



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

27/10/2020 - UPDATED STATUS FOR GERMANY

Total (cumulative)		Previous 7 days	
Confirmed cases	Deaths	Confirmed cases	7-day incidence
449,275 (+11,409*)	10,098 (+42*)	72,320 (+5,000*)	87.0 cases/ 100,000 population
Proportion of deaths	Recovered	No. of districts reporting cases	No. of districts with 7- day incidence > 50
2.2%	ca. 326,700** (+5,200**)	412/412 (+0*)	285 (+13*)

*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 27/10/2020, 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 *further* to *87.0* cases per 100,000 population.
- The 7-day incidence in Bavaria, Berlin, Bremen, Hesse, North Rhine-Westphalia and Saarland is higher than the national total 7-day incidence.
- The number of districts with an increased 7-day incidence of >25 cases/ 100,000 inhabitants continues to rise, to 371 urban and rural districts. Of these, *113* districts have an incidence of > 100 cases/100,000 population and *172* districts have an incidence of > 50-100 cases/100,000 population. *Eight districts have an incidence of >200 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 private meetings, celebrations and group events with case clusters also being reported in nursing homes.
- The number of COVID-19 patients requiring intensive care has more than doubled in the past 2 weeks from *618* patients on *13/10/2020* to *1,470* patients on *27/10/2020*.
- In total, *449,275* laboratory-confirmed COVID-19 cases and *10,098* deaths associated with COVID-19 have been 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 an increase of transmission within the population in all federal states. The proportion of COVID-19 cases in the older age groups is currently increasing. Since the start of October, R-values have been clearly 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 old people's and nursing homes. In addition, in many districts there is an increasingly diffuse spread of SARS-CoV-2, without traceable transmission chains.

Since end July, the proportion of deaths among COVID-19 cases has been consistently below 1% and is thus markedly lower than in the spring, particularly in April (ref. Daily Situation Report of 20 Oct 2020). 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 most of the time experience a less severe course of disease. On the other hand there is also broader testing, which means more milder cases are identified.

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.

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 **449,275 (+11,409)** laboratory-confirmed cases of COVID-19 have been reported to and validated by the RKI (Table 1).

Table 1: Number and cumulative incidence (per 100,000 population) of laboratory-confirmed COVID-19 cases and deaths for each federal state electronically reported to RKI, Germany (27/10/2020, 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	70,792	1,191	638	9,385	84.5	1,977	17.8
Bavaria	93,290	1,721	711	12,096	92.2	2,756	21.0
Berlin	27,024	930	736	4,649	126.7	251	6.8
Brandenburg	6,599	84	262	865	34.3	186	7.4
Bremen	4,495	88	660	864	126.8	66	9.7
Hamburg	11,853	339	642	1,546	83.7	283	15.3
Hesse	34,200	1,348	544	7,512	119.5	617	9.8
Mecklenburg-Western Pomerania	2,200	35	137	471	29.3	22	1.4
Lower Saxony	31,038	562	388	4,316	54.0	733	9.2
North Rhine-Westphalia	114,194	3,678	636	20,968	116.8	2,031	11.3
Rhineland-Palatinate	17,090	541	417	2,959	72.3	268	6.5
Saarland	5,455	134	553	986	99.9	180	18.2
Saxony	14,001	348	344	2,963	72.8	283	6.9
Saxony-Anhalt	4,166	172	190	757	34.5	75	3.4
Schleswig-Holstein	6,942	165	239	1,063	36.6	167	5.8
Thuringia	5,936	73	278	920	43.1	203	9.5
Total	449,275	11,409	540	72,320	87.0	10,098	12.1

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

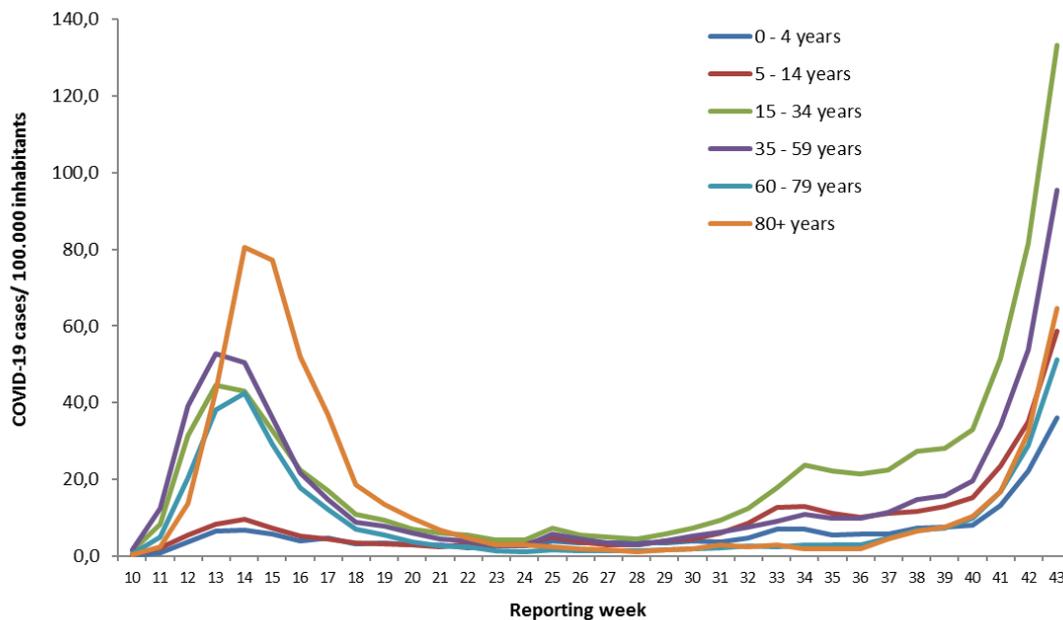


Figure 3: Presentation of the notified COVID-19 cases/ 100,000 inhabitants in Germany by age group and reporting week (27/10/2020, 12 AM)

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 **over 80-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 **326,861 (73%)** of the notified cases. Among these, cough (42%), fever (**33%**), rhinorrhoea (**23%**) and sore throat (21%) were reported most and 14% had no or no relevant COVID-19 symptoms. Pneumonia was reported in **6,454 cases (2.0%)**. 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 **31,401** of **182,245 cases (17%)**.

Hospitalisation was reported for **41,241(12%)** of **353,552** COVID-19 cases with information on hospitalisation status.

Approximately **236,700** 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 - 43 (27/10/2020, 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	22,422	45	55%	45%	20,188	3.8%	19,335	2,204	11%	478	2.13%
13	34,015	48	49%	51%	30,827	3.2%	29,442	5,104	17%	1,450	4.26%
14	36,062	51	45%	55%	31,951	5.3%	31,461	6,051	19%	2,248	6.23%
15	27,161	52	44%	56%	23,547	8.3%	24,022	4,704	20%	1,862	6.86%
16	17,336	51	45%	55%	14,840	11.3%	15,487	3,350	22%	1,211	6.99%
17	12,367	50	45%	55%	10,258	14.0%	10,926	2,218	20%	716	5.79%
18	7,432	48	48%	52%	6,233	17.7%	6,582	1,351	21%	375	5.05%
19	6,224	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	3,614	43	50%	50%	2,811	26.4%	3,105	508	16%	109	3.02%
22	3,199	42	51%	49%	2,531	23.4%	2,756	413	15%	62	1.94%
23	2,351	39	51%	49%	1,831	23.3%	2,073	311	15%	45	1.91%
24	2,341	37	54%	46%	1,730	24.4%	2,079	283	14%	32	1.37%
25	4,088	36	59%	41%	2,928	25.1%	3,732	314	8%	36	0.88%
26	3,198	37	55%	45%	2,310	23.3%	2,845	289	10%	23	0.72%
27	2,693	36	52%	48%	2,061	26.9%	2,466	258	10%	26	0.97%
28	2,419	36	56%	44%	1,910	24.2%	2,186	251	11%	24	0.99%
29	3,015	36	52%	48%	2,349	22.8%	2,630	316	12%	30	1.00%
30	3,931	36	52%	48%	3,134	27.0%	3,429	325	9%	32	0.81%
31	4,812	36	50%	50%	3,585	24.5%	4,062	367	9%	32	0.67%
32	6,037	34	54%	46%	4,390	30.3%	5,142	377	7%	30	0.50%
33	7,932	32	53%	47%	5,614	33.3%	6,783	407	6%	29	0.37%
34	9,576	32	55%	45%	6,987	35.0%	8,047	405	5%	28	0.29%
35	8,803	32	53%	47%	6,623	31.1%	7,158	343	5%	16	0.18%
36	8,592	33	54%	46%	6,372	27.2%	6,860	373	5%	32	0.37%
37	9,749	35	52%	48%	7,144	20.6%	7,624	424	6%	54	0.55%
38	12,240	36	51%	49%	9,037	18.6%	9,545	604	6%	68	0.56%
39	13,021	37	52%	48%	9,486	18.6%	10,311	708	7%	89	0.68%
40	15,812	38	52%	48%	11,375	17.5%	12,615	764	6%	79	0.50%
41	26,048	39	51%	49%	17,698	16.6%	19,793	1390	7%	137	0.53%*
42	41,867	39	51%	49%	26,116	15.8%	29,719	1808	6%	143	0.34%*
43	72,231	40	50%	50%	33,359	16.0%	42,458	2301	5%	91	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.

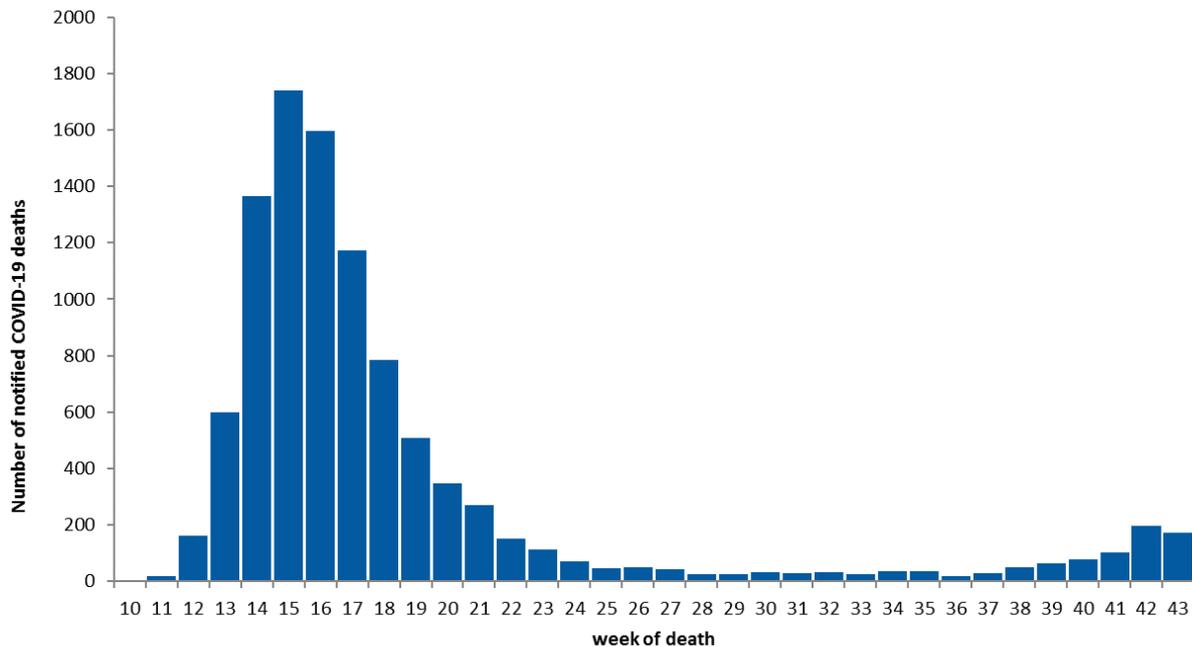


Figure 4: Number of notified COVID-19 deaths according to week of death for the reporting weeks 10 - 43 (27/10/2020, 12:00 AM).

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

Of all deaths, **8,612** (85%) were in people aged 70 years or older, but only **12%** of all cases were in this age group (Table 3). Thus far, **four** deaths among COVID-19 cases under 20 years of age have been reported to the RKI*. Pre-existing medical conditions were reported for **two** of them. The number of deaths may change 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*	11	19	62	271	716	1,527	2,337	647	8
Female	1*		3	9	25	100	258	736	2,114	1,196	47
Total	2	2	14	28	87	371	974	2,263	4,451	1,843	55

*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 **40%** 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 (446,120* cases, no data available for 180,366 cases; 27/10/2020, 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	4,963	3,279	746	3,800
	Occupation in facility	18,454	749	24	17,300
§ 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*	13,484	184	1	11,600
	Occupation in facility	6,533	231	8	5,700
§ 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	22,321	4,669	3,841	17,200
	Occupation in facility	12,503	513	43	11,800
§ 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	7,458	287	5	6,900
Neither cared for, accommodated in nor working in a facility		180,038	21,182	3,859	157,700

*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 449,275 reported COVID-19 cases, information regarding the country of exposure was missing in 171,104 (38%) cases.

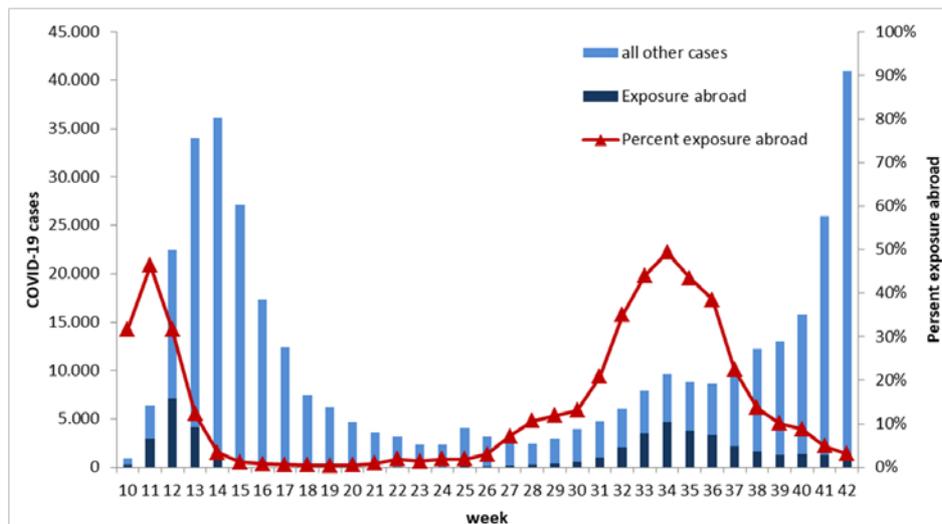


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 42, 2020 (20/10/2020, 12:00 AM)

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 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

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

again since, to currently 2.3% (Figure 5). In weeks 40-43, 5,845 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 40 to 43. Poland, Romania, Turkey, Italy and Austria were most frequently reported as the country of exposure.

Table 5: Countries of exposures named for COVID-19 cases notified in weeks 40 to 43; 2020 (a total of 80,797 namings), multiple namings possible (27/10/2020, 12:00 AM).

Probable country of infection	Week 40	Week 41	Week 42	Week 43	Total
Germany	8,845	14,136	21,443	30,650	75,074
Poland	145	180	241	379	945
Romania	92	127	196	137	552
Turkey	128	82	104	102	416
Czech Republic	62	100	86	121	369
Austria	111	71	69	71	322
Italy	139	74	48	34	295
Netherlands	56	45	62	43	206
Spain	65	46	46	36	193
France	17	42	54	69	182
Croatia	46	37	52	32	167
Kosovo	29	41	36	52	158
Ukraine	35	27	31	56	149
Bosnia and Herzegovina	35	32	31	38	136
Switzerland	41	26	29	24	120
Other	375	342	381	415	1,513
Total	10,221	15,408	22,909	32,259	80,797

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 371 districts, including 113 urban and rural districts with an incidence of over 100 cases/100,000 population and 172 districts with a 7-day incidence of >50 -100 cases/100,000 population. The dashboard (<https://corona.rki.de>) shows all affected districts.

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

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

In the city of Heilbronn the high incidence numbers are mostly due to transmission in private, as well as school settings.

Several outbreaks continue to contribute to the high incidence numbers in the district of Rottal-Inn, to the most part an outbreak in a community housing complex, as well as infections among patients and employees of a nursing home and a hospital.

In the city of Weiden/Oberpfalz, there were two smaller outbreaks: one amongs players of a hockey team and one among the staff of a butcher shop.

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 5) and not directly extracted from the notification system.

4-day R-value	7-day R-value
1.17	1.21
(95%-prediction interval: 0.95 – 1.42)	(95%-prediction interval: 1.07-1.36)

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

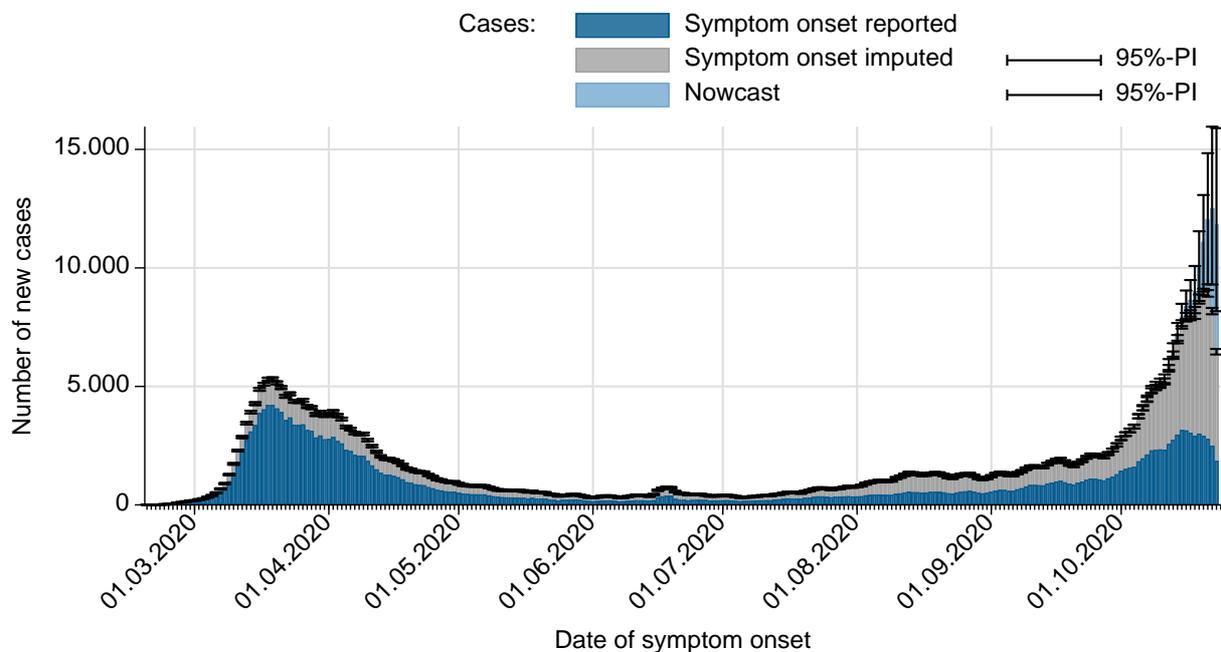


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 27/10/2020, 12 AM, taking into account cases up to 23/10/2020).

Since the start of October the R-values have been clearly greater than 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 26/10/2020, a total of 1,284 hospitals or departments reported to the DIVI registry. Overall, 29,399 intensive care beds were registered, of which 21,717 (74%) are occupied, and 7,682 (26%) are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 5.

Table 6: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (27/10/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	1,470		+108
- of these: with invasive mechanical ventilation	688	47%	+44
Discharged from ICU	20,026		+269
- of these: deaths	4,570	23%	+41

*The interpretation of these numbers must take into account the number of reporting hospitals and therefore the number of reported patients may change from day to day. On certain days, this can explain an occasionally important decrease or increase in the cumulative number of discharged patients or deaths compared with the day before.

Risk Assessment by the RKI

In view of the recent further increase in case numbers, the risk assessment of the RKI was adapted to the epidemiologic situation on 26/10/2020. The current version can be found here (in German): https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikobewertung.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)

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

- 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 (*in German*)
<https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html>
- Information from the Ministry of Health for travellers entering Germany: Frequently asked questions and answers (*in German*)
<https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/faq-tests-einreisende.html>
- Corona-Warn-App
<https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/CWA/CWA.html>
- Regulations for persons entering Germany in connection with the novel coronavirus SARS-CoV-2 (15/09/2020) (*in German*)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Transport/BMG_Merkblatt_Reisende_Tab.html
- Information on additional regulations at the regional level regarding control measures such as physical distancing or quarantine regulations for persons entering from other countries can be accessed here: (*in German*)
<https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-bundeslaender-1745198>
- Data on current disease activity can be found on the RKI dashboard:
<https://corona.rki.de/>
- A distance of 1.5 metres to other individuals must be maintained in public spaces: (*in German*)
<https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundeskanzlerin-mit-den-regierungschefinnen-und-regierungschefs-der-laender-1733248>
- (Non-medical) face masks must be worn on public transport and in shops in all federal states.