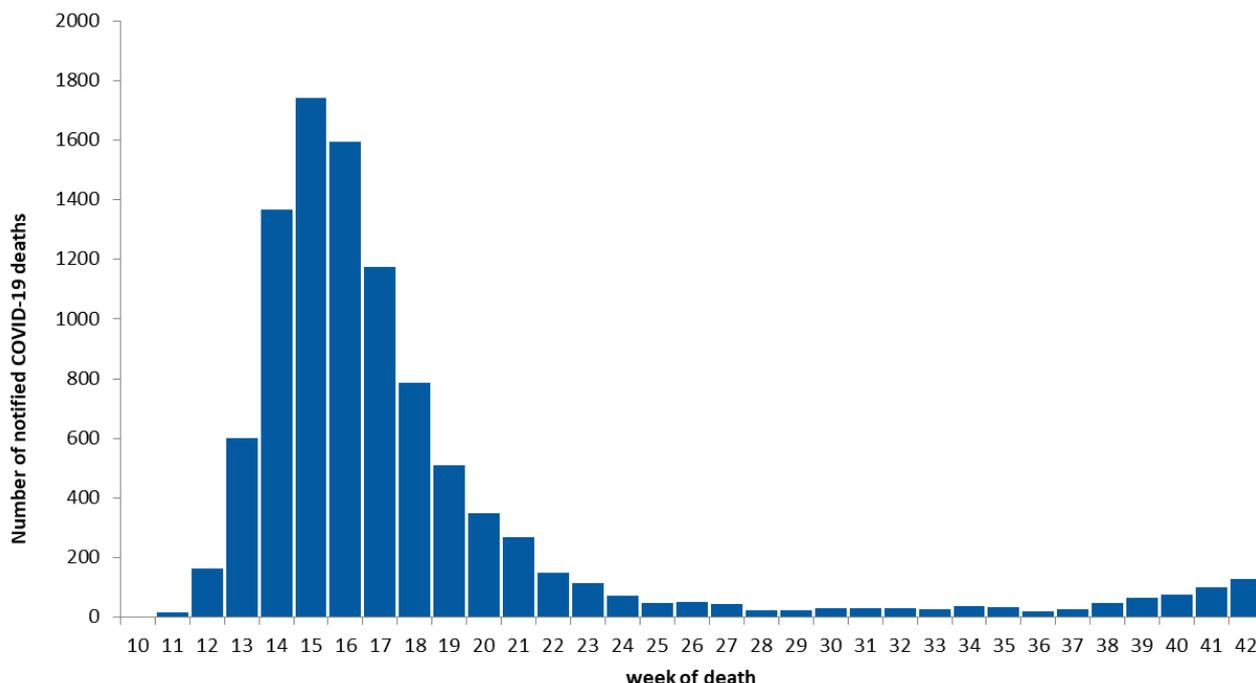


Figure 4: Number of notified COVID-19 deaths according to week of death for the reporting weeks 10 - 42 (20/10/2020, 12:00 AM).

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

Of all deaths, 8,836 (85%) were in people aged 70 years or older, but only 13% of all cases were in this age group (Table 3). Thus far, five 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*	2*	9	19	60	270	701	1.493	2.285	625	7
Female	2*		3	9	25	98	246	719	2.053	1.158	46
Total	3	2	12	28	85	368	947	2.212	4.338	1.783	53

*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 33% 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.

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 (370,401* cases, no data available for 124,048 cases; 20/10/2020, 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	4,686	3,145	731	3,600
	Occupation in facility	17,615	729	24	16,800
§ 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*	12,107	166	1	10,500
	Occupation in facility	5,875	224	8	5,100
§ 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	21,435	4,560	3,793	16,800
	Occupation in facility	11,965	497	43	11,500
§ 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	7,091	278	5	6,600
Neither cared for, accommodated in nor working in a facility		165,579	20,442	3,804	148,000

*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 373,167 reported COVID-19 cases, information regarding the country of exposure was missing in 130,072 (35%) cases.

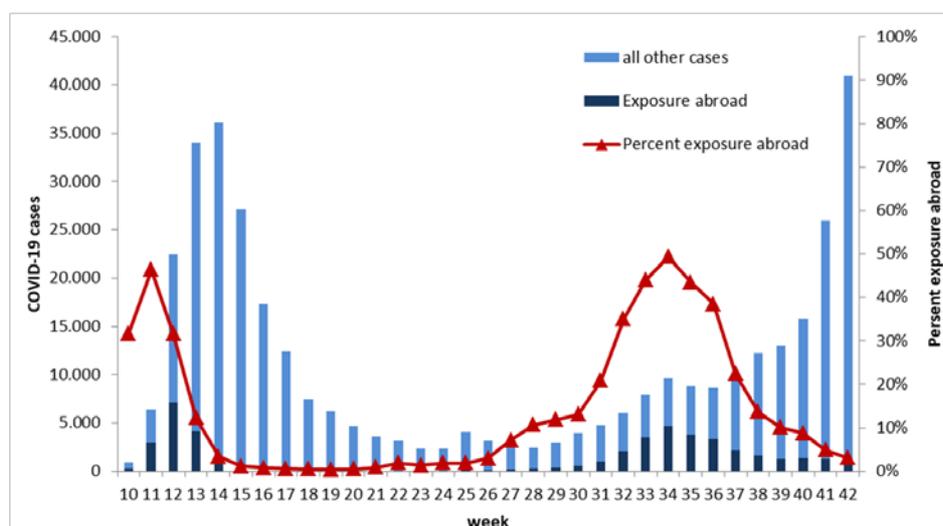


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 42, 2020 (20/10/2020, 12:00 AM)

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

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

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 3.1% (Figure 5). In weeks 39-42, 5,232 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 39 to 42. 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 (20/10/2020, 12:00 AM).

Probable country of infection	Week 39	Week 40	Week 41	Week 42	Total
Germany	7,040	8,652	13,522	18,182	47,396
Poland	44	142	177	202	565
Romania	89	91	123	182	485
Turkey	170	124	79	92	465
Czech Republic	99	139	73	45	356
Austria	73	111	66	61	311
Italy	59	60	97	68	284
Netherlands	102	53	45	48	248
Spain	46	66	45	37	194
France	64	46	36	43	189
Croatia	46	41	24	25	136
Kosovo	45	35	27	26	133
Ukraine	32	35	31	27	125
Bosnia and Herzegovina	29	28	36	29	122
Switzerland	19	17	40	42	118
Other	338	368	334	310	1,350
Total	8,295	10,008	14,755	19,419	52,477

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 282 districts, including 25 urban and rural districts with an incidence of over 100 cases/100,000 population and 104 districts with a 7-day incidences 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.

Overall, the information on the infection environment of outbreaks should be interpreted with caution. The assignment to an infection environment is not always clear. Factors contributing to this uncertainty are „outbreaks“ with mixed exposure settings in close time intervals, settings which can be less easily traced (such as public transport), issues of work force capacities in local health authorities or lack of reporting on exposure circumstances.

Large outbreaks have been detected in the following districts (amongst others):

In the district of Northeim, an outbreak among employees, residents and guests occurred in a religious community. After SARS-CoV-2 was detected in symptomatic individuals, row tests were carried out on >250 people. Most of these tests have been evaluated and positive test results are available for 140 people (as of 19-10-2020). Containment measures have been employed.

In the LK Traunstein there was a large surge in new infections with currently 234 active cases. The starting point seems to have been a party, although different sources of infection and possibly also the proximity to the Austrian border must be considered as potential sources. A 14-day curfew was imposed for the entire district.

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 6) and not directly extracted from the notification system.

4-day R-value	7-day R-value
1.25	1.23
(95%-prediction interval: 0.04 – 1.50)	(95%-prediction interval: 1.09 – 1.36)

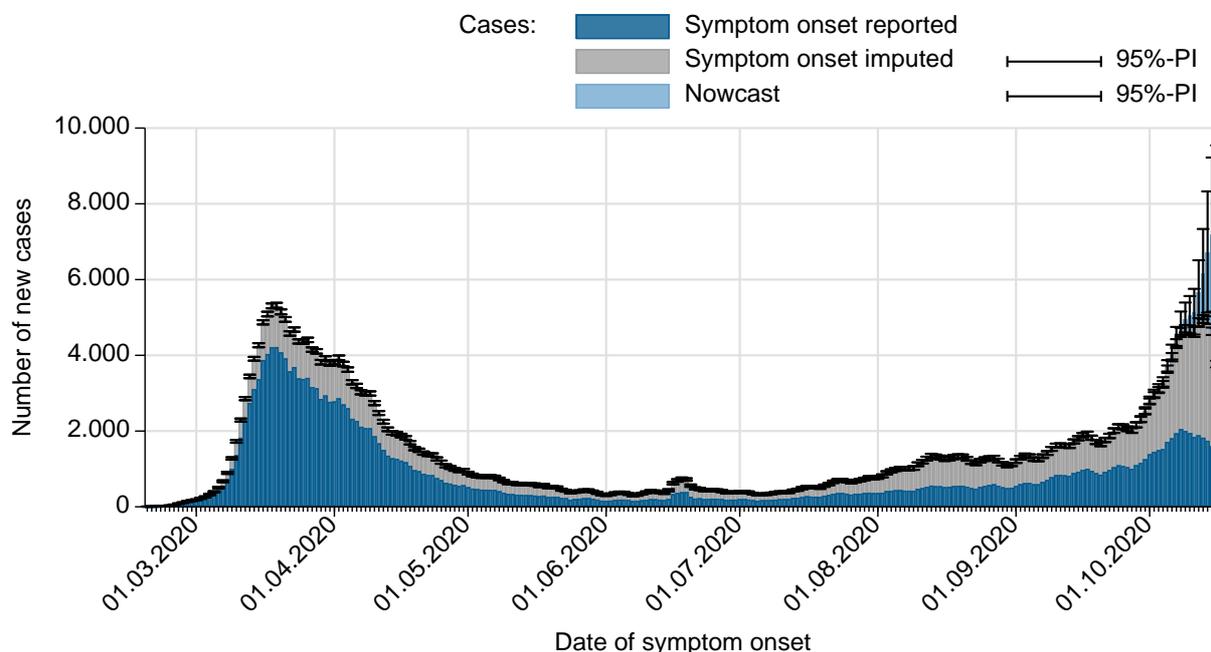


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 20/10/2020, 12 AM, taking into account cases up to 16/10/2020).

Since the start of October the R-values clearly exceed 1.

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 **1,286** hospitals or departments reported to the DIVI registry. Overall, **30,276** intensive care beds were registered, of which **21,301 (71%)** are occupied, and **8,872 (28%)** 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 (20/10/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	879		+28
- of these: invasive mechanically ventilated	411	57%	+22
Discharged from ICU	18,930		+116
- of these: deaths	4,402	23%	+13

*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 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) (*in German*)
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
- 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
- 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.