ROBERT KOCH INSTITUT

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

20/05/2020 - UPDATED STATUS FOR GERMANY

Confirmed cases	Deaths	Deaths (%)	Recovered
176,007 (+ 797*)	**8,090** (+ 83*)	**4.6%**	**ca. 156,900****

**Change from previous day; **Estimate*

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

Summary (as of 20/05/2020, 12:00 AM)

- In total, 176,007 COVID-19 cases and 8,090 deaths due to COVID-19 have been electronically reported to the Robert Koch Institute in Germany.
- The cumulative incidence (cases per 100,000) of COVID-19 is currently highest in Bavaria (350), Baden-Wuerttemberg (308), Hamburg (274) and Saarland (273).
- Most cases (67%) are between 15 and 59 years old. Women (52%) and men (48%) are almost equally affected.
- People aged 70 years or older account for 86% of deaths but only 19% of all cases.
- COVID-19 outbreaks continue to be reported in nursing homes and hospitals, e.g in the districts of Greiz and Sonneberg in Thuringia, and in the district of Coburg in Bavaria.
- In addition, COVID-19 outbreaks among workers of meat processing plants have been reported in several federal states, among others in North Rhine-Westphalia and Bavaria.

Epidemiological Situation in Germany

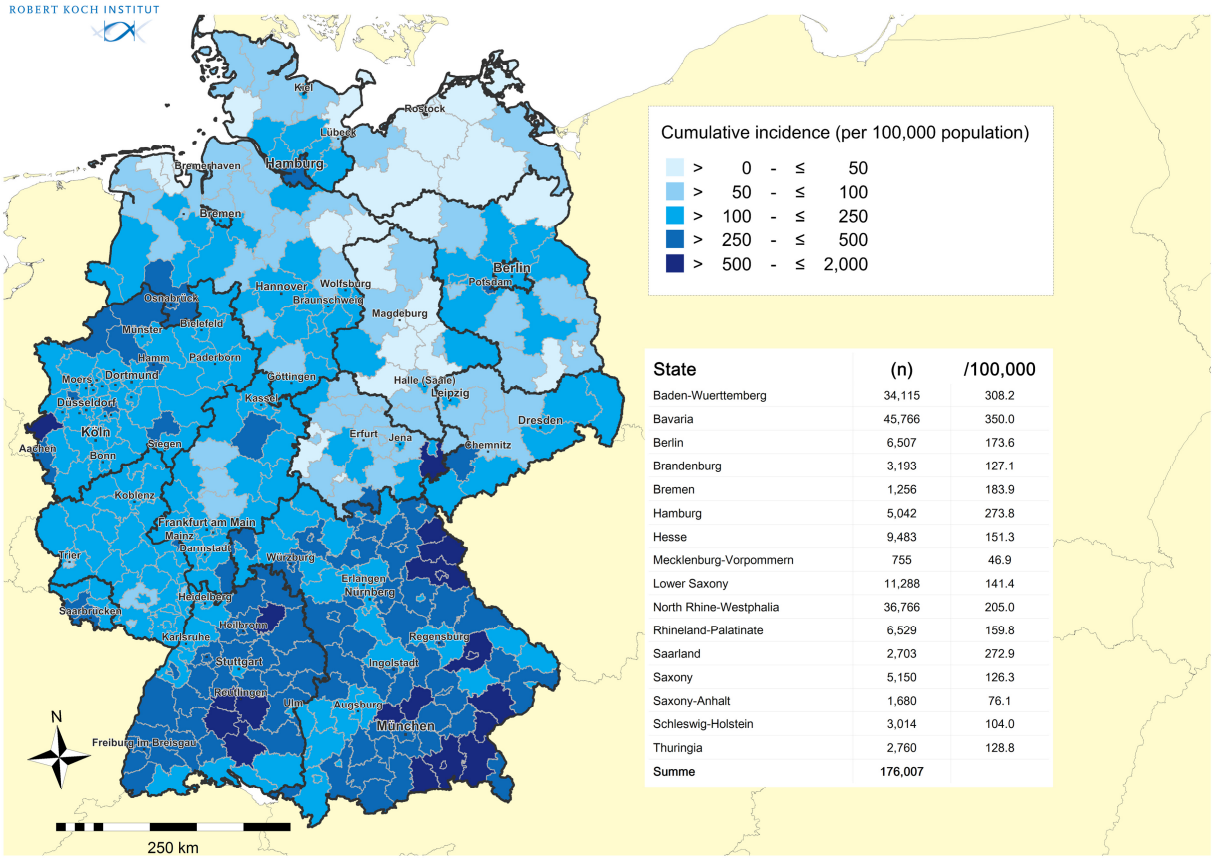
Geographical distribution of cases

Epidemiological analyses are based on validated cases notified electronically to the Robert Koch Institute (RKI) in line with the Protection Against Infection Law (Data closure: 12:00 AM daily). Since January 2020, a total of 176,007 (+797) laboratory-confirmed cases of coronavirus disease 2019 (COVID-19) have been electronically reported to and validated by the RKI, including 8,090 deaths (see Table 1 and Figure 1). Information on 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 notified laboratory-confirmed COVID-19 cases and deaths for each federal state, Germany (20/05/2020, 12:00 AM). * No data were transmitted from Rhineland-Palatinate yesterday.

Federal State	Total Number of cases	Number of new cases	Cases/ 100,000 pop.	Cases in the last 7 days	7-day incidence	Number of deaths	Number of deaths/ 100,000 pop.
Baden-Wuerttemberg	34,115	81	308	455	4,1	1,672	15
Bavaria	45,766	127	350	823	6,3	2,339	18
Berlin	6,507	29	174	182	4,9	186	5
Brandenburg	3,193	8	127	44	1,8	151	6
Bremen	1,256	19	184	132	19,3	38	6
Hamburg	5,042	0	274	41	2,2	236	13
Hesse	9,483	115	151	368	5,9	446	7
Mecklenburg-Western Pomerania	755	3	47	19	1,2	20	1
Lower Saxony	11,288	81	141	269	3,4	557	7
North Rhine-Westphalia	36,766	281	205	1,175	6,6	1,537	9
Rhineland-Palatinate	6,529	9	160	160	3,9	222	5
Saarland	2,703	4	273	31	3,1	154	16
Saxony	5,150	17	126	132	3,2	198	5
Saxony-Anhalt	1,680	1	76	25	1,1	54	2
Schleswig-Holstein	3,014	12	104	39	1,3	131	5
Thuringia	2,760	10	129	107	5,0	149	7
Total	**176,007**	**797**	**212**	**4,002**	**4,8**	**8,090**	**10**

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



State	(n)	/100,000
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Summe	176,007	

Figure 1: Number and cumulative incidence (per 100,000 population) of the 176.007 electronically reported COVID-19 cases in Germany by county and federal state (20/05/2020, 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. When the the onset of symptoms is unknown, the date of reporting is provided (55,190 cases).

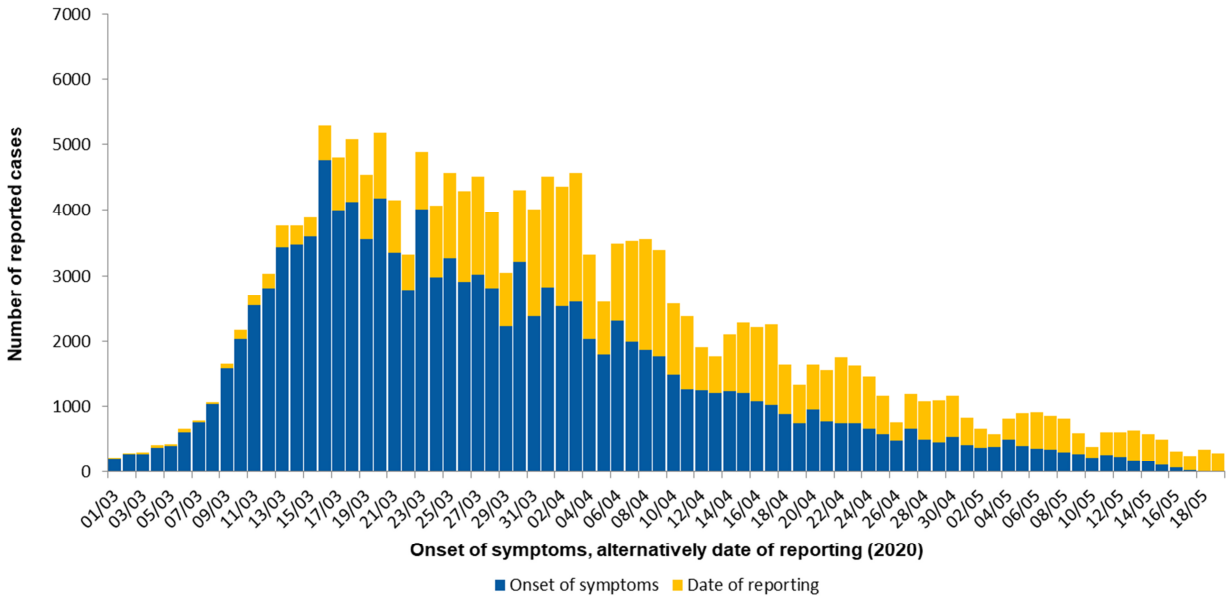

Figure 2: Number of electronically reported COVID-19 cases in Germany by date of symptom onset and by date of reporting from 01/03/2020 (20/05/2020, 12:00 AM).

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 notified cases, 3,405 were children under 10 years of age (1.9%), 7,680 children and teenagers aged 10 to 19 years (4.4%), 75,862 persons aged 20 to 49 years (43%), 55,352 persons aged 50 to 69 years (31%), 28,545 persons aged 70 to 89 years (16%) and 5.041 persons aged 90 years and older (2.9%). The age is unknown in 129 notified cases. The mean age of cases is 49 years (median age 50 years). The highest incidences are seen in persons aged 90 years and older (

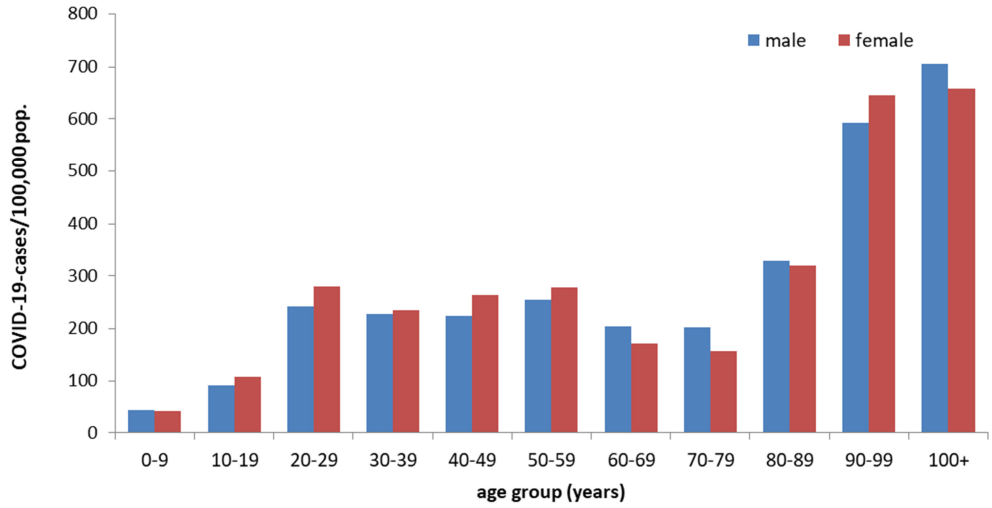

Figure 3).

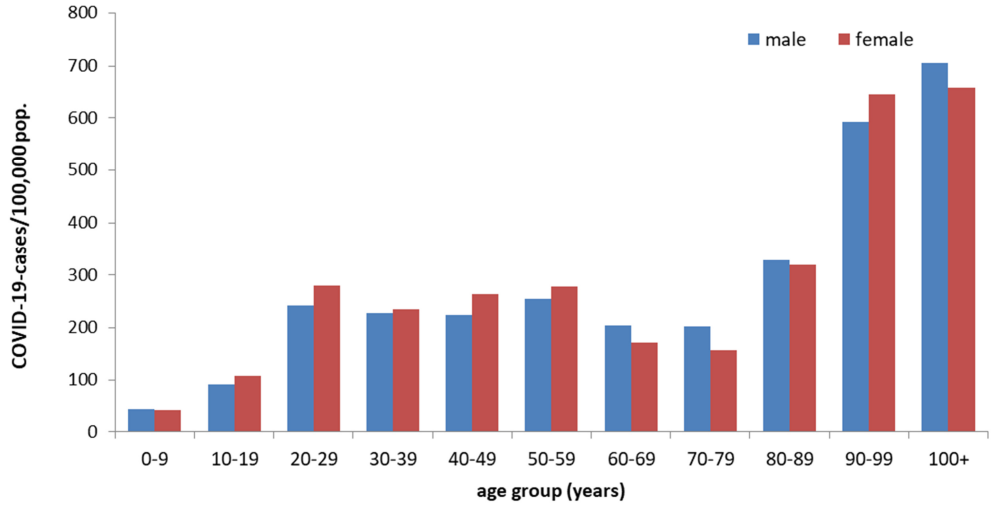

Figure 3: Electronically reported COVID-19 cases/100,000 population in Germany by age group and gender (n=175,530) for cases with information available (20/05/2020, 12:00 AM).

Clinical aspects

Information on symptoms is available for 147,398 (84%) of the notified cases. Common symptoms are cough (49%), fever (41%) and rhinorrhoea (21%). Pneumonia was reported in 4,348 cases (2.9%). Hospitalisation was reported for 26,221 (18%) of 147,385 COVID-19 cases with information on hospitalisation status. Since calendar week 17, cases are reported to the RKI as a distinct COVID-19 surveillance category. Since then, loss of smell and taste can also be entered as symptoms. At least one of these two symptoms was reported in 1,515 of 10,095 cases (15%).

Approximately 156,900 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 the number of recovered cases.

In total, 8,090 COVID-19-related deaths have been reported in Germany (4.6% of all confirmed cases). Of these, 4,483 (55%) are men and 3,602 (45%) are women (see

Table 2; gender was unknown in five cases). The median age was 82 years. Of all deaths, 6,975 (86%) were in people aged 70 years or older, but only 19% 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 2: Number of notified COVID-19 deaths by age group and gender (Data available for 8,085 of notified deaths; 20/05/2020, 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	13	42	205	554	1,225	1,911	520	5
Female	1		2	6	16	69	197	589	1,723	954	45
Total	**1**	**2**	**8**	**19**	**58**	**274**	**751**	**1,814**	**3,634**	**1,474**	**50**

Occupation, accommodation or care in facilities

In accordance with the Protection Against Infection Law (IfSG), the RKI receives information on occupation, accommodation or care in a facility relevant for infection control for reported COVID-19 cases (see Table 3).

Since information on care/attendance, accommodation and occupation in these facilities is missing in 30% of cases, the proportion of cases cared for, accommodated or working in these facilities shown here should be considered minimums values. Among the COVID-19 cases reported as being cared for/attending, accommodated in or working in all of the above mentioned facilities, the proportion of cases that actually acquired their infection in these settings is unknown.

Until now, 12,064 cases with a SARS-CoV-2 infection have been notified among staff working in medical facilities as defined by Section 23 IfSG. Among the cases reported as working in medical facilities, 73% were female and 27% male. The median age was 41 years, 19 persons died.

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 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.

Table 3: Notified COVID-19-cases according to possible occupation, accommodation or care in facilities relevant for transmission of infectious diseases (175,086* cases, no data available for 52,922 cases; 20/05/2020, 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	2,754	1,903	516	1,900
	Occupation in facility	12,064	556	19	11,500
§ 33 IfSG (e.g. day care facilities, kindergartens, facilities for after school care, schools or other educational facilities, children's	Cared for / accommodated in facility	1,996*	55	1	1,900
	Occupation in facility	2,344	111	7	2,200

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

homes, holiday camps)					
§ 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	15,251	3,427	3,049	10,500
	Occupation in facility	8,682	370	43	8,100
§ 42 IfSG (e.g. kitchens in the catering trade, in inns, restaurants, canteens, cafés, or other establishments with or for communal catering)	Occupation in facility	2,117	140	55	1,600
Neither cared for, accommodated in nor working in a facility		76,956	13,957	3,023	70,900

*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

Outbreaks

Currently, COVID-19 outbreaks are ongoing in nursing homes and medical facilities in the districts of Greiz and Sonneberg, Thuringia, and the district of Coburg, Bavaria, where the 7-day-incidence is elevated. Control and screening measures have been implemented.

A Covid-19 outbreak among workers of a meat processing plant occurred in the districts of Straubing/Straubing-Bogen in Bavaria (7-day incidence is currently at 54 and 46 cases per 100,000 inhabitants, repectively). Control measures were implemented, including screening of all staff and contact tracing.

Another COVID-19 outbreak occurred in a meat processing plant in the district of Coesfeld in North Rhine-Westphalia, where the 7-day incidence is currently at 20 cases per 100,000 inhabitants. The lifting of selected lock down measures was postponed to the 18/05/2020. Processing of meat has restarted partially on 19/05/2020.

A further outbreak has been reported among workers of a meat processing plant in the district of Osnabrück (>90 positive among 278 workers tested thus far), many of whom were hired by the same subcontractor that hired workers for the plant in Coesfeld. Isolation of cases and contacts as well as control measures in the plant were implemented.

In an outbreak at a German Parcel Service (DPD) branch in the district of Heinsberg, >80 cases of COVID-19 were detected among the approximately 400 workers, all of whom were tested. Extensive contact tracing is ongoing. The current 7-day COVID-19 incidence in this district is 26 cases/100,000 inhabitants.

In the city of St. Augustin in the district Rhein-Sieg-Kreis, a COVID-19 outbreak occurred among the 312 inhabitants of a refugee home. On 19.05.2020, the number of people infected was 165, of which 152 were residents and 13 employees. All infected residents are accommodated in separate parts of the housing and so far show only weak or no symptoms at all.

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 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 4 shows the result of this analysis.

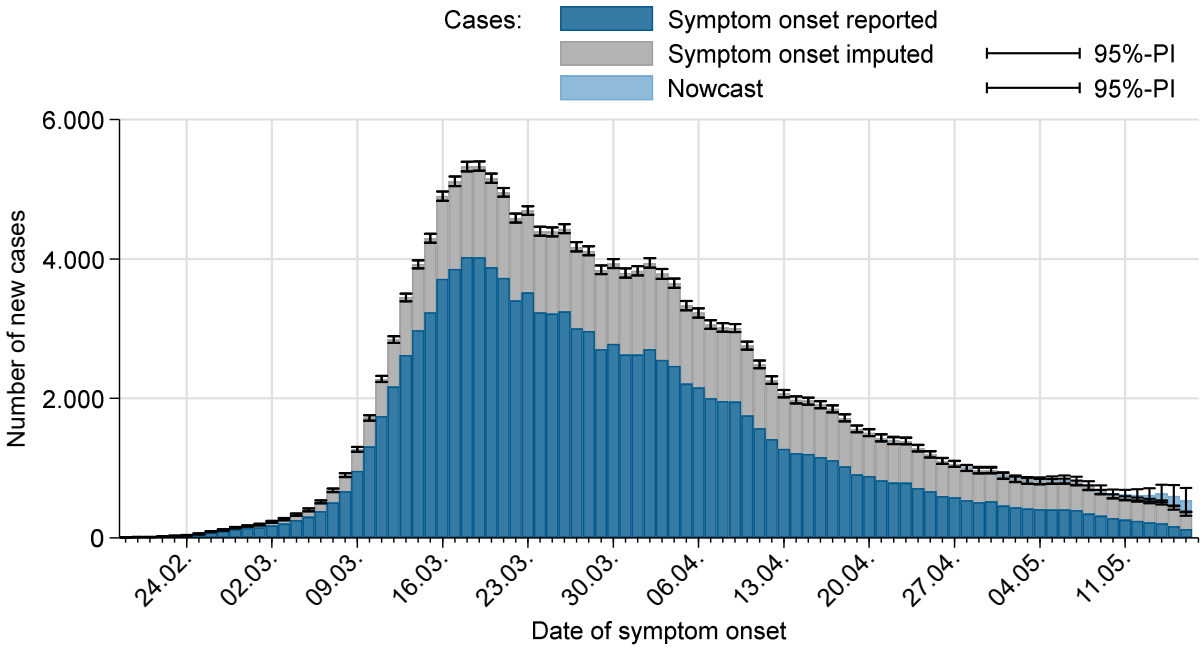

Figure 4: Display of cases with known onset of the disease (dark blue), estimated onset of the disease for cases where the onset of the disease has not beed reported (grey) and estimated course of already symptomatic cases (light blue) (as of 20/05/2020 12 AM, taking into account cases up to 16/05/2020).

The reproduction number, R, is defined as the mean number of people infected by an infected person. R can only be estimated based on statistical analyses such as nowcasting and not directly extracted from the notification system.

The R-value reported to date reflects the trend in the number of incident cases with a high degree of sensitivity. This value is thus sensitive to short-term changes in the number of cases - such as those caused by individual outbreaks - which can lead to relatively large fluctuations, especially if the total number of new cases is relatively low. In addition to this sensitive R-value, the RKI therefore now provides a second, more stable 7-day R-value, which is based on data from a longer time period and is therefore less subject to short-term fluctuations. Thus, it reflects trends more reliably, but is based on infections that occurred on average earlier than those on which the more sensitive R-value is based.

Both R-values are estimated on the basis of nowcasting. The nowcasting predicts the number of cases with illness onset up to the date of 4 days ago, as no reliable prediction can be made about the number of new cases in the last 3 days.

The sensitive R-value reported so far can be estimated using a moving 4-day average of the number of incidenct cases as estimated by nowcasting. It compares the 4-day mean of incident cases on one day with the corresponding mean 4 days before. Thus, taking into account that infection occurs four to six days before the onset of symptoms, the daily sensitive R-value represents the course of infection approximately one to two weeks ago. The current estimate is R= 0.88 (95% prediction interval: 0.73 – 1.05) and is based on electronically notified cases as of 20/05/2020, 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. The 7-day R-value then compares the 7-day average of the new cases on one day with the 7-day average four days earlier. The 7-day R thus 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 0.87 (95% predictation interval: 0.79 - 0.95) and is based on electronically notified cases as of 20/05/2020, 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 R-value is also available there. More general information and sample calculations for both R-values can also be found in our FAQs (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 20/05/2020, a total of 1,273 hospitals or departments reported to the DIVI registry. Overall, 32,251 intensive care beds were registered, of which 20,372 (63%) are occupied, and 11,879 beds (37%) are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 4.

Table 4: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (20/05/2020, 9:15 AM).

	Number of patients	Percentage	Change to previous day
Currently in ICU	1,045		-70
- of these: mechanically ventilated	672	64%	-44
Discharged from ICU	12,478		+229
- of these: deaths	3,335	27%	+46

Surveys on SARS-CoV-2 laboratory tests in Germany

In order to assess the SARS-CoV-2 test numbers, data from university hospitals, research institutions as well as clinical and outpatient laboratories throughout Germany are merged weekly at the RKI. These are transmitted via an internet-based RKI test laboratory survey, via the network for respiratory viruses (RespVir), via the laboratory-based SARS-CoV-2 Surveillance established at the RKI (an extension of the Antibiotic Resistance Surveillance (ARS)) and via the enquiry of a professional association of laboratory medicine.

Since the beginning of testing in Germany up to and including week 20/2020, 3,595,059 laboratory tests have been recorded to date, 204,757 of which have tested positive for SARS-CoV-2.

Up to and including week 20, 220 laboratories have registered for the RKI test laboratory survey or in one of the other transmitting networks and communicate mainly on a weekly basis. Since laboratories can register the tests of the previous calendar weeks at a later date, it is possible that the numbers determined will increase subsequently. It should be noted that the number of tests is not the same as the number of persons tested, as the data may include multiple tests of patients (see Table 5).

Table 5: Number of SARS-CoV-2-laboratory tests in Germany (as of 19/05/2020)

Weeks 2020	Number tests	Tested positiv	Number of reporting laboratories
Up until week 11	124,716	3,892 (3,1%)	90
week 11	127,457	7,582 (5,9%)	114
week 12	348,619	23,820 (6,8%)	152
week 13	361,515	31,414 (8,7%)	151
week 14	408,348	36,885 (9,0%)	154
week 15	379,233	30,728 (8,1%)	163
week 16	330,027	21,993 (6,7%)	167
week 17	361,999	18,052 (5,0%)	177
week 18	325,259	12,585 (3,9%)	174
week 19	402,044	10,746 (2,7%)	181
week 20	425,842	7,060 (1,7%)	176
sum	**3,595,059**	**204,757 (5,7%)**	

Assessment by the RKI

At the global and the national level, the situation is very dynamic and must be taken seriously. Severe and fatal courses occur in some cases. The number of newly reported cases, hospitalisations and fatalities in Germany is decreasing. The RKI currently assesses the risk to the health of the German population overall as **high** and as **very high** for risk groups. The probability of serious disease progression increases with increasing age and underlying illnesses. The risk of disease varies from region to region. The burden on the health care system depends on the geographical and age distribution of cases, health care capacity and initiation of containment measures (isolation, quarantine, physical distancing etc.), and may be very high in some geographical regions. This assessment may change on short notice as a result of new findings.

Measures taken by Germany

- For persons entering Germany from EU countries, Schengen-associated countries or the UK the federal and state governments recommend quarantine if the country of origin has a high COVID-19 incidence (>50 cases/100,000 inhabitants in the past 7 days). https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Quarantaene_Einreisen_Deutschland.html *(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/.
- RKI teams are currently supporting outbreak containment measures with a focus on outbreaks in retirement and health care homes as well as hospitals in several federal states.

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

- A distance of 1.5 metres to other indivduals 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)*
- German parliament passes second law to protect the population in the event of an epidemic situation of national importance on 14/05/2020 *(in German)* https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/2020/2-quartal/covid-19-bevoelkerungsschutz-2.html
- A new federal law was implemented on 28/03/2020 for the protection of the public in the event of epidemic situations, granting the federal government additional competencies for the control of epidemics: https://www.bundesgesundheitsministerium.de/presse/pressemitteilungen/2020/1-quartal/corona-gesetzespaket-im-bundesrat.html *(in German)*
- On 15/04/2020, the German government and the federal states agreed to gradually reduce physical distancing measures https://www.bundesregierung.de/breg-de/themen/coronavirus/fahrplan-corona-pandemie-1744202 (*in German*)