



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

08/09/2020 - UPDATED STATUS FOR GERMANY

Confirmed cases	Deaths	Deaths (%)	Recovered
252,298	9,329	3.7%	ca. 226,500**
(+ 1,499*)	(+ 4*)		

*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 08/09/2020 12:00 AM)

- After a high increase between calendar week 29 and 34, the 7-day-COVID-19 incidence has slightly decreased in calendar week 35. Even if the number of new cases does not increase significantly at the moment, the situation must still be carefully monitored.
- The cumulative nationwide incidence over the past 7 days was **9.6** cases per 100,000 inhabitants. A total of **23** districts transmitted zero cases over the past 7 days. In a further **140** districts the 7-day-incidence is below 5.0/100,000 inhabitants.
- In Baden-Wuerttemberg, Bavaria, Berlin, Bremen, Hamburg and Hesse the 7-day incidence is in part considerably higher than the national mean 7-day incidence.
- In total, **252,298** laboratory-confirmed COVID-19 cases and **9,329** deaths associated with COVID-19 have been electronically reported to the RKI in Germany.
- Moreover, further COVID-19-related outbreaks are being reported in various settings, including nursing homes and hospitals, facilities for asylum-seekers and refugees, educational settings, various occupational settings, in the context of religious or family events and especially among travellers.

Epidemiological Situation in Germany

In accordance with the international standards of the WHO¹ and the ECDC², the RKI evaluates all laboratory diagnostic evidence of SARS-CoV-2 as COVID-19 cases, regardless of the presence or severity of the clinical symptoms. In the following report, "COVID-19 cases" thus includes both acute SARS-CoV-2 infections and COVID-19 diseases.

General current assessment

The increase in the number of cases reported since mid-July has now stabilized at a slightly higher level. The R-value is currently around 1. It is noticeable that in the last few weeks more young people have become infected, thus the 7-day incidence is significantly higher in younger age groups than in older age groups.

There are outbreaks in various districts throughout Germany, which are associated with different situations, e.g. larger celebrations in the family and among friends. In addition, COVID-19 cases are identified to a large extent among travel returnees, especially in the younger age groups.

The current development is positive, but must be further carefully monitored. The current decline in the proportion of deaths among the reported cases is mainly explained by the relatively high proportion of younger people among the newly diagnosed cases, of which relatively few fall seriously ill and die. A renewed increase in new infections must nevertheless be avoided. In particular, it is important to prevent a renewed increase among the elderly and particularly among vulnerable groups of the population, as was the case at the beginning of the pandemic. If more elderly people become infected again, a renewed increase in hospitalizations and deaths must be expected.

It is therefore still necessary for the entire population to be committed to infection control, e.g. by consistently observing rules of distance and hygiene - also outdoors -, by ventilating indoor spaces and, where necessary, by wearing a mouth-nose cover 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 **252,298 (+1,499)** laboratory-confirmed cases of COVID-19 have been electronically reported to and validated by the RKI (Figure 1 and Table 1). A total of **23** districts reported no cases in the past 7 days; however on 16/06/2020 the number of districts reporting zero cases still amounted to 139 districts.

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

² <https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition>

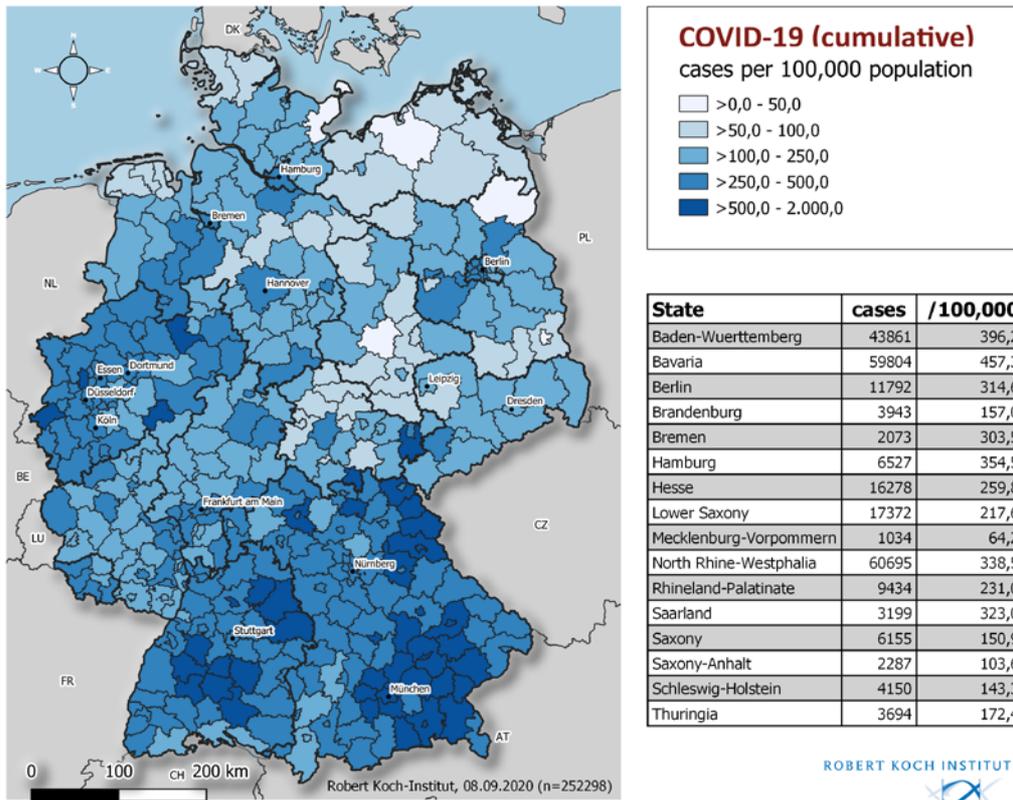


Figure 1: Number and cumulative incidence (per 100,000 population) of the 252,298 electronically reported COVID-19 cases in Germany by county and federal state (08/09/2020, 12:00 AM). Please see the COVID-19 dashboard (<https://corona.rki.de/>) for information on number of COVID-19 cases by district (local health authority).

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 (08/09/2020, 12:00 AM). The number of new cases covers positive cases, which have been sent 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	43,861	269	396	1,552	14.0	1,867	16.9
Bavaria	59,804	506	457	2,125	16.3	2,643	20.2
Berlin	11,792	65	315	455	12.1	226	6.0
Brandenburg	3,943	12	157	59	2.3	169	6.7
Bremen	2,073	3	304	74	10.8	58	8.5
Hamburg	6,527	41	355	200	10.9	267	14.5
Hesse	16,278	133	260	669	10.7	535	8.5
Mecklenburg-Western Pomerania	1,034	11	64	26	1.6	20	1.2
Lower Saxony	17,372	88	218	496	6.2	665	8.3
North Rhine-Westphalia	60,695	262	338	1,617	9.0	1,823	10.2
Rhineland-Palatinate	9,434	70	231	300	7.3	243	5.9
Saarland	3,199	0	323	44	4.4	174	17.6
Saxony	6,155	6	151	126	3.1	225	5.5
Saxony-Anhalt	2,287	5	104	39	1.8	66	3.0
Schleswig-Holstein	4,150	24	143	103	3.6	161	5.6
Thuringia	3,694	4	172	59	2.8	187	8.7
Total	252,298	1,499	304	7,944	9.6	9,329	11.2

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.

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

Distribution of cases over time

The first COVID-19 cases in Germany were notified in January 2020. Figure 2 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 89,358 cases (35%), thus their date of reporting is provided.

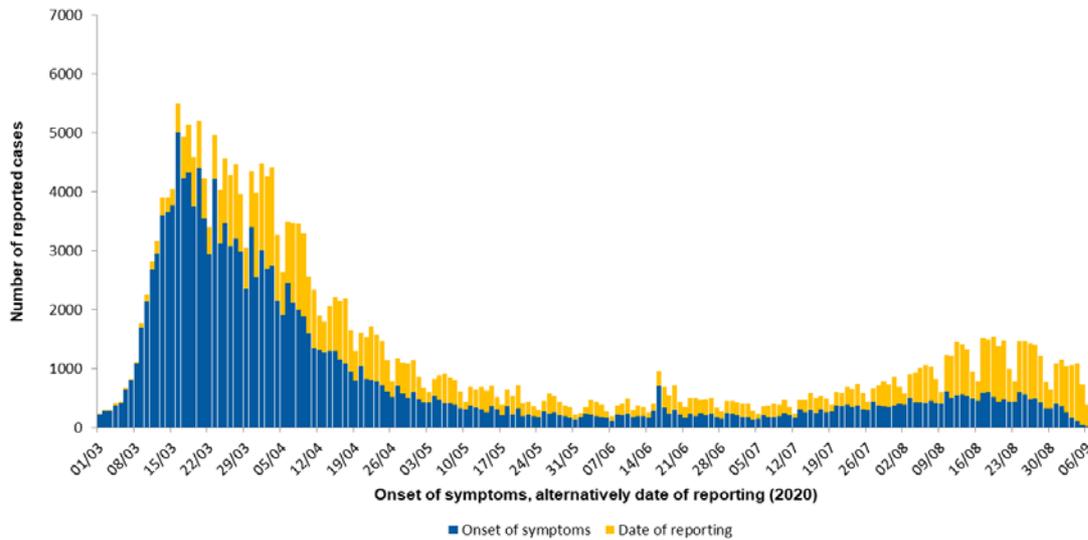


Figure 2: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or –if unknown- alternatively by date of reporting since 01/03/2020 (08/09/2020, 12:00 AM).

Demographic distribution of cases

Of all notified cases, 51% are female and 49% are male. Among all notified cases for whom data on age and gender were reported, 9,187 were children under 10 years of age (3.6%), 17,417 children and teenagers aged 10 to 19 years (6.9%), 118,653 persons aged 20 to 49 years (47%), 68,252 persons aged 50 to 69 years (27%), 32,407 persons aged 70 to 89 years (13%) and 5,596 persons aged 90 years and older (2.2%). Age and/or gender were unknown in 786 notified cases. Cases had a mean age of 45 years (median age 44 years). The highest incidences are seen in persons aged 90 years and older (Figure 3).

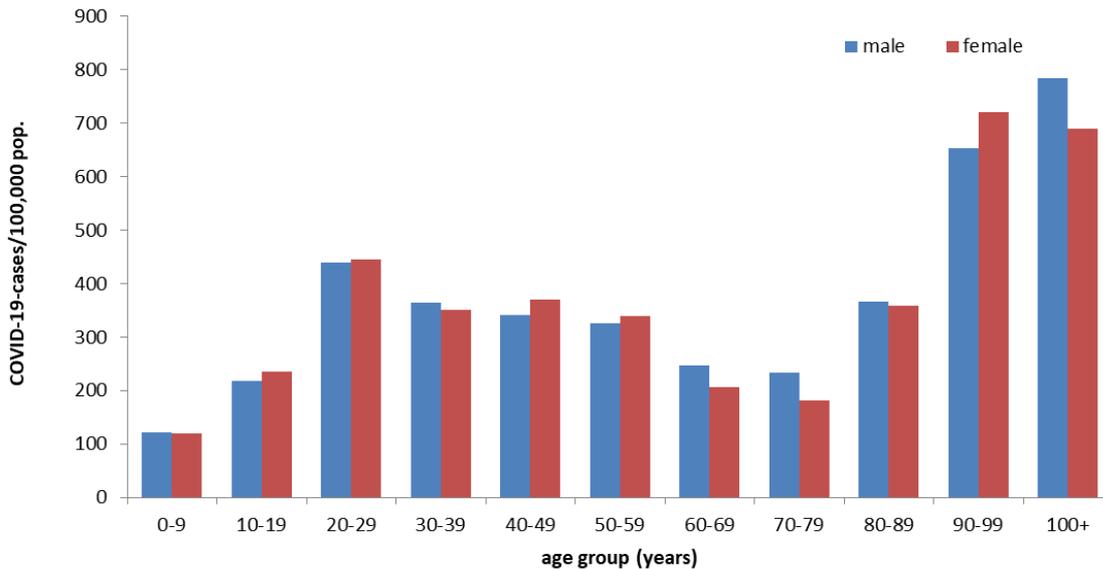


Figure 3: Electronically reported COVID-19 cases/100,000 population in Germany by age group and gender (n=251,506) for cases with information available (08/09/2020, 12:00 AM).

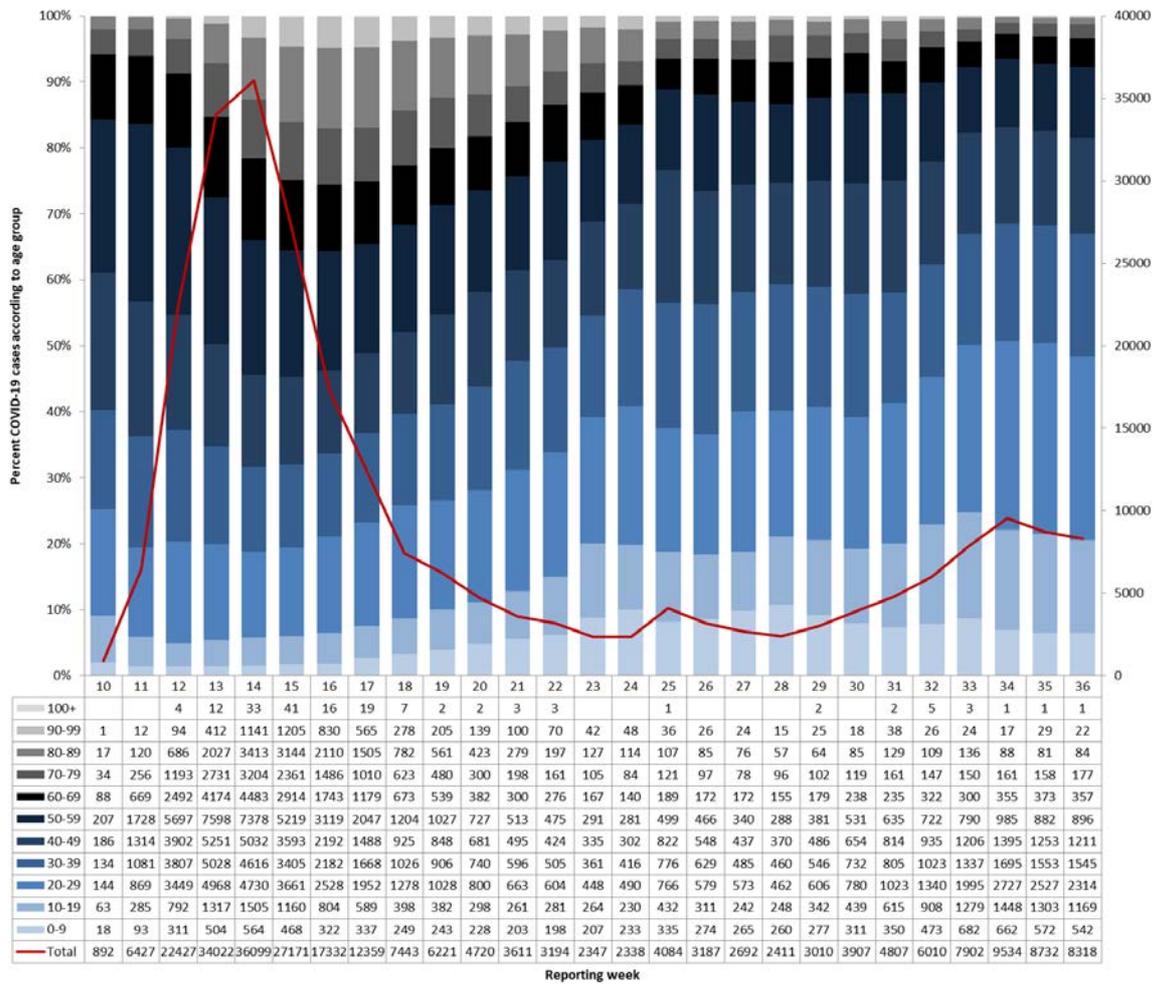


Figure 4: Percent of notified COVID-19 cases by age group and reporting week (n=251,197 cases with respective data in the weeks 10 to 36 (08/09/2020, 12:00 AM)). The total number of weekly cases is depicted by the red line.

The illustration of reported COVID-19 cases in Germany according to the proportion of cases per age group and reporting week in Figure 4 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 24, accompanied by a significant decrease in the number of cases. This development continued in the following weeks. In 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, but as of week 32 the proportion of cases among 10 to 29 year olds has increased. After the absolute number of cases has been increasing since week 29, they have stabilized with a slight downward trend since week 34.

Clinical aspects

Information on symptoms is available for 208,641 (83%) of the notified cases. Commonly reported symptoms were cough (44%), fever (37%), rhinorrhoea (20%) and sore throat (19%). Pneumonia was reported in 5,531 cases (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 10,043 of 64,155 cases (16%).

Hospitalisation was reported for 32,816 (15%) of 217,578 COVID-19 cases with information on hospitalisation status.

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

Table 2: The COVID-19 cases reported to the RKI by sex and the proportion of hospitalization and deceased for the reporting weeks 10 - 36 (08/09/2020, 12:00 AM).

Week	Total cases	Mean age (years)	Men	Women	Number information on hospitalisation	Number hospitalized	Percent hospitalized	Number of deaths	Percent deaths
10	892	42	53%	47%	800	162	20%	12	1,3%
11	6,428	45	56%	44%	5,613	521	9%	85	1,3%
12	22,439	45	55%	45%	19,334	2,198	11%	474	2,1%
13	34,028	48	49%	51%	29,424	5,076	17%	1,447	4,3%
14	36,104	51	45%	55%	31,484	6,044	19%	2,246	6,2%
15	27,175	52	44%	56%	24,024	4,685	20%	1,862	6,9%
16	17,339	51	45%	55%	15,462	3,339	22%	1,207	7,0%
17	12,365	50	45%	55%	10,905	2,210	20%	712	5,8%
18	7,443	48	48%	52%	6,577	1,350	21%	374	5,0%
19	6,222	47	48%	52%	5,589	1,060	19%	249	4,0%
20	4,721	45	49%	51%	4,190	726	17%	155	3,3%
21	3,612	43	50%	50%	3,097	506	16%	107	3,0%
22	3,196	42	51%	49%	2,747	410	15%	60	1,9%
23	2,350	39	51%	49%	2,068	308	15%	43	1,8%
24	2,338	37	54%	46%	2,071	281	14%	31	1,3%
25	4,086	36	59%	41%	3,724	312	8%	34	0,8%
26	3,195	37	55%	45%	2,831	292	10%	23	0,7%
27	2,692	36	52%	48%	2,453	256	10%	24	0,9%
28	2,414	36	56%	44%	2,149	244	11%	22	0,9%
29	3,013	36	52%	48%	2,595	314	12%	29	1,0%
30	3,924	36	52%	48%	3,349	317	9%	31	0,8%
31	4,812	36	50%	50%	3,984	365	9%	29	0,6%
32	6,033	34	54%	46%	5,087	376	7%	23	0,4%
33	7,912	32	53%	47%	6,683	399	6%	22	0,3%
34	9,542	32	55%	45%	7,897	393	5%	16*	0,2%
35	8,746	32	53%	47%	6,861	313	5%	7*	0,1%
36	8,346	33	54%	46%	5,954	290	5%	3*	0,04%

* 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 highest mean age of COVID-19 cases as well as the highest proportions of hospitalized patients and deaths were reported in weeks 16/17 and have been decreasing since. From week 29 to 34, the weekly number of total cases has been increasing, since then a slight decrease is visible. The aforementioned trends are continuing.

Approximately 226,500 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.

A total of 9,329 COVID-19-related deaths have been reported in Germany (3.7% of all confirmed cases). Of these, 5,171 (55%) are men and 4,154 (45%) are women (Table 3), the gender is unknown in four cases. The mean age of COVID-19 cases reported to have died was 81 years (median: 82 years). Of all deaths, 7,961 (85%) were in people aged 70 years or older, but only 15% of all cases were in this age group. Thus far, two deaths among COVID-19 cases under 20 years of age have been reported to the RKI.

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

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 9,325 of notified deaths; 08/09/2020, 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	7	18	59	248	669	1,418	2,158	587	6
Female	1		3	7	22	92	239	681	1,957	1,106	46
Total	1	1	10	25	81	340	908	2,099	4,115	1,693	52

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 25% of cases; the proportion 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.

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 (250,699* cases, no data available for 63,660 cases; 08/09/2020, 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	3,974	2,808	679	3,200
	Occupation in facility	15,324	678	23	15,100
§ 33 IfSG (e.g. day care facilities, kindergartens, facilities for after school care, schools or other educational facilities, children's homes, holiday camps)	Cared for / accommodated in facility*	6,936	118	1	6,100
	Occupation in facility	3,640	170	7	3,400
§ 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	19,373	4,315	3,676	15,400
	Occupation in facility	10,709	465	40	10,500
§ 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	5,728	246	5	5,500
Neither cared for, accommodated in nor working in a facility		121,355	17,942	3,608	111,000

*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.

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 41 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.

Possible countries of exposure

Of the 252,298 reported COVID-19 cases, information regarding the country of exposure was missing in 81,149 (32%) cases.

In reporting week 11, the proportion of all cases was 46% for cases that had a possible foreign country as place of exposure and thereby the highest so far. It then fell steadily to 0.4% in reporting week 19 as a result of travel restrictions. Borders have reopened, initially in Europe, as of reporting week 25. Since then, the proportion of cases reporting a probable country of infection abroad has markedly increased. In reporting week 34 it was at 49% and since then the proportion is declining again, to currently 32% (Figure 5). In weeks 33-36, 14,440 persons reported a possible site of infection abroad, naming a total of 14,523 countries (more than one country specified in some cases).

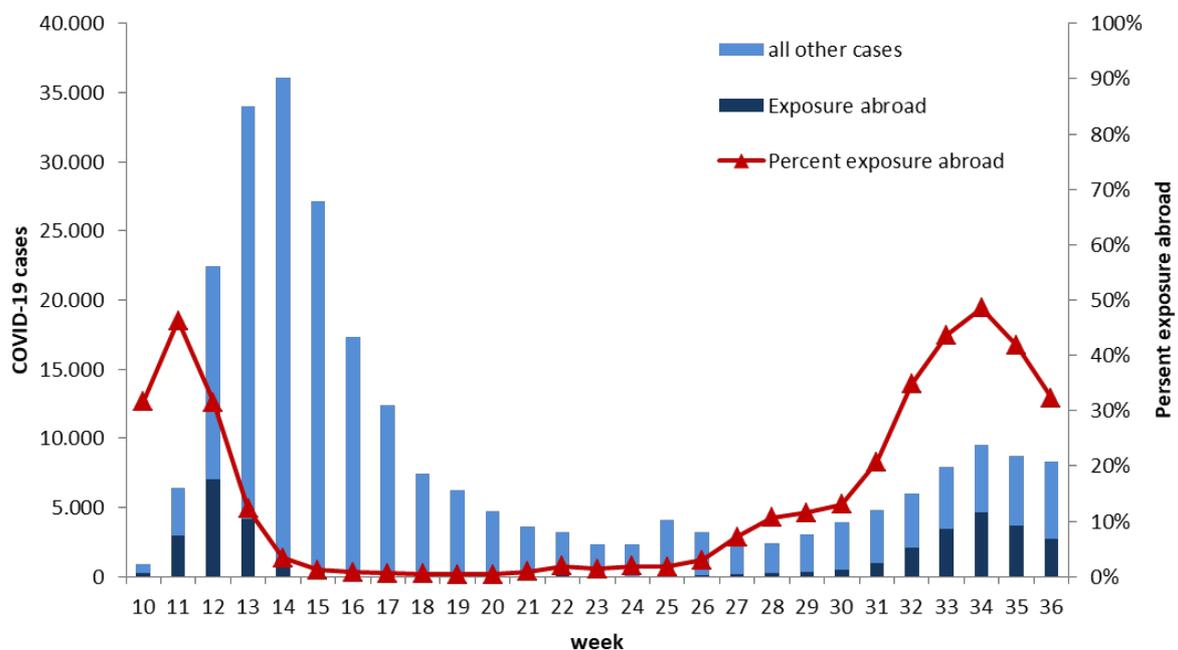


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 36, 2020 (08/09/2020, 12:00 AM)

Table 5 lists the top 15 countries most frequently reported as the probable place of infection in weeks 33 to 36. The Western Balkan countries, as well as Turkey, Spain, Romania, France and Bulgaria were most frequently reported as the country of exposure. In week 36, Italy and Hungary were also frequently mentioned as the country of infection. When looking at the different age groups (not shown), it is noticeable that a larger proportion of the cases in Kosovo, Turkey and Romania are children, which indicates that they are travelling with their families. On the other hand, in the cases with probable country of infection Croatia and Hungary, it is mainly persons between 20-29 years of age who are affected.

Table 5: Countries of exposures reported for COVID-19 cases notified in weeks 33 to 36; 2020 (a total of 24,949 reported locations, multiple answers possible (08/09/2020, 12:00 AM)).

Country of exposure	Week 33	Week 34	Week 35	Week 36	Total
Germany	2,700	2,658	2,586	2,482	10,426
Croatia	588	1137	861	529	3,115
Kosovo	847	947	733	352	2,879
Turkey	670	490	341	336	1,837
Bosnia and Herzegovina	163	293	203	150	809
Spain	120	295	202	115	732
Romania	111	172	198	182	663
France	59	155	140	111	465
Bulgaria	171	185	68	39	463
North Macedonia	82	127	73	58	340
Italy	43	91	74	104	312
Albania	65	105	65	65	300
Hungary	8	40	95	126	269
Austria	70	77	55	49	251
Greece	25	63	58	87	233
Other	363	463	463	373	1,662
Total	6,164	7,362	6,239	5,184	24,949

The proportion of cases with a probable place of infection abroad has increased significantly in recent weeks **but has been declining again since the school vacation ended in most federal states** (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, travellers 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

In 11 districts an increased incidence of >25 cases in 7 days/100,000 population was reported, including the **cities of Memmingen, Rosenheim and Landshut were the incidence is > 50 cases / 100,000 population**. Affected are mainly districts in the federal state of Bavaria. The increased incidence in the affected districts is mainly due to people returning home from vacations abroad, but also to transmission in family and other private events.

Further COVID-19-related outbreaks continue to be reported in nursing homes, hospitals, facilities for asylum seekers and refugees, community facilities, various occupational settings and in connection with religious events.

Estimation of the reproduction number (R)

The presented case numbers do not fully reflect the temporal progression of incident COVID-19-cases, since the time intervals between actual onset of illness and diagnosis, reporting, as well as data transmission to the RKI varies greatly. Therefore, a nowcasting approach is applied to model the true temporal progression of COVID-19 cases according to illness onset. Figure 6 shows the result of this analysis.

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 and not directly extracted from the notification system.

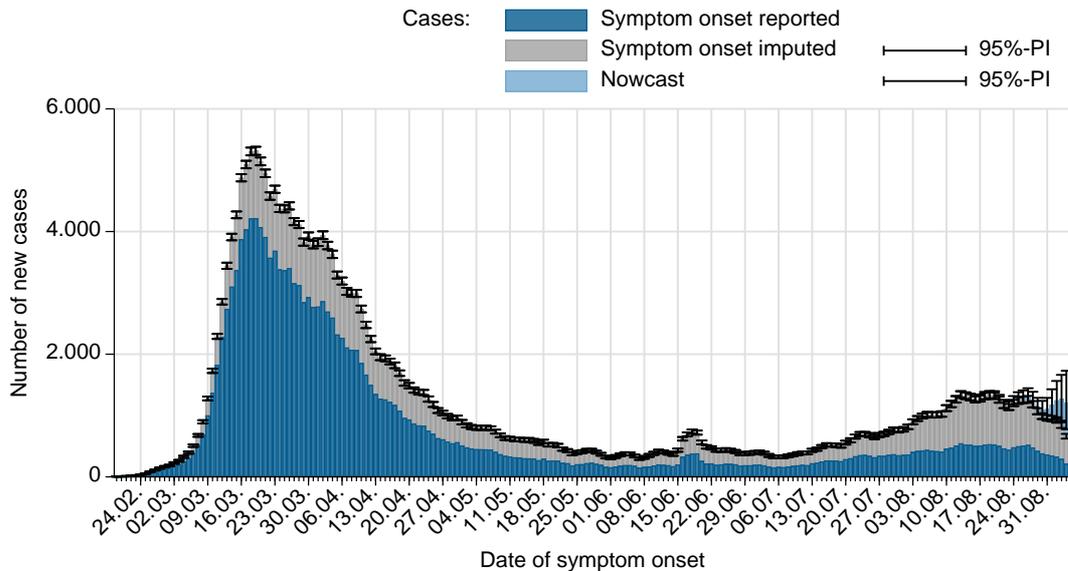


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 08/09/2020, 12 AM, taking into account cases up to 04/09/2020).

A sensitive 4-day-R-value can be estimated by using a 4-day moving average of the number of new cases estimated by nowcasting. This 4-day value reflects the infection situation about one to two weeks ago. This value reacts sensitively to short-term changes in case numbers, such as those caused by individual outbreaks. Furthermore, outbreak dynamics may be influenced widespread testing performed among affected persons, leading to the rapid detection of many additional COVID-19 cases. This can lead to relatively large fluctuations in the estimated R-value, especially if the total number of new cases is small.

The current estimate of the 4-day R-value is **1.10** (95%-prediction interval: **0.90 – 1.31**) and is based on electronically notified cases as of 08/09/2020, 12:00 AM.

Similarly, the 7-day R-value is estimated by using a moving 7-day average of the nowcasting curve. This compensates for fluctuations more effectively, as this value represents a slightly later course of infection of about one to a little over two weeks ago. The 7-day R-value is estimated at **0.98** (95% prediction interval: **0.87 – 1.09**) and is based on electronically notified cases as of 08/09/2020, 12:00 AM.

The reported R values have been above 1 since mid-July 2020. Since mid-August they are around 1 or below 1. The increased R-values can be attributed in large part to increasing cases among travellers, particularly returning after trips during the summer vacations, but also to a still existing larger number of smaller outbreaks.

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 methodological explanation of the more stable 7-day R-value is also available there. More general information and sample calculations for both R-values can also be found in our FAQs (<http://www.rki.de/covid-19-faq>).

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 08/09/2020, a total of 1,284 hospitals or departments reported to the DIVI registry. Overall, 30,652 intensive care beds were registered, of which 21,764 (71%) are occupied, and 8,888 (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 (08/09/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	230		2
- of these: mechanically ventilated	130	56%	-4
Discharged from ICU	16,839		22
- of these: deaths	4,060	24%	6

*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

General assessment

At the global and the national level, the situation is dynamic and must be taken seriously. This is a dynamic and serious situation worldwide and in Germany. The number of cases continues to increase worldwide. The number of newly reported cases in Germany declined from about mid-March to the beginning of July, since then the number of cases has increased but has stabilized over the past week. Large and small outbreaks continue to occur throughout Germany, particularly in connection with celebrations with family and friends and at group events. Travel returnees, especially in the younger age groups, have also contributed to the increase in case numbers in July and August. There are still no approved vaccines and the treatment of severe disease courses is complex and lengthy.

The Robert Koch Institute still estimates the risk to the health of the German population to be high, and very high for risk groups. This assessment may change in the short term due to new findings.

Infection risk

SARS-CoV-2 can be transmitted easily from person to person. The risk of infection depends heavily on the regional spread, living conditions and also on individual behaviour (physical distancing, hygiene measures and community masks). Here, contacts in risk situations (such as long face-to-face contact) play a special role. Aerosol emission increases sharply when speaking loudly, singing or laughing. In indoor rooms, this significantly increases the risk of transmission, even if a distance of more than 1.5 m is maintained. If the minimum distance of 1.5 m without covering the mouth and nose is not maintained, e.g. when groups of people sit at a table or in large gatherings, there is also an increased risk of transmission outdoors.

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

Disease severity

In most cases, the disease is mild. The probability of progression towards serious disease increases with increasing age and underlying illnesses. Individual long-term consequences cannot be estimated yet. The individual risk cannot be derived from epidemiological/statistical data. Thus, even without known previous illnesses and in young people, the course of the disease can be severe or even life-threatening. Long-term consequences, even after slight progressions, cannot yet be assessed.

Burden on health system

The burden on the health care system depends largely on the geographical distribution of cases, the main population groups affected, the health care capacity and initiation of containment measures (isolation, quarantine, physical distancing etc.). In large parts of Germany it is currently low, but it can rapidly increase locally and affect the public health system in particular as well as medical care facilities.

Measures taken in Germany

- 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>
- 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/DE/Content/InfAZ/N/Neuartiges_Coronavirus/WarnApp/Warn_App.html
- Regulations for persons entering Germany in connection with the novel coronavirus SARS-CoV-2 (15.06.2020) 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: <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-bundeslaender-1745198> (in German)
- (Non-medical) face masks must be worn on public transport and in shops in all federal states.
- 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)