



Coronavirus Disease 2019 (COVID-19) Daily Situation Report of the Robert Koch Institute

14/07/2020 - UPDATED STATUS FOR GERMANY

Confirmed cases	Deaths	Deaths (%)	Recovered
199,375 (+ 412*)	9,068 (+ 4*)	4.6%	ca. 185,500**

*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 14/07/2020 12:00 AM)

- The cumulative nationwide incidence over the past 7 days was **2.7** cases per 100,000 inhabitants. A total of **115** districts transmitted zero cases.
- In total, **199,375** laboratory-confirmed COVID-19 cases and **9,068** deaths due to COVID-19 have been electronically reported to the RKI in Germany.
- Currently, COVID-19-related outbreaks occur in various settings, including meat-processing plants, facilities for asylum-seekers and refugees, nursing homes and hospitals as well as in context of families or religious events.

Epidemiological Situation in Germany

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 **199,375 (+412)** laboratory-confirmed cases of coronavirus disease 2019 (COVID-19) have been electronically reported to and validated by the RKI (see Table 1). A total of **115** districts reported no cases in the past 7 days. Information on laboratory-confirmed cases is also available on the RKI website at

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Fallzahlen.html and <https://corona.rki.de>.

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 (14/07/2020, 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	36,111	70	326	208	1.9	1,837	16.6
Bavaria	49,350	77	377	454	3.5	2,613	20.0
Berlin	8,656	18	231	168	4.5	219	5.8
Brandenburg	3,462	0	138	15	0.6	167	6.6
Bremen	1,691	1	248	12	1.8	55	8.1
Hamburg	5,231	0	284	11	0.6	261	14.2
Hesse	11,206	37	179	219	3.5	514	8.2
Mecklenburg-Western Pomerania	804	0	50	0	0.0	20	1.2
Lower Saxony	13,823	17	173	73	0.9	642	8.0
North Rhine-Westphalia	45,115	141	252	918	5.1	1,707	9.5
Rhineland-Palatinate	7,196	22	176	99	2.4	236	5.8
Saarland	2,819	7	285	13	1.3	174	17.6
Saxony	5,476	3	134	13	0.3	225	5.5
Saxony-Anhalt	1,919	2	87	22	1.0	62	2.8
Schleswig-Holstein	3,221	14	111	31	1.1	154	5.3
Thuringia	3,295	3	154	18	0.8	182	8.5
Total	199,375	412	240	2,274	2.7	9,068	10.9

As part of quality checks and data cleansing by the health authorities and regional offices, corrections to cases already transmitted (e.g. detection of duplicate reports) can occasionally lead to negative values for the number of new cases.

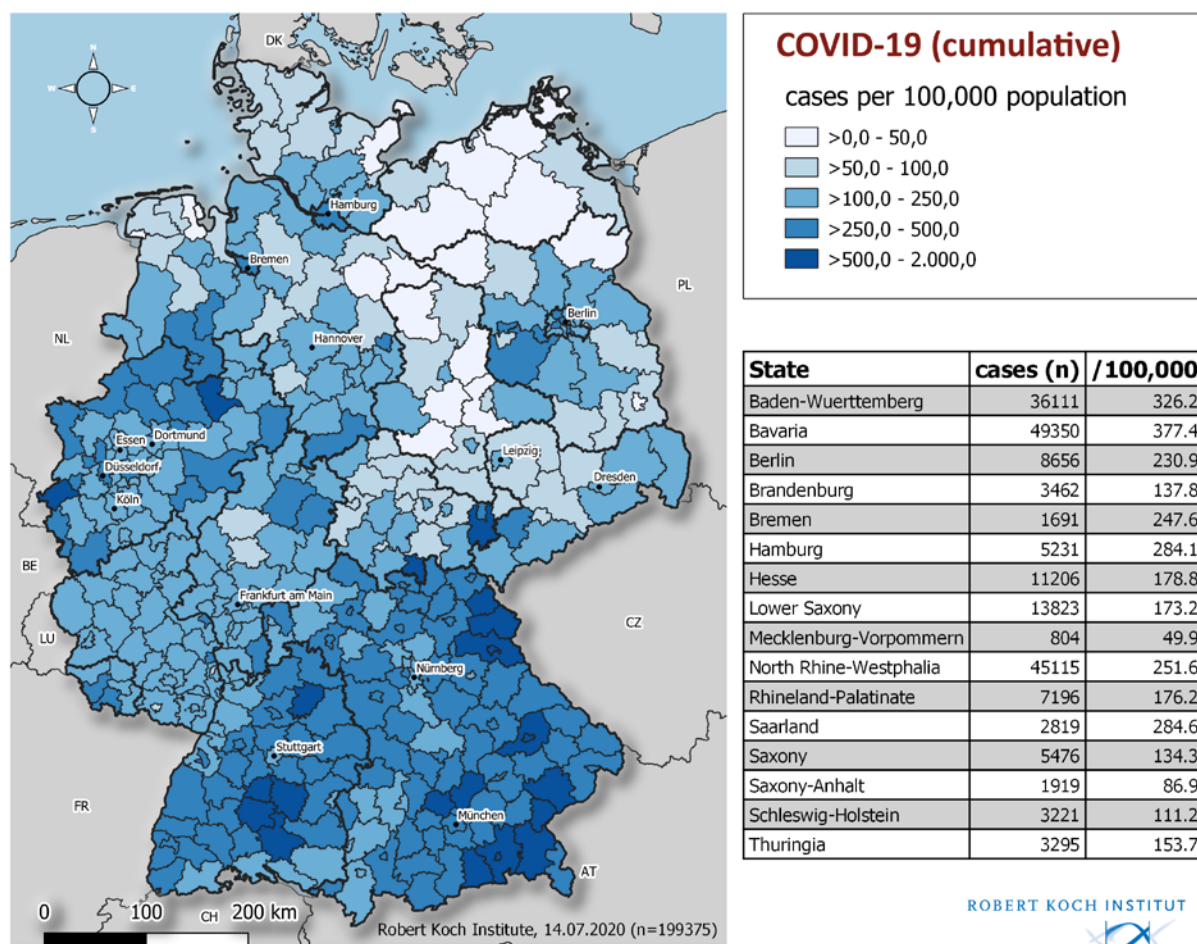


Figure 1: Number and cumulative incidence (per 100,000 population) of the 199,375 electronically reported COVID-19 cases in Germany by county and federal state (14/07/2020, 12:00 AM). Please see the COVID-19 dashboard (<https://corona.rki.de/>) for information on number of COVID-19 cases by county (local health authority).

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 in 60.174 cases (30%), thus their date of reporting is provided in Figure 2.

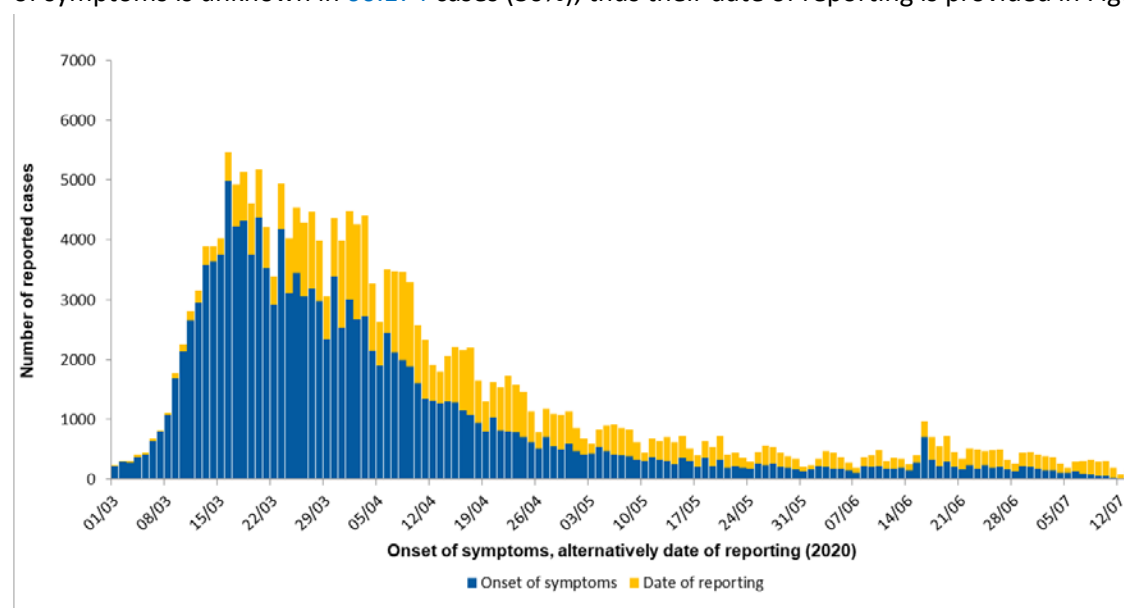


Figure 2: Number of COVID-19 cases in Germany electronically reported to the RKI by date of symptom onset or -if unknown- alternatively by date of reporting from 01/03/2020 (14/07/2020, 12:00 AM).

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

Demographic distribution of cases

Of all reported cases, 52% are female and 48% are male. Among all those notified cases, for which data on gender was reported, 5,322 were children under 10 years of age (2.7%), 9,846 children and teenagers aged 10 to 19 years (4.9%), 87,929 persons aged 20 to 49 years (44%), 60,021 persons aged 50 to 69 years (30%), 30,444 persons aged 70 to 89 years (15%) and 5,382 persons aged 90 years and older (2.7%). The age and/or gender is unknown in 431 notified cases. The mean age of cases is 48 years (median age 48 years). The highest incidences are seen in persons aged 90 years and older (Figure 3).

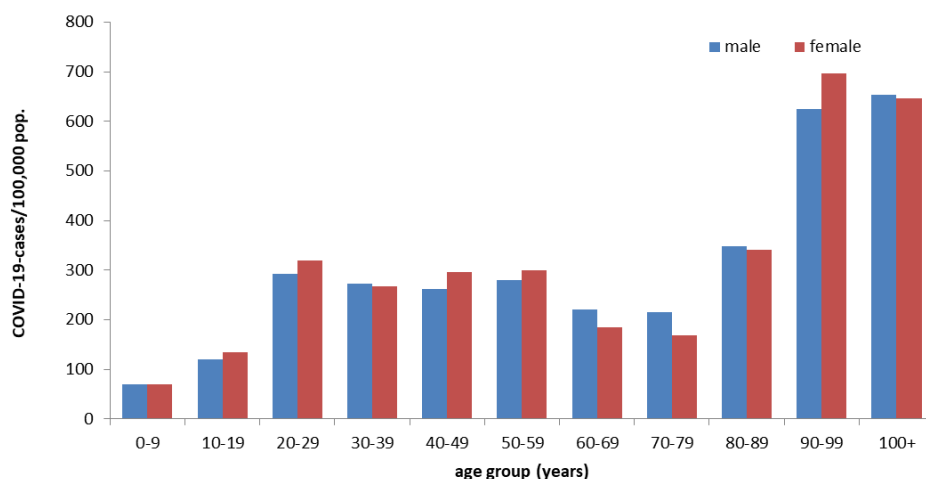


Figure 3: Electronically reported COVID-19 cases/100,000 population in Germany by age group and gender (n=198,938) for cases with information available (14/07/2020,12:00 AM).

Table 2: The COVID-19 cases reported to the RKI according to gender and the proportion of hospitalization and deceased for the reporting weeks 10 - 28 (14/07/2020, 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	893	43	54%	46%	798	161	20%	12	1.3%
11	6,415	45	56%	44%	5,599	519	9%	83	1.3%
12	22,454	46	55%	45%	19,292	2,185	11%	473	2.1%
13	34,033	48	50%	50%	29,294	5,049	17%	1,442	4.2%
14	36,102	51	45%	55%	31,397	6,008	19%	2,234	6.2%
15	27,173	52	44%	56%	23,951	4,661	19%	1,852	6.8%
16	17,338	52	45%	55%	15,407	3,325	22%	1,201	6.9%
17	12,372	51	45%	55%	10,882	2,197	20%	707	5.7%
18	7,437	49	48%	52%	6,559	1,339	20%	371	5.0%
19	6,226	47	48%	52%	5,533	1,047	19%	245	3.9%
20	4,722	46	49%	51%	4,136	721	17%	152	3.2%
21	3,607	44	50%	50%	3,065	500	16%	103	2.9%
22	3,192	42	51%	49%	2,714	405	15%	58	1.8%
23	2,342	39	51%	49%	2,039	303	15%	42	1.8%
24	2,333	38	54%	46%	2,040	278	14%	30	1.3%
25	4,106	37	59%	41%	3,692	299	8%	29	0.7%
26	3,203	37	55%	45%	2,798	271	10%	14	0.4%
27	2,684	37	52%	48%	2,401	232	10%	13*	0.5%
28	2,372	36	56%	44%	1,977	206	10%	6*	0.3%

* Data not yet meaningful, as outcome of the diseases in these weeks is still unclear

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

Table 2 shows the mean age, gender distribution, percentage of hospitalized cases and deaths among cases reported in calendar weeks 10 to 28. The percentage of deaths in weeks 26 and 27 are not yet meaningful, as the outcome is not yet known for all cases.

The depiction of notified COVID-19 cases in Germany according to age groups and reporting week, shows a continuous and distinct relative decrease among the over 80 year olds from reporting week 17 to reporting week 24, accompanied by a decrease in absolute case numbers that persisted in the ensuing weeks. The proportion of cases in the younger age groups up to 29 years of age increased from week 17 to week 24 (Figure 4), with only small fluctuations since then. Absolute case numbers in children and adolescents under 20 years of age increased up to week 15, after which they continuously decreased until week 21. After plateauing until week 24, they increased markedly in almost all age groups in week 25, only to decrease again in the two following weeks. The increase of cases in week 25 is related to a major outbreak in a meat processing plant. This particularly affected persons are in the 30-49 age group (see Figure 4).

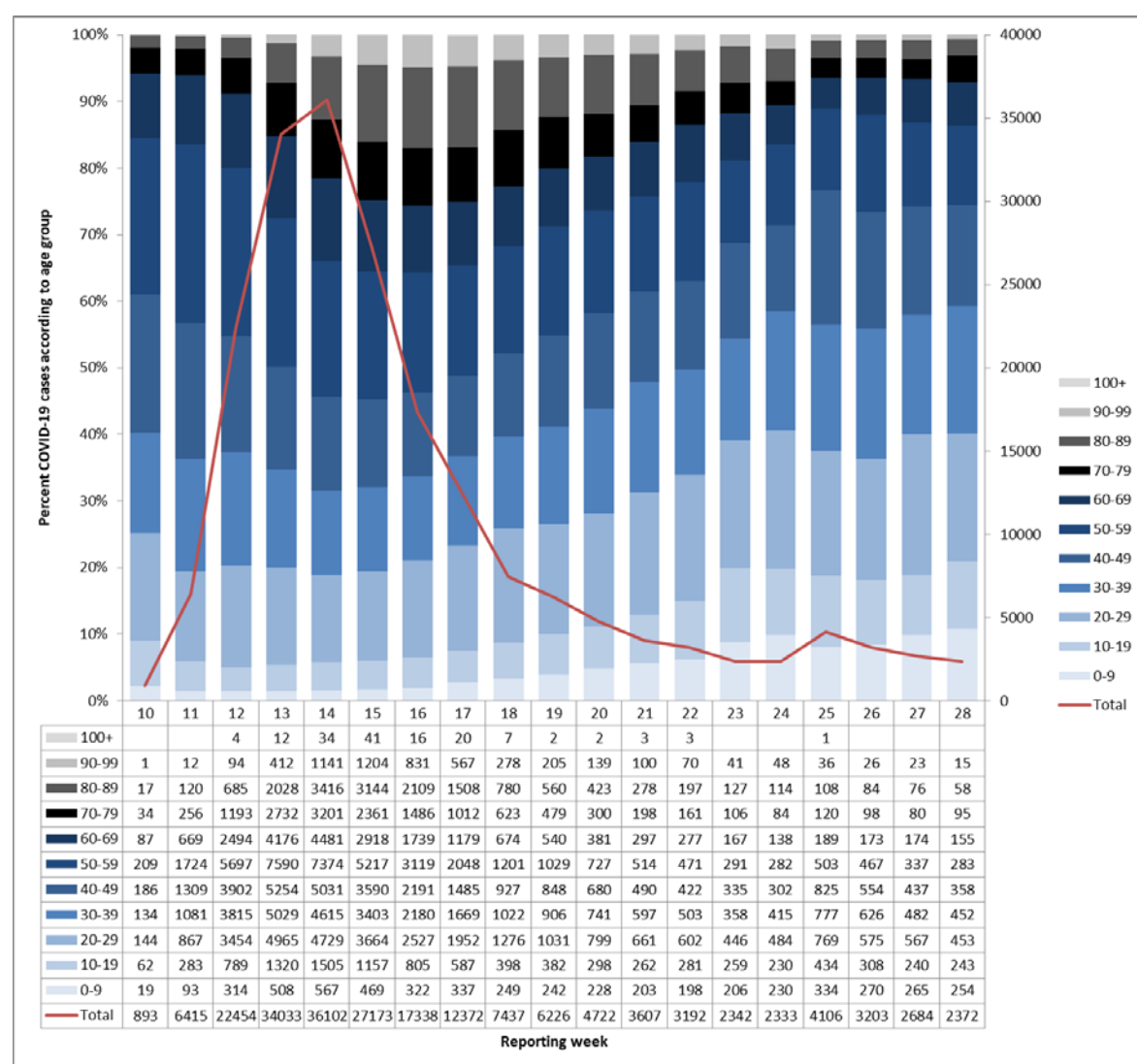


Figure 4: Percent of notified COVID-19 cases by age group and reporting week (n=198,877 cases with respective data in the weeks 10 to 28 (14/07/2020 12:00 AM)). The total number of weekly cases is depicted by the red line.

Clinical aspects

Information on symptoms is available for 170,228 (85%) of the notified cases. Common symptoms are cough (48%), fever (40%) and rhinorrhoea (21%). Pneumonia was reported in 5,129 cases (3.0%). 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 3,987 of 26,749 cases (15%).

Hospitalisation was reported for 29,778 (17%) of 173,872 COVID-19 cases with information on hospitalisation status.

Approximately 185,500 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.

In total, 9,068 COVID-19-related deaths have been reported in Germany (4.6% of all confirmed cases). Of these, 5,010 (55%) are men and 4,051 (45%) are women (see Table 2), the gender was unknown in five cases). The median age was 82 years. Of all deaths, 7,760 (86%) were in people aged 70 years or older, but only 18% of all cases were in this age group. So far, three deaths among COVID-19 cases under 20 years of age have been reported to the RKI. Pre-existing medical conditions were reported for all three.

Table 3: Number of notified COVID-19 deaths by age group and gender electronically reported to RKI (Data available for 9,063 of notified deaths; 14/07/2020, 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		2	6	17	54	236	642	1,374	2,105	567	7
Female	1		3	6	22	85	232	670	1,905	1,085	44
Total	1	2	9	23	76	321	874	2,044	4,010	1,652	51

Occupation, accommodation or care in facilities

In accordance with the Protection Against Infection Act, 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 electronically reported to RKI (198,223* cases, no data available for 49,386 cases; 14/07/2020, 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	3.482	2.503	646	2.700
	Occupation in facility	14.026	639	20	13.900
§ 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*	3.549	73	1	3.300
	Occupation in facility	2.803	148	7	2.700
§ 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	18.233	4.120	3.580	14.400
	Occupation in facility	10.040	423	43	9.900
§ 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	4.749	200	5	4.600
Neither cared for, accommodated in nor working in a facility		91,955	16,137	3,461	86,600

*for care according to § 33 IfSG only cases under 18 years of age are taken into account, as other information may be assumed to be incorrect.
IfSG: Protection Against Infection Law

The number of COVID-19 cases was highest among persons cared for or employed in medical and other care facilities according to §23 and §36 IfSG (Table 3). The number of deaths was particularly high among persons cared for in these facilities. Among the cases reported as working in medical facilities, 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 (Section 36 IfSG) is consistent with numerous reported outbreaks, especially in nursing homes. The low number of cases among persons who attend or work in facilities providing child care or education (Section 33 IfSG) reflects the low incidence in children observed thus far. The increase in the number of cases among persons working in the food sector (§42) is largely due to outbreaks in meat processing plants.

Outbreaks

A high 7-day incidence with exactly or more than 25 cases per 100,000 inhabitants was observed in [two](#) districts: the districts of Guetersloh (North Rhine-Westphalia) and [Bad Toelz-Wolfrathshausen](#) (Bavaria).

[In the district of Bad Toelz-Wolfrathshausen a higher incidence of cases was observed in two refugee facilities. Appropriate containment measures were promptly implemented.](#)

The high but slowly decreasing 7-day incidence in this district is due to an outbreak in a meat processing plant. More than 1,500 employees were tested positive for SARS-CoV-2. The first employees were discharged from quarantine 14 days after being tested positive for SARS-CoV-2 and 48 hours after resolution of symptoms.

A few COVID-19 outbreaks continue to be reported in nursing homes and hospitals, refugee facilities as well as religious communities.

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 vary greatly. Therefore, a nowcasting approach is applied to model the true temporal progression of COVID-19 cases according to illness onset. Figure 54 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.

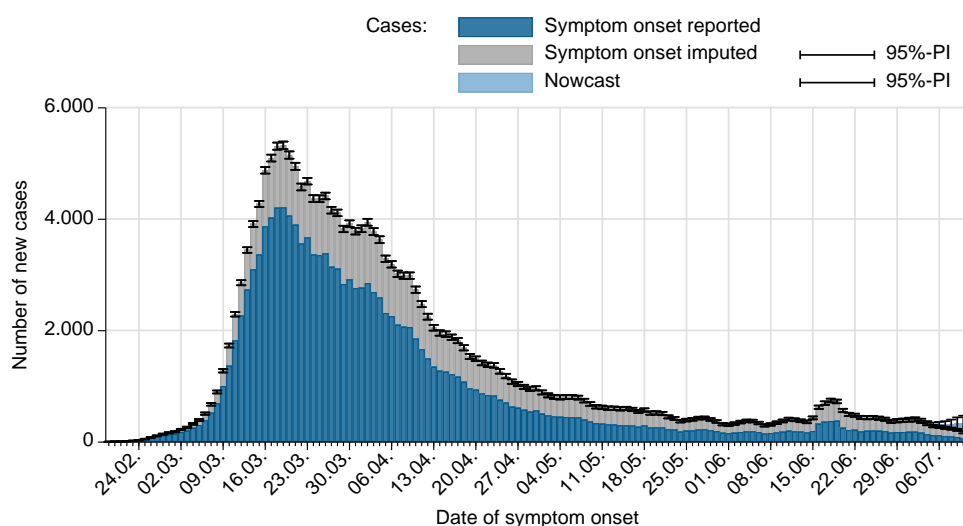


Figure 5: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (light blue) (as of 14/07/2020, 12 AM, taking into account cases up to 10/07/2020).

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 therapid detection of many additional COVID-19 cases. This can lead to relatively large fluctuations in the estimated R -value, especially if – as is currently the case in Germany – the total number of new cases is small.

The current estimate of the 4-day R -value is **1.06** (95%-prediction interval: **0.81 – 1.26**) and is based on electronically notified cases as of 14/07/2020, 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 **0.91** (95% prediction interval: **0.79 – 1.03**) and is based on electronically notified cases as of 14/07/2020, 12:00 AM.

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 7day 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

A registry of the German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI), the RKI and the German Hospital Federation (DKG) was established to document intensive care capacity as well as the number of COVID-19 cases treated in participating hospitals

(<https://www.intensivregister.de/#/intensivregister>). The DIVI intensive care register documents the number of available intensive care beds in the reporting hospitals on a daily basis. Since 16/04/2020, all hospitals with intensive care beds are required to report.

As of 14/07/2020, a total of 1,268 hospitals or departments reported to the DIVI registry. Overall, 32,361 intensive care beds were registered, of which 21,009 (63%) are occupied, and 11,352 beds (37%) are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 5.

Table 5: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (14/07/2020, 12:15 AM).

	Number of patients	Percentage	Change to previous day*
Currently in ICU	266		+2
- of these: mechanically ventilated	125	47%	-5
Discharged from ICU	15.035		+94
- of these: deaths	3.744	25%	+8

*The interpretation of these numbers must take into account the slightly changing number of reporting hospitals (with large differences in their number of beds) from day to day. This can explain the observed decrease in the cumulative number of discharged

Risk Assessment by the RKI

General assessment

At the global and the national level, the situation is very dynamic and must be taken seriously. The number of newly reported cases has been declining since mid of March. Currently, many districts are transmitting very few or no cases to the RKI. The RKI currently assesses the risk to the health of the German population overall as **high** and as **very high** for risk groups. This assessment may change at short notice based on new insights.

Infection risk

The risk of infection depends heavily on the regional spread, living conditions and also on individual behaviour.

Disease severity

In most cases, the disease is mild. The probability of progression towards serious disease increases with increasing age and underlying illnesses.

Burden on health system

The burden on the health care system depends on the geographical distribution of cases, health care capacity and initiation of containment measures (isolation, quarantine, physical distancing etc.). The burden is currently low in many regions, but may be high in some locations.

Measures taken by Germany

- 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 in the daily situation reports and 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)