



Coronavirus Disease 2019 (COVID-19)

Daily Situation Report of the Robert Koch Institute

12/02/2021 - UPDATED STATUS FOR GERMANY

Confirmed cases		7-day incidence (7-di)			Vaccination monitoring	DIVI-Intensive care register
Total ¹	Active cases ²	Total population	No. of districts with 7-di > 50/100,000 pop		No. of vaccinations reported in last 24h ⁴	Change to previous day for cases currently in ICU
+9,860 (2,320,093)	-4,100 [ca. 154,900]	62 cases/ 100,000 pop	-10 [269/412]		+66,629 1 st vaccination +65,168 2 nd vaccination	-123 [3,552]
Recovered ³	Deaths	60-79 years	80+ years	No. of districts with 7-di > 100/100,000 pop	Total no. of vaccinated with one/two vaccine dose/s and share of population ⁴	Completed ICU treatment; thereof deceased [%]
+13,500 (ca. 2,101,000)	+556 (64,191)	48 cases/ 100,000 pop	100 cases/ 100,000 pop	-6 [44/412]	N1: 2,556,697 (3.1%) N2: 1,253,306 (1.5%)	+414 31%

Numbers in () brackets show cumulative values, numbers in [] brackets show current values. Footnotes can be found in the Annex.

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 12/02/2021, 12:00 AM)

- Currently, the number of transmissions in the population in Germany remains high. RKI assesses the level of threat to the health of the general population to be **very high**.
- Yesterday, **9,860** new laboratory-confirmed COVID-19 cases as well as **556** new deaths associated with COVID-19 were transmitted to the RKI. The national 7-day incidence is **62** cases per 100,000 population. In Brandenburg, Saarland, Saxony-Anhalt, and Thuringia it is considerably above the national incidence.
- In **269** of the 412 districts, the 7-day COVID-19 incidence is high (>50 cases/100,000 population). In **44** districts, the 7-day incidence is >100 cases/100,000 population and in **1** of these districts it is >250-500 cases/100,000 population.
- The 7-day incidence among people aged 60-79 years is currently **48** and of people aged ≥80 years, **100** cases/100,000 population.
- The high nationwide number of cases is caused by increasingly diffuse transmission, with numerous clusters especially in households, occupational settings and nursing and long-term care homes.
- On **12/02/2021 (12:15 PM)** **3,552** COVID-19 patients were in intensive care. In the preceding 24 hours, **+414** existing patients had been discharged (**31%** of whom had died) and **+291** patients were newly admitted. The resulting number of cases under treatment was **123** less than the prior day.
- Since 26/12/2020 a total of **2.556.697** people in Germany have been vaccinated at least once (vaccination rate **3.1%**) and **1.253.306** people twice (vaccination rate **1.5%**) against COVID-19 (<http://www.rki.de/covid-19-impfquoten>).
- In this situation report, the following additional information is given: [mortality monitoring](#)

Epidemiological Situation in Germany

In accordance with the international standards of WHO¹ and ECDC², the RKI classifies all cases of laboratory confirmation via SARS-CoV-2-nucleic acid based (e.g. PCR) detection or SARS-CoV-2 isolation as COVID-19 cases, regardless of the presence and severity of clinical symptoms. 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 sharp rise in case numbers at the beginning of December, a decrease during the holidays and an increase in the first week of January the case numbers have been slowly decreasing since mid-January.

The 7-day R-value is currently below 1. Despite the current reduction in cases, the risk of a renewed increase in case numbers remains high due to the occurrence of several variants of concern.

Outbreaks are being reported from various districts throughout Germany, currently particularly in nursing and long-term care homes, occupational settings, and households. Additionally, in many districts, there is an increasingly diffuse spread of SARS-CoV-2 without traceable transmission chains.

Since patients in older age groups more often suffer from more severe illness due to COVID-19, the number of serious cases and deaths remains at a high level. These can only be avoided if all persons prevent the spread of the SARS-CoV-2 virus with the help of infection control measures.

It is therefore still necessary for the entire population to be committed to infection prevention and control, e.g. by consistently observing rules of distance and hygiene - also outdoors -, by ventilating indoor spaces and, where indicated, by correctly wearing a surgical mask or FFP2 mask (or N95 or KN95 respectively). Crowds of people - especially indoors - should be avoided.

Several variants of SARS-CoV-2 are currently being detected worldwide. Since mid-December there have been reports of the increasing spread of a new virus variant (B.1.1.7) in the United Kingdom. There is increasing clinical-diagnostic as well as epidemiological evidence of increased infectiousness of this variant. Additionally, there are initial indications from the United Kingdom that infections with variant B.1.1.7 may lead to more severe diseases. Moreover, in December 2020, an increased occurrence of a SARS-CoV-2 variant in South Africa (B.1.351) was reported, which has displaced other variants. Therefore, an increased infectiousness is conceivable. Preliminary laboratory studies indicate that the efficacy of the licensed mRNA vaccines is apparently not substantially affected by the variants B.1.1.7. and B.1.351. Additionally, a SARS-CoV-2 variant derived from line B.1.1.28 is circulating in the Brazilian state of Amazonas. Non-essential travel should be avoided – especially due to the circulation of new virus mutations.

All three variants have already been detected in Germany. With increased sequencing and data acquisition in the German Electronic Sequence Data Hub (DESH - https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/DESH/DESH.html) the infection process is increasingly monitored through integrated molecular surveillance.

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 **2,320,093 (+9,860)** laboratory-confirmed cases of COVID-19 have been reported to and validated by the RKI (Table 1).

Table 1: Number and cumulative incidence (per 100,000 population) of laboratory-confirmed COVID-19 cases and deaths for each federal state electronically reported to RKI, Germany (12/02/2021, 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	Cumulative cases			Last 7 days		Cumulative deaths	
	Total number of cases	Number of new cases	Cases/ 100,000 pop.	Cases in the last 7 days	7-day incidence/ 100,000 pop.	Number of deaths	Number of deaths/ 100,000 pop.
Baden-Wuerttemberg	304,257	924	2,741	5,927	53	7,675	69.1
Bavaria	418,456	1,670	3,188	8,197	62	11,547	88.0
Berlin	124,134	485	3,383	2,119	58	2,574	70.1
Brandenburg	72,569	374	2,878	1,932	77	2,760	109.4
Bremen	16,797	80	2,466	444	65	306	44.9
Hamburg	48,458	193	2,623	1,066	58	1,178	63.8
Hesse	179,467	687	2,854	3,945	63	5,398	85.8
Mecklenburg-Western Pomerania	21,928	167	1,364	1,072	67	614	38.2
Lower Saxony	151,569	1,139	1,896	4,814	60	3,773	47.2
North Rhine-Westphalia	506,531	1,881	2,822	10,640	59	11,963	66.7
Rhineland-Palatinate	97,141	380	2,373	2,152	53	2,846	69.5
Saarland	27,281	99	2,764	718	73	805	81.6
Saxony	186,520	520	4,581	2,892	71	7,044	173.0
Saxony-Anhalt	55,787	338	2,542	1,733	79	2,068	94.2
Schleswig-Holstein	39,144	366	1,348	1,786	62	1,101	37.9
Thuringia	70,054	557	3,284	2,259	106	2,539	119.0
Total	2,320,093	9,860	2,790	51,696	62	64,191	77.2

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.

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 1,180,522 cases (51 %) thus their date of reporting is provided in Figure 1.

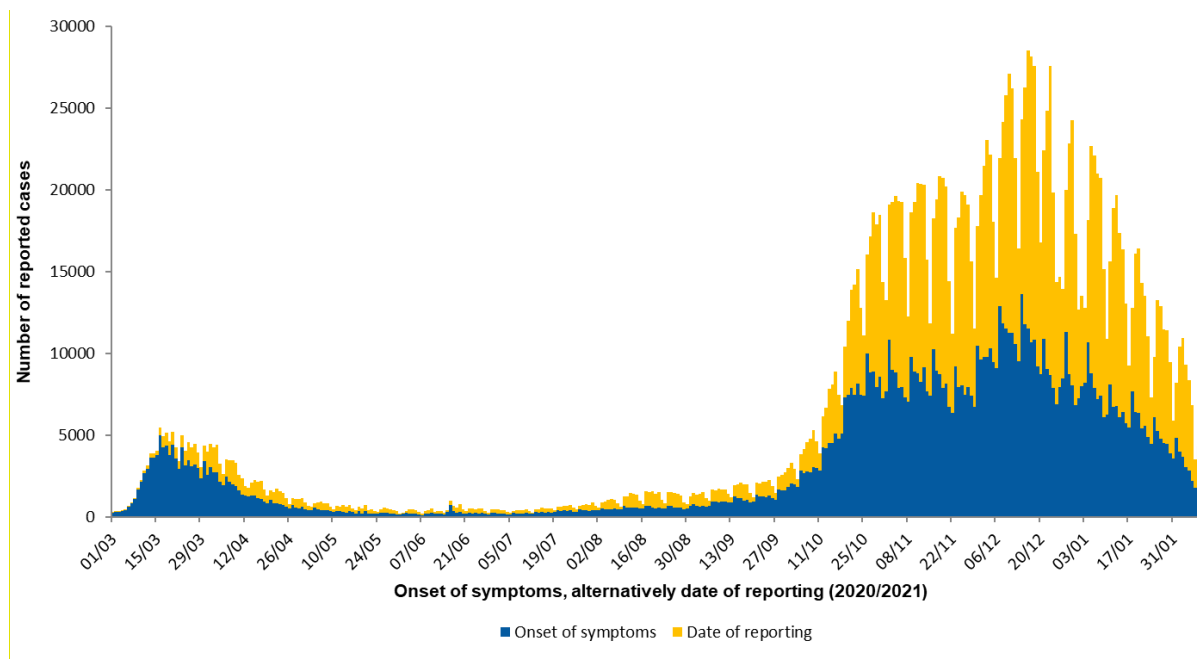


Figure 1: Number of COVID-19 cases in Germany electronically reported to the RKI by the date of symptoms onset or – if unknown – alternatively by date of reporting since 01/03/2020 (12/02/2021, 12:00 AM).

Estimation of the reproduction number (R)

The reproduction number, R , is defined as the mean number of people infected by one infected person. The estimation of the R -value is based on the so-called nowcasting (Figure 2), a statistical procedure that shows the development of the number of cases after the onset of the disease and also forecasts it for the last few days. This forecast is subject to uncertainty, which is also reflected in the prediction intervals given for the R -value. After other case reports have been received at the RKI, the R -value is adjusted for the past days and, if necessary, corrected upwards or downwards. In recent weeks, values reported at the beginning of a week were typically corrected slightly upwards. They had thus slightly underestimated the real COVID-19 events in Germany, values estimated towards the end of a week were more stable. The currently estimated course of the R -value is shown in Figure 3.

4-day R-value	7-day R-value
0.79	0.87
(95%-prediction interval: 0.67 – 0.88)	(95%-prediction interval: 0.81 – 0.93)

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

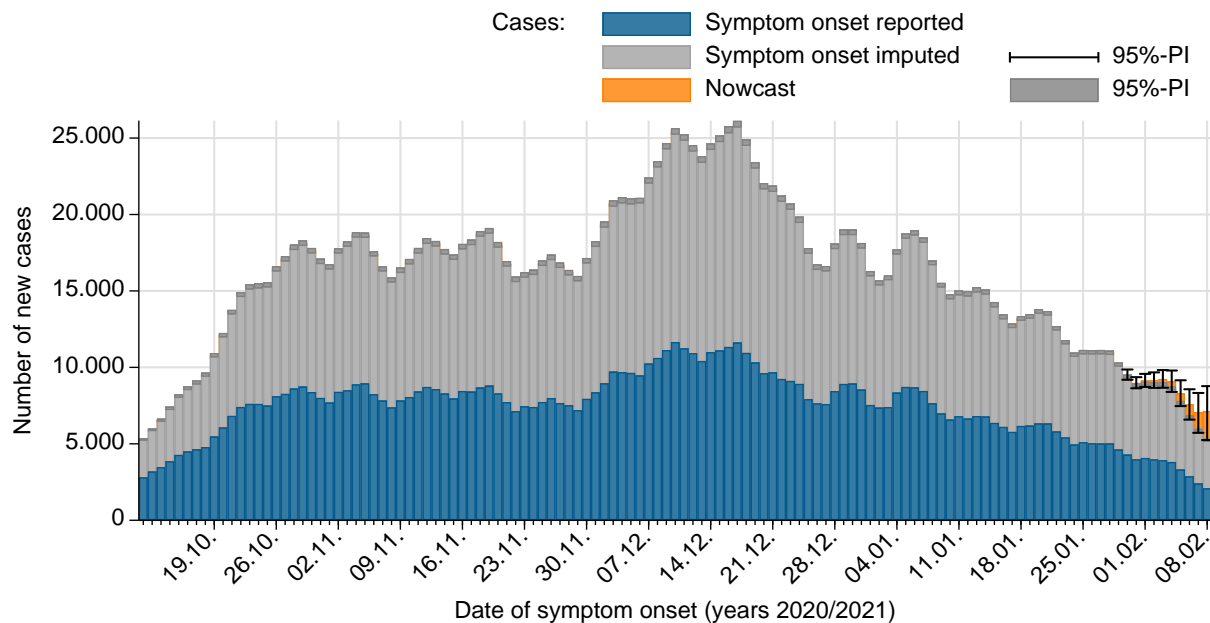


Figure 2: Number of notified COVID-19 cases with known date of illness onset (dark blue), estimated date of illness onset for cases without reported date of onset (grey) and estimated number of not yet notified cases according to illness onset electronically reported to RKI (orange) (as of 12/02/2021, 12 AM, considering cases up to 08/02/2021).

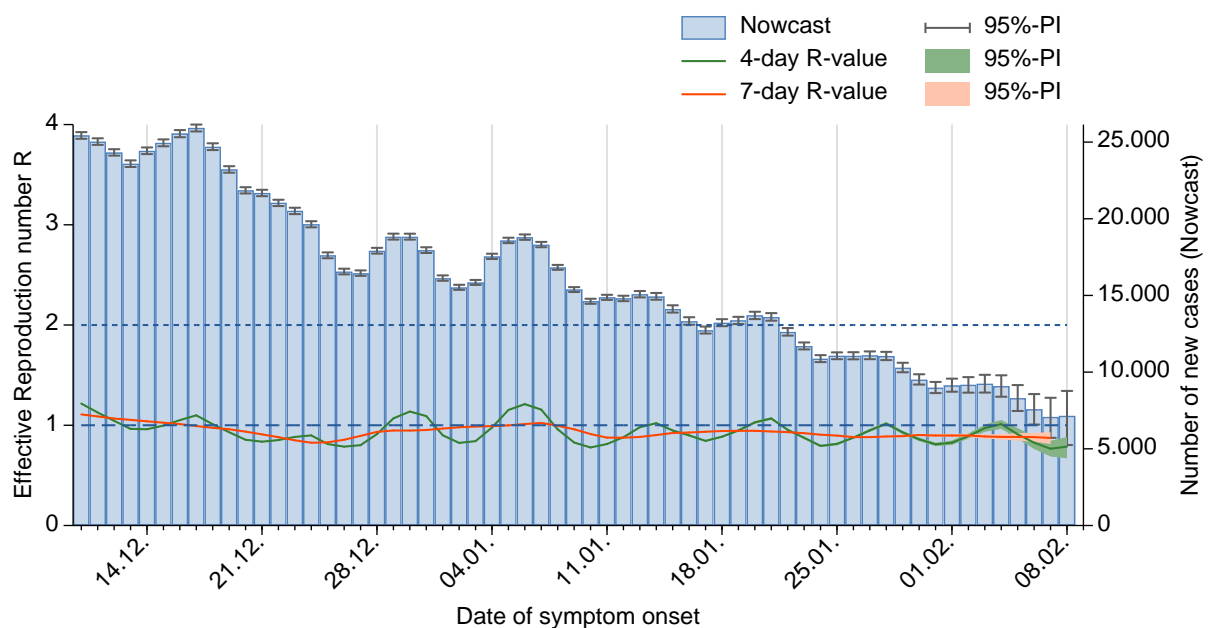


Figure 3: The estimated R-values (in green and orange) over the last 60 days, against the background of the estimated number of COVID-19 cases according to illness onset (as of 12/02/2021, 12 AM, considering cases up to 08/02/2021).

The 7-day R-value is currently below 1. Despite the current reduction in cases, the risk of a renewed increase in case numbers remains high due to the occurrence of several variants of concern.

Sample calculations as well as an excel sheet presenting both R-values with daily updates can be found under <http://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/#/index>).

As of 12/02/2021, a total of 1,282 hospitals reported to the DIVI registry. Overall, 26,980 intensive care beds were registered, of which 22,353 (83%) are occupied, and 4,627 (17%) beds are currently available. The number of COVID-19 cases treated in participating hospitals is shown in Table 2.

Table 2: COVID-19 patients requiring intensive care (ICU) recorded in the DIVI register (12/02/2021, 12:15 PM).

		Number of patients	Change to previous day*
Currently	Currently in ICU	3,552	-123
	- thereof with invasive ventilation	2,019 (57%)	-36
	New admissions to ICU		+291
Total	Discharged from ICU	71,174	+414
	- thereof deaths	20,267 (28%)	+129 (31%)

*The interpretation of these numbers must consider 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.

Mortality Monitoring

A total of 27 European countries or regions provide the European EuroMOMO project (European monitoring of excess mortality for public health action) with official mortality statistics on a weekly basis which allows the detection and measuring of excess deaths related to e.g. seasonal influenza and pandemics (<https://www.euromomo.eu/>). In Germany, two regional systems that allow the transmission of data have been established so far (since 2007 in Berlin and Hesse). The establishment of a nationwide monitoring system is planned from 2021 onwards.

An increase in all-cause mortality was observed in conjunction with the COVID-19 pandemic primarily in April 2020. Excess mortality was observed primarily in persons 65 years of age and older, but also among those 15 to 64-years of age. Excess mortality was highest in Belgium, France, Italy, the Netherlands, Spain, Sweden, Switzerland and the UK. After a return to expected levels for most countries in May (with the exception of a heat-related peak in August), total all-cause mortality in the reporting countries has again increased above expected levels since calendar week 38. Mortality is particularly high in Austria, Belgium, France, Italy, the Netherlands, Portugal, Slovenia, Spain and Switzerland. The excess all-cause mortality is seen primarily in the age group of 45 years and above.

Weekly mortality statistics are also recorded on the website of the Federal Statistical Office. The time lag of the death notification is compensated by an estimation. Since week 05, 2021, the number of deaths from week 01 - 25, 2020, is included in the reference period 2017-2020. For week 26 -53, 2020, the reference period remains 2016-2019. With increasing COVID-19 deaths around week 44, 2020, excess mortality is seen compared to previous years. With decreasing COVID-19 deaths, beginning at week 53, 2020 a decrease in excess mortality is seen. The peak in excess mortality (week 49-KW 05) is advanced by

ten weeks compared to influenza-related excess mortality in spring. In calendar week 04 (Jan. 25 - Jan. 31, 2021), 21,862 persons died (-1,554 compared to week 03). This is 10% more deaths than the average of the previous 4 years. In the previous week, the number of deaths exceeded the average for the previous years by 19%. <https://www.destatis.de/DE/Themen/Querschnitt/Corona/Gesellschaft/bevoelkerung-sterbefaelle.html> (in German), status from 09/02/2021.

Risk Assessment by the RKI

In view of persistently high case numbers, the RKI currently assesses the threat to the health of the general population to be **very high**. The revised version highlights the ongoing community transmission of SARS-CoV-2 as well as the occurrence of outbreaks especially in nursing and senior care homes, households, and occupational settings.

Against the background of rising occurrence of variants of concern (VOC) with higher infectiousness, a rigorous reduction of physical contacts, usage of protective measures as well as intensive efforts to contain outbreaks and chains of infections are necessary to reduce the number of new infections and to protect vulnerable persons.

On 12/02/2021, the risk assessment was updated with reference to the new SARS-CoV-2 variants. The current version can be found here: www.rki.de/covid-19-risikobewertung (in German)

Measures taken in Germany

- Report to SARS-CoV-2 variants in Germany, especially of VOC B.1.1.7 (10/02/2021, in German)
- https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/DESH/Bericht_VOC_2021-02-10.pdf?__blob=publicationFile
- Information on the designation of international risk areas (05/02/2021)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html
- Seroepidemiological studies in Germany (04/02/2021) www.rki.de/covid-19-serostudies-germany
- Entry restrictions to Germany for travelers from countries designated as regions with variants (30/01/2021; in German)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Transport/CoronaSchV_Mutationen.pdf?__blob=publicationFile
- German electronic Sequencing-Data-Hub (DESH, Deutscher elektronischer Sequenzdaten-Hub)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/DESH/DESH.html (21.01.2021, in German)
- Recommendations on COVID-19-vaccination (in German)
<https://www.rki.de/DE/Content/Infekt/Impfen/ImpfungenAZ/COVID-19/Impfempfehlung-Zusfassung.html>
- Further governmental resolutions regarding additional containment measures (Lockdown, in German)
<https://www.bundesregierung.de/breg-de/themen/coronavirus/mpk-beschluss-corona-1834364>
- Vaccination started in Germany on the 26th of December 2020 (in German) <http://www.rki.de/covid-19-impfquoten>
- Regulation to entry to Germany (13/01/2021. in German)
https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/C/Coronavirus/Verordnungen/Corona-Einreiseverordnung_BAnz.pdf
- National Testing Strategy – who will be tested for SARS-CoV-2 in Germany (in German)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Teststrategie/Nat-Teststrat.html

- Important information and guidance on SARS-CoV-2 for returning travellers (*in German*)
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Transport/BMG_Merkblatt_Reisen_de_Tab.html
- Selected and regularly updated information on COVID-19 <https://www.rki.de/covid-19-en>
- The ministry of health has published a record of all measures implemented in Germany since 27/01/2020 (*in German*)
<https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html>
- Information from the Ministry of Health for travellers entering Germany: Frequently asked questions and answers (*in German*)
<https://www.bundesgesundheitsministerium.de/coronavirus-infos-reisende/faq-tests-einreisende.html>
- Corona-Warn-App www.rki.de/covid-19-warnapp-en
- Information on additional regulations at the regional level regarding control measures such as physical distancing or quarantine regulations for persons entering from other countries can be accessed here (*in German*):
<https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-bundeslaender-1745198>

Annex

- ¹ The difference to the previous day is based on the date cases are received at RKI. Due to delay in data transmission, cases from preceding days may be included.
- ² Active cases were calculated from the number of transmitted cases minus deaths and the estimated number of recovered cases.
- ³ The algorithm for estimation of recovered cases considers information on disease onset and hospitalization, but not for late effects, because such data are not recorded regularly.
- ⁴ Data on COVID-19 vaccinations are only updated on weekdays. On Sundays, updated figures are not reported.