



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

22/09/2020 - UPDATED STATUS FOR GERMANY

Total (cumulative)		Previous 7 days	
Confirmed cases	Deaths	Confirmed cases	7-day incidence
274,158 (+ 1,821*)	9,396 (+ 10*)	11,221 (+ 316*)	13.5 cases/ 100.000 population
Proportion of deaths	Recovered	No. of districts reporting cases	No. of districts with 7- day incidence > 50
3,4 %	ca. 243,700** (+ 1,500**)	406/412 (+ 3*)	3 (+ 0*)

**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. **Since 14/09/2020 the RKI situation report will be published in a shortened version. The report will be more focused on the current situation. Demographic and clinical aspects, for which there are only few daily changes, will be presented once a week and in a weekly comparison. Further data is also available in the COVID 19 dashboard: <https://corona.rki.de>**

– Changes since the last report are marked **blue** in the text –

Summary (as of 22/09/2020, 12:00 AM)

- After a temporary stabilisation of case numbers at a higher level, a further increase in reported COVID-19 cases is currently evident in the population of Germany. Therefore, the situation must still be carefully monitored.
- The cumulative nationwide incidence over the past 7 days was **13.5** cases per 100,000 inhabitants. The 7-day incidence exceeded 50 cases/100,000 inhabitants in 3 districts: the cities of **Hamm** and Würzburg and the district Cloppenburg. A total of **6** districts transmitted zero cases over the past 7 days.
- The 7-day incidence in Bavaria and Berlin is considerably and in Baden-Wuerttemberg, Hamburg and North Rhine-Westphalia noticeably higher than the national mean 7-day incidence.
- In total, **274,158** laboratory-confirmed COVID-19 cases and **9,396** deaths associated with COVID-19 have been electronically reported to the RKI in Germany.
- A large number of COVID-19-related outbreaks continue to be reported in various settings. Case clusters occur particularly in nursing homes and hospitals, facilities for asylum-seekers and refugees, community facilities, various occupational settings, in the context of religious or family events and among travellers.

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, further increase is currently observed in the population of Germany. The proportion of COVID-19 cases in the older age groups is currently slightly increasing, while the proportion of cases among travel returnees is decreasing since calendar week 34. The R-value is currently **around 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 or, especially in cases among younger people, outbreaks originating from travel returnees.

The current development must be further carefully monitored. The number of deaths among reported COVID-19 cases is currently low. This is mainly due to the relatively high proportion of younger people among newly diagnosed cases in the last weeks, of which relatively few fall seriously ill and die. If the trend continues and more elderly and vulnerable people get infected, an increase in hospitalisations and deaths is to 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.

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 **274,158 (+1,821)** laboratory-confirmed cases of COVID-19 have been electronically reported to and validated by the RKI (Table 1). A total of **6** districts reported no cases in the past 7 days; however on 16/06/2020 a total of **139** districts reported zero cases.

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 (22/09/2020, 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	47,353	246	428	1,690	15.3	1,871	16.9
Bavaria	65,331	412	500	2,636	20.2	2,651	20.3
Berlin	13,257	148	354	854	22.8	227	6.1
Brandenburg	4,101	11	163	70	2.8	169	6.7
Bremen	2,223	4	325	84	12.3	59	8.6
Hamburg	7,230	65	393	296	16.1	269	14.6
Hesse	17,757	120	283	748	11.9	545	8.7
Mecklenburg-Western Pomerania	1,123	18	70	57	3.5	20	1.2
Lower Saxony	18,964	64	238	822	10.3	670	8.4
North Rhine-Westphalia	65,753	521	367	2,839	15.8	1,848	10.3
Rhineland-Palatinate	10,183	67	249	357	8.7	248	6.1
Saarland*	3,234	0	326	56	5.7	176	17.8
Saxony	6,774	82	166	294	7.2	227	5.6
Saxony-Anhalt	2,457	4	111	90	4.1	66	3.0
Schleswig-Holstein	4,460	39	154	195	6.7	161	5.6
Thuringia	3,958	20	185	133	6.2	189	8.8
Total	274,158	1,821	330	11,221	13.5	9,396	11.3

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 **100,710** cases (37%), thus their date of reporting is provided.

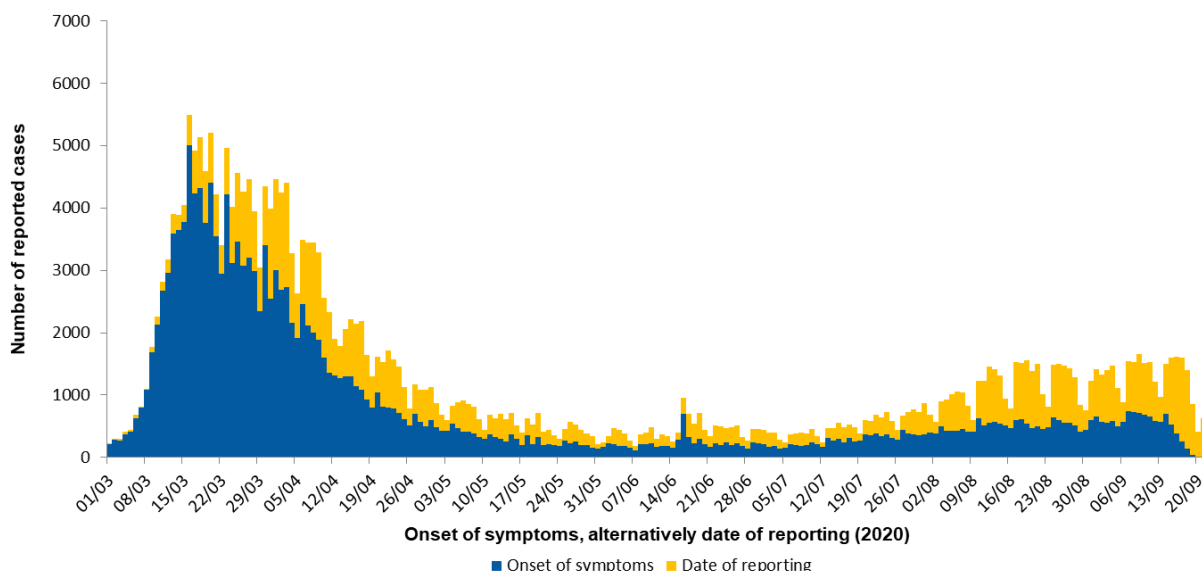


Figure 1: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or – if unknown – alternatively by date of reporting since 01/03/2020 (22/09/2020, 12:00 AM).

Demographic distribution of cases

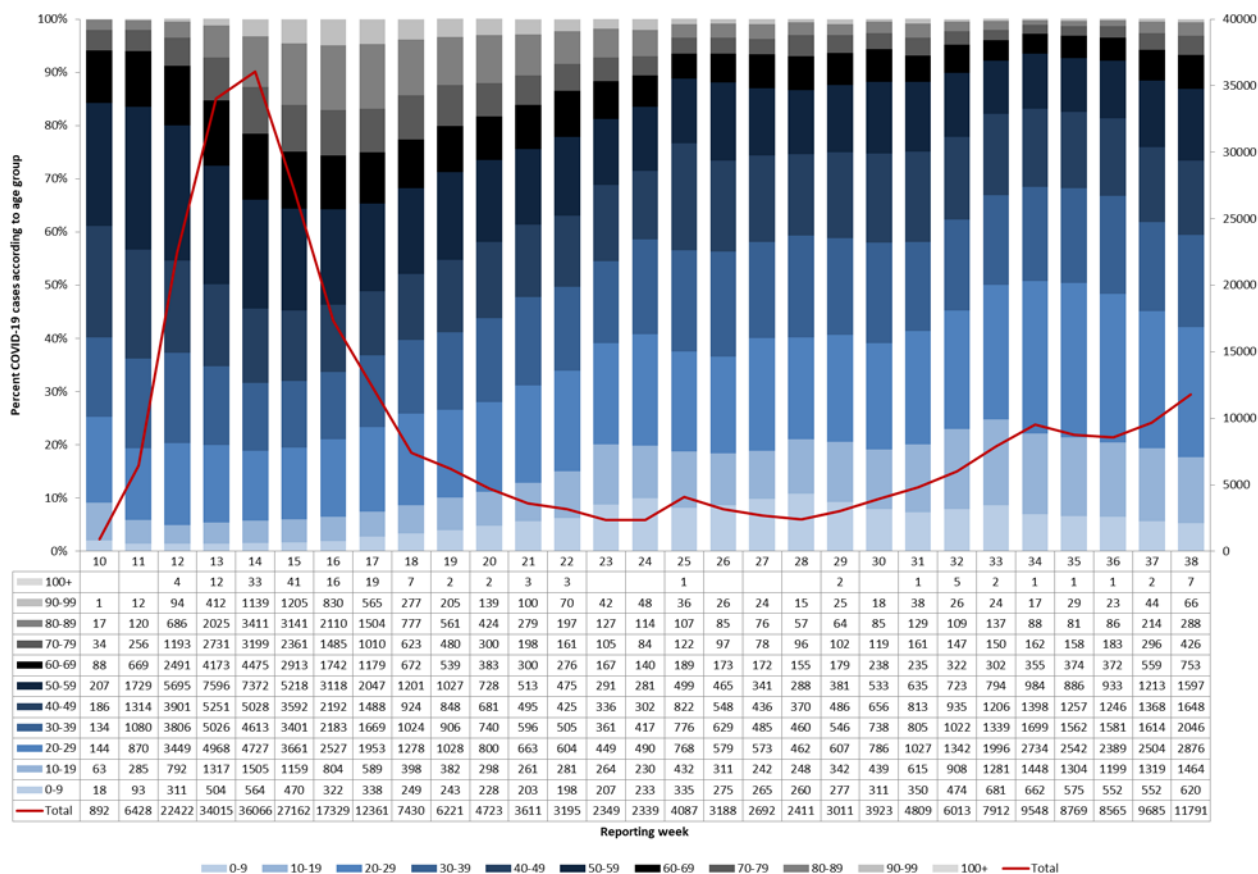


Figure 2: Percent of notified COVID-19 cases by age group and reporting week (n=272,947 cases with respective data in the weeks 10 to 38 (22/09/2020, 12:00 AM)). The total number of weekly cases is depicted by the red line.

The illustration of reported COVID-19 cases in Germany according to the proportion of cases per age group and reporting week in Figure 2 shows a high proportion of cases in the age groups 20 - 59 years at the beginning of the pandemic in reporting weeks 11 to 14. From reporting week 15 onwards, the proportion among persons aged 80 and over increased sharply, but then decreased again continuously from reporting week 17 to reporting week 24, accompanied by a significant decrease in the number of cases.

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

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. However, as of week 32 the proportion of cases among 10 to 29 year olds increased. Absolute case numbers increased from week 29 to 34, stabilizing until week 36. Since reporting week 37, however, case numbers have increased again, [concurrent with a slight increase in the proportion of cases among older age groups](#).

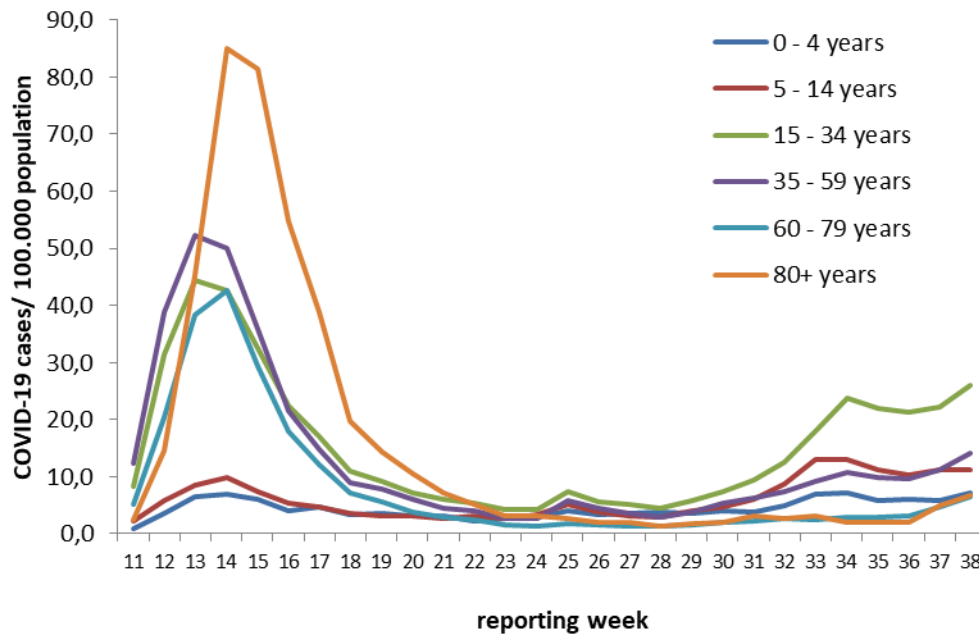


Figure 3: Presentation of the notified COVID-19 cases/ 100,000 inhabitants in Germany by age group and reporting week (22/09/2020, 12 AM)

Figure 4 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. [Since reporting week 37, an increase in incidence can be seen among persons 60 years of age and older](#).

Clinical aspects

Information on symptoms is available for [224,320](#) (82%) of the notified cases. Among these, cough (44%), fever (36%), rhinorrhoea (21%) and sore throat (20%) were reported most and 14% had no or no relevant COVID-19 symptoms. Pneumonia was reported in [5,670](#) 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 [12,823](#) of [79,771](#) cases (16%).

Hospitalisation was reported for [33,771](#) (14%) of [233,670](#) COVID-19 cases with information on hospitalisation status.

Approximately [243,700](#) 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 - 38 (22/09/2020, 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	6,429	45	56%	44%	5,612	521	9%	85	1.3%
12	22,434	45	55%	45%	19,332	2,202	11%	475	2.1%
13	34,021	48	49%	51%	29,428	5,099	17%	1,448	4.3%
14	36,071	51	45%	55%	31,455	6,051	19%	2,246	6.2%
15	27,165	52	44%	56%	24,015	4,704	20%	1,863	6.9%
16	17,336	51	45%	55%	15,462	3,347	22%	1,207	7.0%
17	12,366	50	45%	55%	10,919	2,217	20%	713	5.8%
18	7,430	48	48%	52%	6,571	1,350	21%	374	5.0%
19	6,222	47	48%	52%	5,592	1,065	19%	250	4.0%
20	4,724	45	49%	51%	4,197	732	17%	156	3.3%
21	3,612	43	50%	50%	3,103	508	16%	107	3.0%
22	3,197	42	51%	49%	2,754	413	15%	60	1.9%
23	2,352	39	51%	49%	2,071	311	15%	43	1.8%
24	2,339	37	54%	46%	2,071	282	14%	31	1.3%
25	4,089	36	59%	41%	3,729	314	8%	34	0.8%
26	3,196	37	55%	45%	2,832	293	10%	22	0.7%
27	2,692	36	52%	48%	2,462	257	10%	25	0.9%
28	2,414	36	56%	44%	2,182	251	12%	22	0.9%
29	3,013	36	52%	48%	2,624	316	12%	30	1.0%
30	3,926	36	52%	48%	3,365	319	9%	31	0.8%
31	4,813	36	50%	50%	4,048	366	9%	30	0.6%
32	6,033	34	54%	46%	5,120	377	7%	26	0.4%
33	7,920	32	53%	47%	6,735	404	6%	27	0.3%
34	9,556	32	55%	45%	7,994	400	5%	24	0.3%
35	8,779	32	53%	47%	7,050	337	5%	11	0.1%
36	8,580	33	54%	46%	6,720	364	5%	21*	0.2%*
37	9,701	35	52%	48%	7,303	372	5%	15*	0.2%*
38	11,822	36	51%	49%	8,124	437	5%	8*	0.1%*

* 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. After a peak in the proportion of deaths among all notified cases at 7% in reporting week 16, 2020, this proportion decreased markedly in subsequent weeks, to under 1% in the past few weeks. There are primarily two reasons for this development:

Firstly, the mean age of cases has decreased markedly since the first wave in April. On average, younger persons have a lower risk of severe disease progression or death following SARS-CoV-2 infection than older persons.

Secondly, test capacity was increased markedly. Increasingly, testing is available not only for persons with symptoms suggestive of COVID-19 or those with exposure to the virus through contact to a COVID-

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19 case. This has led to the identification of more infected and symptomatic cases. More testing among older age groups has also led to increased detection of cases. The proportion of deaths among hospitalized cases as well as cases requiring intensive care has remained relatively stable.

There is no indication that this development can be explained through a change in the virus, such as decreased transmissibility or virulence. Therapeutic options in severe cases continue to be limited. If SARS-CoV-2 transmission increases among older persons, more severe cases and deaths can be expected. Therefore, limiting spread of this virus in the population remains the only possibility of preventing cases with severe disease progression and deaths.

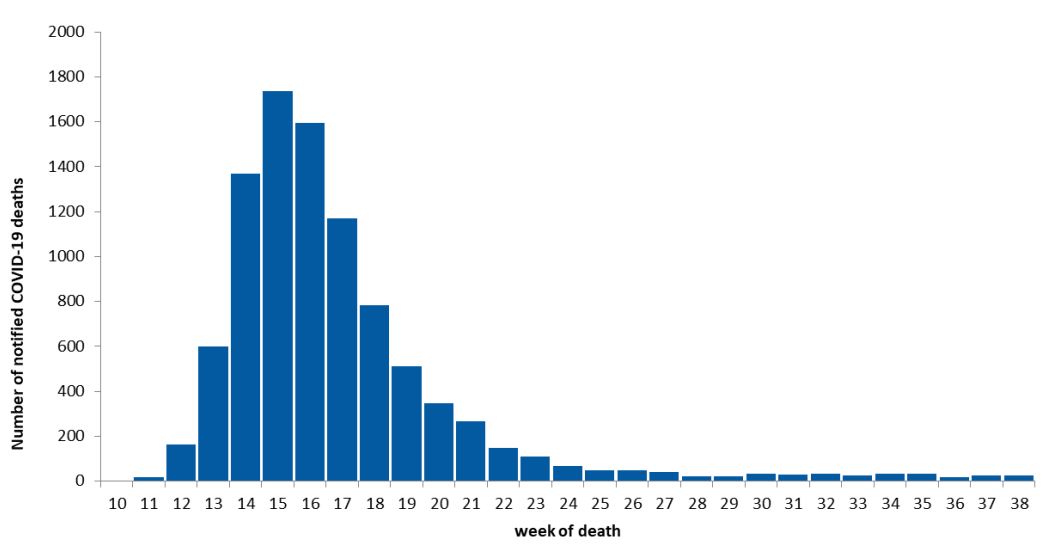


Figure 4: Number of notified COVID-19 deaths according to week of death for the reporting weeks 10 - 38 (22/09/2020, 12:00 AM).

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

Of all deaths, 8,011 (85%) were in people aged 70 years or older, but only 14% of all cases were in this age group (Table 3). Thus far, two deaths among COVID-19 cases under 20 years of age have been reported to the RKI. Pre-existing medical conditions were reported for both of them. The number of deaths may change after data validation is completed.

Table 3: Number of notified COVID-19 deaths by age group and gender electronically reported to RKI (Data available for 9,392 of notified deaths; 22/09/2020, 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	253	673	1,430	2,173	591	6
Female	1		3	8	23	94	241	690	1,964	1,111	46
Total	1	1	10	26	82	347	914	2,120	4,137	1,702	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 26% 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.

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

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 (272,307* cases, no data available for 70,318 cases; 22/09/2020, 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	4,127	2,890	686	3,300
	Occupation in facility	15,867	694	23	15,500
§ 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*	8,222	132	1	7,200
	Occupation in facility	4,161	183	8	3,800
§ 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	19,854	4,373	3,688	15,800
	Occupation in facility	10,996	472	40	10,800
§ 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	6,036	255	5	5,800
Neither cared for, accommodated in nor working in a facility		132,726	18,515	3,643	121,400

*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 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.

Possible countries of exposure

Of the **274,158** reported COVID-19 cases, information regarding the country of exposure was missing in **88,975** (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. 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 has declined again since, to currently **12%** (Figure 4). In **weeks 35-38**, **10,422** persons reported a possible site of infection abroad, naming individual countries **10,390 times** (more than one country specified in some cases).

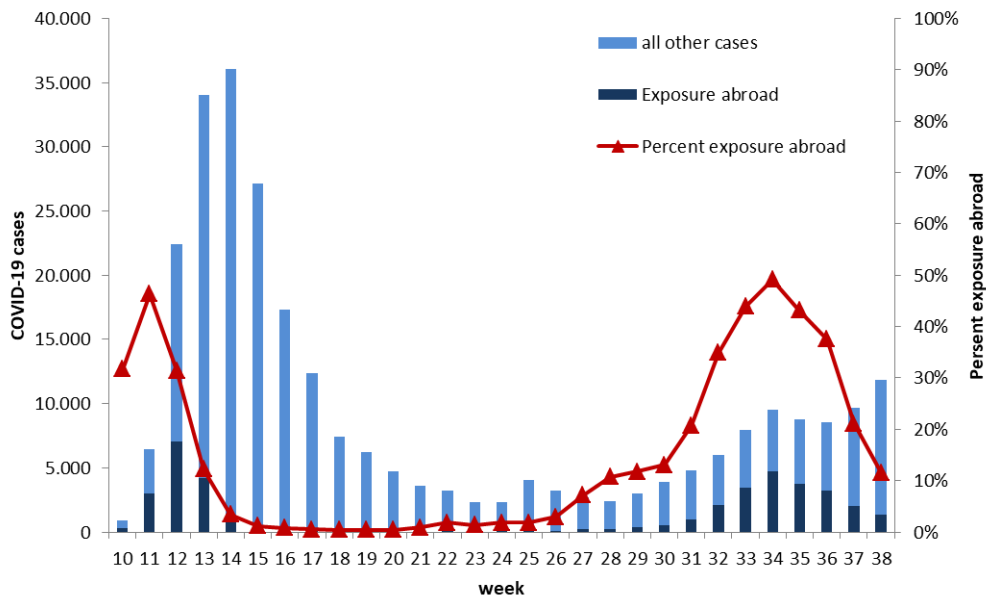


Figure 5: Presentation of the cases with probable place of infection abroad compared to all other cases (exposure in Germany and place of exposure unknown) and the proportion of cases with exposure abroad, in reporting week 10 to 38, 2020 (22/09/2020, 12:00 AM)

Table 4 lists the top 16 countries most frequently reported as the probable place of infection in [weeks 35 to 38](#). The Western Balkan countries, as well as Turkey, Romania, Spain, France, Czech Republic, Italy and Hungary were most frequently reported as the country of exposure.

Probable country of infection	Week 35	Week 36	Week 37	Week 38	Total
Germany	2,695	2,835	4,036	5,063	14,629
Croatia	895	634	196	71	1,796
Kosovo	767	416	159	81	1,423
Turkey	363	399	335	210	1,307
Romania	208	208	159	89	664
Bosnia and Herzegovina	209	190	96	40	535
Spain	211	138	100	42	491
France	142	138	110	90	480
Czech Republic	49	89	134	96	368
Italy	75	120	84	72	351
Hungary	97	139	71	27	334
Greece	61	97	73	47	278
Austria	57	57	68	63	245
Macedonia	76	66	35	33	210
Albania	65	83	34	27	209
Poland	52	35	44	45	176
Ukraine	57	71	20	28	176
Others	410	348	326	263	1,347
Total	6,489	6,063	6,080	6,387	25,019

Table 5: Countries of exposures reported for COVID-19 cases notified in weeks 35 to 38; 2020 (a total of 25,019) reported locations, multiple answers possible (22/09/2020, 12:00 AM)).

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 3). 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

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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

In 36 districts an increased incidence of >25 cases in 7 days/100,000 population was reported, including the district Cloppenburg and the cities of Hamm and Würzburg, with 7-day incidences of > 50 cases/100,000 population.

The increased incidence in the city of Hamm is largely due to over 80 cases in connection with a wedding. Over 200 identified guests are quarantined and required to be tested. Stricter distancing measures have been implemented in Hamm.

The increased incidence in the district of Cloppenburg can be attributed to several COVID-19 clusters after outbreaks in sport clubs, families, nurseries, and religious communities. Responsible authorities implemented extensive regional measures, e.g. (partly) closings of schools and sport clubs, restaurants and event locations. Furthermore, serial testing of affected facilities was performed.

The increased incidence in the city of Würzburg can be attributed to COVID-19 cluster after an outbreak in a shisha bar and further cases in private (bar visit) or work environments. Stricter restrictions for social gatherings were implemented. The increased incidence in the surrounding rural district of Würzburg is also related to this outbreak.

In the city of Munich several outbreaks in various settings have contributed to the increased 7-day incidence, which fell just under 50 cases/100,000 inhabitants today. Current measures comprise a ban on the selling and consuming of alcohol, continued requirement to wear a mouth and nose mask in schools, a ban on spectators at football games and intensified control measures during public celebrations.

The increased incidence in the affected districts is mainly due to transmission during family and other private events. The proportion of travel returnees among the cases is decreasing.

The number of COVID-19-related outbreaks reported in nursing homes; hospitals, facilities for asylum seekers and refugees, community facilities, various occupational settings and in connection with religious events has increased.

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
0.92	0.99
(95%-prediction interval: 0.73 - 1.12)	(95%-prediction interval: 0.89 – 1.10)

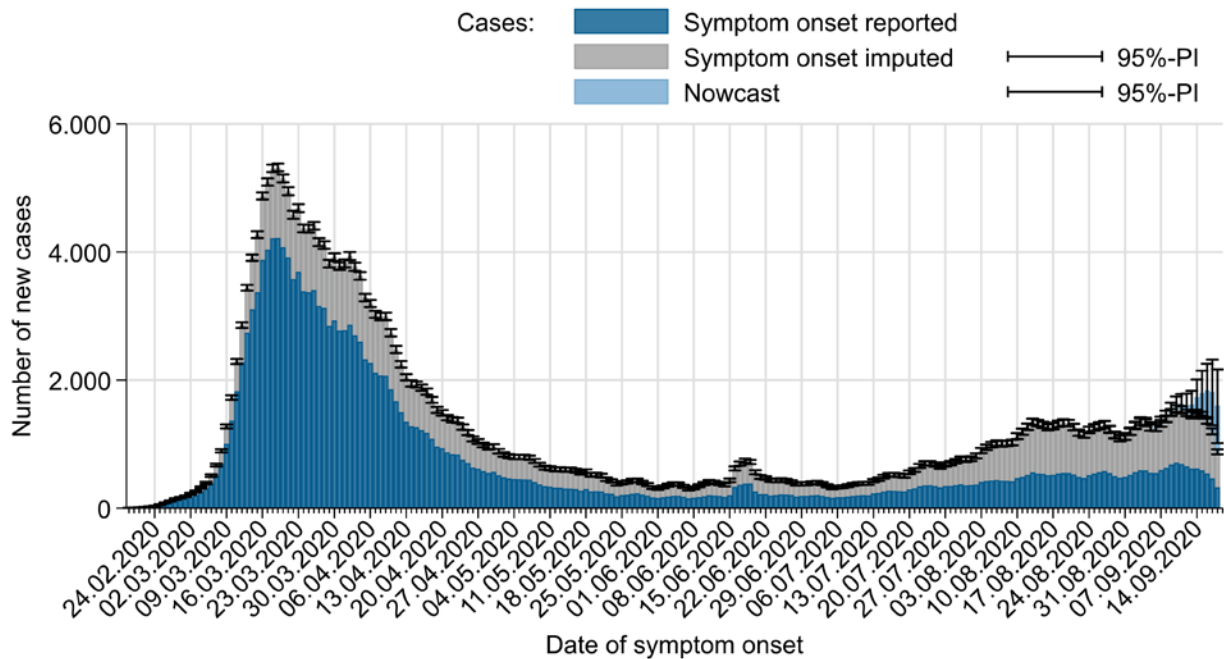


Figure 6: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 22/09/2020, 12 AM, taking into account cases up to 18/09/2020).

The reported R values have been above 1 since mid-July 2020. Since mid-August they are below or around 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 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 22/09/2020, a total of **1,285** hospitals or departments reported to the DIVI registry. Overall, **30,621** intensive care beds were registered, of which **21,765** (71%) are occupied, and **8,856** (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 (22/09/2020, 12:15 PM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	278		11
- of these: mechanically ventilated	151	54%	6
Discharged from ICU	17,229		-8
- of these: deaths	4,127	24%	-30

*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 markedly. Many of these cases were associated with travellers. Since calendar week 35 transmissions within Germany can be observed to a larger extent. Large and small outbreaks continue to occur throughout Germany, particularly in connection with celebrations with family and friends and at group events. 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.

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

- Selected and regularly updated information on COVID-19 in English
<https://www.rki.de/EN/Content/infections/epidemiology/outbreaks/COVID-19/COVID19.html>
- Information on the designation of international risk areas
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html
- The ministry of health has published a record of all measures implemented in Germany since 27/01/2020 <https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html> (in German)
- Information from the Ministry of Health for travellers entering Germany: Frequently asked questions and answers <https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/faq-tests-einreisende.html> (in German)
- Corona-Warn-App
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/WarnApp/Warn_App.html (in German)
- Regulations for persons entering Germany in connection with the novel coronavirus SARS-CoV-2 (15/09/2020) https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Transport/BMG_Merkblatt_Reisende_Tab.html (in German)
- Information on additional regulations at the regional level regarding control measures such as physical distancing or quarantine regulations for persons entering from other countries can be accessed here: <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-bundeslaender-1745198> (in German)
- Data on current disease activity can be found on the RKI dashboard: <https://corona.rki.de/>
- A distance of 1.5 metres to other individuals must be maintained in public spaces:
<https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundestkanzlerin-mit-den-regierungschefinnen-und-regierungschefs-der-laender-1733248> (in German)
- (Non-medical) face masks must be worn on public transport and in shops in all federal states.