WG meeting "Novel coronavirus (nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Location:	*Novel coronavirus (nCoV), Wuhan, China*
Date, time:	*14.01.2020, 3pm - 4pm*
Venue:	*Room N.01.01.021*

Moderator: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Ulrike Grote (minutes)*
  - *Inge Mücke*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
  - *Andreas Nitsche*
- *ZIG management*
  - *Johanna Hanefeld*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*

TOP	Contribution/Topic
1	**Current situation** • *Wuhan: 41 cases have been identified. Of these, 6 have been discharged from hospital, 7 are in a critical condition and 1 patient has died. There are more than 700 close contacts, of which about 400 are medical staff. The onset of symptoms of the 41 confirmed nCoV cases in China ranges from 8 December 2019 to 2 January 2020. Thailand: In addition to the 41 cases, the WHO reported a laboratory-confirmed case in Thailand on 13 January 2020, involving a Chinese woman from Wuhan. 18 contact persons are currently being traced in connection with the infected woman: 16 people in connection with the flight on which the patient travelled symptomatically and 2 people who share the same household with the sick woman. She was not at the Huanan Seafood Market in Wuhan.* • *The incubation period is not known, according to the WHO case definition it is assumed to be up to 14 days.* • *According to the WHO, it is possible that there is limited human-to-human transmission (e.g. within the family).* • *In addition to information on the epidemiological situation from the WHO, further information (e.g. on the economic and political situation) should also be obtained from the AA. ZIG and IBBS will coordinate the procedure for making contact with the AA.* • *A colleague from FG36 is from Wuhan and regularly reads the texts published online in China in Mandarin and shares the information.*
2	**Information from GHSI conference call on 13 January 2020** • *The USA is very proactive in terms of informing the medical profession. They are setting up extended surveillance for travellers. Japan operates entry screening and Italy actively searches for cases among travellers.* • *The USA, Canada and the EU (ECDC) all categorise the import probability as low and the probability of spread in the population as very low.* • *A telephone conference (TK) was also organised by the laboratory. It is unclear who from Germany took part, presumably Prof Drosten from KL.* • *The Coordination Centre (CC) should be informed about all TCs. A short report on the TC should be sent to the TC and filed for documentation purposes.*
3	**Laboratory** • *Thorsten Wolff (FG17) has contacted Christian Drosten (Charité). Based on the discussion, FG17 has ordered primers for the diagnosis of the new CoV. ZBS1 is also considering ordering primers.* • *FG17 wants to coordinate with Christian Drosten to agree on recommendations (e.g. type and quantity of sample material, dispatch). Information on this should be available on the RKI website. Either through a separate paper agreed with Prof Drosten, or via a link or the coronavirus consultation laboratory. There should also be a link to the WHO document.*

	• *In general, existing specialist contacts should be contacted by the relevant specialist at the RKI. The CS must be informed of this.*
4	**Surveillance requirements** • *The WHO already has a case definition of when a differential diagnosis is indicated. A German, adapted version is to be developed. A proposal will be developed by FG32 with FG 36, IBBS offers support. This should be agreed by Friday (17.01.2020).*
5	**Measures to protect against infection** • *Protection against infection is similar to SARS or MERS, but with a lower risk potential. A distinction should be made in the safety level between 2 categories: Cases under investigation where clinical-epidemiological evidence is available but not yet laboratory-confirmed and cases that are both clinically-epidemiological and laboratory-confirmed. The existing KRINKO recommendations are supplemented accordingly by FG14. As no known cases of the disease have emerged from the 400 contact persons of medical staff to date, transmission may only be possible with prolonged close contact, so that simple mouth and nose protection would be sufficient for suspected persons under clarification. An FFP2 mask should be recommended for laboratory-confirmed cases of ~~severely symptomatic patients with a corresponding medical history~~.*
6	**Clinical management** • *STAKOB is not responsible in this case as it is not a serious, highly contagious disease (no general responsibility for coronaviruses). Nevertheless, STAKOB offers support with questions on clinical management in its role as a clinical partner of the RKI as a WHO Collaborating Centre for emerging Infections. Most STAKOB members come from the field of infectiology and have the relevant expertise. On Monday/Tuesday (20/21 January 2020), a STAKOB meeting will take place at the RKI, at which the German Society for Infectiology (DGI) will also be represented. FG36 will give a short presentation on the current situation. A discussion on WHO documents and recommendations on clinical management will follow. FG32/INIG will also be represented at the meeting.*
7	**Transport (border crossing points)** • *There have already been exchanges via EWRS and GHSI about what is being done in other countries. Most sensitise the medical profession to the topic and distribute information (e.g. WHO documents).* • *Some countries, especially those with direct flight connections, are carrying out intensified surveillance. The case in Thailand was identified in this way.* • *In addition to a "normal" mode, the JA Healthy Gateways also has a "Response" mode. For the current situation in Wuhan, an "Advisory Group" was set up by the coordinator from Greece, for which Maria an der Heiden (FG32) was invited as an expert and represents the RKI; colleagues from Hamburg (Hamburg Port Health Centre) are also represented.* • *In order to be able to inform the airports and, if necessary, travellers, a package*

	with information on the novel CoV will be compiled and sent to the epidemiological officers. A report will be given at the next AGI-TK on 16 January 2020 and the need for this will be discussed.
8	**Information from the coordination centre** • *The CS was established on 14 January 2020 in order to better respond to the current increased need for communication and coordination regarding the outbreak of a novel coronavirus (nCoV) in Wuhan, China, and to relieve the primary responsible organisational units. The CS keeps the situation log and distributes incoming tasks. The CC is to be set to CC for relevant e-mails. The existence of the CSC should be communicated internally and externally. The PHI group of the INIG will continue to prepare the international epidemiological situation report and communicate it to the RKI-Corona distribution list.* • *Accessibility: There is a central e-mail inbox (nCoV-Lage@rki.de) and a central telephone number (-3063). The coordination centre is open every working day from 09:00-16:00.* • *All relevant appointments are entered in the calendar of the function mailbox. If available, relevant documents are saved in the appointments (e.g. agendas, minutes). Important documents are forwarded by e-mail.* • *Shared folder: A shared folder with the name "RKI_nCoV-Lage" is created under S:\Projects folder. An e-mail with important links (e.g. protocol) follows.* • *E-mail distribution list: The RKI-CoV distribution list has been revised. Please send any comments on the list to the KS.* • *Overview of responsibilities: An overview of responsibilities has been created. Please send any comments to the KS.* • *Evaluation: Following the situation, a systematic evaluation (i.e. After Action Review) of the crisis management should take place.*
9	**Current documents - Update** • *RKI website: The website is updated regularly (e.g. case numbers). So far, the page on nCoV is located under the page on coronaviruses, where there are also subpages for MERS and SARS. On Friday, when the case definitions are available, an extra page for nCoV can be created.* • *The blue box in the EpiBull should contain information on nCoV. INIG is preparing a draft for this.* • *A text will be included in the next newsletter.* • *Twitter has not yet been used. If a new website has been created especially for nCoV, it can be shared via Twitter.* • *The INIG continues to be responsible for international monitoring of the situation and draws up its daily reports.*
	Next meeting: *At the moment it makes sense to have a meeting of the Lage-AG twice a week. Friday mornings should be checked.*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*15.01.2020, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL3/dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Regina Singer*
- *BZGA*
  - *Heidrun Thaiss*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	***Current situation*** ***International (Fridays only)*** ○ *Trend analysis international, measures (slides here):* *89.8 million cases worldwide, >1.9 million deaths (2.2%)* ○ *Top 10 countries by number of new cases/last 7 days for week 1, as weekly case count reporting by ECDC* ▪ *USA/UK/Russia/Spain/Germany/ South Africa/ France/India/ Colombia* ▪ *Declining trend only in Russia and India* ▪ *Spain reports many late registrations due to public holidays* ○ *7-day incidence > 50 per 100,000 inhabitants* ▪ *91 countries/territories (as at 11/01/2021)* ▪ *The number of new infections is increasing, especially in Africa* ▪ *America: Peru, Ecuador, Venezuela with incidence <100/100.000,* ▪ *Asia: little change* ▪ *EU: unchanged* ▪ *Oceania: Guam back on the list* ○ *7-day incidence per 100,000 inhabitants - EU/EEA/GB/CH* ▪ *Unchanged* ▪ *Over 500/100 000: UK, Ireland, Czech Republic, Slovenia and Portugal* ▪ *Countries <50/100,000: Greece, Finland, Iceland* *SARS-CoV-2 variants* ○ *GB VOC 202012/01 Variant* ▪ *detected in >50 countries; of which 22 countries within the EU* ▪ *It should be taken into account that the distribution of sequencing capacities is unclear* ▪ *Import of UK variant from non-UK was described* ○ *South Africa 501Y.V2 Variant* ▪ *Rising trend with > 20 countries* ▪ *Countries affected: mainly EU and border areas of South Africa* ○ *Variant Brazil (P1 (descendent of B.1.1.28)):* ▪ *First description in December in Manaus/North Brazil* ▪ *Publication: local spread assumed;* ▪ *13/31 isolates carried the virus variant; several mutations such as E484K, K417T and N501Y, which are also found in Brazilian* *travellers were found were sequenced in Japan* ▪ *Assumptions that the measures are not sufficient, compliance is low. There are reports of O2* *Shortage of reserves* ▪ *UK: all flights from South America, Panama, Cape Verde, Portugal*	*ZIG1*

RKI	(close connection with Brazil) discontinued as of today ▪ A decision will be made today on whether Brazil will be included as a virus variant area ○ The question of seasonality in relation to the spread of virus variants - it is currently summer in Brazil/South Africa and the virus is nevertheless spreading rapidly - could not be conclusively clarified. There are indications in the press that measures in Brazil are not being adhered to. It must be assumed that there is a mixture of factors such as measures, compliance and possible seasonality. ToDo: ZIG clarifies the issue of measures and compliance in Brazil; FG17 clarifies the question of the scientific status of possible seasonality **National** ○ Case numbers, deaths, trend (slides here) ▪ SurvNet transmitted: > 2 million (+22,368), including 44,994 (2.2%) deaths (+1,113), 7-day incidence 146/100,000 pop.., Reef=0.84; 7-day reef=1.02 ▪ Number of people vaccinated: 842,445 ▪ DIVI figures: slight decline, but high level ▪ 7-day incidences: slight decline or high plateau; decreasing trend in TH and SN, BB and ST high level ▪ Geographical distribution: In SA and TH many districts with high 7-day incidences (>100/100,000), in total over 300 districts with >100/100,000; 2 KL with > 500/100,000 ▪ Death figures: Data status 50 calendar weeks, with a delay of 4 weeks a clear excess mortality of 20% is visible ▪ Reporting delay Case numbers (represents the period between onset of illness (AE) of the cases until receipt of the report on RKI /analysis Mr Zacher in consultation with Matthias an der Heiden) In 50% of cases, 2-3 days elapse between EB and receipt at the RKI; delay in summer lower compared to week 53 ▪ Delayed transmission of cases (period between reporting date in the GA and reported as a case at the RKI) Over 80% of cases arrive within one day. There was a slightly longer delay over Christmas, but this has no impact on the number of cases. ▪ Delayed notification of deaths (period between date of death and notification of death to the RKI) Wide range, 20-25% of reported deaths have already died within 14 days; 20-25% are reported within one day. ○ CS are currently in BB as part of a request for administrative assistance to assist with the case submission. This should retrospectively	FG38/ZIG/ all FG32

RKI	*Influence case numbers for BB.* ○ *The subsequently transmitted case numbers are counted as cases/difference to the previous day, but the 7-day incidence is not corrected retrospectively. In BB, this is most likely to be data from 2020.* *State authority in BB would like to support the BL-wide rollout of Survnet to promote homogeneity in software use. Problems have been reported in connection with SORMAS.* ○ *The systematic "dropping" / retrospective entry of cases offers an opportunity to manipulate the 7-day incidence. Numerous measures are linked to this.* *Figure Transmission delay (slide 7) does not currently indicate systematic action.* *On Wednesday, the current procedure and this aspect were discussed with Mr Wieler and a correction/adjustment of the 7-day incidence figure (with the subsequently reported cases) in the situation report was initially rejected.* *Both presentations should be considered side by side again. M. Dierke will prepare it for Monday and it will be discussed with Mr Wieler.* *ToDo: FG32 Presentation of the 7-day incidences (with/without subsequent transmissions) and decision on possible inclusion in the management report on 25 January 2020.* ○ *Problems in connection with SORMAS are the lack of feedback to SurvNet, which in future could (again) lead to under-recording due to technical problems or refusal on the part of the GAs to enter cases twice. This should be reported to the BMG.* ○ *SORMAS has been very aggressive with its offer to GA without ensuring that there is an interface to the reporting system. RKI has already made its contribution to the development of an interface to DEMIS (SORMAS @DEMIS), so that there is no delay on the part of RKI. The initial estimate of the timeframe, which was categorised as very conservative, appears to be confirmed. Due to the high level of public pressure and interest, interfaces to commercial products are being developed in parallel.*	*FG37/FG32/ FG38/all*
2	***International*** ***(Fridays only)*** ○ *Coronavirus Entry Regulation (CoronaEinreiseV) is currently a major concern for INIG* ○ *A smaller follow-up mission to Kosovo on laboratory diagnostics capacities starts on Sunday* ▪ *AA is currently focussing on the Western Balkans and is linked to*	*ZIGL*

	the ZIG	
	tion. The embassy in Pristina reports that around 50,000 people who live in Germany will soon be travelling back to Kosovo after the Orthodox Christmas holidays. There is concern about a possible increase in immigration. The mission has been extended to include another laboratory visit. The team will visit a large private laboratory at the airport to assess the status and possibilities. The incidence in Kosovo is currently lower than in Germany and a possible entry can be monitored via the reporting data. Data on exposure abroad will be presented soon. o *Test centres at German airports:* ▪ *There is information that, for example, at BER (operator Malteser/CENTOGENE (private/numerous test centres throughout German) tests cannot be carried out correctly. The current procedure for taking samples makes it almost impossible to generate positive findings. Individual employees report that many false negative results must be assumed. Brandenburg is informed and is taking action. The responsibility lies with the federal states and they should of course be informed accordingly about such incidents.*	*FG38*
3	**Update digital projects (Mondays only)** o *Not discussed*	
4	**Current risk assessment** o *Not discussed*	

5	**Communication** **BZgA** ○ *Enquiries about cross-border traffic from both employees and employers: It is reported that requirements such as quarantine or testing are not being complied with due to economic concerns.* ○ *New products and target group-specific materials are being developed (older people/information in easy language/emotional stress and dealing with deaths for carers), with a pilot project from BY being considered and possibly rolled out nationally.* **Press** ○ *Intensified communication and education on behaviour in cases at home (work/open-plan office/quarantine) should be increased. It is not understood that measures (contact reduction/quarantine etc.) can also be taken without contact by the GA are to be taken. It is unclear whether the VO of the individual BL*	*BZgA* *Press/President /all*
	be understood. ○ *Could be summarised and communicated under the aspect: "When do I have to stay at home?". Several aspects can be summarised and addressed.* ○ *Overall, communication must be intensified, as important aspects are not understood by the population and communication does not appear to be visible. The information must be brought to the citizens instead of expecting them to actively seek out the information. There should be a translation of the expert recommendation to the citizens with an approach via mass media.* ○ *Understanding transmission is essential and would influence many other components. Communication is changing and challenging over the many phases of the pandemic.* ○ *The aspect of the low-threshold home office with an appeal to employers has already been implemented. The understanding of behaviour in the workplace can be incorporated.* ○ *Communication activities are managed at the BMG.* *ToDo: Ms Degen summarises the points from yesterday's briefing and Ms Glasmachen compiles the suggestions. Mr Schaade brings it to the "Communication" steering group (to Mr Pfeffer/Mrs Maida-Laukei?) at the BMG.*	

6	**RKI Strategy Questions** **a) General** ○ *Review of mask recommendation (Bavaria mandatory FFP2 masks in public transport & retail)* ▪ *There is no change to the already known evidence on the use of FF2 in the general population (slide)* ▪ *The fit/seal to ensure containment of circulating respiratory pathogens must be must be ensured. If not used correctly, there is no self-protection beyond the effect of a correctly worn MNS.* ▪ *International recommendations do not provide for the wearing of FFP2 in the general population or explicitly advocate the wearing of FFP2. against it (CDC). WHO: Revision of the recommendation not currently planned.* ▪ *Initial enquiries about shortages from healthcare facilities in Bavaria, whether resource-conserving deployment of medical staff is possible. possible.* ▪ *There are questions from the population (social media) as to whether the quarantine will be cancelled / whether the same handling of the KM as possible with medical personnel.* ○ *Wearing FFP2 requires an occupational health assessment (medical health risk assessment) and may be associated with risks (dermatoses, etc.).* ○ *Studies on the protective effect of non-adapted FFP2 for influenza show comparable protection to MNS, however*	*FG14/ M. Brunke*

RKI	better than MNB. Suggestion for better communication/explanation of expertise (FF2 vs. MNS) as suggested above to BZgA ○ Communicating this assessment is challenging as areas with a role model function (e.g. politics) use FFP2 masks. ○ The DGKH and DGHM are currently criticising the use of FFP2 masks in the general population. ○ The current public discussion and existing (regional) recommendation/utilisation could be interpreted as uncertainty about additional possible measures and current developments. It would be important to clarify the cause and context for transmissions (non-compliance vs. failure of measures) in order to actively influence this situation (e.g. transmission in the home). Unfortunately, reporting data provide little information on this. A case-control study (FG35) on risk factors is still ongoing (major challenges in recruiting participants). ○ Overall, the RKI has an advisory role. Communication and education promote compliance and should be strengthened. Recommendation for consistent adherence to basic hygiene (hand washing) should continue to be strengthened. The RKI continues to recommend FFP2 as a priority for medical staff. No explicit recommendation/prohibition for wearing in other population groups. This topic is addressed in the FAQ. ○ Discussed aspects should be included in the next press briefing. ToDo: T. Eckmanns discusses the possibility of contacting the DGHM/DGKH (close cooperation with the professional associations) with Mr Wieler and contacts Mr Hecker (DGHM). FG14 Critical revision of the information on masks (FAQ) on the homepage (changes to improve comprehension, no change in content) o Modelling study (Wednesday) Not discussed **b) RKI-internal** ○ Not discussed	VPräs/ FG36/all
7	**Documents** ○ Measures for vaccinated and convalescent patients and reinfections: Increasing numbers of infections in the population raise the question of measures following contact with a case of recovered or vaccinated persons. The outcome of the previous discussion is still unclear. Vaccinated persons should continue to be quarantined in case of close contact. A report on this was prepared by O. Wichmann. There were critical questions from the federal states and the BMG about the	FG36/ VPresident/all

RKI	*influence on the VO and a need for an overview (EpiBull article) was expressed.* *Together with Cochrane South Africa, ZIG has prepared a systematic review on the effects of different entry regulations and will be able to present it next week.* *ToDo:* *LZ: Share updated report by O. Wichmann with FG37 and FG 36. (done, see email Ute Rexroth Friday, 15 January 2021 15:22)* *LZ: Add the topic "Measures for vaccinated and convalescent patients" to the agenda on 22 January 2021* *Ms Hanefeld (ZIGL): Examination of the possibility of creating an overview of "Re-infection in vaccinated and recovered patients" by ZIG2; feedback to LZ*	
8	**Vaccination update (Fridays only)** *Not discussed*	
9	**Laboratory diagnostics** ○ *Molecular surveillance: Development of a recommendation on what should be sequenced externally (ID2543)* ▪ *A) Occasion-related indications for sequencing -There are laboratory results that indicate the presence of a variant of Concern or other abnormal results or problems in laboratory diagnostic detection, evidence of exposure to novel variants* ▪ *B) Travel-associated indications (e.g. samples from the examination of travellers)* ▪ *C) For information: Domestic "random samples" -rehearsals as part of the activities for integrated molecular surveillance for genome sequencing to the RKI (IMSSC2 network).* ▪ *In the recommendation, an outline of the procedure and questionnaire for GA should be enclosed with the sample to the RKI/consiliary laboratory in order to better categorise the submission and better understand the sense/necessity of sequencing. It is compiled in a paper for the ÖGD* ○ *There is already a high level of interest in nosocomial events. The aim is to contribute to the clarification of complex events, but also to strengthen the description of new and circulating variants.* ○ *Concept should include all laboratories and propose criteria for the selection of random samples (e.g. specific percentage). The results should be merged with the data in the GA and analysed.* ○ *The definition of re-infection (here 90 days after infection) should be removed and first discussed by FG32 and FG36, as it has not yet been defined and recorded in SurvNet.*	*FG36*

RKI	○ Next steps: Presentation of overall concept Instructions for GA (1-2 pages) Instructions for laboratories ToDo: FG36: Creation of a first draft by the middle of next week ○ FG17: AG Influenza 454 samples received; 44/400 (11%) samples analysed are positive for SARS-CoV-2 ▪ 46 samples with detection of rhinoviruses; 1 detection of parainfluenza; furthermore no detection of influenza i ▪ PCR melting curve analyses are used to detect deletion of N501Y in positive samples (mutation from in the UK/Brazil/South Africa) ○ ZBS1 ○ Please add	FG17 ZBS1
10	**Clinical management/discharge management** **Strategic patient transfer** ○ 200,000 doses of monoclonal AK (Roche/Lilly) can be made available from next week. Prioritisation of distribution was rejected by the BMG. Distribution will be monitored via pharmacy network with STAKOB connection. Information on products will be published on the homepage. The purpose of early administration in the outpatient sector is to prevent severe courses (administration requires close monitoring). BMG sees the administration in hospital and semi-inpatient areas, which could increase the workload. ○ Strategic patient transfer: The situation has eased in all 5 cloverleaves (also in the east), no transfers planned for the near future. A request from Slovenia for the transfer of patients to Germany was received via the BMG. The request is officially communicated via EWRS and RKI coordinates according to the already known procedure.	IBBS
11	**Measures to protect against infection** ○ Outbreak in a hospital in Ludwigshafen (presentation this week in the EpiLag) ▪ 550 total cases (150 patients/ 400 employees), 35 deaths ▪ Start of week 45; an offer of support from the RKI in week 46/47 was declined. A telephone call was made yesterday as Support, as the situation does not yet appear to be fully under control and the spread was relatively rapid.	FG37/FG38

RKI	○ *Currently many follow-up reports of cases and outbreaks in daycare centres and schools*	*FG36*
12	**Surveillance** ○ *Obligation to report and route of home testing/self-testing/private testing practices A position paper on this topic was sent to the BMG in November. The reporting of positive findings is still recommended by the BMG and efforts are being made to expand testing options. It still seems unclear how and where the findings should be transmitted and there are still many enquiries from the federal states.* *A reporting portal in DEMIS is difficult to implement promptly/quickly. The RKI needs to take a stance and the reporting channels need to be clarified. Self-reporting by citizens will overburden the GA. In some CCs, testing is the responsibility of the employees of the care facilities.* ○ *One possibility would be dispensing via pharmacies with mandatory information. A positive result should trigger the desire for confirmation by PCR, as a confirmed positive result is accompanied by measures (isolation).* ○ *The proposal to carry out home tests for mild symptoms was no longer discussed and the paper/proposal is with the BMG. The BMG currently has no position on this.* ○ *This point needs to be discussed further.* ○ *Corona-KiTa study* **(only on Mondays)**	*FG32/all*
13	**Transport and border crossing points (Fridays only)** ○ *Coronavirus Entry Regulation (CoronaEinreiseV)* *Came into force yesterday and replaces/summarises the General Decree and Corona Protection Ordinance.* *This regulation applies to travellers who have stayed in a risk area, virus variant area or high incidence area in the last 10 days.* ○ *Persons from a risk area are obliged to fill out a DEA, go into quarantine for at least 10 days and must present a test no later than 48 hours after entering the country.* ○ *Persons from virus variant areas or high incidence areas must, in addition to the above-mentioned criteria, have a test carried out 48 hours before entry instead of 48 hours after entry and present it to the transport company, otherwise carriage may be refused. This poses challenges for ship voyages/ship transport, for example, as they are travelling for long periods and testing has to be carried out on ships.* ○ *KoNa in air travel has been resumed and is linked to entry from virus variant areas. The changes go online today.*	*FG38*

	○ *A major barrier to implementation is the costs associated with testing. Monitoring seems unclear. Entry by car can hardly be tracked.* ○ *Indicators for high-risk areas have not yet been developed and will be discussed Monday in the government crisis team. There are two options (dynamic (double/triple incidence increase in the last 7 days) vs. set threshold value in each case compared to Germany). Assessment from national level.* ○ *The 10-day quarantine period for travellers from virus variant areas is discussed as unfavourable, as many aspects (incubation period etc.) still appear to be unclear. This recommendation is based on modelling and a change is currently not possible.*	*FG38/ZIG/ FG36/VPräs*
14	**Information from the situation centre (Fridays only)** ○ *1-year LZ (as at 13.01.2021, 1 p.m.)* ▪ *Number of crisis team meetings: 191 days Coordination centre/situation centre active: 365 days (KS: 12 days, LZ: 353)* ▪ *Cumulative person shifts: 5,514* ▪ *Average shifts per week: 106 (Max: 150; Min: 19)* ▪ *Emails in the dedicated mailbox: 151,246* ▪ *Entries in the situation log: 1,686 V* ▪ *resulting tasks: 2,580* ▪ *Telephone calls in the telephone log: 1,390* ▪ *Contact tracing activities by the international communication position: 10,072* ▪ *Management reports (German) published 352* ▪ *Management reports published 343* *Many thanks to the whole house for their support!!!*	*FG38*
15	**Important dates** ○ *Not discussed*	*all*
16	**Other topics** ○ *Next meeting: Monday, 18 January 2020, 13:00, via WebEx*	

WG meeting "Novel coronavirus (nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Location:	*Novel coronavirus (nCoV), Wuhan, China*
Date, time:	*16.01.2020, 16-17.10 hrs*
Venue:	*Room N.01.01.021*

Moderator: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZIG management*
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  - *Basel chequered*

TOP	Contribution/Topic
1	**Current situation** • A total of 43 laboratory-confirmed cases are currently known: 41 from Wuhan (China), 1 case imported to Thailand and 1 case imported to Japan. The case imported to Japan is believed to have been infected while visiting his father, who is hospitalised in Wuhan due to pneumonia. The case did not visit the Huanan Seafood Market. • There are currently 2 known family clusters in Wuhan. The first cluster concerns a married couple: while the husband works at the Huanan Seafood Market, his wife, who is also ill, was not there. The second cluster includes 3 family members (father, son and cousin). Only the cousin had contact with the Huanan Seafood Market (he works there). • The media report that around 70% of the 41 confirmed cases in Wuhan are directly linked to the Huanan seafood market. • The information also circulated by the media that exit screening is being carried out in Wuhan could not be confirmed in a GOARN telephone conference. • In a WHO document to be treated confidentially, on 15 January 2020 the WHO assessed the risk in China as high and globally as moderate. This escalates the previous risk assessment. The background to the change in risk assessment is probably the first imported case to Thailand and possibly also an attempt to put pressure on China to provide more transparent information. • The discussion revealed that the RKI nevertheless continues to adhere to the current risk assessment (risk of entry into Germany low, risk of further spread in the German population as very low). On 17 January 2020, the ECDC will publish a rapid risk assessment (preliminary version "Threat Assessment"); the RKI will continue to be guided by this assessment. • The following information for a meaningful risk assessment of the cases in China is missing so far: age, sex and clinical findings of the cases, animal source, incubation period, epicurve, information on exposure, information on the transmission route, treatment results (or whether any experimental treatment was used at all). • Publications: with the participation of Mr Drosten, a descriptive description of the event was published in advance in the International Journal of Infectious Diseases:

	https://www.sciencedirect.com/science/article/pii/S1201971220300114?via%3Dihub . In addition, one group has estimated the R0: Link . However, the information contained therein should be viewed with caution from an epidemiological perspective. • IBBS refers to the good and trusting GHSI contacts (e.g. to the affected country Japan), which can be utilised via Christian Herzog.
2	**Current documents - Update** • RKI website: At the working group meeting, it is discussed that the page on the novel coronavirus prepared by the press office can be activated with the information currently available. Adapted information on laboratory diagnostics and self-protection in suspected cases is already available. The clinical case definition document is also available. The flowchart will be published as soon as it is available (probably on 17 January 2020). A tweet about the new page is also planned then. The nCoV page can be found via the short link www.rki.de/ncov and www.rki.de/wuhan, as well as via the RKI homepage and on the A-Z page on coronaviruses (there next to the links to the MERS and SARS page). • An information text has appeared in the EpiBull in the blue box. • The RKI newsletter also reports on the event.
3	**Laboratory diagnostics** • FG17 has drawn up recommendations for laboratory diagnostics in consultation with Christian Drosten. These were also published on the RKI website on 16 January 2020 (after the working group). • The RKI already has corresponding primers for PCR diagnostics of the new CoV. A positive sample is also expected to arrive on 17 January 2020. The PCR assay was developed by Mr Drosten.
4	**Case definitions, flow chart** • The case definitions were developed by FG 36 and are based on the WHO template, but are more specific. The ECDC has also published a procedure for clarifying potential nCoV cases (https://www.ecdc.europa.eu/en/publications-data/laboratory-testing-suspect-cases-2019-ncov-using-rt-pcr). • The flow chart is currently still being coordinated between IBBS and FG 36 and is expected to be published on 17 January 2020 in the morning.
5	**Measures to protect against infection** • A document entitled "Recommendations of the RKI for hygiene measures and infection control in patients with

	Pneumonia caused by a novel coronavirus (nCoV) from Wuhan, China" was prepared and published on 16 January 2020 on the RKI website (after the working group): https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Hygiene.html
6	**Clinical management** • Ribavirin and 2 other antivirals could be used for experimental treatment. Access to ribavirin is guaranteed in Germany. The WHO has published a document entitled "Clinical management of severe acute respiratory infectionwhen novelcoronavirus (nCoV)infection is suspected" published (https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf). The pages of the STAKOB and the RKI should link to it. A translation into German is currently not planned. The STAKOB will meet on 20/21 January 2020 at the RKI, where further requirements can be discussed.
7	**Transport (border crossing points)** • Information about the event was provided at the AGI-TK on 16 January 2020. The activation of the coordination centre at the RKI was also communicated, including how to reach it. Information on the new type of CoV for border crossing points was made available to port and airport medical services in the countries via the link to the current nCoV RKI website. No specific needs were expressed by the AGI or the EpiLag participants.
8	**Information from the coordination centre** • The distribution list RKI-Coronavirus@rki.de is used as the e-mail distribution list for the nCoV situation at the RKI. Changes to the distribution list can be made by Maria an der Heiden and Ulrike Grote, who should communicate changes to the mailbox of the coordination centre (nCoV-Lage@rki.de). • Shared folder: ..\..\..\..\..\..\RKI_nCoV-Lage • Overview of responsibilities: Please send change requests to the KS.
9	**Other topics** • The WHO's "Capacity Review Tool" for coronavirus preparedness does not fit well with Germany's federal structure in all areas. Similar to the JEE, Germany fulfils

	not all issues, e.g. in the area of risk communication and border crossing points. In other areas, such as the laboratory sector or the case management system, Germany appears to be very well positioned. Detailed answers to the questions are not provided. • If there are requests for support from other countries regarding laboratory capacities or financial assistance with the shipping of samples, such an investigation could be carried out in coordination with the BMG and Mr Drosten's KL.
10	**Next meetings:** At the moment, it makes sense to have a meeting of the Lage-AG twice a week. The next meetings are planned for 21.01.2020 and 23.01.2020. Invitations will be sent out by the coordination centre.

WG meeting "Novel coronavirus (nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Location:	*Novel coronavirus (nCoV), Wuhan, China*
Date, time:	*20.01.2020, 13-14.35 hrs*
Venue:	*Room N.01.01.021*

Moderator: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
  - *Barbara Buchberger*
- *Division 3 Management*
  - *Osamah Hamouda*
- *Division 1 management*
  - *Martin Mielke*
- *ZIG management*
  - *Johanna Hanefeld*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
- *IBBS*
  - -
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Andreas Nitsche (phone)*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*

- *Sarah Esquevin*

TOP	Contribution/Topic
1	**Current situation** • Currently 205 cases, 136 new cases reported on the WE • 198 in China (Wuhan, 2 Beijing, 1 Shen Zhen) • 4 cases outside China (2 Thailand, 1 Japan) • 1 new death, 3 deaths (from Wuhan) • WHO confidential - epidemiological report, info cases in Wuhan (reference to 41 cases in Wuhan; no contact to Huanan seafood market but contact to, 5 cases without contact to other cases and no market), first 2 cases had contact to cases with pneumonia • Assumption: no single-source outbreak • Last known onset of illness: 18 January 2020 • No cases known to date in children, medical staff or animals • Mild courses are most common, therefore more cases possible (sub-clinical or mild course) • suspected incubation period: WHO: 4-10 days (information from China) • Estimates by Imperial College London: 1700 cases • WHO team (epidemiologists) sent to China • Morbidity-mortality pattern (incl. comorbidities) is more similar to MERS than SARS • Human-to-human transmission proven (2 transmissions proven) • all cases so far come from Wuhan • USA has established entry screening at airports with direct connections to Wuhan, RUS has increased activities at borders and PoE • RKI risk assessment unchanged: low import risk, further spread in Germany very low • R0: Estimate based on too little data (severity of the disease unclear, incubation period only estimated, etc.) → Individual cases of interfamilial transmission (approx. 763 contacts) → first generation transmission R0 under R1 Additions by Mr Wieler (TK report): • Chinese partially change the case design, thereby changing the

	Number of cases; currently new cases also in Beijing, Shanghai; • 15 positive results from environment (unclear which) • International Health Regulations (IHR) Emergency Committee is meeting this week to discuss whether the event constitutes a public health emergency of international concern under the IHR 2005 (PHEIC).
2	**Communication - Update** • Current risk assessment of the RKI remains unchanged (including the addition "However, importation of individual cases cannot be ruled out". The risk assessment will be revised in line with the new case numbers; the risk assessment will not change as a result. • Do not publish the more detailed risk assessment document based on the RKI risk assessment guidelines for the time being, for internal use only → Too cumbersome to constantly adjust the figures - not up to date → urther internal coordination of the editorial process required to ensure quality standards (at least Epibull level) → Publication on RKI homepage postponed for the time being • Updated summary of the events (incl. the short sentence for risk assessment) is published • Update information on events on the RKI homepage promptly as required (press, INIG, FG36) **RKI website:** • Versch. Documents online since 17 January 2020 (case definitions, flow chart, laboratory diagnostics, IPC, ...) → Please update regularly by the person in charge. The person in charge is the person who submitted the document for publication to the press office. **EpiBull: blue box:** • INIG + FG36 prepare a communication **Press communication:** • For relevant media by Mr Wieler and Mr Schaade: (e.g. currently Mr Wieler: 8pm DE/ENG on Dt. Welle, Heute Journal, Mr Schaade: RBB + Deutschlandfunk) **BZgA:** • At present, the BZgA has not yet had to prepare any information for the general population.
3	**Discussion of scenario: imported nCoV case to Germany: how well prepared are we? What information can we as RKI provide to the federal states?**

	• Joint processing of possible suspected cases in Germany is to be endeavoured. To this end, documents for outbreak management are being updated, e.g. for contact persons nCoV (adapted from MERS documents), diary for contact persons, recording tool (Linelist EXCEL), handout for health authorities (entering WBK notification in SurvNet, what information should be collected for assessment). The use of standardised documents supports the collection of case-related information. • In order to increase the chance of using standardised documents, the prepared documents will be proactively provided to state health authorities via EpiLag. Announcement will be made on 21.1. • The virological tests are organised and coordinated by the responsible health authority (GA), but the diagnostics should take place at the KL. All health authorities (GÄ) are informed about this via the state health authorities. • FG36 contacts KL regarding the protocol for a joint (GA, KL, RKI) environmental investigation, if necessary (incl. information on the documents preferred by the RKI for the epidemiological investigation). **What information do we need from the GÄ/federal states in order to be able to make a statement? How do they get to us?** • Use standardised documents wherever possible (see above). However, standardisation at RKI level is not possible). • By reporting via WBK, data is available to the RKI via SurvNet and further information can be generated (for this, see the handout for health authorities, above).
4	**Surveillance requirements** • Preparation of various documents for infection management (see agenda item 3) • WBK notification via SurvNet → □hort-term adjustments in SurvNet should be prioritised (establishment of the coordination office shows prioritisation)
5	**Laboratory diagnostics** • FG17: capacities will be fully utilised due to INV season • Virology Charité/ Mr Drosten are primarily responsible as KL, developed the laboratory diagnostics for MERS and now also for nCoV.

	→ greements on protocol between Mr Wolff and Mr Drosten (incl. sample transport via shuttle from Charité to RKI) • All environmental inspections should take place at the KL (see Top 3). • Charité/Mr Drosten and ZBS1 (WHO Collaborating Centre for Emerging Infections and Biological Hazards) want to participate jointly in a WHO EURO roster to support other countries in laboratory testing. The feedback to the WHO is to be provided in a harmonised text from both Charité and ZBS1. • Planned sample receipt: 1. Start-up: Charité Virology 2. then forwarding to ZBS1 3. Reserve FG17 • PCR assay development is easier for SARS and 2019- nCoV, as both viruses are very similar. • Orientation towards published protocols.
6	**Measures to protect against infection** • Probable cases" were added to the confirmed cases to match the flow chart.
7	**Clinical management** • IBBS/ STAKOB: gladly multiplier for clinical questions, therapy protocols, etc. • Flow chart: will be revised again, in the clinical workflow programme (clear exclusion)
8	**Transport (border crossing points)** **1.) Modelling: Import risk to Germany based on the Ferguson article, main airports affected?** • Modelling by Brockmann: Passenger flows from China/affected areas to Germany **2.) Preparation information for travellers:** • Communication between the PoEs on KoNa, passenger information; FRA is currently preparing passenger information for travellers from the affected regions and from China; various languages. languages • at FRA airport: tests for INV, possibly knowing how many passports come from the region • RKI can link to this passenger information on the homepage (e.g. information poster); the poster from FRA can also be on the website • RKI remains in contact with PoE (provision of the valid data)

	on the clinic and incubation period, etc.); • Info to PoE that now also cases in cities with direct flights to Germany **3) Current evaluation Entry Screening** • No recommendation from RKI for ENTRY screening in the current situation: →Statement by the RKI (from the BMG) →Current statement on ENTRY screening commentary by Walter Haas: 1. INV/ short incubation periods not recommended (no scientific evidence) 2. Illness-monitoring CDC established (100 additional people provided)
9.	**Information from the coordination centre** • Some work assignments from the coordination centre are distributed to individuals • Request from the coordination centre to the working group: please exchange information directly with each other • Coordination centre currently only staffed by FG32 • If the workload increases as a result of what is happening, then staffing should be extended to other OUs • For relevant communication, please always put the coordination centre in CC
10	**Other topics** • IT requirements for current events (see Top 4) • PCR is matched against the other coronaviruses, SARS could occur as a positive test, but is currently not circulating
11	• 21.01.2020 TC to IPC from WHO HQ FG 14, Mrs Arvand is to participate for RKI • **Next AG situation meeting:** Friday, 24 January at 13-14:30

WG meeting "Novel coronavirus (nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Location:	*Novel coronavirus (nCoV), Wuhan, China*
Date, time:	*22.01.2020, 10:30-12:30 a.m.*
Venue:	*RKI Situation Centre meeting room (S05.D.01.083)*

Moderator: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Division 2 Management*
  - *Mr Mielke*
- *ZIG management*
  - *Johanna Hanefeld*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth (also AL3 i.v.)*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Udo Buchholz*
- *IBBS*
  - *Julia Sasse*
  - *Bettina Rühe*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*

TOP	Contribution/Topic
1	**Current situation** • A further 100 cases were reported from 21 January to 22 January, i.e. now 440 cases (in 19 subregions). New is 1 confirmed case in the USA (Seattle). Unconfirmed is the information about 2 more cases in Thailand. There are now 9 deaths (all from Wuhan). The onset dates still only refer to the first cases, 8 Dec 2019 - 18 Jan 2020. Onset dates of the new cases are still unclear. There are currently 15 cases under HCW, Wuhan (according to Chinese media all from the same hospital/ same department; possibly 5 more in the neighbouring provinces, unconfirmed). • Furthermore, 2 family clusters are confirmed (1 married couple and 3 persons) **GHSI-TK (PIWIG network), on 21 January 2020, participation FG36:** • Chair had Mrs Knop (BMG) • Participants in the TK: USA (CDC), Canada, Japan, France, Italy, Mexico, Germany, WHO. • The Seattle case is interesting because he did not report any contact with other sick people or a visit to a market in Wuhan. He only fell ill 1 day after entering the US. • There were still many unanswered questions, e.g. exposure, clinic, onset of illness (epicurve). Canada has offered to forward the open questions to the WHO. • Nothing has yet been found in the swabs of the surfaces (market, etc.). • Other ways of transmitting the virus (faeces, urine) are still unknown. • There is currently no feedback from the team sent by the WHO. They will hopefully be able to provide more information on the unanswered questions by the middle of the week. • The risk assessment for Germany has changed slightly due to the indications of human-to-human transmission: "The risk to the population in Germany is currently assessed as low. This assessment may change in the short term due to new findings. The importation of individual cases to Germany must be expected" (previously: cannot be ruled out). • The mortality rate is currently 2% (best and probable

cases), but the denominator of all cases is not known, so the 2% figure is not realistic and may be rather overestimated. On the other hand, further deaths may still be reported later (by the first people to fall ill, as there are usually delays in reporting deaths).

- Furthermore, no children are affected. The youngest person to fall ill is 15 years old. There have also been no cases of SARS in children.

What would be our trigger for setting up the Situation Centre (SC)?

- Depending on the internal workload, escalation would take place with the opening of the DC. The political statement must be observed when activating the LZ. The principles for working in the LZ are the same as for the coordination centre. Other issues would have to be deprioritised and other OUs would have to be involved in the work to relieve the pressure, etc. The organisational part of escalation in the LZ can also be activated during the coordination centre (escalation according to organic requirements), e.g. the involvement of other OUs. The LZ should be activated at the RKI from the first confirmed case in Germany at the latest.
- In advance, Mrs Rexroth asked Mr Kersten for a list of employees who would like to work in the LZ or who already have experience. FGL32 gives feedback to PRÄS on the selection. PRÄS discusses the secondment of suitable employees for this position via the relevant AL and OEL.

Info on meetings: Cabinet, AA, GHSI, WHO EC

- The Federal Cabinet is meeting today, including Corona, ENTRY screening may be an issue. The RKI had prepared input for a statement by the BMG. The BMG has sent an assessment of the situation to cabinet members.
- GHSI-TK: With regard to sample sharing, support was approved for the development of a serological test procedure.
- Note: in the USA and the participating states of the GHSI-TK, all had activated their EOC with the first case.
- The exchange of samples will also be discussed at the IHR Emergency Committee.
- STAG - IH (PRÄS): Sample exchange was also discussed, Nagoya protocol
- PRÄS is likely to confess the RKI's professional view on the news situation at the Federal Chancellery next Tue 28 Jan 2020.

	Language regulation if WHO declares the PHEIC - What does this mean overall and for Germany? • These are temporary recommendations that are valid for 3 months, after which a new meeting takes place. The declaration of the PHEIC emphasises the recommendations. • Further possibilities for better data processing by the RKI do not automatically result from a PHEIC. The IGV- DG is the most specific for such situations (normal vs. PHEIC). However, if there were cases in Germany, the activation of the IfSG Coordination Ordinance would give the RKI the most legal power, i.e. possibly better handling for the collection of information/data, etc. for the assessment of the situation and reporting to the WHO. Although the RKI currently supports the ÖGD with instruments for standardised data collection where necessary, it is not mandatory whether these are then also used and the data transmitted accordingly. This would possibly be easier to enforce through the Coordination Ordinance. • The press has already adapted the Ebola FAQ for nCoV if a PHEIC is issued. These could then be placed on the RKI website. **Brainstorming: What else can we as the RKI contribute to Germany's readiness?** • In order to work more effectively in the event of confirmed cases in Germany, the activation of the Coordination Ordinance should be prepared now, i.e. the BCs should be asked in advance whether the IfSG Coordination Ordinance can be activated when the first case occurs in Germany. • aim to prepare a daily management report. This will then be sent to the BMG, the BL and the IGV airport group. Times and procedures still have to be agreed with INIG/FG36. A meeting will be held today for this purpose. • In addition to the internal ÖGD information, the medical profession will also be informed via an article in the Ärzteblatt. The magazine will go online on Wednesday 29th and will be distributed on the 31st. • It makes sense to prepare FAQs for nCoV (without specific case numbers) (perhaps also in combination with the FAQs regarding PHEIC). The target group would be the medical profession and specialised public, see also FAQs WHO and ECDC. • If there are confirmed cases in Germany, household studies may be necessary. There is already experience of this from 2009.

	data collection and data return as well as the data protection assessment in the study case, etc. (investigation vs. study). These questions should be discussed at the next briefing. Pseudonymised data can be processed by the RKI from March as part of the Measles Protection Act.
2	**Communication - Update of the** **RKI website:** • The nCoV situation description on the RKI website is now kept more universal. Case numbers are updated separately as required (the press has prepared a format). • FAQs are to be prepared with the following technical information: 3 FAQs on clinical images (IBBS/FG36), 3 FAQs on international issues (ZIG1/INIG) and 3 FAQs on situation assessment in Germany and preparedness planning (FG32/36). The coordination centre creates a document for this purpose, sends the link to the above-mentioned OUs and the text modules are inserted by the respective OUs. Presse takes over the editorial adaptation. The FAQs can also present the activities already undertaken by the RKI (self-promotion to the outside world). **BZgA:** • BZgA should be involved now. BZgA should prepare information for the general population (technical information is provided by the RKI). • Text modules of the FAQs should also be made available to the BZgA. Formulation of the FAQs for the general population. **GHSI conference call (21 January 2020)** • See above **Flughafen-AG conference call (21 January 2020)** • There was an ad hoc TC yesterday because a need for dialogue was expressed by the IGV-named airports and the responsible ÖGD. The common position is clearly against ENTRY screening. This was also noted in the statement for the BMG. • Passenger information will be prepared by Frankfurt (focus on screens/monitors that can be updated quickly). Coordination should be carried out by the RKI if desired. It is also expressly desired that all logos of the actors involved appear on the materials, including the RKI. → This is not a problem for the institute management if

	the information is technically correct for us. • The translation of the passenger information into Chinese can be made possible by the RKI (Cai Wei/ FG36). • However, this passenger information is not yet to be used, only in the next escalation stage (as of 20 January). • The next TC is scheduled for Friday 24 January 2020. Representatives of the AGI and the relevant state authorities will also be invited to attend. **German Medical Journal:** • It is planned to publish a page of text/information as well as the flow chart (explain here what the orientation guide should be) in the print version of the Deutsches Ärzteblatt. This must be agreed by Friday. • In addition, there are 3 questions to be answered by VPÄS or PRÄS (with photo). • The online editorial team of the Deutsches Ärzteblatt also refers to RKI documents.
3	**Laboratory diagnostics** **How can we help the. laboratories in Germany establish the nCoV test on a large scale?** • This will be discussed with Mr Drosten at the next meeting. • Information can be passed on to the Gesellschaft für Virologie (GfV)/ Diagnostik-AG, but there is currently no information about nCoV on their website. • The joint diagnostics group of GfV + DVV (Expert Commission for Virology) could also be used as a point of contact. • The issue of billing for the tests should now be considered in advance in order to clarify any existing problems in the billing process. This is primarily an issue for the laboratories/hospitals carrying out the tests and the BMG. → □t the upcoming meeting with Mr Drosten, the handling at the Charité can be enquired about. • Information can also be sent to the NaLaDiBA (National Laboratory Network for Diagnostics of BT Agents) ZBS1 sends a corresponding information e-mail. • The proof for nCoV could (with immediate processing) can be completed within a few hours (approx. 4-6 hours).

	The test runs are currently underway. • Information from Mr Drosten: A serological test is currently being developed and may be available in 3 weeks. This would play a major role in possible environmental examinations. • Recommendations for suitable sample material are already available on the RKI website.
4	**Surveillance requirements** • The documents for contact tracing have been prepared and are currently being finalised (handout, contact tracing diary, Linelist EXCEL). The announcement was made in the EpiLag on 21 January 2020. It is requested that the documents be made available both as an attachment to the notes and online. • A handout is currently being prepared for the GÄ on reporting, which will be sent out as an information letter.
5	**Measures to protect against infection** • Unfortunately, it was not possible to attend the WHO meeting on 21 January 2020 (administrative problems). Measures for suspected cases were discussed. The next TC will take place next Tuesday, 28 January 2020, participation is noted.
6	**Clinical management** **Other ways of sensitising the medical profession?** • Information about: Flow chart, medical journal, website • Integration via KBV is not necessary, all licensed doctors are reached via the medical journal. • The members and guests of the INV Expert Advisory Board can also be informed about the materials provided by the RKI (with a note: please feel free to distribute). • In addition, the link to the information on the RKI pages is noted in the current INV weekly report (will be published today). • In principle (regardless of the current nCoV situation), reference should be made to the standard hygiene measures/preventive measures for INV due to the onset of the flu epidemic. This is already planned for a tweet at the start of the flu epidemic. • STAKOB has a working group for therapeutic approaches. This will also look at possible treatment options for nCoV. There has already been a literature search (possible therapeutics, etc.). The WHO has

	A list is also provided for this purpose. PRÄS sends this to the STAKOB office. **Flow chart:** • The flow chart was created in accordance with the case definitions, based on those of the WHO. These are used to clarify the cases and result in appropriate case management. • Due to the onset of the INV season, a more sensitive approach is problematic. It is recommended to additionally communicate to clinicians that in individual cases or in suspicious constellations, e.g. mild course and travel history risk area, nCoV can be considered in the diagnosis. This aspect could also be addressed in the FAQs. The article in the medical journal could also point out the purpose and correct use of this guidance. • The flow chart should only show "risk area" (incl. link to the RKI website), as these can change quickly. The list of risk areas on the RKI website is kept up to date.
7	**Transport (border crossing points)** • The USA has now also set up ENTRY screening at the airports in Atlanta and Chicago. • According to press reports, China is not allowing tour groups from Wuhan to leave the country. • JA Healthy Gateways has been commissioned by EC to draw up recommendations for the nCoV situation for air and sea transport. • It is reported that the UK is diverting flights from Wuhan to separate jetties at Heathrow Airport. **Report from the crisis preparation meeting at the AA (22 January 2020, AL3 and ZIGL3):** • The AA supports the negative attitude towards the establishment of ENTRY screening and will also tweet this. According to the Chinese embassy, China is endeavouring to cooperate well in this situation. **Report measures CDC:** • CDC priorities: to inform passengers individually about measures to be taken within the next 14 days if they become ill; to detect cases of illness as early as possible in order to learn more about the pathogen and how it spreads. The screening involves a multi-stage process: 1. questionnaire for all travellers from the affected areas;

	2. another FB and temperature measurement; if this is conspicuous, further diagnostics are carried out (approx. 1800 have been screened so far). In addition to the usual equipment of the quarantine units of the PoE, around 100 people have been provided. All flights from Wuhan are diverted to the main screening airports. **HSC - Communication Network:** • There is also a communication query here. One will take place on 23 January 2020.
8	**Information from the coordination centre Involvement of Chr. Drosten in the briefing:** • Please feel free to invite Mr Drosten to the situation working group meeting to discuss the specific issues. First separate meeting this week if possible. The first invitation will be sent via PRÄS. The following 4 topics will be discussed: Threshold for testing, sample sharing, making tests available and cooperation in environmental investigations in the event of an outbreak, as well as characteristics of the pathogen. **Workload Coordination centre:** • High workload for the OUs involved (see Top 1) • Approx. 100 entries in the situation log • Various contracts have been awarded and are still being finalised. **General decree BMG:** • In connection with the so-called "novel coronavirus (2019-nCoV)", Division 321 of the BMG will from now on contact the RKI with a number of requests for support. These will be sent directly to the mailbox of the coordination centre (ncov-lage@rki.de). **Decree Overview of measures:** • On 21 January, the coordination office for nCoV was asked by the BMG to compile an overview of the measures implemented/prepared/planned by the RKI (2 hours processing time). The processing of (2) further measures known to the RKI in DEU (e.g. at federal states, GÄ, airports, etc.) and (3) the need for action beyond this could not be processed in the short time available. • On 21 January there were technical problems with the processing/forwarding of the decree report with DMS. **Communication of measures to ECDC for overview:** • The ECDC asks the MS to share documents on nCoV developed via EWRS. The RKI management is happy to respond to this request.

	but without additional effort (no extra translation of German documents). • Note: If there are indeed cases in Germany, then the situation reports should be prepared in DE/ EN in order to fulfil the international reporting obligation. • Ms Jakob will be attending the upcoming ABBAS meeting on 6 February. The decision to award security level 3 is expected to be made at this meeting.
9	**Other topics** **WHO-Roster:** • As decided at the situation meeting on 20 January 2020, a "Diagnostic Working Group" was set up with an address and sample receipt as agreed (see minutes of 20 January 2020). The roster will be published this week on a specially created website. **Other participants Briefing:** • Invitation Mr Drosten (see Top 8) • Please invite the RKI data protection officer and the legal department to the upcoming briefing.
10	**Next date:** 24 January at 13-14:30 (LZ meeting room or room NU 0.34 (used by press/FO))

Agenda WG meeting "Novel coronavirus (2019-nCoV) situation"

The "nCoV Situation Working Group" is convened by the RKI to make strategic decisions on the crisis response. It meets at regular intervals.

Location:	*Novel coronavirus (2019-nCoV), Wuhan, China*
Date, time:	*24.01.2020, 13-14:30*
Venue:	***RKI,*** *Room N01.EG.034*
Participants:	***FG14, FG17, AL1, FG32, FG36, AL3, IBBS, ZBS1, ZBS-L, INIG, ZIG-L, Press Office, VPräs, Pres***

Institute management

-Schaade , Brockmann, Buda, Glasmacher, Thanheiser, Arvandt, Basel, Jansen, Mehlitz, Michel, Seedat, XX (true press), Fouquet, an der Heiden, Wijeler, HAmdouy, Rexroth, Herzog, Trebisch (? Or Michaela?); TK:?

Current situation:

INIG: rapid development: more than 270 new cases from yesterday to today; >900 cases; 26 people deceased; 2 new cases Taiwan, 3 Singapore, x Japan, x Korea; WHO website: Human to human transmission 4th generation in Wuhan, 2nd generation outside Wuhan; family clusters in different locations; majority of cases (>500 cases still in Wuhan) ; less than 15% contact with fish market in Wuhan (Hunan); majority of cases hospital human to human;

WHO Emergency Committee meeting: no PHEIC declared; background: China does not want this, concern about economic influence; say they have situation under control; 10 cities currently quarantined in Hubei province; first R0 estimate, 1.4-1.5.
SARS: 2-4 (??); probably rather conservative estimate; sustained human-to-human transmission: self-sustaining; Schaade: substantial number of chains of infection? little information available; no secondary cases abroad so far; contact person flights: no secondary cases; are we talking about community transmission? Yes, this must be assumed; R0: 0.7 (MERS); FG36: would be cautious with this statement; no robust data yet available for the R0 estimate either; formulation: "there is human-to-human transmission"; MERS 2012-2019: around 2,400 cases; here 900 cases within 2 months; at what point do we speak of community transmission? "There are currently chains of infection in Wuhan in the 4th stage.
Generation"; not "easily transmissible" because; R0 influenza (1.5);

Incubation period: 2-14 days; the agent is currently not listed on the RKI website as too little information is known;

Generation time: currently unknown;

Contact tracing: currently still being attempted in Wuhan: 9,700 people traced in total;

Hospitals in Wuhan overloaded (but there is no typical primary care system there, people either go to hospital or to TCM)

Risk assessment: Tedros: very high in China; globally "" (??); OH: ECDC speaks of "high" in Wuhan, China "moderate" Probability of import into EU also "moderate" Dissemination "low";

Connection Flights: approx. 10,000 to/from Wuhan; total China approx. 1.2 million passengers;

Currently 31 of 33 provinces in China affected;

Risk area: Beijing 14 cases, Shanghai 16 cases, Hong Kong individual cases; "wherever there is a large cluster"; commissioned by INIG, but no GIS specialist → prepared in cooperation with P4 (based on Excel list); risk area: Wuhan, Hubei province; rather conservative; clinicians will perform exclusion diagnostics anyway, but outward message better;

IGV uses "affected area"; clinicians STAKOB also test from areas where isolated cases have occurred;

Brockmann (P4):

- *Model applied; takes into account total traffic flows; still waiting for 2019 flight data; this may be available today; model calculated relative import risks, i.e. if 100 infected people travel and stay in country x; result: non-online website: relative import risk: China (9%), other countries below 2% Hong Kong, Thailand, Taiwan, Japan, Macau, USA, South Korea, Malaysia, Indonesia, Russia, Germany (0.153%): Frankfurt, Munich, Tegel, Düsseldorf, Hamburg, Stuttgart, Hanover; although France is an important transport hub, it appears further down the list;*
- *What do we deduce from this?*
    - *Among European countries, Germany is obviously in first place; message "individual cases must be reckoned with");*
    - *UR: Currently TC with airports (local health authorities, state, BMG, BMVI); transport ministries have been provided with figures; 11 airports in total have stronger connection; group not formally constituted; information exchange and coordination; Frankfurt has developed material for passengers; Düsseldorf and Frankfurt under pressure; other countries somewhat more cautious; Paper already translated also into Chinese; to be shared in group; assume that Frankfurt will share information via screens from Monday; document will be disseminated via AGI so that other airports have information; Switzerland and Austria also interested; RKI also interested in sharing poster; Schaade: Would be good to put such a poster on the RKI website;*

  - *Brockmann: current data is waiting; a shift is not expected based on experience; Frankfurt Airport is more of a gateway for travellers from Wuhan; graphics can be shared; will be updated;*
  - *Traffic flows taken for model change over the years, but not very much; scenario that Wuhan is closed can be integrated via;*
  - *Buda: highest risk in Hong Kong: only 2 cases confirmed to date, although 2nd on the list; can this be prioritised? Special movement possible at New Year? Brockmann: Monthly question, then this can also be shown;*
  - *Hamouda: Exciting data, but how to make it available? External presentation; mixing of relative and absolute risk; Schaade: same model used for Ebola fever, experience with it; helpful for risk communication; 100 infected people get on a plane, then statistically 1.5 infected people arrive here; this is currently; Mr Gigerenzer has praised us for this in the past; we should be courageous; of course no absolute risk; tends to help us in risk communication; Wieler: good, clear accompanying text important;*
  - *Buda: Hong Kong: listed separately - how do we deal with it? Consistency is important;*
  - *Jansen: German government wants "one China policy"; Taiwan is not recognised; Hong Kong and Macao are special regions, but also belong to China; "one China policy";*
- *Risk remains "low": Import of individual cases likely, risk for the population in Germany is low; discussion of definition of risk;*
- *Federal Foreign Office: Risk to the population is very low → This must be resolved by the BMG*
- *IBBS: Flow chart agreed and published; professional associations involved so far; IBBS would like them to be involved again, in parallel; so far by Mr Schaade;*
- *Rexroth: supplement, flow chart topic in AGI-TK: BMG (Rottmann) and others dialled in; this morning also topic with BMG; change requests; in past documents agreed beforehand, but did not happen in view of the short time available; therefore decision, RKI document and we leave it as it is;*
- *Decision: even if published, it makes sense to inform the professional associations;*
- *Trebnisch: experimental therapeutics, purely supportive therapy; specific drug therapy does not exist; off-label drugs used for MERS and SARS, partly e.g. with corticosteroids; study situation: Remdesivir most convincing in vitro and animal models; is superior to ribavirin; improves lung function and reduces viral load; however, no recommendation can be given, must be a case-by-case decision; drug could be procured; drug from Novartis: A... (?) MERS and SARS: while SARS does not work in the mouse model but not in cell culture; Remdesivir used for Ebola fever but not effective in humans; Remdesivir not an approved drug;*
- *Buda: Call for therapy → Reference to STAKOB correct or not? Yes.*

-HSC Communicator Network TK: BMG participated, not RKI. Short protocol exists. Countries very much want documents to be shared, e.g. FAQ. Poster
-EWRS measures have been uploaded;
-GHSI measures in progress: possibly GHSI useful for parts of the samples; nex Week GHSI Senior Officials TK; personal interview the day before; Haas would be good; nah, Silke, Andreas, Ute: Andreas presented the current situ Short report from TCs of the previous days; no significant new information announced; some questions; handling: how many people? BMG: Rottmann then Z23, Press Office, L ... broadly positioned at the BMG. Should be on AL-level; Osamah plus briefing as necessary;
-Involvement of influenza experts: Does participation in the sense of counselling make sense? whether MERS should be included in the portfolio. This was rejected at the time; It would make sense to represent all relevant institutions and professional associations, Telephone conference would be useful, question of how quickly; members and guests organises this (next week, beginning of the week after next); in the Influenza Advisory Board no clinical experts: should STAKOB be involved? Are there already clinical experts;

Laboratory diagnostics
-Consultation with a consultant laboratory minimal adjustments
- *Travel history: currently more important than clinical symptoms; Airways should be affected;*
- *Diagnostics in the area: gladly via the GRV (??); feedback: LGL in Bavaria establish diagnostics;*
- *Sample sharing: possible obstacles: "normal academic Behaviour → Nobody likes to share; Japan is a potential partner who likes to share; rather than USA; original material not to be expected, rather inactivated isolate;*
- *Environmental testing: Coordination rather at the RKI*
- *Basically 0,2,4 and 7 day samples make sense, but probably not affordable, rather serological follow-up examination*
- *Drug: "Guilliard" was a drug;*

- *Discussion*

- *Society for Virology: to go, Mr Wolff and Mrs Michel take care of*
- *KL on our site has been changed: Change of address; should possibly be changed again; Mr Ott will*
- *Question BMG: Duration of sample transport; duration of diagnostics;*

- *Mr Drosten's assays are running here;*
- *Environmental examinations: normally inanimate environment; no: contact person examinations: Mrs Mehlitz, Mrs Reupke, Mr Mehlitz, Mrs Diercke, Mr Haas etc. Final clarification of the questions could not yet be carried out;*
- *What additional data can be collected and transmitted; separately on contact persons; Mrs Reupke is checking this; Monday or Tuesday result targeted; transmission should not be a problem; data transmission of laboratory data; valid from measles protection law; should now be done simply because it has also been done in the past; contact person tracing is being checked;*
- *UR: Routine - contact tracing etc. the other household study (scientific study); the pilot study for influenza was already underway (ethics, data protection vote etc. was already in place); examination would be carried out as a matter of urgency by the DPO in any case; legal basis, if study with patients, declaration of consent is necessary; this should be prepared; I-MOVE hospital study, protocols from 2009 also available; FG36 is next;*
- *Contact tracing: Number, categorisation, monitoring; documents provided; Hesse rejects this; documents will be discussed in next AGI-TK on Thursday;*
- *Drosten has asked whether peripheral laboratories are sent the first 5 cases to the consultant laboratory; can be recommended but not ordered; allocation of laboratory results and cases difficult; painful experience in 2009, if everything has to be confirmed by NRZ, then difficult; takes too long; if dynamics are high, difficult to change again; evaluate cases as positive even outside a test at the consultant laboratory; Schaade: but KL probably gets the samples anyway because everyone is currently working with synthetic samples;*
- *When do we communicate probable cases to international bodies? → uspected cases, only if §12 IfSG applies and no result within 24 hours*

- *Measures to protect against infection*
  - *Mouth and nose protection replaced by FFP2 mask;*
  - *Measures adapted*
  - *FAQ online*
  - *Transmission: Droplets*
- *Transport (border crossing points)*
  - *Healthy Gateways etc.*
- *Coordination centre*
  - *High workload*
  - *GMLZ: daily situation report, information about RKI not correct;*
- *WHO TK (Nitsche)*
  - *Human-to-human transmission by asymptomatic carriers with high CT values; CDC values virus from cultivation not available;*

Laboratories asked to share; CT value of 20-30; WHO provides assays; University of Bern synthesises the genome;

- *GOARN call: looking for several people for secondment to Manila (WPRO, WHO) for an indefinite period; TOR unclear; so far no feedback from RKI; possibly provide 1 person from ZIG1; funds also available for external people? No, as request to RKI; no external persons can be recruited; BMG INIG position Ms Abas comes directly from Jordan; 1 week at RKI, then theoretically she should go to BMG;*
- *Glasmacher: Enquiries in the info mailbox about Chinese imported goods;*
- *Coordination centre: IBBS Ebola fever - goods, text templates*
  - *Doctor: China ECMO with pneumonia; whether we want serology;*
  - *Tweet FAQ?*
  - *If case positive: situation centre, press; other OUs should think about who could come for minimum staffing; coordination centre should have list of names; 1-2 people per affected OU;*
- *Series date: Monday, Friday at 1 pm*
- *EpiBull: Text proposal next week from Jamela to the coordination centre;*
- *Intranet: short info then link to website*
- *Thanks from Mr Rottmann Praise for good cooperation*

Agenda:

TOP	Contribution/Topic	contributed by	Time
1	**Current situation**	*INIG/FG36*	
2	**Current documents, communication - Update** • *RKI website* • *FAQ for RKI website: will go online soon (Schaade has released with changes)* • *BZgA: linked to our website, asked to intensify measures on cough etiquette etc., which are already underway due to flu; BMG-TK: feels BZgA is a shortcoming, does not expect any additional work; RKI should shoulder information for the population together with BMG; Osamah: we cannot expect anything from BZgA; due to restructuring and situation, he does not think this is possible; OH: RKI should ask BMG to pay more attention to the information of the population; Osamah: we cannot expect anything from BZgA; due to restructuring*	*Press/all*	

	and situation, he does not think this is possible; OH: RKI should ask BMG to pay more attention to the information of the population. *BZgA to provide better information*		

	to make available; e.g. existing influenza documents; ultimately the measures are the same; Glasmacher: BZgA has tweeted twice today; Mrs Degen will establish contact with BZgA; • *Page of John Hopkins University: Präs asks if we can link to website; Glasmacher: perhaps rather on FAQ so that website is not overcrowded; Herzog: medical profession would appreciate this very much;* • *HSC Communicator Network TK* • *EWRS measures communicated in Germany* • *GHSI enquiry about measures in progress* • *Working day TC with the BMG* • *Involvement of the Influenza Expert Advisory Board*		
3	**Laboratory diagnostics** • *Environmental analyses* • *Brief minutes of the TC with KL on 23 January 2020*	*FG17/ZBS1*	
4	**Surveillance requirements** • *TC with AGI* • *Information letter for transmission* • *Legal aspects* • *Data protection for scientific studies*	*FG36/FG32/IBBS*	
5	**Measures to protect against infection**	*FG14*	
6	**Clinical management** • *German Medical Journal Article*	*IBBS*	
7	**Transport (border crossing points)** • *Airport Health authorities TK* • *Advisory group JA Healthy Gateways*	*FG32*	
8	**Information from the coordination centre** • *Communication with other authorities, GMLZ situation report* • *Ensure information flow via or from TC/meetings*	*FG32*	
09	**Other topics** • *GHSI Senior Officials: TC 28 January, 4 pm. Participation for DEU expected. UAL 32 BMG participation to be ensured by RKI.* • *GOARN call to support the situation*	*IBBS*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*25.01.2021, 13-15 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1/Department 1 Management*
  - *Martin Mielke*
- *FG 12*
  - *Annette Mankertz*
- *AL3/Department 3 Management*
  - *Osamah Hamouda*
  - *Tanja Jing-Sendzik*
- *ZIG Management*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *FG 34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZIG1/INIG*
  - *Sarah Esquevin*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** *International (Fridays)* **National** • *Case numbers/deaths/trends (slides here)* ○ *SurvNet transmitted 2,141,665 cases, of which 52,087 (+217) deaths (2.4 in%), 7-day incidence 111/100,000 inhabitants* ○ *4-day R=1.06; 7-day R=0.95 (as at 25 January 2021)* ○ *Vaccination monitoring (24/01/2021): Vaccinated with one vaccination 1,469,353 (1.8%), with 2 vaccinations 163,424,* ○ *DIVI Intensive Care Register: 4628 cases in treatment (-32)* ○ *Discharged from intensivmed. Discharged: 351, of which 39% deceased* ○ *7-day incidence in the federal states by reporting date: slight downward trend in all federal states, including TH, SN, BB.* ○ *Geographical distribution in Germany: Leading in the 7-day incidence are SN, TH, ST* ▪ *No LK > 500/100,000* ▪ *Some districts < 50/100,000 (mainly in the north)* *Assessment:* ○ *7-day incidence total Germany at 111/100,000 significantly lower than at the end of December, R is around 1, after the weekend small increase in confirmed cases and number of deaths.* ○ *Note on the recording of the 217 deceased: Those of whom the RKI has received knowledge in the last 24 hours are listed; the date of death may be further back in time* ○ *No underreporting is to be assumed (5000 reports were received via DEMIS).* ○ *DIVI Intensive Care Register: no increase, continued slight decline* **Graphical representation of the 7-day incidence** • *Previously, the representations of the respective day were no longer changed ("frozen"). Cases were entered by report date, which leads to an underestimation of around 7-15%, as data from the previous day is not yet complete. Now the data for the previous day is to be corrected retroactively*	*FG 32* *M. Diercke*

RKI	• *A visualisation of the curve with correction would lead to a better agreement with WHO and ECDC* • *The accusation of deliberate underestimation would be invalidated* • *Example illustration: corrected curve is more relaxed, but shows a clear underestimation of the 7-day incidence for past data for Saxony, for example* • *The area that is underestimated in every current representation due to incomplete data should be highlighted with a grey bar and marked with a note* *Discussion:* • *Question: is the incidence (basis of the entire report/especially the 50/100,000 limit) always higher in the corrected presentation?* *Answer: No, the error only affects the current and previous day and becomes smaller with days further back, there is no difference for the current day, the correction only affects the previous day* • *Could be problematic for the federal states: regulations are based on the figures that the RKI reports daily* • *Although it could be a problem that with the retroactive correction in Germany there was a 7-day incidence of >200, the restriction to the 15-km radius would therefore have applied nationwide, the focus is on consistent reporting, which is possible with this new presentation* • *Current country data can be used for the period marked with the grey bar, which is at risk of underestimation (see above)* • *The new illustration shows that step models with exact limits are not very useful; the limit of 50/100,000 was also not chosen on the basis of RKI data or by the RKI* • *It makes sense to include all data that is available at the current time in a visualisation. This is only possible in the new visualisation* • *Proposal: The title of the new presentation should include "Correction" should be replaced by "with the addition of subsequent reports". Description of the old presentation: "Documentation of data available at the time of reporting"* • *Question: Could nowcasting also be usefully applied to the 7-day incidence?* *Answer: Could be tried, not as an alternative to the corrected representation, only conceivable as a supplement* • *Question: Changes are difficult to communicate, incidences are retroactively higher?* *Answer: The daily incidences are not incorrect, as they are based on data available at that time.* • *Proposal: Parallel publication of the previous and the corrected curve for one week.*	*All* *L. Wieler* *L. Pity* *O. Hamouda* *U. Rexroth* *W. Haas* *T. Eckmanns* *M. Diercke*

- *Result: Parallel display of both curves over 3 days, then change to corrected display*

ToDo: Previous presentation and corrected presentation to be published in parallel on Tuesday 26.01., Wednesday 27.01. and Thursday 28.01.
ToDo (without deadline) Apply nowcasting to the 7-day incidence as a trial,

Outbreak with B.1.1.7 at Vivantes Humboldt Hospital, Berlin (HUK)

Position Management report

Brief report

M. a d Heiden?

- *Muna Abu Sin and Sofia Burdi are on site to support the creation of the linelist*
- *The exact number of VOC cases, around 20, has not yet been clarified*
- *Since Friday: Hospital is closed for the admission of emergencies and new patients.*
- *MA are under pendulum quarantine*
- *Retroactively until 1 January 2021, 100 relocations will be tracked and the target facilities informed.*
- *Of around 1000 redundancies, 104 are retested on site or by mobile teams*
- *MA and patients are PCR-tested 2x/week*
- *Vivantes Spandau Hospital is involved through joint chief physician and cardiology doctor*
- *Dialysis, chemotherapy and psychiatric patients are treated further to avoid transfer to other facilities*
- *The issues/questions relating to B.1.1.7 to be considered as part of the outbreak are to be determined in a timely manner*
- *Cases are to be tested for 2 days*
- *The first priority is to get the outbreak under control, prevent virus transmission to the outside world and define internal measures*
- *The parallel investigation of outbreaks with the classic Sars-CoV-2 variant and B.1.1.7 is now possible*
- *Note: The outbreak in Hamburg (Airbus) with 22 cases is also covered by B.a. B.1.1.7*
- *Question: Is individual quarantine possible in the HUK, or is cohort quarantine the aim?*
  Answer: Bed occupancy is currently low, spatial capacities are probably available, question to be clarified today
  In principle, cases should be divided into three groups: (a) Classical. variant, (b) B.1.1.7, 3. (c) Unclear
- *Question: Were the cases sequenced or were they only identified by PCR?*
- *Answer: So far via PCR, sequencing of 8 isolates so far is to be carried out soon via RKI, IMS and ZBS1.*

T. Eckmanns

	• *Proposal: Sequencing should be performed on all diagnosed cases*	
2	**International (Fridays only)** •	*ZIG*
3	**Digital projects update (Mondays only)** **Not discussed (postponed due to lack of time)**	*FG 21* *S. Gottwald* *P. Schmich*
4	**Current risk assessment** • *Assessment of the severity of the UK variant (B.1.1.7)* **Postponed to Wednesday**	*All* *FG 37*
5	**Communication** **BZGA:** • *Numerous campaigns are planned that can be used to communicate information.* • *Questions from the population about the options for prioritising vaccinations* • *Answer: The options here are currently still limited by the lack of vaccines and will expand as they become available.* **Press:** • *Question: There is a ministerial statement that antigen tests should be made available for private use (home testing). This should lead to more freedom and mobility.* • *Is said to have been denied by the BMG press office* • *It should be made clear in FAQs or in an EpiBull article that antigen tests are primarily suitable for determining infectivity.* • *There is contact with the specialist level of the BMG (M. Mielke), where the opportunities and limitations are known. Firstly: opening up to the company context, professionally guided and accompanied by a company doctor.* • *No information is available on saliva tests; the promise of broad application would be an incentive for further development in this area* • *It is conceivable that antigen tests could be dispensed via pharmacies, with the obligation to provide information* • *Note: regarding the wording: it should read "inconspicuous antigen test"*	*M. Degen*

6	**News from the BMG** **Not discussed**	*BMG*
7	**a) General:** *Need for adaptation of RKI recommendations/documents (e.g. with regard to incubation time, quarantine time, isolation time, elimination time, new definition of contacts)* **Release criteria from isolation:** • *So far no reason to change the discharge criteria, as PCR is recommended for hospitalised cases (severe course) before discharge anyway. The data on therapy for VOC is still sparse.* • *Question: The criterion for the progression definition is the oxygen requirement, hospitalisation due to other illnesses and mild Covid-19 progression is conceivable, would no PCR then be carried out before discharge?* • *Answer: PCR is recommended for re-hospitalisation or contact with vulnerable groups* • *Basic criterion for discharge from isolation (mild courses) at the earliest after 10 days and at least 48 hours without symptoms. This should also be sufficient for new variants.* • *Note: Precipitation kinetics of the new variants are still unknown* • *Sequencing should be recommended for immunosuppression and virus excretion of >21 days (immune escape)* • *Transfer of the previous regulations to VOCs in favour of uniformity may not be sufficient here; PCR should not be dispensed with during de-isolation* • *Containment is gaining in importance as the vaccination effect of the bras. variant is unclear and more severe courses of B.1.1.7 cannot be ruled out* *Suggestion: Antigen tests are well suited here, because the domain of the antigen test is basically infectivity (towards the end of the infection)* *PCR is relevant as proof of infection at the beginning.* *If the antigen test result is positive, the quarantine should be extended* • *Is this effort affordable? Clinical improvement as a discharge criterion sufficiently indicates that the elimination has been overcome* • *For hospitals, an antigen test could speed up the transfer procedure* • *There are no data on excretion, infectivity and vaccine preventability, therefore an antigen test should be recommended before discharge in the case of known infection with VOCs* • *Question: Firstly, about clinics with good diagnostics, to which we*	*All* *W. Haas*

RKI	*have easy access, get a better overview, then go public?* *Answer: Too much delay* • *Question: Should a comparison group with a classic variant also be tested in the antigen test before isolation after VOC infection?* • *Answer: Data should be obtained in the event of an outbreak in the HUK and other parallel outbreaks* • *Agreement: Antigen test before de-isolation, it remains undecided whether in every setting* *ToDo: Draft text with the content:* *We are of the opinion that an antigen test should be carried out before discharge from isolation. Caveat: It is still unclear whether this only applies in the clinical setting (hospitalised cases) or also in the home setting. Sequencing should always be performed in cases of immunosuppression.* **Separate isolation of cohorts** • *Data situation: Case report from Limburg, both pathogens (classic variant and VOC) were detected* *HUK case report: Patient died very quickly after reinfection* • *Recommendation: separate* *insulation Discussion:* • *This is also the case for other pathogens with different virulent variants* • *Agreement: separate isolation of cohorts is recommended.* **Contact person categorisation** • *Question: Should contact persons of KP I also be quarantined?* • *Basis: Household members of cases are KP I and are quarantined* • *Contact persons of KP I have not yet been quarantined. Exception: GPs have quarantined families if a child has had KP I in order to prevent entry into other facilities via siblings* • *Suggestion: Option to quarantine the whole family could be included in the recommendations* • *Objection: Then every CP I would be treated as a case, but CPs are not suspected of being infected* • *Result: KP of KP I should not be quarantined as a matter of principle, it should be communicated more clearly that KP I should inform their contacts of their status and point out that they will contact them again if symptoms occur* • *Caution: Contact persons with KP I should not be "2nd degree contact persons" are spoken of in order to*	*W. Haas*

RKI	*Avoid confusion with KP II!* *ToDo: Clarify whether the reference to a contact diary should also be included here or is already recommended in the documents.* **Area closures** • *The question of a lockdown vaccination does not arise with the current vaccine shortage* • *Lockdown of geographical units is not recommended, lockdown of neighbourhoods is hardly possible or controllable and leads to false security assumptions in unaffected areas.* • *Locking down facilities can be useful in the event of an outbreak. (Example HUK).* *Example Tönnies: Residential facilities under quarantine without internal cohorting are not a good solution* *Example HUK: the lockdown is also limited here: in the case of commuter quarantine, the household members of the commuters are not quarantined. The pathogen has probably already left the facility.* • *Area closures as in the case of animal diseases (FMD) are difficult to imagine* • *Conclusion: Lockdown is not a sensible measure to prevent the spread at the present time. (too late).* **Recommendations for care homes after vaccination has been completed** • *When can a finalised recommendation be delivered?* • *Current status: no changes to the current recommendations are planned, as less than 100% of residents and staff have been vaccinated. In addition, there is insufficient data on the behaviour of VOCs after vaccination* *ToDo: Formulate a statement in this regard with a deadline of 25.01.2021*	*T. Eckmanns*

8	**Documents** **How to proceed with recovered people (in the context of vaccinated people):** • *Text proposal "Adaptation of the version of 15 January regarding the management of category 1 contacts with pre-existing confirmed SARS-CoV-2 infection or vaccination" is under discussion (draft here)* *Proposal 1: If contact occurs within 3 months of detection of infection: no quarantine, exception: contact with vulnerable groups (this corresponds to the ECDC proposal).* *Proposal 2: due to the circulating mutants, quarantine is also recommended for convalescents* *Discussion:* • *Variant-dependent differentiation of measures (proposal 1) is questionable: difficulty in proving a previous infection and recognising evidence, characteristics of the variants are not fully known* • *Proposal 2 is simple, but means a change of course, can be justified by referring to new variants, although little information on VOC is available so far* • *Proposal 2, quarantine also for those who have recovered, is accepted, with reference to the circulation of new variants (the Brazil variant should also be mentioned).* **Quarantine for KP I in case of contact with VOC:** • *Reference should be made to the "Infobrief 53 (22 January 2021) for health authorities on commissioning genome sequencing of SARS-CoV-2 positive samples in cases of suspected Variant of Concern (VOC)" and a link provided to it* • *Text proposal for the instructions for ordering quarantine: The quarantine should not be shortened to <14 days (should this also apply in case of suspected or only in case of detection of VOC infection?)* *As there are indications of a longer incubation period, self-monitoring is recommended for a further week after quarantine.* *Unclear: Should a negative test result be available before release from quarantine?* *Discussion:* • *Recommendations should remain as standardised as possible, PCR at the end of quarantine would be a special regulation* • *In the UK, apart from school closures, no further adjustments were made to the measures in response to B.1.1.7.* • *Questionable additional benefit of the final PCR, responsibility is thus delegated* • *PCR would allow a look back to 16 days, possibly infections with VOC are further pre-symptomatic*	*W. Haas* *All*

	back • *Note: Caution is required with increasingly small-scale recommendations - doctors are overwhelmed, it takes about 4 weeks for changes to become widespread* • *Agreement in favour of uniformity:* • *If VOC is suspected or detected, quarantine should not be shortened to <14 days, self-monitoring for a further week after quarantine is recommended, no PCR test before discharge* • *Question: should VOC not be detected within 14 days in case of suspicion?* • *Answer: This is not realistic (e.g. samples are not always sent in, special PCRs are missing, etc.).*	
9	**Vaccination update (Fridays only)**	*FG33* *Tim Eckmanns*
10	**Laboratory diagnostics** **FG 17** • *AGI Sentinel: 303 submissions, 10.9 % positive for SARS-CoV-2, 7 % positive for rhinoviruses, 3x seasonal coronavirus, 3x parainfluenza virus 3, no evidence of influenza.* • *The influenza season will be mild* • *B.1.351 could be grown successfully, also with B.1.1.7 promising trial, ZBS1 is included* • *Samples from HUK have arrived via IMS* • *Delivery route for samples sent in should be standardised,* *ToDo: Direct coordination with all parties involved* **ZBS1** • *Last week there were 819 entries, 262 of which were positive, i.e. 32%* • *ZBS 1 supports HUK outbreak*	*ZBS1* *FG17* *TH. Wolff* *M. Mielke*
11	**Clinical management/discharge management** • *As soon as new information is available, it will be posted on the homepage.*	*IBBS*

12	**Measures to protect against infection** • *Brief report on the WHO IPC Europe Office's request for a dialogue with Germany and Austria regarding the recommendation to wear medical masks in public spaces* • *The video conference was attended by I. Andernach (BMG), M. Arvand (RKI) and an Austrian colleague from AGES took part in the video conference* • *The following questions were asked:* *Has consideration been given to the consequences of this (e.g. on availability)?* *Answer: According to the BMG, no data on availability was obtained* *Is a distinction made between different types of medical masks (I, II, IIa)?* *Answer: No differentiation is made in the regulations. Has the impact on stocks and resources been checked? This could not be answered* *Have the effects and side effects been explained to users?* *Answer: RKI has presented possible effects and side effects in detail, without arousing fear and without presenting this recommendation too positively.* • *Note: The BAuA has removed the comment on the use of medical masks for private individuals from its table (it is not responsible for private individuals).* • *Testing before/after entry from virus variant areas (NEW, for Monday)* **postponed to Wednesday** • *Delimitation and definitions of Risk/high incidence/virus variant areas -> comprehensibility for users* **postponed to Wednesday** • *Recommendation to refrain from all non-essential travel at home and abroad* **postponed to Wednesday**	*M. Arvand*
13	**Surveillance** • *Corona-KiTa study,* • *only 1 slide discussed (slides here)* **Further slides postponed to Wednesday** ○ *Decline in incidence in almost all age groups, only no clear decline in the 0-5 age group* ○ *In contrast to schools: 41 outbreaks in daycare centres Increase 2nd week: 8 outbreaks with >10 cases* ○ *However, day care centres are not closed, but offer emergency care to varying degrees. extent.* ○ *Careful monitoring is appropriate (in view of the situation in the UK) as schools are less affected.*	*FG32* *FG36* *W. Haas*

14	**Transport and border crossing points (Fridays only)** -	*FG38*
15	**Information from the situation centre (Fridays only)** -	*FG38*
16	**Important dates** -	*All*
17	**Other topics:** • *Next meeting Wednesday, 27 January 2021, 11:00 a.m., via webex*	

End of the meeting 3:19 pm

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*24.01.2020, 13-15 h*
Venue:	***RKI,*** *Room N01.EG.034*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZIG management*
  - *-*
- *FG14*
  - *Mardjan Arvand*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff (telephone)*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden (protocol)*
- *FG36*
  - *Silke Buda*
- *IBBS*
  - *Christian Herzog*
  - *Isabel Trebesch*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*
- *Legal department*
  - *Helmut Fouquet*

- *Joachim-Anton Mehlitz*
- *P4*
  - *Dirk Brockmann*

TOP	Contribution/Topic
1	**Current situation** • *Situation continues to evolve rapidly: more than 270 new cases from yesterday to today; >900 cases; 26 people have died; 2 new cases in Taiwan, 3 in Singapore; 14 cases confirmed outside China so far: 4 in Thailand, 2 in Japan, 2 in South Korea, 1 in the USA, 3 in Singapore and 2 in Vietnam.* • *WHO website: Human-to-human transmission 4th generation in Wuhan, 2nd generation outside Wuhan; family clusters in different locations; majority of cases (>500 cases still in Wuhan); less than 15% contact with fish market in Wuhan (Hunan); of confirmed cases 25% severe;* • *WHO Emergency Committee meeting on 23 Jan.2020: no PHEIC declared; presumed background: China's concern about economic influence and China's assessment that they have the situation under control; 10 cities currently quarantined in Hubei province; first R0 estimate, 1.4-2.5 (comparison: SARS: about 2-4; MERS: about 0.7; influenza about 1.5) probably rather conservative estimate; human-to-human transmission appears to be self-sustaining; however, no secondary cases abroad or among contacts from flights so far; term "community transmission" should not yet be used, however; R0 estimates should be interpreted with caution, as too little robust data is currently available;* **agreement on wording: "there is human-to-human transmission***";* • *Incubation period: 2-14 days; agent is currently not listed on the RKI website as too little information is known;* • *Generation time: currently unknown;* • *Contact tracing: currently still being attempted in Wuhan: 9,700 people traced in total;* • *Hospitals in Wuhan overloaded (however, there is no typical primary care system there, people either go to hospital or to TCM)* • *Risk assessment: WHO/Tedros: "very high" in China; ECDC speaks of "high" in Wuhan, "moderate" in China, probability of import into EU also "moderate", further spread "low";* • *Connecting flights to Germany (BMVI data from 2019, January-November): approx. 10,000 passengers to/from Wuhan due to connecting flights; approx. 1.2 million passengers in China as a whole;* • *Currently 31 out of 34 administrative units of the People's Republic of China affected (German government advocates "One China Policy")* • *Definition of risk area: Possible extension to administrative areas*

	the People's Republic of China or other affected countries where larger clusters are known; preparation: INIG in cooperation with P4 (based on Excel list); decision: remain rather conservative (currently prioritising Wuhan; Hubei; addendum, formulation RKI website on 25 January 2020" prioritising Hubei province, including the city of Wuhan"); clinicians will carry out exclusion diagnostics anyway; • *Furthermore, the message "individual cases must be expected");* • *Risk to population remains "low": Import of individual cases likely;* • *Risk assessment of AA differs from RKI; this must be resolved by BMG;*
2	**Current documents, communication - Update** • *RKI website* • *FAQ for RKI website: have been online since 13:53 on 24/01/2020 (Schaade has released with changes)* • *BZgA: linked to our site, asked to intensify measures on cough etiquette etc., which are already underway due to influenza; OH: RKI should ask BMG to exert greater influence on BZgA to make information more readily available; e.g. existing influenza documents; the measures are ultimately the same; Glasmacher: BZgA has tweeted twice today; Ms Degen will establish contact with BZgA;* • *John Hopkins University page: Präs asks if website can be linked to; Glasmacher: perhaps rather on FAQ so that website is not overcrowded; Herzog: medical profession would greatly appreciate this; John Hopkins University map: https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6 IBBS checks with US CDC how reliable the map is;* • *HSC Communicator Network TK: BMG participated, not RKI. Short protocol exists.* • *EWRS: Measures communicated in Germany on 23 January* • *GHSI enquiry about measures in progress, deadline 24.01.* • *Working day TC with the BMG (09:30): Osamah Hamouda represents RKI, if necessary with the support of Andreas Jansen* • *Involvement of the Influenza Expert Advisory Board: Involvement makes sense in principle; all relevant institutions and professional associations represented, it would make sense to use this body; there is no corresponding body at the BMG, separate conference call by FG36 next or next but one organised; clinical experts available;*
3	**Laboratory diagnostics** • *Brief protocol TC with KL on 23 January 2020: see here: ..\..\7.KL- Drosten; excerpts: Patient testing: only minimal adjustments;* *Travel history: currently more important than clinical symptoms;*

	lower airways should be affected; diagnostics in the area: gladly via the GfV; feedback: LGL in Bavaria establish diagnostics; sample sharing: possible obstacles: "normal academic behaviour → nobody likes to share; Japan possible *Partner who likes to share; possibly also Hong Kong; original material rather* *Not to be expected, rather inactivated isolate; contact tracing: generally day 0, 2, 3, 4 and in case of inconspicuous findings possibly day 7 for useful, but probably not feasible, rather serological follow-up (if serology is available); virology, phylogeny; tropism lung; note that Novartis has purchased and licensed Remdesivir (antiviral drug)* • *Society for Virology: Mr Wolff and Ms Michel approach them* • *KL Change of address: will be communicated to WHO;* • *Mr Drosten's assays are also running at the RKI;* • *Drosten has asked whether the first 5 cases from peripheral laboratories are sent to the consultant laboratory; can be recommended but not ordered; allocation of laboratory results to cases may be difficult; painful experience in 2009, when everything has to be confirmed by NRC, also difficult (eye of the needle) and takes too long; difficult to reverse with high dynamics; evaluate cases as positive even outside a test at the consultant laboratory;* • *WHO TK, participation by Nitsche: Human-to-human transmission by asymptomatic carriers with high CT values; laboratories were asked to share; CT value of 20-30; WHO provides assays ready; University of Bern synthesises the genome;*
4	**Surveillance requirements** • *Coordination of documents: IBBS: flow chart coordinated and published; in other situations, professional associations were also involved in the preparation; FG32 adds that this was also a topic at the AGI-TK and the TK with the BMG (involvement of others before publication) Decision: in view of the short time available, information on RKI documents to professional associations and other stakeholders after publication;* • *Transmission of data for contact tracing: Ms Mehlitz, Ms Reupke, Mr Mehlitz, Ms Diercke and Mr Haas coordinate, etc. first results expected next Monday or Tuesday (27 or 28.01.2020); Hesse, for example, refuses to transmit individual person data;* • *Data transmission of laboratory data; valid from the Measles Protection Act; should nevertheless already be carried out now;* • *Scientific studies (household study): Documents such as informed consent forms should be prepared; protocols of 2009 (ethics vote, privacy policy) also available; FG36 takes care of this;*

	• *Contact tracing: Number, categorisation, monitoring; documents provided; Hesse rejects this; documents will be discussed in next AGI-TK on Thursday;* ○ *When do we communicate confirmed cases to international bodies? → only if §12 IfSG applies, or within no report has been made for 24 hours*
5	**Measures to protect against infection** • *Measures adapted, FAQ online*
6	**Clinical management** • *Experimental therapeutics, purely supportive therapy; specific drug therapy does not exist; off-label drugs have been used for MERS and SARS, partly e.g. with corticosteroids; study situation: Remdesivir most convincing in vitro and in animal models and superior to ribavirin; improves lung function and reduces viral load; however, no recommendation can be given, must be a case-by-case decision; drug could be procured; drug from Novartis: Axxx (IBBS?) MERS and SARS: did not work during SARS in the mouse model but not in cell culture; Remdesivir used for Ebola fever but not effective in humans;* *However, Remdesivir is not an authorised medication; refer to STAKOB when calling;*
7	**Transport (border crossing points)** • *P4 provides model for relative risk, traffic flows are taken into account (current 2019 flight data are still expected on 24 January 2020, but no relevant changes are to be expected); relative import risk (1.5% means, for example, an increase in traffic flows).* *"if 100 infected people board an aeroplane, then statistically 1.5 infected people arrive in country XY"): China (90%), other countries under 2% Hong Kong, Thailand, Taiwan, Japan, Macau, USA, South Korea, Malaysia, Indonesia, Russia, Germany (1.5%); Frankfurt most important transport hub, but also Munich, Tegel, Düsseldorf, Hamburg, Stuttgart, Hanover; France important transit hub for flights from China/Wuhan; Frankfurt Airport gateway for travellers from Wuhan; graphics are updated and can be shared; Model will also be used again with the current situation that Wuhan has closed its airport; month-by-month presentation possible (taking into account traffic flows New Year China); graphics helpful for risk communication, should be made available; good, clear accompanying text important (possible confusion of absolute versus relative risk); take into account the German government's "One China Policy" in the presentation;* • *TK with airports (local and state health authorities, BMG, BMVI); figures from the BMVI: a total of 11 airports have stronger Liaison with China; information exchange and coordination;*

	Frankfurt has developed material for passengers; Düsseldorf and Frankfurt under pressure; the other countries somewhat more cautious; paper already translated into Chinese; to be shared in groups; it is assumed that Frankfurt will share the information via screens from Monday (addendum: already from Saturday); document will be distributed via the AGI so that other airports have information; Switzerland and Austria also interested; if Hesse agrees, RKI will put posters on RKI website; • *JA Healthy Gateways: Interim Advice prepared at the request of DG SANTE for measures at airports and ports; further advice is being prepared; contains information on dealing with people with acute respiratory symptoms on aircraft, dealing with disembarkation cards and entry screening (the latter ineffective, evidence speaks against it, but there may still be positive effects); DG SANTE is currently preparing further advice.* *SANTE supports this recommendation;*
8	**Information from the coordination centre** • *High workload; since 23.01.2020 locally in the situation centre; expansion in terms of personnel in progress (across RKI);* • *GMLZ: Reports contain incorrect information on RKI; will be reconciled in future (Addendum: the last GMLZ management report no longer contained the incorrect information and it was made available for consultation).* *Vote sent to coordination centre in advance);*
9	**Other topics** • *GHSI Senior Officials: TK 28.01.2020, 4 pm: Participation Rottmann, representation RKI by Walter Haas* • *GOARN call: looking for several people with various expertise for secondment to Manila (WPRO, WHO) for an indefinite period; TOR unclear; so far no feedback from RKI; possibly provide 1 person from ZIG1; external cannot be sent, as request to GOARN partner; BMG INIG office comes directly from Jordan; 1 week at RKI, then theoretically this should go to BMG; possibly better at RKI in current situation;* • *Enquiries in the press info mailbox about Chinese imported goods; FG32 tries to find the right contact person (similar to Ebola fever) so that an FAQ can be created.* • *Participating OUs must ensure minimum staffing by 1-2 people at the weekend, coordination centre coordinates the* *Query and list;*
10	**Next meeting:** *Series meetings on Mondays and Fridays, 13-14.30, invitations have been sent out*

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*27.01.2020, 13-15:15 h*
Venue:	***RKI,*** *Seestraße, Situation Centre Meeting Room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler (telephone)*
  - *Lars Schaade*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZIG management*
  - *Johanna Hanefeld*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Silke Buda*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
  - *Bettina Ruehe*
- *Press*
  - *Susanne Glasmacher*
  - *xx*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*
- *Legal department*
  - *Helmut Fouquet*
  - *Joachim-Anton Mehlitz*
- *P4*
  - *Dirk Brockmann*
- *BZgA*
  - *Ute Thais (phone)*
  - *Oliver Ommen (phone)*

- *Mrs Seefeld (telephone)*

TOP	Contribution/Topic
1	*Current situation* • *Situation continues to develop rapidly: total of 2,862 cases, of which 433 severe cases (15%), total of 81 deaths (2.8%, all in China). In China (incl. HK, Macau and Taiwan): 2,822 cases (1,423 in Hubei province)* • *40 cases outside China in 10 countries: 5 in Australia, 3 in France, 4 in Japan, 4 in Malaysia, 1 in Nepal, 4 in Singapore, 4 in South Korea, 8 in Thailand, 5 in the USA and 2 in Vietnam. There are currently 30,453 people under contact tracing.* • *First human-to-human transmission outside China detected in Vietnam (transmission from father to son). All other cases outside China had a travel history from Wuhan.* **Findings on the pathogen** • *An "epi-matrix" on the epidemiological characteristics is currently being created. This will incorporate information from various sources/publications (these have not yet all been collated, other FGs are still to be included).* ***ToDo: Please provide a draft by 28 January 2020 DS for PRÄS (participation in Health/Global Health Committee).*** • *There are different R0 models (R0 2.6 Ferguson; 3.6-4 Riley/Glasgow: according to these models, 5.1% of cases have been detected and 132,000-190,000 new cases will occur; mostly in Taiwan, Hong Kong, Korea). These models probably overestimate, as they do not take into account, among other things, possible basic immunity and asymptomatic courses.* • *Position on the potential for infection during the incubation period: similar to the CDC's assessment of 26 January 2020, rather cautious, as there is not yet sufficient evidence or there is a great deal of uncertainty here.* • *The incubation period of up to 14 days is still being adhered to.* **Infection protection (FG14)** **Feedback from TK on 27/01/2020:** • *Wearing mouth and nose protection for the general public in asymptomatic patients does not make sense. There is no evidence that this is a useful preventive measure for the general population. Useful for: symptomatic patients (if they tolerate it) and also for carers in close contact.* *No stockpiling of masks, etc. is recommended.* *BZgA emphasises normal cough etiquette and hand hygiene during the influenza season. Information on the frequent use of masks in Asia, where their use is often visible and questions arise.* *However, this behaviour in Asia relates not only to the nCoV situation, but to seasonal flu in general and also to air pollution.* ***ToDo: Please also address the aspect of mouth and nose protection with a short text in the FAQs and then also adapt the Influenza FAQs accordingly.*** • *There is still no consensus on the distance (1-2 metres) (more than 1 metre for SARS). This is to be addressed again in the TK on 28/01/2020, 12h*

	become.
2	**Activities and measures in Germany** • *According to § 7.2 IfSG, laboratory evidence must be reported.* • *Suspicion report also possible for doctors under § 6.1.5 IfSG. There are discrepant interpretations here, including from Mr Drosten, ÖGD, Mr Sangs (BMG). Mr Sangs is drafting a legal regulation on this.* • *Notification in the event of: Occurrence of transmission of a threatening disease; occurrence of a threatening disease with an epidemiological link (risk area) or contact with an index case, as this increases the likelihood of severe courses.* • *Notification in the event of the occurrence of an influenza-like illness with an epidemiological connection (e.g. risk area), as the patient is already ill here, it is not referred to as a suspected case, but it can be assumed that it is a threatening illness.* ***TODO: Please write down this interpretation and send it to Mr Drosten, as he also advises doctors/laboratories.*** • *Mr Sangs: subject to notification according to §12 IfSG; not entirely undisputed, as WHO has not classified the event as PHEIC.* • *The following should be transmitted: the occurrence, facts that indicate a threatening illness or facts that may indicate a threatening illness.* • *§Section 12 IfSG gives the RKI the opportunity to obtain information on measures taken by the CC.* ***ToDo: request via AGI (via §12 IfSG) to inform the RKI about measures in the BL (international knowledge requirement/ notification to ECDC/WHO)*** • *Mr Sangs is also considering the transmission of negative evidence (e.g. exclusion diagnostics).* • *Federal-Länder information procedure in accordance with Section 5 IfSG Coordination Ordinance. This was addressed at AGI-TK. There is a consensus to activate this for the first case. (Note: Mr Sangs: Approval for activation of the Coordination Ordinance cannot be requested in advance. The formal process is to be discussed at the next AGI meeting on Tue or Thu).* **Airports:** • *FRA has not yet switched on passenger information at the weekend, probably 27.01.2020; TXL has had it since 26.01.2020; MUC 27.01.2020 from approx. 14h.* • *There is uncertainty regarding the WHO's statement on entry screening (LINK: https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/). The working group on evidence of transport measures within the JA Healthy Gateways (also HH) have contacted the WHO to have these statements revised. New link (27.01.2020): https://www.who.int/ith/2020-27-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/* • *There is also a document on in-flight measures, which is published on the JA Healthy Gateways website*

(LINK: https://www.healthygateways.eu/).

- *Next IGV airport meeting will take place on 28 January 2020, 9.45 am.*
- *Passenger information poster was uploaded to the HSC platform by the BMG. Austria and Switzerland have also requested this.*
- *Some EU MS have set up central emergency numbers for this situation, e.g. Portugal.*
- *Passenger information poster agreed with IGV Airport and the AGI has been informed.*

IBBS:

Clinical management

- *Experimental therapeutics, purely supportive therapy, only limited evidence for the administration of remdesivir, must be weighed up on a case-by-case basis; specific drug therapy does not exist. Documents are being prepared for the next TK-STAKOB.*

Report AA/ MEDEVAC:

- *Repatriation of German nationals from Wuhan planned (no MEDEVAC), approx. 90 people, civilian or by BW is still being clarified. It is to be ensured on site that no sick person goes on board (appropriate information is to be provided).*
- *Admission must be coordinated with the BL, as the persons may come from anywhere in Germany. The aircraft will probably be routed to FRA.*
- *Need to coordinate the measures for these people (healthy, no contact persons, but from risk area). Drosten and AA may wish to take samples (day 0, 3, 21).*
- *An expert working group (Airport, med. expertise/ Charite. 16 BL) is to consult on communication.*
- *The flight is scheduled to arrive in Germany on 30 January 2020. 27.01.2020 RKI internal coordination, 29.01.2020 the plane should be on site. ,*
- *Regarding the divergent statements (e.g. case definition, incubation period) on the AA website: AA does not use any other evidence than the RKI and Charité. The BMG has been informed of this.*
- *During the repatriation, protective clothing is also to be provided from Germany to CHINA, as the demand here is very high (approx. 10,000/day). There is a "PPE wish list" for this purpose. The RKI has very little in stock and could only provide symbolic PPE. Mrs Lauffer has been informed.*

ToDo: Compile document for travellers returning from China (normal population), similar to airport poster plus contact persons, if necessary and discuss at IGV airport meeting on 28 January 2020 (consultation with BMG Bayer).

- *Humanitarian support, donations, etc. could be provided by IBBS and ZIG 3.*
- *ZIG3: We have already received requests for support from partners, e.g. from the Nigeria CDC. Mrs Beermann travelled to Nigeria, took probes and primers for PCR with her. ZIG is expecting several more such requests. These requests will be coordinated via the WHO. In the case of partners from existing projects (GHPP, etc.)*

	However, the RKI personally takes care of these issues within the framework of this network. *Enquiries.*
3	**Current documents Risk areas:** • *The province of Hubei still accounts for 80-90% of cases.* • *Decisive for our assessment of risk areas: areas with possible community transmissions.* • *The WHO/ECDC case definition still lists Wuhan as a risk area.* • *INIG is responsible for updating the risk area map.* **Document on modelling:** • *The interactive document (including short accompanying texts and links to the corresponding RKI website) for modelling is being completed today. The modelling changes as the situation changes. It still needs to be clarified with IT/Mr Golz whether a link to the RKI domain/nCoV is possible. Otherwise the document will be hosted via the HU server. Until then, short-term online storage for internal coordination is possible.* ***ToDo: 27.01. Circulation of the document/ internal coordination (additional work for accompanying text/ small paragraphs with links; mask already prepared for this)*** ***28.01. Publication (accompanied by tweet), information from BMG; and at IGV airport TC on 28.01.2020.*** **BZgA:** • *Information on nCoV/ FAQs placed "on Infektionsschutz.de" (https://www.infektionsschutz.de/coronavirus-2019-ncov.html); publication accompanied by a tweet* • *The topic is flanked on the front page by information on infection prevention (explanatory videos, brochure on respiratory infections, etc.), as well as a press release on influenza. This information is valid for influenza, flu-like infections and also nCoV. This should contribute to de-escalation and also raise awareness for a possible differential diagnosis.* • *BZGA telephone counselling is available* ***ToDo: Coordinate the wording in risk communication/FAQ, i.e. active communication to BMG and BZGA in the event of substantial changes. A separate TC may be necessary for further coordination outside of the situation briefings. Please add the BZGA/BZGA press office to the distribution list for regular updates on the development of the situation.*** **Press:** • *If there is a first case in Germany, the Minister of Health would like to comment on this himself. Corresponding language regulations are currently being prepared.* • *Creation of FAQs regarding goods/postal items; the FAQs for Ebola are used for this purpose (with reference to BfR). Coordination between Ms Schulz-Weidhaas and Ms Petschelt.* • *The BMG is preparing a checklist for doctors in private practice. desired, in the event that a suspected case is reported by telephone*

	(use the INV FAQs for doctors if necessary). ***ToDo: IBBS compiles information/content for a possible checklist for practising doctors and shares the proposal.*** **BMG meeting: Topics:** • *Public relations (many journalists who do not normally work in medicine/science, corresponding inaccuracies), Committee on Health/Global Health, vaccination/antivirals, airports, case reports/suspected cases, press statements (samples entered, all negative)*
4	**Press - Communication - Update** • *Updates as soon as new information is available* • *Situation text without figures, current figures only in one document (press)* • *FAQs will be revised again on 27.01.2020* ***ToDo: If necessary, formulate the FAQs a little more precisely, e.g. regarding disinfection (wiping surfaces), etc.*** • *Provide html information for contact tracing in parallel as a download (html as a working document/ hard copy unfavourable), e.g. to ensure the status of the document.* ***ToDo: Please provide PDF version.*** • *PHE currently offers a blog on nCoV events. This cannot currently be served by the press.* ***ToDo: ZIG3 checks feasibility and provides feedback.*** **Management Report:** • *Daily situation report since last Friday (INIG, ZIG3, FG32, FG36)* • *Please continue to receive the management report daily, always in the afternoon* • *Please read the weekly report on Tue.* • *Bundeswehr, BL should also receive the daily situation report.* • *All other documents should refer to the management report released by FG36 in order to minimise the release effort by FG36.* • *Please indicate which sources/government sources are used for the update of the situation report (especially helpful for the weekend update).* ***The BMG would like to receive the situation report every working day; at the weekend, the figures are updated by e-mail.***
5	**Laboratory diagnostics:** • *INV diagnostics; suspected samples should also be tested for other pathogens. The recommendations do not explicitly describe who should carry out these tests. With increasing numbers, this cannot be done by KL Corona. Please explicitly note the parallel differential diagnostics in the documents. This can also take place in peripheral laboratories.* ***ToDo: Mr Wolff proposes a wording for this.*** • *Marburg can perform nCoV testing.* • *Hamburg can also, but has not yet analysed any samples.* • *Stuttgart has requested the assay protocol.* • *LGL has established the assay, but is still waiting for controls.*

	ToDo: Please use a standardised distribution list for the communication of laboratory results from the KL: Mr Drosten, Mr Wolff/ Mr Dürrwald, nCoV, Mr Buchholz/ Mr Haas, Mr Wieler/ Mr Schaade, ZBS Ms Michel/ Mr Nitsche. • *Negative findings should also be reported to the BL and the BMG.*
6	**Information from the coordination centre** • *High workload; since 23.01.2020 locally in the situation centre; expansion of personnel in progress (across RKI); query RKI-wide* • *>900 e-mails also on WE* • *Availability also used during the week, on-call service busy, gate has now also deposited a written SOP* • *Liaison person from FG36/ZIG plus other employees from the other FGs* • *In the first case, official activation of the LZ* • *No e-mail addresses external to the RKI should be included in the Lage distribution list* • *Overview of responsibilities has been expanded (LINK)* • *Please use the document on "what is not going well" to document problems.* • *On 28.01.2020, 13.00 and 30.01.2020, 12.30 there will be an employee training course (for 10-15 employees) for the coordination centre* • *Currently running 2-shift operation* • *Work at the weekend will still be necessary.* • *FG concerned: mandatory presence of liaison staff in the LZ during shift handover*
7	**Other topics GOARN:** • *2 MA (Sarah McFarland, Regina Singer) → are proposed to GOARN* • *BMG plans press briefing (BMG or Federal Press Conference) → Background discussion for journalists (PRÄS, possibly FGL36 or Schaade)*
8	**Further documents** • *Information for returning travellers* • *Information/checklist for outpatient care providers* • *Medical journal new enquiry for further questions* • *FAQs in more detail, e.g. for disinfection (wiping surfaces)* • *Information for customs/ federal police employees may be necessary. BY wanted to make a proposal here (as part of the IGV Airport Group). This will be discussed at the TC on 28 January 2020.* • *Other EU MS are doing something about blood safety (e.g. Italy, Norway, Finland).* ***ToDo: This is not necessary for Germany, but should be checked by Ruth Offergeld.***
9	**Next meeting:** *Friday 31 January 2020 at 1 pm, N01.O1.021*

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*28.01.2020, 11-12:00 a.m.*
Venue:	***RKI,** Seestraße, Situation Centre Meeting Room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
- *Division 1 management*
  - *Martin Mielke*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZIG management*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG18*
  - *Felix Walper*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Susanne Glasmacher (by telephone)*
  - *Jamela Seedat*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*

TOP	Contribution/Topic
1	**Current situation - first case in Germany** • *First case confirmed in Bavaria. Mr Hoch from the state authority in Bavaria took a medical history. The clinic also consulted with IBBS via STAKOB. Patient was in a room with Chinese colleague (at least one hour) and shook hands. The Chinese colleague was obviously symptom-free. A TC with the treating clinic, the health authority, the state authority and the RKI (IBBS and FG36) is to take place today to discuss details and different information.* • *Based on the case, it must be assumed that transmission of 2019-nCoV from an asymptomatic person is possible.* • *Mr Schaade has asked Mr Zapf from the state authority in Bavaria to name a contact person in order to clarify discrepancies (e.g. in age) in the information.* • *The WHO has been informed via the BMG, EWRS and the German IGV contact point and a TC will also take place together with the EC and ECDC on 28 January 2020 to exchange information. Among others, the Bavarian state authority Bavaria is also dialled in.* • *In the EpiLag, the question arose as to whether the laboratory result should be verified by the consultant laboratory (KL). Bavaria had not yet arranged for this. The other federal states are in favour of this. According to § 16 IfSG, paragraph 3, health authorities can order the sample to be sent to the KL. This will also be communicated in today's AGI telephone conference.*
2	**Risk areas** • *So far, only the province of Hubei has been designated as a risk area. In general, risk areas are areas in which persistent community transmission can be assumed. In view of the sometimes drastic measures, this can also be assumed in other cities.* ***TODO: ZIG1 is investigating which cities in China are expected to have sustained 2019-nCoV transmission in the population can.***
3	**Activities and measures in Germany** • **Management of contact persons:** *The state authorities recommend that contact persons for the case in Bavaria should quarantine at home, keep a diary and be monitored by the responsible health authority. Templates are already available on the RKI website. It would be desirable for the RKI to be regularly informed about the results of the monitoring. Mouth and nose protection should be recommended if the patient develops symptoms.* ***TODO: FG36 (Walter Haas) reviews the existing documents and supplements them with the recommendations discussed.*** • **Evacuation of Germans from China:** *France, the USA and the UK all have quarantine recommendations for travellers returning from* **China**. *The*

	The extent varies. Travellers returning to Germany should be advised to quarantine at home, including self-monitoring and monitoring by the public health department. In the event of symptoms, travellers returning to Germany should contact the responsible health authority immediately. It is still being clarified with the AGI whether a distinction should be made between travellers returning from China and those who have been in contact with infected persons. It may be possible to dispense with monitoring by the public health department for travellers returning from China without contact and not from risk areas. It should also be clarified with the AGI whether the recommendations for those who have already returned should be actively pointed out again at a later date or whether publication on the RKI website is sufficient. ***TODO: IBBS creates an information sheet for returning travellers (see also template from ECDC).*** • *Hotline: This was not addressed in the TC with the BMG in the morning of 28 January 2020. Bayer switches a hotline. The Lage-AG considers it sensible to set up a hotline.* ***TODO: The BZgA should b e asked to do this by Mrs Degen (press). If the BZgA does not want to set up a hotline, Mr Schaade contacts Mr Rottmann from the BMG and asks for a hotline.*** • *IfSG-KoordinierungsVwV: In the AGI TK today, it will be discussed whether the IfSG-KoordinierungsVwV should be activated. Mr Rottmann (BMG) has already agreed to this.* • *Consultant laboratory: Mr Drosten reports that many samples are being received by the KL and asks for help from the RKI. In addition to the RKI, there are other laboratories that have established diagnostics for the 2019-nCoV (including Oberschleissheim, Marburg, Hanover, Frankfurt). It will also be investigated whether the positive result of the patient from Bavaria is still the original virus from Wuhan or whether it has mutated. It is to be expected that there will be changes, but there will be no phenotypic changes.*
4	**Next meeting:** *Wednesday, 29 January 2020 at 1 pm*

Situation centre of the RKI

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*29.01.2020, 13-14:00 h*
Venue:	***RKI,*** *Seestraße, Situation Centre Meeting Room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
- *Division 1 management*
  - *Martin Mielke*
- *Division 3 Management*
  - *Osamah Hamouda*
- *BZGA*
  - *-*
- *ZIG management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Marc Thanheiser*
- *ZBS 2*
  - *Daniela Jacob*
- *FG17*
  - *Thorsten Wolff*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulte-Weidhaas*
  - *Bettina Ruehe*
- *Press*
  - *Jamela Seedat*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*
- *German Armed Forces*
- *Dr Harbaum*

TOP	Contribution/Topic
1	**Current situation - International** • >6,000 in China, of which approx. 60% in Hubei province, approx. 840 new cases reported from yesterday to today alone, • Calculated incidence for Hubei: 4.5/100,000 inhabitants; other provinces: <1/100,000 pop, • 132 deaths across China France has activated "EU civil protection" (repatriation of French citizens) • INIG is currently compiling a list of travel-associated cases outside China. ***ToDo: Please share this link list as soon as it is available.*** **Current situation - National** • 3 new cases were confirmed in BY (among 11 contacts of the first case), i.e. a total of 4 cases in BY associated with the index patient from Shanghai (1 cluster/incident). • All cases have been hospitalised and isolated. It is known that an investigation into the contact persons is underway for the first case. It is assumed that this will also be carried out for the contacts of the 3 new cases. • There are still many unanswered questions regarding the index patient. IHR-NFP is trying to contact her by telephone, but has not yet succeeded. The IHR-NFP is also involved in contact tracing for the return flight. • There were TCs between FG32 WHO, ECDC and BY. The MS were informed via EWRS. The publication of a case report is planned in order to provide more information on what is happening in BY outside of EWRS. • It is still unclear whether the index patient was also subjectively asymptomatic; there may have been minor symptoms that the cases in BY did not notice. There are also still questions about the contacts of the index patient, e.g. contact with her parents in China (parents also asymptomatic?). • The samples in Munich were processed by PD Dr Roman Wölfel, Director of the Bundeswehr Institute of Microbiology in Munich. He has anamnesis data on the samples. ***ToDo: Please provide Roman Wölfel's contact details.*** • It is currently not possible to make a statement about virus detection in asymptomatic cases (before onset of symptoms, after onset of symptoms).

	Repatriation: • The AA is planning to repatriate German nationals from Wuhan. The flight is to be medically accompanied by BW and the arrival is planned in FRA on Sat, 01.02.2020. The GA FRA will receive the persons. • Various TCs were held between the FRA, AA, AGI and BMG. The following strategy was agreed by consensus: as the asymptomatic returnees come from the risk area, they are categorised as contact persons, i.e. they are placed in domestic quarantine for 14 days under the active observation of the responsible GA. They should not use public transport. Funding is still being agreed. The procedure to be followed if people are unable to state their place of residence in Germany also still needs to be agreed. • IBBS and FG36 are currently preparing a document on measures for travellers returning from areas with ongoing community transmission (risk areas). This is not to be further processed for the time being, as a state quarantine may be planned for these people after all. • IBBS has pointed out that the application of different measures in dealing with repatriates and returnees with similar conditions is unfavourable. The original procedure was agreed with the AGI, but the discrepancy that has now arisen must be accepted at present. • Due to the quarantine, no flights/returnees are currently expected from the Hubei risk area apart from repatriation. • The Bundeswehr informs that the repatriation flight is accompanied by a public health specialist. The aircraft is also equipped in accordance with the recommendations of the Federal Ministry of Health.
2	**Risk assessment** • The need to adapt the risk areas due to the dynamic development was discussed. The current discrepancy between the WHO assessment and that of the RKI must be seen against the background of the different perspectives. In its assessment of the risk (probability of occurrence and disease severity), the WHO also takes into account the coping options of resource-poor countries. In the RKI's assessment, the probability of occurrence and disease severity are evaluated separately and communicated as such. • There are currently 4 cases in Germany, but they are

	only 1 event. • Canada and the USA have also categorised the risk of the virus spreading among the population as low. • **There is currently no need to adjust the risk assessment.**
3	**Risk areas** • The definition of risk areas was discussed. The criterion is currently a region with persistent transmission in the population (community transmission). • There is a consensus that no other criteria are suitable for differentiating the regions. Defining the whole of China as a risk area does not make sense, as there are large regions in which only a few (registered) cases occur and there is no transmission in the population. It would be disproportionate to classify travellers returning from these areas as suspected cases. In contrast, the number of cases in the Hubei region continues to rise (despite lockdowns), which speaks in favour of ongoing transmission in the population. • **The current definition of risk areas remains unchanged.** ***ToDo: Press: Please structure the information on the website:*** ***1. Page: Risk areas, categorised according to case definition due to ongoing transmission in the population (as a link from the case definition and the airport poster);*** ***2. Page: Epidemiological information: Surveillance by cases and regions other than risk areas)*** ***ToDo: Press: Please do not change the link to the risk areas, as various documents refer to this, e.g. passenger information airports via QR code!*** ***ToDo: Please make the map with affected provinces available on the website again.***
4	**Communication** • Reporting suspected cases to the BMG • Hotline • Publication Ärzteblatt and Lancet ***ALL ISSUES POSTPONED to 30.01.2020.***
5	**Legal framework IfSG Coordination Ordinance:** • The IfSG Coordination Ordinance comes into force, i.e. the role of the RKI is mandated and provides more legal certainty, e.g. with regard to the handling of personal data (KoNa). The RKI is also authorised to inform the other CCs directly about new

	cases.
	otherwise the affected BL would have to do this themselves. This does not change the measures on site. **Legal regulation:** • The BMG is currently drafting a legal ordinance on the obligation to report (doctor, probably also laboratory). **IHR Implementation Act:** • Sections 12 and 16 of the IGV-DG have been in force since 28 January 2020. In coordination with the BMVI and the BMG, there will be a general ruling on this, which will be published on the websites of the BMG and the BMVI on 29 January 2020. • In practical terms, this means that arriving flights from China must complete the health part of the General Declaration regarding events on board, and it is also mandatory that the Passenger Locator Card (PLC) is completed by passengers, collected by the flight crew and handed over to the responsible GA. In addition, the airlines should s t o r e all passenger booking data and make it available to the health authorities if required.
6	**Laboratory diagnostics categorisation** **ABAS:** • The 6.2 Subcommittee 3 will meet tomorrow and a draft resolution for voting is available for information in advance. The pathogen is expected to be labelled 3 Z, i.e. laboratory diagnostics under S2 conditions and, in the case of enrichment, work under S3 conditions. • The sample is transported as category B (if no culture). This is also stated in the laboratory recommendations. (LINK: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Vorl_Testung_nCoV.html)
7	**Surveillance requirements** • Messages, implementation in SurvNet ***TOPIC POSTPONED to 30.01.2020.***
8	**Measures to protect against infection**

9	**Clinical management** • There are brief reports of uncertainty in contact management and isolation in hospital. ***ToDo: Please create information for doctors for the website: Isolation in hospital/ contact management.***
10	**Transport (border crossing points)** **Entry screening:** • Mr Spahn made a clear statement against the implementation of ENTRY screening at German airports at the press conference on 29 January 2020.
	Passenger information (poster): • At today's meeting of the IGV-named airports working group, the procedure agreed by the AGI (repatriation) was approved. However, the passenger information currently displayed at the airports is not to be changed for the time being. ***ToDo: Ask AGI whether home isolation has been approved as a general procedure for travellers returning from risk areas or only in the context of repatriation.***
11	**Information from the situation centre Support, availability:** • The staffing of the LZ has been extended to 8 am - 6 pm. However, enquiries come in by e-mail until around 3 o'clock. • Many employees have volunteered to work in the LZ. It makes sense for the relevant employees to take on several duties in order to get into a routine. For this reason, not all of the employees who have registered will be deployed in the CSC. However, as OUs are also very busy outside the LZ (e.g. press, FG36), they are also welcome to indicate if they need support from the LZ pool.
12	**Further information** • The daily management report and the weekly report published in parallel create redundancies. A summary would help to reduce the workload. The case numbers are regularly updated on the website to provide a wide range of information. Note: The recipients of the two reports are different. ***ToDo: The two rapporteurs coordinate their efforts and draw up a concrete proposal to be discussed at the working group meeting.*** • Billing: Those affected must initially pay for the diagnostics themselves. However, they are reimbursed by the health insurance companies. The BMG is working on the development of an EBN code for direct billing.

13	**Daily AG situation meetings,** **Next meeting:** Thursday, 30.01.2020, 11-12 o'clock in the situation centre

AG situation meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*30.01.2020, 11-12:30 a.m.*
Venue:	***RKI,** Seestraße, Situation Centre Meeting Room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
  - *Barbara Buchberger*
- *Division 1 management*
  - *Martin Mielke*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZBS 1*
  - *Janine Michels*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
  - *Nadja Bersug*
- *Press*
  - *Susanne Glasmacher*
- *INIG*
  - *Basel chequered*
- *Data protection*
  - *Jörg Lekschas*
  - *Marie Reupke*
- *German Armed Forces*
  - *Thomas Harbaum*
- *BZgA*
  - *Linda Seefeld*

TOP	Contribution/Topic
1	**Current situation - International** • >7,800 cases in China, >1700 new cases, majority of cases (>50%) in Hubei province, • 170 deaths, all in China, • >12,000 suspected cases in China, number of contacts under observation not exactly known, no information available on how many of the cases are contacts • New cases in India, the Philippines and Finland for the first time **Current situation - National** • A total of 4 confirmed cases (1 infection event) in Bavaria, the first had direct contact with a Chinese woman who tested positive after her return to China, 3 further confirmed cases were identified among the contacts with the Chinese index patient or the first German case. One of the cases is severely ill and has been diagnosed with influenza; a possible co-infection is currently being investigated. All cases identified so far have had a complete blood count. • In the first confirmed case there are 40 contact persons in the company and additional family members, the number of contact persons of the 3 new cases is rising rapidly and was already >100 yesterday. • There was direct contact with the index patient in Shanghai via the WHO, and more details on the clinical development and further exposure contacts were requested (by GA in Bavaria): the patient reported non-specific general symptoms (beyond "normal jet lag"), which were consistent with subjective ILI symptoms and which she treated with a Chinese antipyretic medication. Her parents were visiting her in Shanghai on 16 January and fell ill during their stay there. Her father, who also has a heart condition, is currently on the Intensive care unit.

	→ Transmission from asymptomatically infected people cannot be confirmed at present. Tomorrow at 09:00 there will be The patient was contacted again with Chinese support, also in order to retrace the patient's movement patterns in Germany. • A possible secondary case among the German contacts is not aware of any contact with the index patient (but with the first German confirmed case), but both were probably in the same canteen and possible unconscious contact fields cannot be excluded. Case history and exposure still need to be confirmed. • Precise documentation of the clinical course and studies on the identified cases are underway, data and samples are being collected and analysed, this is currently seen as an outbreak management and service task and should provide important information on 2019-nCoV. Bavaria may still be able to use support here. → Practical recommendation: stick to the current case definition and flow chart. • From STAG-IH TK yesterday: there is no helpful information on the clinical situation of the patients from China, currently the entire risk assessment is based on the cases outside China, the WHO is trying to harmonise the investigations of the cases as much as possible. • International contact tracing is ongoing, 2 mildly symptomatic contacts are currently in a holiday home in Tenerife, colleagues in Spain have been informed. • An outbreak team from the RKI (PAE, FG 32) is travelling to Bavaria to support colleagues on the ground with the CoNa and data collection. • Risk assessment: Currently no need for adjustment, remains unchanged
2	**Communication** • Various health insurance companies, Bavaria and Berlin have hotlines

	set up for 2019-nCoV. • A citizens' hotline at federal level is indisputably necessary: BZgA is currently not in a position to set one up, but will define the necessary resources to see how one could be implemented. • BMG is currently examining whether a hotline can be set up for its part, RKI can only offer technical support if the calls are initially filtered. • The risk areas on the RKI website have been updated (map with incidences; table with case numbers), Hubei province is still defined as a risk area. • Measures for travellers returning from other provinces in China: today the AGI will vote on an adjustment to the airport poster. Travellers returning from all over China should be encouraged to contact airport staff or a doctor if they have symptoms. The case definition remains unchanged for the time being. However, if the case definition is definitely fulfilled, the laboratory diagnostic test should not be performed on an outpatient basis and during patient isolation (unlike when a doctor performs a differential diagnostic test). If the current exit blockade from the risk area collapses, the recommendation must be adjusted. • Yesterday, the President was again in the Health Committee and the Subcommittee on Global Health: a lot of praise and gratitude for the RKI's work. ***ToDo: dissemination/publication of the customised airport poster after coordination***
3	**Laboratory diagnostics** • Document on 2019-nCoV diagnostics has been further adapted and additional laboratories have established procedures. • The JEE in Germany has provided a good overview of the laboratory landscape. Information from the RKI about laboratories that have testing capacities is counterproductive and should not be published. We assume that

	that the large, established laboratory supply companies with the
	The topic is known and an offer is made for practices that are supplied. • All positive samples should continue to be sent to KL in order to provide a good basis for sequencing and monitoring virus changes. Integrated molecular surveillance should be established and communication with KL and the Bundeswehr should take place. For this purpose, the laboratory number must also be transmitted to the RKI via reporting cases in order to enable epidemiological consolidation of the data. • Regarding repatriation, it remains to be seen where the passengers will be quarantined, the local GA will be responsible for them. As soon as it has been determined, a standardised pre-analysis, preferably in one place, will be secured. This decision is expected to be made today.
4	**Surveillance requirements** • The legal decree clarifying the reporting obligation in relation to 2019-nCoV also includes laboratory and not only doctor reporting obligation. The minister said on TV that only confirmed cases are reportable, which contradicts our regulation, but it is still handled this way at working level • No epidemiological data on the cases in Germany could be provided in yesterday's situation report, this must change ***ToDo: It would be good if the press office could forward or list such statements by the Minister/BMG***

5	**Measures to protect against infection** • There have been numerous enquiries about possible/necessary measures. A paper on contact person management has been finalised and is being coordinated with the AGI today, and the info letter regarding the collection of information on cases has been finalised so far; the collection of information on contact persons is to be carried out in the same way. All other published documents are valid as before, these only contain additional recommendations.

	• Guide for doctors on 2019-nCoV: FG 36 has started a pathogen profile. This will be continuously supplemented, there are still too many unanswered questions and too much knowledge is still being gained. As soon as more evidence is available, the feasibility/additional burden of a guide can be evaluated. • The RKI should prepare a concept for the next phase (escalation, what happens if containment does not work), which could be communicated on request. This must be prepared very carefully in terms of language: what happens if the situation changes, cross-references to the pandemic plan, adaptation of information content. Currently, no energy can be put into an additional framework plan, a minimum solution must be worked on. There is a concept paper (FG 36) that could be used as a starting point for this and would provide answers: who is responsible for implementation in the event of a pandemic, preparation, who takes what responsibility, including orientation to certain levels? ***ToDo: Task contact person management after coordination asap on RKI website*** ***ToDo: Clarify the terms quarantine and isolation with colleagues in Bavaria*** ***ToDo: Find article on swine flu where there was such a shift and adapt it initially (was already sent to Walter Haas by the press?)*** ***ToDo: Walter Haas and Lars Schaade discuss the escalation concept.*** • Medication stockpiling, necessity, remdesivir, supportive therapy ***TOPIC POSTPONED to 31.01.2020.***
6	**Clinical management**

	• Everything dealt with above (national situation) ***ToDo:***
7	**Transport (border crossing points)** • 4 main airlines, including Lufthansa, have cancelled direct flights to China • Verdi urges people to wear masks, • There is a general order for data storage of all data by airlines, PLC established, • The AGI agrees that no entry screening should be established • Private Medevac companies are currently receiving many enquiries, SUPPLEMENT: BMVI has clarified that "the general ruling ordered by the Federal Ministry of Health applies to all flights arriving in Germany from China and the Special Administrative Regions of Macao and Hong Kong."
8	**Information from the situation centre** • LZ is overloaded and has an extremely large number of e-mails, it is important that documents also go to the distribution list/the responsible colleagues so that there are no bottlenecks. • There are many offers of support and therefore a need for familiarisation, a second training course took place today • There are still severe bottlenecks, particularly in the overview positions ***ToDo: Support of the LZ in editing newsletters, EpiBull articles, Lage-AG minutes?***
9	**Next meeting:** Friday, 31.01.2020 at 13:00, Situation Centre meeting room

AG situation meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*31.01.2020, 13-14:45 h*
Venue:	***RKI,** Seestraße, Situation Centre Meeting Room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Division 1 management*
  - *-*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZBS 1*
  - *Janine Michels*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Matthias Budt*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *INIG*
  - *Basel chequered*
- *Data protection*
  - *Marie Reupke*
- *German Armed Forces*
  - *Dr Roßmann (telephone)*
- *BZgA*
  - *-*

TOP	Contribution/Topic
1	**Current situation - International** • Total 9,847 cases; 9,008 cases in China, 1,900 new cases, majority of cases (59%, 5,806) still in Hubei province; 114 cases outside China; 213 deaths (all in China). ***ToDo: Please also add: Number of new cases by province.*** • 2 cases (couple from Wuhan) in Italy, entry on 23.01.2020, hospitalised in Rome. • 2 cases in Great Britain, family with travel association China (place/region unclear), nationality unclear. **Current situation - National** • Since yesterday there have been a total of 5 confirmed cases (1 infection event). It is a complex cluster. Since it is a mobile population, it is a very extensive event. The RKI (4 persons) supports the LGL (since yesterday 17.30h). TCs have already taken place to discuss the main objectives. The lists of contacts have been synchronised. 2 people remain at the LGL to support the close contacts, the others support the 4 GAs concerned. Udo Buchholz is coordinating the RKI team and further investigations, but support is the main focus for the time being. The RKI team includes 2 people with Epiet/PAE training (FG32) who previously worked at the LGL. • 2nd conversation with the Chinese index patient (partly in Chinese with the support of Wie Cai FG36): non-specific symptoms on the 2nd day in BY, taking a preparation with paracetamol; Previous history: no visit to Wuhan or illness before 16 January 2020; large company celebration in Shanghai on 17 January 2020 (with approx. 1,000 employees), company takes the events seriously and supports the investigations (own crisis team with regular TCs, etc.) • The information about the company party means that not only the parents of the index case are possible sources of infection, but possibly also other (as yet unknown) participants at the big party. There are also 2 other people who have travelled with the index case. 1 person (ill and confirmed, also from the company) was apparently on the same outward and return flight between Shanghai and Munich together with the index case, i.e. 2 people may have caused the transmissions in BY. This is still being verified by the GA. **Contact tracing**:

- The RKI supports Bavaria in establishing international contact with countries in which contact persons are currently associated with the cluster in Germany: Currently, 12 of the 129 contact persons are known to be abroad. The following countries were informed via EWRS or IHR communication: Italy (2), Romania (2), Czech Republic (1), United Kingdom (2), France (1) and USA (1). Korea (1) and China (2) have yet to be informed; some basic information is still missing here.
- These are employees of Webasto (the company operates globally) who have already been informed by the company about the exposure and have been advised to go into domestic quarantine. Of the 12 people, 8 are currently categorised as category I (higher risk of infection).

Studies:

- The contact person is Udo Buchholz (FG36).

Risk area:

- **The current definition of the risk area remains unchanged. Risk assessment:**
- **There is currently no need to make any adjustments; the situation remains unchanged.** The risk assessment has merely been supplemented slightly: the import of further individual cases to Germany must be expected. ..."
- 3rd update RRA available through ECDC (also here: ..\..\..\..\..\2.topics\2.1.epidemiology\ECDC\novel-coronavirus-risk-assessment-china-31-january-2020.pdf):

"... - the likelihood of observing further limited human-to-human transmission within the EU/EEA is estimated as very low to low if cases are detected early and appropriate infection prevention and control (IPC) practices are implemented, particularly in healthcare settings in EU/EEA countries;
- assuming that cases in the EU/EEA are detected in a timely manner and that rigorous IPC measures are applied, the likelihood of sustained human-to-human transmission within the EU/EEA is currently very low to low; ..."

- UK has categorised the risk for the population as moderate (PHEIC and 2 cases).
- The case definition should not be changed for the time being.
- The criteria that are decisive for upgrading the risk assessment of the RKI were discussed. In the case of ongoing human-to-human transmission that goes beyond sporadic cases or chains of infection, this will be reassessed. A change in the risk assessment and corresponding action must be accompanied by adapted crisis communication.

	• Statements on the severity of the disease are possible in principle: transmission rate, individual disease severity and impact/burden of medical care are defined, measurable parameters that can be reported to the WHO. However, these are currently temporary systems that are not sustainably financed: ICOSARI, AG Influenza and Grippeweb. • ARE/ILI Surveillance not reported in China this year, why is unclear. • There is a need for a document explaining the concept, objectives and instruments of the epidemiological measures for the containment phase (1-2 pages). And be available on the website. The press office can provide support with the wording (language that is understandable to the public). IBBS is currently preparing an accompanying document to the flowchart for doctors with similar points and can contribute to the content here. This should also be created in preparation for the Protection and Mitigation phases. ***ToDo: As soon as capacities are available, Ms Degen and Mr Haas will prepare points that are congruent with the pandemic plan and the framework concept (for the containment level).*** **Repatriation:** • The repatriation is now the responsibility of the German government. The arrival is scheduled for tomorrow at noon in Frankfurt a.M. is planned. There will be an initial examination at Frankfurt Airport. The travellers will then be transported to the Germersheim military barracks in RP, where they will be placed under state quarantine. The local GA will order the quarantine. • There is currently no harmonised, standardised concept for hygiene management (arrival, bus transport, barracks). HE and RP are still discussing this. Mr Rottmann (BMG) is travelling to Frankfurt to coordinate the protective measures with Frankfurt Airport and local authorities. ***ToDo: The RKI is not involved any further and should refer any enquiries to the responsible authorities of HE and RP.***
2	**Communication** **Public relations:** • There are still many enquiries from both the specialist public and the general public. The press carefully selects the enquiries in order to conserve capacity. • The RKI website is continuously updated. • The presentation of the case numbers on the website has been reorganised in accordance with the requirements. The 1st page contains the

	Presentation of the total number of cases, deaths and the risk area (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete.html); the 2nd page contains the case numbers by Chinese provinces that are not risk areas as well as the worldwide cases and 1 map with the incidences (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Fallzahlen.html?nn=13490888). • As the press offices of the federal states are also to coordinate with the RKI as part of the IfSG Coordination Ordinance, initial enquiries have been received. So far, however, the RKI has only received information about press activities in the individual federal states at very short notice or not at all. To this end, there will be further communication with the state authorities so that the RKI Koordinierungs-VwV is informed and involved in advance of press work, e.g. before press conferences. **Hotline:** • The BZGA was made aware of the need to set up a nationwide hotline. A final decision to set up a citizens' hotline (Rostock) has still not been made. The call centre staff could be trained on Monday at the earliest and the hotline would therefore be active from 4 February 2020 at the earliest. **Measures for returning travellers, domestic quarantine (BMG enquiry, regarding** **§ 28 IfSG protective measures):** • The document with information for people returning from a risk area has been finalised (including information on home quarantine), discussed with the AGI and made available. However, at the request of the AGI, it will not be published on the RKI website. • It is not clear what the document from the BMG's enquiry is supposed to contain. First of all, the RKI is not preparing any FAQs on this and is also waiting for the documents from HE and RP, which will be prepared as part of the repatriation process. • Note: IfSG §28 protective measures, §30 is called quarantine but means isolation. ***ToDo: VPRÄS asks BMG what the product should look like.*** **Translation of RKI documents:** • There are enquiries via EWRS about the measures and handling

	with contact persons. The German documents have already been shared via EWRS. Only the flowchart and the passenger recommendations (posters) are available in English. • Even good translations have to be proofread by those responsible for the subject matter (complex documents, wording is crucial) • If translations are possible, then the management report. ***ToDo: Ask Esther-Maria Antao (MF 4) to translate the management report into English.***
3	**Laboratory diagnostics** • All incoming samples should be analysed. The indication for sample collection is provided by the respective countries. The laboratory specifies the pre-diagnostic requirements and information on capacity. Refer to other laboratories in case of overload. • Several GHPP partners have made requests for support and more are likely to follow. Côte d'Ivoire and Nigeria have already received materials (primers, probes). In consultation with the BMG, the RKI is compiling what can be offered to the partners. The WHO is trying to build up laboratory capacities. • FG 17: In normal seasonal virological surveillance, 2019-nCoV can also be monitored via the AGI (in addition to RSV, rhinoviruses, INV).
4	**Surveillance requirements** **Info letter, reporting regulation:** • The information letter has been sent. • The reporting ordinance has been finalised and agreed with the Infection Protection Working Group. It is based on the Avian Influenza Reporting Ordinance. The laboratory reporting requirement has also been taken into account. • In a very short time, there was a data protection-related, a legal and a technical clarification for the creation of the info letter. The collaboration worked very well.

5	**Measures to protect against infection** **FAQ on contaminated surfaces sufficiently clear? FAQ on handling luggage at airports** • There are already FAQs on contaminated surfaces, but they are very technical. The ones from the BZgA do not differ in this respect. • It is necessary to provide easy-to-understand practical information here in order to reduce the number of enquiries on the subject, e.g. transmission primarily by droplets, disinfect with commercially available disinfectants in the case of visible soiling.
	ToDo: FG14: Please revise the FAQ accordingly.
6	**Clinical Management** **Report WHO TK 15:00:** • The clinicians in Munich have shown great willingness to provide support. The RKI team at the LGL can also provide support with data collection if necessary (coordinated by Udo Buchholz).
7	**Transport (border crossing points)** • Poster revised, online on website since today • Note: Exit screening could be recommended by the WHO for Germany if the disease spreads to Germany.

8	**Information from the situation centre** • Work in 2 shifts necessary • There have been 2 training sessions this week with great interest in working with us, but there are still major bottlenecks, especially in the overview positions (shift management, task distribution and triage), as experience and a certain amount of familiarisation (people first have to get used to this situation) are required. • Employees from other FGs must continue to be involved and the work of other projects must be deprioritised accordingly. • Risk perception among the population/press is very high (will continue to be so over the WE). Citizens' enquiries cannot all be answered in the LZ and are forwarded to the press. Here too, enquiries remain unanswered for capacity reasons. The BZgA would have to pick up the slack here. • Staffing LZ on WE: Management: Saturday: Maria, Sunday: Ute Rexroth plus 4 people each for the other positions; press can be reached by phone (Ms Degen); technical advice in the centre: FG36; background on site: AL3 (PRÄS, VPRÄS can be reached by phone). • Situation report: on Saturday, possibly no situation report on Sunday (depending on the national situation); national part will also be updated by FG36 on the WE (work in the LZ) (epicurve after the day of laboratory diagnostics). ***ToDo: INIG: Situation report: Take template from 30 January 2020; communicate the current figures (with provinces) to AL3 and the press by 9am on weekdays; 11am on weekends is sufficient.***
9	**Next meeting:** Monday, 03.02.2020, 13-14:30, Situation Centre Meeting room

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*03.02.2020, 13:00-15:30 h*
Venue:	*Room S.0D.05.083*

Moderation: Lothar Wieler

Participants:

- *Federal Minister of Health*
  - *Jens Spahn*
- *Institute management*
  - *Lothar Wieler*
- *Division 1 management*
  - *Martin Mielke*
- *Division 3 Management*
  - *Osamah Hamouda*
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  - *Johanna Hanefeld*
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  - *Andreas Nitsche*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Peter Lang (by telephone)*
- *Bundeswehr: Dr Harbaum (by telephone)*

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1	**Current situation**	
	Current situation - National • *10 cases in Germany, 8 of them in Bavaria and 2 in Rhineland-Palatinate (currently hospitalised in Frankfurt). One case in Spain is part of the Bavarian cluster.* • *The RKI first learns of the confirmed cases from the press, so far only 6/10 confirmed cases have been reported in SurvNet is transmitted.*	*FG36*
	Bavaria - Status of contact tracing • *The RKI supports the contact tracing of approx. 150 people in Bavaria both in terms of personnel on site through team, as well as from the RKI situation centre by international case referrals.* • *In addition, passengers from several flights from Germany as contact persons. The primary Responsibility lies with the destination country. For the flight to China has been taken over by the RKI with administrative assistance from the LGL.* • *The request for passenger lists from the airlines is sometimes difficult, the format can be are difficult to process further.*	*FG36/ FG 32*
	RLP: 2 cases among repatriates • *2 people were initially asymptomatic and were first noticed during later examinations in the accommodation. Both were isolated in Frankfurt, both were isolated in FRA, both is doing well under the circumstances.* • *No further support from RLP was requested.*	*IBBS FG36/ AL3*
	Suspected cases from other federal states, negative tests • *Several suspected cases have been reported by the countries, all of which later tested negative.* • *Notifications from the federal states according to §12 IfSG often do not arrive or delayed. Other anecdotal evidence is often used reported or the RKI learns from the press.* • *Reporting the negative diagnosis would also be important for assessment in relation to the positive tests.* • *Federalism is a challenge, for example there are 3 various software systems for data exchange. DEMIS*	*FG32*

	is intended to improve this. • *The reports and transmissions from the countries are often delayed so that the international reporting obligations are not met.*	

	can be fulfilled in a timely manner. • *An automatic interface would be desirable in order to optimise international reporting times.* • *TO DO: Minister Spahn asks for 2-3 key points for improving the reporting system by Wednesday at the TK with the federal states.* • *TO DO: Following the crisis, Minister Spahn asks for suggestions on how reporting and decision-making channels can be optimised.* **Current situation - International** • *A total of 17,393 cases. 17,240 cases in China, of which 11,177 (60%) in the province of Hubei. 362 deaths (all in China except one in Philipen)* • *23 countries record 153 cases, 23 of which are in Europe* • *The first death outside China was reported: A 44-year-old man from Wuhan with no underlying disease.* **Risk areas** • *The risk area remains limited to the province of Hubei (including Wuhan), which reports 60% of all cases in China.* • *However, the incidence is also increasing in other provinces, most strongly in Guangdong and Zhejiang. A study suggests that transmissions are also occurring in the populations of Beijing, Shanghai, Guangzhou and Shenzhen. The risk areas may be adjusted in future.* • *Further indicators for risk assessment were discussed.*	
2	**Findings about pathogens** **Asymptomatic transmission, elimination period** • *The recommended quarantine period is still 14 days.* • *The duration of excretion of infectious material is difficult to estimate (as with SARS).* • *A positive PCR result after recovery is not necessarily associated with infectiousness.* **Classification of severity** • *The RKI has developed influenza surveillance tools (AGI/SEEDARE, GrippeWeb, ICOSARI) that can also be used to assess the severity of nCoV.* • *A comparison of data on German pneumonia patients from ICOSARI with an nCoV study (Chen et. Al., Lancet 2020)*	*FG36*

	shows a comparable lethality, but e	
3	**Current risk assessment** • *The risk assessment of the RKI is adapted as follows: "... Further individual transmissions and chains of infection in Germany are also possible. The risk to the population in Germany from the new respiratory disease is currently still low..."* • *The severity of the disease and the susceptibility of the population cannot yet be sufficiently estimated.* • *If the virus spreads, an increased burden on the healthcare system must be expected - especially during the flu season.* • *ToDo A cautious communication strategy for escalating the measures and changing the strategy (containment to protection) must be prepared (press).* • *To Do AGI is intended to address the preparation of the countries for additional needs of the healthcare system (FG 32).* • *To Do ZIG is working on a linelist for internationally imported cases to map their origin. The information on the origin of travellers via official Channels are often not enough. (ZIG)*	*All*
4	**Communication** **Public relations, hotline** • *The BZgA should intensify its campaign for sneezing and coughing hygiene in relation to the normal flu epidemic. This also makes sense for nCoV.* • *Some countries report that their info phones are overloaded. The extent to which the BzGA can provide more support here should be examined.* • *To Do Mr Wieler telephones Mrs Theiss.*	*Press*
5	**Laboratory diagnostics** • *Diagnostic capacity is now also available in other laboratories, which reduces the workload of the consultant laboratory and the RKI.* • *The billing of laboratory diagnostics via the KBV billing number should not only be linked to the RKI case definition. This is too specific.* • *To Do ABT 1, FG63 and IBBS vote on proposal to KBV.* • *In the event of positive findings, the samples should be sent to the*	*FG17*

	sent to a consulting laboratory. • *The quality of the PCR cannot yet be adequately assessed. ZBS 1 is awaiting isolates from Munich and Japan for further analysis.* • *The evidence for assessing the quality of a negative test is not yet sufficient, but is probably low.* • *To Do The place of sampling (deep vs. upper throat swab, sputum induction) is clarified between Abt1, IBBS and FG 36.*	
6	**Surveillance requirements** **Change to the case definition** • *At least in the beginning, the symptoms are often quite unspecific, e.g. in the index patient Bavaria. Therefore the sensitivity can be increased in the flow chart.* • *Alternatives to " Acute respiratory symptoms of of any severity" were discussed. A detailed text and the sequence (contact before symptoms) is voted. (FG 36, IBBS, FG 32)* **Entry into force of the Reporting Obligations Ordinance** • *The mandatory reporting ordinance is in force and an information letter with Declaration has been sent.* • *There are concerns in countries because contact persons are included. RKI argues that this information is passed on to the WHO must be reported. This must be sent to AGI tomorrow be discussed.* • *Mr Sangs had asked for an explanation of the legal basis for the data collection, Mr Mehlitz and Mrs Reupke are working on it.*	*FG36* *FG32* *FG32*

7	**Measures to protect against infection** • *A risk assessment was requested from ECDC regarding the possible cancellation of trade fairs / exclusion of exhibitors from China. It will also be discussed tomorrow in the AGI. The RKI is currently not recommending a cancellation.* • *In some other European countries there is no legal basis for quarantine; this should be discussed at European level in the future.* • *There have been enquiries about the availability of masks and protective clothing. The BMG is checking stocks and production capacities with manufacturers.* • *Ireland is proposing a common European market via EWRS.*	*FG 32/ Pres*
	Procurement for PPE.	
8	**Clinical management** • *The treating doctors in Frankfurt and Bavaria consult with doctors from other affected countries in a WHO telephone conference.* • *IBBS revises the flow chart. Addition of a question algorithm and the distinction between home quarantine and hospitalisation.*	*IBBS*
9	**Transport** **Dealing with travellers from China** • *The working group of health authorities responsible for IGV-named airports has spoken out against entry screening and mass testing at airports. The measures would be very drastic and disproportionate to the benefits. It makes sense to inform travellers so that they behave correctly if they have symptoms.* **Airport posters at railway stations** • *The AGI TK will clarify whether the airport poster should also be displayed at railway stations.*	*FG 32*

10	**Information from the situation centre** • *The workload in the situation centre remains high, also due to Bavaria's support in contact tracing.* • *The working hours of the situation centre on weekdays have been extended to 08:00-21:00 in 2 shifts. Two shifts will also be introduced at weekends in future, and the call centre is also very busy.* • *Further training courses have been organised, management level of Dept. 3 helps with certain functions.* • *In the long term, resources must be conserved, and projects and assignments may have to be deprioritised for this purpose.* • *An RKI virologist is sent to China for support and liaison, as is a second virologist from the German Armed Forces.*	*FG32*
11	**Other topics**	
	• *Next meeting: Tuesday, 04.02.2020, 11:00-12:30, Situation Centre meeting room* • *Mondays and Fridays 13:00-14:30, otherwise 11.00-12.30*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

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5	**Laboratory diagnostics** • *Diagnostic capacity is now also available in other laboratories, which reduces the workload of the consultant laboratory and the RKI.* • *The billing of laboratory diagnostics via the KBV billing number should not only be linked to the RKI case definition. This is too specific.* • *To Do ABT 1, FG63 and IBBS vote on proposal to KBV.*	*FG17*

	• *If the results are positive, the samples should be sent to the consultant laboratory.* • *The quality of the PCR cannot yet be adequately assessed. ZBS 1 is awaiting isolates from Munich and Japan for further analysis.* • *The evidence for assessing the quality of a negative test is not yet sufficient, but is probably low.* • *To Do The place of sampling (deep vs. upper throat swab, sputum induction) is clarified between Abt1, IBBS and FG 36.*	
6	**Surveillance requirements** **Change to the case definition** • *At least in the beginning, the symptoms are often quite unspecific, e.g. in the index patient Bavaria. Therefore the sensitivity can be increased in the flow chart.* • *Alternatives to " Acute respiratory symptoms of of any severity" were discussed. A detailed text and the sequence (contact before symptoms) is harmonised. (FG 36, IBBS, FG 32)* **Entry into force of the Reporting Obligations Ordinance** • *The mandatory reporting ordinance is in force and an information letter with Declaration has been sent.* • *There are concerns in countries because contact persons are included. RKI argues that this information is passed on to the WHO must be reported. This must be sent to AGI tomorrow be discussed.* • *Mr Sangs had asked for an explanation of the legal basis for the data collection, Mr Mehlitz and Mrs Reupke are working on it.*	*FG36* *FG32* *FG32*
7	**Measures to protect against infection** • *A risk assessment was requested from ECDC regarding the possible cancellation of trade fairs / exclusion of exhibitors from China. It will also be discussed tomorrow in the AGI. The RKI is currently not recommending a cancellation.* • *In some other European countries there is no legal basis for quarantine; this should be discussed at European level in the future.* • *There have been enquiries about the availability of masks and protective clothing. The BMG is checking with manufacturers Inventories and production capacities.*	*FG 32/ Pres*

	• *Ireland proposes a joint European procurement for PPE via EWRS.*	
8	**Clinical management** • *The treating doctors in Frankfurt and Bavaria consult with doctors from other affected countries in a WHO telephone conference.* • *IBBS revises the flow chart. Addition of a question algorithm and the distinction between home quarantine and hospitalisation.*	*IBBS*
9	**Transport** **Dealing with travellers from China** • *The working group of health authorities responsible for IGV-named airports has spoken out against entry screening and mass testing at airports. The measures would be very drastic and disproportionate to the benefits. It makes sense to inform travellers so that they behave correctly if they have symptoms.* **Airport posters at railway stations** • *The AGI TK will clarify whether the airport poster should also be displayed at railway stations.*	*FG 32*
10	**Information from the situation centre** • *The workload in the situation centre remains high, also due to Bavaria's support in contact tracing.* • *The working hours of the situation centre on weekdays have been extended to 08:00-21:00 in 2 shifts. Two shifts will also be introduced at weekends in future, and the call centre is also very busy.* • *Further training courses were held, management level of Dept. 3 helps with certain functions.* • *In the long term, resources must be conserved, and projects and assignments may have to be deprioritised for this purpose.* • *An RKI virologist is sent to China for support and liaison, as is a second virologist from the German Armed Forces.*	*FG32*

11	**Other topics** • *Next meeting: Tuesday, 04.02.2020, 11:00-12:30, Situation Centre meeting room* • *Monday and Friday 13:00-14:30, otherwise 11.00-12.30*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*03.02.2020, 13:00-15:30 h*
Venue:	*Room S.0D.05.083*

Moderation: Lothar Wieler

Participants:

- *Federal Minister of Health*
  - *Jens Spahn*
- *Institute management*
  - *Lothar Wieler*
- *Division 1 management*
  - *Martin Mielke*
- *Division 3 Management*
  - *Osamah Hamouda*
- *ZIG management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Bettina Ruehe*
  - *Nadja Bersug*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Peter Lang (by telephone)*
- *Bundeswehr: Dr Harbaum (by telephone)*

TOP	Contribution/Topic	injected by
1	**Current situation**	
	Current situation - National • *10 cases in Germany, 8 of them in Bavaria and 2 in Rhineland-Palatinate (currently hospitalised in Frankfurt). One case in Spain is part of the Bavarian cluster.* • *The RKI first learns of the confirmed cases from the press, so far only 6/10 confirmed cases have been reported in SurvNet is transmitted.*	*FG36*
	Bavaria - Status of contact tracing • *The RKI supports the contact tracing of approx. 150 people in Bavaria both in terms of personnel on site through team, as well as from the RKI situation centre by international case referrals.* • *In addition, passengers from several flights from Germany as contact persons. The primary Responsibility lies with the destination country. For the flight to China has been taken over by the RKI with administrative assistance from the LGL.* • *The request for passenger lists from the airlines is sometimes difficult, the format can be are difficult to process further.*	*FG36/ FG 32*
	RLP: 2 cases among repatriates • *2 people were initially asymptomatic and were first noticed during later examinations in the accommodation. Both were isolated in Frankfurt, both were isolated in FRA, both is doing well under the circumstances.* • *No further support from RLP was requested.*	*IBBS FG36/ AL3*
	Suspected cases from other federal states, negative tests • *Several suspected cases have been reported by the countries, all of which later tested negative.* • *Notifications from the federal states according to §12 IfSG often do not arrive or delayed. Other anecdotal evidence is often used reported or the RKI learns from the press.* • *Reporting the negative diagnosis would also be important for assessment in relation to the positive tests.* • *Federalism is a challenge, for example there are 3 various software systems for data exchange. DEMIS*	*FG32*

	is intended to improve this. • *The notifications or transmissions of the countries are often delayed so that the international reporting obligations are not met.*	

	can be fulfilled in a timely manner. • *An automatic interface would be desirable in order to optimise international reporting times.* • *TO DO: Minister Spahn asks for 2-3 most important points for improving the reporting system by Wednesday at the TK with the federal states.* • *TO DO: Following the crisis, Minister Spahn asks for suggestions on how reporting and decision-making channels can be optimised.* **Current situation - International** • *A total of 17,393 cases. 17,240 cases in China, of which 11,177 (60%) in Hubei province. 362 deaths (all in China except one in Philipen)* • *23 countries record 153 cases, 23 of which are in Europe* • *The first death outside China was reported: A 44-year-old man from Wuhan with no underlying disease.* **Risk areas** • *The risk area remains limited to the province of Hubei (including Wuhan), which reports 60% of all cases in China.* • *However, the incidence is also increasing in other provinces, most strongly in Guangdong and Zhejiang. A study suggests that transmissions are also occurring in the populations of Beijing, Shanghai, Guangzhou and Shenzhen. The risk areas may be adjusted in future.* • *Further indicators for risk assessment were discussed.*	
2	**Findings about pathogens** **Asymptomatic transmission, elimination period** • *The recommended quarantine period is still 14 days.* • *The duration of excretion of infectious material is difficult to estimate (as with SARS).* • *A positive PCR result after recovery is not necessarily associated with infectiousness.* **Classification of severity** • *The RKI has developed influenza surveillance tools (AGI/SEEDARE, GrippeWeb, ICOSARI) that can also be used to assess the severity of nCoV.* • *A comparison of data on German pneumonia patients from ICOSARI with an nCoV study (Chen et. Al., Lancet 2020)*	*FG36*

	shows a ~~comparable~~ mortality rate of a similar order of magnitude, but the patients in the study are ~~significantly~~ younger and have fewer previous illnesses. An age-stratified evaluation and detailed interpretation is in preparation.	
3	**Current risk assessment** • *The risk assessment of the RKI is adapted as follows: "... Further individual transmissions and chains of infection in Germany are also possible. The risk to the population in Germany from the new respiratory disease is currently still low..."* • *The severity of the disease and the susceptibility of the population cannot yet be sufficiently estimated.* • *If the virus spreads, an increased burden on the healthcare system must be expected - especially during the flu season.* • *ToDo A cautious communication strategy for escalating the measures and changing the strategy (containment to protection) must be prepared (press).* • *To Do AGI is intended to address the preparation of the countries for additional needs of the healthcare system (FG 32).* • *To Do ZIG is working on a linelist for internationally imported cases to map their origin. The Information about the origin of travellers via official channels is often not sufficient. (ZIG)*	*All*
4	**Communication** **Public relations, hotline** • *The BZgA should intensify its campaign for sneezing and coughing hygiene in relation to the normal flu epidemic. This also makes sense for nCoV.* • *Some countries report that their info phones are overloaded. The extent to which the BzGA can provide more support with this should be examined.* • *To Do Mr Wieler telephones Mrs Theiss.*	*Press*
5	**Laboratory diagnostics** • *Diagnostic capacity is now also available in other laboratories, which reduces the workload of the consultant laboratory and the RKI.* • *The billing of laboratory diagnostics via the KBV billing number should not only be linked to the RKI billing number.*	*FG17*

	be linked to a case definition. This is too specific. • To Do ABT 1, FG63 and IBBS vote on proposal to KBV. • If the results are positive, the samples should be sent to the consultant laboratory. • The quality of the PCR cannot yet be adequately assessed. The assays developed by ZBS1 can specifically detect 2019-nCoV, this was demonstrated using synthetic controls. SARS is not detected by the assays. This also applies to the nCoV-specific RdRP assay developed by Mr Drosten. ZBS 1 is awaiting isolates from Munich and Japan for further investigation. • The evidence for assessing the quality of a negative test is not yet sufficient, but is probably low. • To Do The place of sampling (deep vs. upper throat swab, sputum induction) is clarified between Abt1, IBBS and FG 36.	
6	**Surveillance requirements** **Change to the case definition** • At least in the beginning, the symptoms are often quite unspecific, e.g. in the index patient Bavaria. Therefore the sensitivity can be increased in the flow chart. • Alternatives to " Acute respiratory symptoms of of any severity" were discussed. A detailed text and the sequence (contact before symptoms) is voted. (FG 36, IBBS, FG 32) **Entry into force of the Reporting Obligations Ordinance** • The mandatory reporting ordinance is in force and an information letter with Declaration has been sent. • There are concerns in countries because contact persons are included. RKI argues that this information is passed on to the WHO must be reported. This must be sent to AGI tomorrow be discussed. • Mr Sangs had asked for an explanation of the legal basis for the data collection, Mr Mmehlitz and Mrs Reupke are working on it.	FG36 FG32 FG32
7	**Measures to protect against infection** • A risk assessment was requested from ECDC regarding the possible cancellation of trade fairs / exclusion of exhibitors from China. It will also be discussed tomorrow in the AGI. The RKI is not currently considering a cancellation. recommended.	FG 32/ Pres

	• *In some other European countries there is no legal basis for quarantine; this should be discussed at European level in the future.* • *There have been enquiries about the availability of masks and protective clothing. The BMG is checking stocks and production capacities with manufacturers.* • *Ireland proposes a joint European procurement for PPE via EWRS.*	
8	**Clinical management** • *The treating doctors in Frankfurt and Bavaria consult with doctors from other affected countries in a WHO telephone conference.* • *IBBS revises the flow chart. Addition of a question algorithm and the distinction between home quarantine and hospitalisation.*	*IBBS*
9	**Transport** **Dealing with travellers from China** • *The working group of health authorities responsible for IGV-named airports has spoken out against entry screening and mass testing at airports. The measures would be very drastic and disproportionate to the benefits. It makes sense to inform travellers so that they behave correctly if they have symptoms.* **Airport posters at railway stations** • *The AGI TK will clarify whether the airport poster should also be displayed at railway stations.*	*FG 32*
10	**Information from the situation centre** • *The workload in the situation centre remains high, also due to Bavaria's support in contact tracing.* • *The working hours of the situation centre on weekdays have been extended to 08:00-21:00 in 2 shifts. Two shifts will also be introduced at weekends in future, and the call centre is also very busy.* • *Further training courses were held, management level of Dept. 3 helps with certain functions.* • *In the long term, forces must be conserved, for this*	*FG32*

	projects and secondments may also have to be deprioritised. • *An RKI virologist is sent to China for support and liaison, as is a second virologist from the German Armed Forces.*	
11	**Other topics** • *Next meeting: Tuesday, 04.02.2020, 11:00-12:30, Situation Centre meeting room* • *Monday and Friday 13:00-14:30, otherwise 11.00-12.30*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*04.02.2020, 11:00-12:30 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Division 1 management*
  - *-*
- *Division 3 Management*
  - *-*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *FG 33*
  - *Anette Siedler*
- *FG 37*
  - *Muna AbuSin*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Bettina Ruehe*
- *L1 Legal department*
  - *Mehlitz (by telephone)*
  - *Fouquet*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZBS2*
  - *Daniela Jacob*
- *INIG*

- *Basel chequered*

- *Data protection*
  - *Marie Reupke*

- *BZGA : N/A*
- *Bundeswehr: by telephone*

TOP	Contribution/Topic	injected by
1	**Current situation** **Current situation - International** • *Worldwide 20,639 cases* • *China: 20,480 cases (from yesterday + 3,240 cases), of which 11,177 (60%) in Hubei province (incl. Wuhan).* • *426 deaths (all in China except one in the Philippines)* ○ *Death in Hong Kong: 39-year-old man with a pre-existing condition* ○ *2,788 with severe disease progression* ○ *632 have recovered* • *25 countries record 159 cases, of which:* ○ *1 death (Philippines)* ○ *25 cases in Europe (FR, DE, IT, SP, SE, UK, FI)* ○ *1 serious illness (France)* **Current situation - National** • *13 cases in Germany, 9 of them in Bavaria and 4 in Rhineland-Palatinate (currently hospitalised in Frankfurt).* • *A new case in Bavaria was already known as a person of the 1st degree in the context of contact tracing by the Webasto company. Symptoms are not known. Contact tracing has been initiated.* • *2 further cases within the cohort of repatriates in RLP. The new cases belong to the already affected family, are symptomatic and have already been isolated.* **RLP Germersheim** • *Has the Bundeswehr received an application for administrative assistance to implement the measures in the Germersheim property of the local GA and will it be implemented/accepted?* • *A catalogue of tasks is currently being drawn up that can be shared with the RKI, and the German Armed Forces will support the work on site with a specialist in public health and a hygiene expert.* • *Responsibility remains with the responsible GA. It was requested that all responsible parties at state level (epidemiological officers and state office) be involved and informed, as there are currently uncertainties in this regard at state level.* *TO DO: Query to China: completeness of the numbers of recovered persons* *Deaths Start of illness and date of death*	*INIG* *FG36* *Federal defence/ FG 32*

	Number of infected medical staff Where communitiy transmission takes place *FG 36 can assist with translation*	
2	**Findings about pathogens** **Pathogen profile** • *Is in progress* **Literature** • *It was suggested that a centralised literature search or query on the topic of "nCOV" be created and updated by the library, for example. This would also be of interest to external stakeholders (German Armed Forces).*	*FG36* *FG 36*
3	**Current risk assessment** **Expansion to include other provinces, e.g. Zhenjiang; Chengdu, Canton (AA)** • *The expansion of the risk areas requires a differentiated assessment of various factors (geographical location, current incidence, the trend, the measures implemented locally, networking (transport) locally (e.g. to Hubei) and networking to Germany (direct flight connections)). The level of incidence does not/only to a limited extent allow a statement to be made about the local transmission risk (e.g. Bavaria). An expansion would go hand in hand with measures in Germany, a gradual expansion (individual regions) is difficult to justify/communicate. The current assessments of the WHO and ECDC (the entire country of China is a risk area) are too vague and unhelpful. Situation in many (especially African) countries unclear due to lack of information/testing.* *TODO:* *ZIG Contact AA: Number of German citizens currently infected in China FG 32 Contact of IHR National Focal Points(NFP) of the countries: Information on all cases outside China with country of origin/probable place of infection/usual place of residence IBBS contacted GHSI Deadline 06.02.2020*	*All*
4	**Communication** **Press enquiry on quarantine for travellers returning from risk areas** • *Voluntary home quarantine would be in line with the procedure for the group of repatriates. Currently, the federal states are only partially or not yet fully informed about the recommendation and the feasibility of monitoring by the responsible GA is difficult to implement*	*Press/ Federal w ork*

	due to the potentially large number of eligible persons. • *This information would also be important for the flight personnel and employees in RLP (Germersheim barracks) in connection with the care of the repatriates.* *TO DO A corresponding recommendation/procedure for quarantining travellers returning from risk areas will be discussed today at the AGI and subsequently communicated.* **Recommendations for hand disinfection/external communication** • *Hand disinfection should not be included. The focus should be on sneezing and coughing hygiene.*	*FG14/ FG36*
5	**Laboratory diagnostics** • *It is possible to differentiate between nCoV and SARS using PCR.* • *ABAS meeting will take place on 06/02/2020: The assessment for the categorisation of the nCoV*	*FG17, ZBS1*
6	**Surveillance requirements** **Integration of nCoV in virological influenza surveillance** • *A discussion on the topic will take place on 7 February 2020 during the Situation Working Group. Current problems are mainly related to data protection. The transmission of positive influenza cases takes place by letter for data protection reasons and due to a lack of alternatives. This time delay would not be helpful in the current situation. In the longer term, population-based sentinel surveillance data is of great interest.* *TO DO Clarify data protection and legal basis by 7 February 2020.*	*FG 17/ FG36*
7	**Measures to protect against infection**	
8	**Clinical management** **Waste disposal recommendations** • *Waste disposal in the laboratory is clarified by existing regulations* • *In the clinical context, there is already a link to documents for SARS.* • *IBBS raises the issue in the internal epidemic hygiene group.*	*ZBS2*

RKI	*TO DO The topic of recommendations on waste disposal will be on the agenda again tomorrow.* **Flowchart for clinical management** • *IBBS has revised the flow chart and will publish it this evening.* **Sampling, handling of virus detection and time of discharge** • *Currently, a culture is performed on all patients with virus detection and the patient is no longer isolated after two negative cultures (duration approx. 3 days). This involves close sampling and the duplicate samples can be taken at the same time. The virus is detected from all materials.*	*IBBS* *FG37*
9	**Transport** **Contact tracing(KONA) flights** • *There are currently two KONA (flight LH Munich-Shanghai/request for administrative assistance from Bavaria, as Chinese authorities do not react; TUI to Spain/request for assistance from Spanish colleagues). In both cases, the destination countries are responsible for the KONA. The current procedure categorises all passengers two rows before and after the seat of the case as well as the crew as Category II contacts and would consequently mean that all passengers would have to be informed. This is difficult to implement due to incomplete lists, restrictive information policy on the part of the airlines and unclear whereabouts of passengers after landing. The crew would have to reduce contact and therefore not be able to work at all or only to a limited extent.* • *There is currently no high risk of illness from Category II contacts. The current recommendations for medical staff (wearing protective clothing during work and keeping a diary of symptoms) can be used as a guide. The focus is on the feasibility of the measures.* *TODO* *L1 has already adapted the sample letter for the authorities (measles) and makes it available* **Dealing with direct flights from risk areas at the airport** • *Measures for direct flights at airports were discussed at federal level. The competences lie at state and, in some cases, GA level. In terms of feasibility, extended exit screening was proposed. An active case search is initiated on the aircraft using seat cards with additional questions (stay in the risk area, symptoms etc. / to be ticked). Boarding staff would report conspicuous passengers (from risk areas/symptomatic) to the medical service so that they can be treated/isolated directly at the airport.*	*FG 32* *FG 32*

	Furthermore, information material will be distributed and worried passengers without symptoms will be seen and counselled by the medical service. *This is very costly, especially for large airports such as Frankfurt (approx. 4 passengers per day), but still feasible. Alternatives such as diverting all direct flights to Bavaria are rejected at state level.*	
10	**Information from the situation centre** • *Good support from numerous specialist areas in the situation centre.*	*FG32*
11	**Other topics** • *Next meeting: Wednesday, 05.02.2020, 11:00-12:30, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*04.02.2020, 11:00-12:30 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Division 1 management*
  - *-*
- *Division 3 Management*
  - *-*
- *FG14*
  - *Melanie Brunke*
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  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *FG 33*
  - *Anette Siedler*
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  - *Muna Abu Sin*
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  - *Walter Haas*
- *IBBS*
  - *Bettina Ruehe*
- *L1 Legal department*
  - *Mehlitz (by telephone)*
  - *Fouquet*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZBS2*

- *Daniela Jacob*
- *INIG*
  - *Basel chequered*
- *Data protection*
  - *Marie Reupke*

- *BZGA : N/A*
- *Bundeswehr: Thomas Harbaum (by telephone)*

TOP	Contribution/Topic	injected by
1	**Current situation** **Current situation - International** • *Worldwide 20,639 cases* • *China: 20,480 cases (from yesterday + 3,240 cases), of which 11,177 (60%) are in Hubei province (incl. Wuhan).* • *426 deaths (all in China except one in the Philippines)* ○ *Death in Hong Kong: 39-year-old man with a pre-existing condition* ○ *2,788 with severe disease progression* ○ *632 have recovered* • *25 countries record 159 cases, of which:* ○ *1 death (Philippines)* ○ *25 cases in Europe (FR, DE, IT, SP, SE, UK, FI)* ○ *1 serious illness (France)* **Current situation - National** • *13 cases in Germany, 9 of them in Bavaria and 4 in Rhineland-Palatinate (currently hospitalised in Frankfurt).* • *A new case in Bavaria was already known as a person of the 1st degree in the context of contact tracing by the Webasto company. Symptoms are not known. Contact tracing has been initiated.* • *2 further cases within the cohort of repatriates in RLP. The new cases belong to the already affected family, are symptomatic and have already been isolated.* **RLP Germersheim** • *Request for administrative assistance from the responsible GA to implement the measures at the Germersheim property was submitted to the Bundeswehr* • *A coordinated catalogue of tasks is currently being drawn up, which can be shared with the RKI, and the Bundeswehr plans to support the work on site with a specialist in public health services and a hygiene specialist.* • *Responsibility remains with the responsible GA. It was requested that all relevant stakeholders at state level (epidemiological officers and state office) be involved and informed.*	*INIG* *FG36* *Federal defence/ FG 32*
2	**Findings about pathogens** **Pathogen profile**	

	• *Is in progress* **Literature** • *It was suggested that a centralised literature search or query on the topic of "nCOV" be created and updated by the library, for example.*	*FG36* *FG 36*
3	**Current risk assessment** **Expansion to include other provinces, e.g. Zhenjiang; Chengdu, Canton (AA)** • *The expansion of the risk areas requires a differentiated assessment of various factors (geographical location, current incidence, the trend, the measures implemented on site, networking (transport) locally (e.g. to Hubei) and networking to Germany (direct flight connections)). Another criterion is the implication for the resulting measures and their implementation. An expansion would go hand in hand with measures in Germany; a gradual expansion (individual regions) is difficult to justify/communicate.*	*All*
4	**Communication** **Press enquiry on quarantine for travellers returning from risk areas** • *The RKI favours a recommendation agreed between the federal and state governments that provides for voluntary home isolation for 14 days* • **Recommendations for hand disinfection/external communication** • *Hand disinfection should not be included. The focus should be on sneezing and coughing hygiene.*	*Press/ Federal work* *FG14/ FG36*
5	**Laboratory diagnostics** • *It is possible to differentiate between nCoV and SARS using PCR.* • *ABAS meeting will take place on 06/02/2020: The assessment for the categorisation of the nCoV*	*FG17, ZBS1*

6	**Surveillance requirements** **Integration of nCoV in virological influenza surveillance** • *A discussion on the topic will take place on 7 February 2020 during the Situation Working Group. Current problems are mainly related to data protection. The transmission of positive influenza cases takes place by letter for data protection reasons and due to a lack of alternatives. This delay is not appropriate in the current situation.* *TO DO Clarify data protection and legal basis by 7 February 2020.*	*FG 17/ FG36*
7	**Measures to protect against infection**	
8	**Clinical management** **Waste disposal recommendations** • *Waste disposal in the laboratory is clarified by existing regulations* • *In the clinical context, there is already a link to documents for SARS; an adaptation/revision for nCoV is planned.* • *IBBS brings the topic to the internal epidemic hygiene group. TO DO The topic of recommendations on waste disposal will be on the agenda again tomorrow.* **Flowchart for clinical management** • *IBBS has revised the flow chart after consultation with DEGAM and will publish it this evening.* **Discharge management/procedure for hospitalised nCoV cases/lifting of isolation measures** • *A TK was held within STAKOB on 3 February; to date, there is insufficient data on which to base recommendations. A close virological follow-up of the current cases is planned in order to be able to derive recommendations in conjunction with the clinical findings as to when the patients can be de-isolated or discharged. In addition to the examination of respiratory materials, analyses of stool samples are also planned.*	*ZBS2* *FG14* *IBBS* *FG37/ IBBS*
9	**Transport** **Contact tracing(KONA) flights** • *There are currently two KONA (flight LH Munich-Shanghai/request for administrative assistance from Bavaria; TUI to Spain/request for assistance from Spanish colleagues). In both cases, the destination countries are responsible for the KONA. The current*	*FG 32*

	The procedure categorises all passengers who are more than two rows in front of and behind the seat of the case as well as the crew as Category II contacts and would consequently mean that all passengers would have to be informed. This is difficult to implement due to incomplete lists, restrictive information policy on the part of the airlines and unclear whereabouts of the passengers after landing. The crew would have to reduce contact and therefore not be able to work at all or only to a limited extent. The wording for flight personnel may need to be adapted here. A sample letter for the health authorities for enquiries to airlines regarding contact details for contact tracing after exposure to the novel coronavirus (2019-nCoV) on an aircraft is shared by the legal department. **Dealing with direct flights from risk areas at the airport** • *Measures for direct flights at airports were discussed at country level. With regard to feasibility, an extended exit screening was proposed. An active case search is initiated on the aircraft using seat cards with additional questions (stay in the risk area, symptoms etc. / to be ticked). Boarding staff would report conspicuous passengers (from risk areas/symptomatic) to the medical service before landing so that they can be treated/isolated directly at the airport. Furthermore, information material would be distributed and worried passengers without symptoms would be counselled by the staff on site.*	*FG 32*
10	**Information from the situation centre** • *Good support from numerous specialist areas in the situation centre.*	*FG32*
11	**Other topics** • *Next meeting: Wednesday, 05.02.2020, 11:00-12:30, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	**Novel coronavirus (nCoV), Wuhan, China**
Date:	*04.02.2020, 11:00-13:00 h*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *FG 33*
  - *Anette Siedler*
- *FG 37*
  - *Muna Abu Sin*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Bettina Ruehe*
- *L1 Legal department*
  - *Joachim-Martin Mehlitz (by telephone)*
  - *Helmut Fouquet*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZBS2*
  - *Daniela Jacob*
- *INIG*
  - *Basel chequered*
- *Data protection*
  - *Marie Reupke*

- *BZGA : N/A*
- *German Armed Forces: Thomas Harbaum (by telephone)*

TOP	Contribution/Topic	injected by
1	**Current situation** **Current situation - International** • *Worldwide 20,639 cases* • *China: 20,480 cases (from yesterday + 3,240 cases), of which 11,177 (60%) in Hubei province (incl. Wuhan).* • *426 deaths (all in China except one in the Philippines)* ○ *Death in Hong Kong: 39-year-old man with a pre-existing condition* ○ *2,788 with severe disease progression* ○ *632 have recovered* • *25 countries record 159 cases, of which:* ○ *1 death (Philippines)* ○ *25 cases in Europe (FR, DE, IT, SP, SE, UK, FI)* ○ *1 serious illness (France)* **TO DO: Consultation with YOUR NFP China (through FG32, possibly with the support of FG36 Chinese):** *Completeness of the numbers of recovered deaths Start of illness and date of death Number of infected medical staff Where does community transmission take place* **Current situation - National** • *12 cases in Germany, of which 10 cases in Bavaria are part of an accumulation and 2 cases (repatriated persons) in Rhineland-Palatinate, who are currently hospitalised in Frankfurt.* • *All repatriated persons are under officially ordered quarantine.* . **RLP Germersheim** • *Request for administrative assistance from the responsible GA to implement the measures in the Germersheim property was submitted to the Bundeswehr, which was accepted by the BW* • *A coordinated catalogue of tasks is currently being drawn up, which can be shared with the RKI, and the Bundeswehr plans to support the work on site with a specialist in public health services and a hygiene specialist.* • *Responsibility remains with the responsible GA. The RKI asks the BW to involve and inform the responsible actors at state level (epidemiological officers and state office).*	*INIG* *FG36* *Federal defence/ FG 32*

2	**Findings about pathogens** **EpiMatrix (epidemiological key points coronavirus)** • *Is in progress* **Literature** • *It was suggested that a centralised literature search or query on the topic of "nCOV" be created and updated by the library, for example.*	*FG36* *FG 36*
3	**Current risk assessment** **Expansion to include other provinces, e.g. Zhenjiang; Chengdu, Canton (AA)** • *The expansion of the risk areas requires a differentiated assessment of various factors (current incidence, trend, measures implemented locally (government quarantine), networking (transport) in China (e.g. to Hubei) and networking to Germany (direct flight connections), probable location of infection of exported cases). Another criterion is the feasibility of the resulting measures.* *TODO:* *ZIG1: Demand WHO HQ (Andreas Jansen); Contact AA: Number of German citizens currently infected in China* *FG 32 Contact of the IHR National Focal Points(NFP) and EWRS of the countries: Information on all cases outside China with country of origin/probable place of infection/usual place of residence IBBS contacts GHSI* *Deadline 06.02.2020*	*All*
4	**Communication** **Press enquiry about quarantine for travellers returning from Risk areas** • *The outcome of today's AGI TK will be awaited; The RKI is working on an agreement between the federal and state recommendation, which favours a 14-day period of home confinement Provides for segregation* **Recommendations for hand disinfection/external communication** • *Hand disinfection should not be included. The focus should be on sneezing and coughing hygiene.*	*Press/ Federal honour* *FG14/ FG36/ Press/ FG37*

5	**Laboratory diagnostics** • *A distinction between nCoV and SARS is possible with the PCR at the RKI.* • *ABAS: Waste disposal in the laboratory is clarified by existing guidelines*	*FG17, ZBS1 ZBS2*
6	**Surveillance requirements** **Integration of nCoV in virological influenza surveillance of the AGI** • *A discussion on the topic will take place on 7 February 2020 during the Situation Working Group. Current problems are mainly related to data protection. The transmission of positive influenza cases takes place by letter for data protection reasons ~~and due to a lack of alternatives~~. The secure and fast alternative Cryptshare provided by the RKI is allegedly not feasible in FG 17 for technical reasons. This delay is not appropriate in the current situation. Telephone calls should be made at least for the first laboratory-confirmed cases. Priority should be given to clarifying with colleagues from ZV4 how to communicate directly from the influenza database to Cryptshare so that there are no delays.* *TO DO Clarify data protection and legal basis by 7 February 2020 (DPO, L1, FG17).*	*FG 17/ FG36/ DSB/L1*
7	**Measures to protect against infection** **Waste disposal recommendations** • *ABAS meeting will take place on 06/02/2020;*	
8	**Clinical management** • *Waste disposal in a clinical context: there is already a link to documents for SARS, an adaptation/revision for nCoV is planned.* • *IBBS raises the issue in the internal epidemic hygiene group.* *TO DO The topic of recommendations on waste disposal is to be put on the agenda again on 5 February 2020.* **Flowchart for clinical management** • *IBBS has revised the flow chart in consultation with DEGAM and plans to publish it this evening.* **Discharge management/procedure for hospitalised nCoV cases/lifting of isolation measures** • *A TK was held within the STAKOB on 3 February; to date, there is insufficient data on which to base recommendations. A close virological follow-up of the current cases is planned in order to be able to make recommendations in the future.*	*IBBS FG14* *IBBS* *FG37/*

	Together with the clinical findings, this enables recommendations to be derived as to when patients can be de-isolated or discharged. In addition to the examination of respiratory materials, analyses of stool samples are also planned.	*IBBS*
9	**Transport** **Contact tracing (KONA) flights** • *Currently 2 KONA (flight LH Munich-Shanghai/request for administrative assistance from Bavaria; TUI to Spain/request for assistance from Spanish colleagues). In both cases, the destination countries are responsible for the KONA. The current procedure categorises all passengers more than two rows in front of and behind the seat of the case as well as the crew as Category II contacts and would consequently mean that all passengers would have to be informed. For the two flights, FG32 chose a procedure focussed on passengers within the two rows in front of and behind the case. For flights with destination Germany, an attempt will be made to inform all passengers and the crew. A sample letter for the health authorities for enquiries to airlines regarding contact details for contact tracing after exposure to the novel coronavirus (2019-nCoV) on the aircraft will be shared by the legal department.* *TODO* *L1 has already adapted the sample letter for the authorities (measles) and makes it available* **Dealing with direct flights from risk areas at the airport** • *Measures for direct flights at airports were discussed at country level. In terms of feasibility, extended exit screening was proposed. Exit cards are currently being distributed on aeroplanes from China to Germany. In addition, 3-5 questions are to be handed out (based on airport posters). Boarding staff would report conspicuous passengers (from risk areas/symptomatic) to the medical service before landing so that they can be treated/isolated directly at the airport. Furthermore, information material should be distributed and worried passengers without symptoms should be counselled by the staff on site (ÖGD or commissioned by ÖGD).*	*FG 32* *FG 32*
10	**Information from the situation centre** • *Good support from numerous specialist areas in the situation centre.*	*FG32*
11	**Other topics** • *Next meeting: Wednesday, 05.02.2020, 11:00-12:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*05.02.2020, 11:00-13:00 h*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG 37*
  - *Muna Abu Sin*
- *FG36*
  - *Walter Haas*
  - *Silka Buda*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *L1 Legal department*
  - *Helmut Fouquet*
  - *Joachim-Martin Mehlitz (by telephone)*
- *Press*
  - *Susanne Glasmacher*
  - *Nadin Garbe*
- *ZBS1*
  - *Janine Michel*

- *ZBS2*
  - *Daniela Jacob*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*
- *Data protection*
  - *Marie Reupke*

- *BZGA : Mr Lang (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation**	
	International • *>24,000 cases, >3800 additional cases, 68% of cases in Hubei province (strongly increasing trend)* • *493 deaths in China* • *191 cases outside China, in 24 countries, including 8 European countries with a total of 26 cases*	*ZIG1/FG36*
	National • *As of yesterday: 12 cases including those in Germersheim, 8 are linked to the Webasto infection chain, 7-8 of the cases have been officially reported*	*FG36*
	• *Currently examining whether additional repatriation of German nationals via the UK is possible. One doctor among those isolated in Germersheim has applied for release from quarantine.*	*German Armed Forces*
	From AA crisis management meeting • *49 German travellers still on site, various flight options are being investigated (distribution to other planes, possibly via the UK)* • *3 additional cities in China are now under quarantine* • *Approx. 25,000 German nationals in China, pressure to leave the country is expected as more and more airlines reduce their flights, causing more passengers to switch to Air China and other flights that are still available* • *British colleagues generally try to de-escalate but recommend their nationals to leave China* • *BNI: Federal police at border entrances are prepared to ask travellers questions if necessary, European coordination in this regard would be useful/desirable*	*IBBS/ZIG*
	BMG • *Important point: Masks as good as sold out throughout Europe, no stocks to offer support to China, suppliers and production chains could collapse, European manufacturers only serve European requests*	*AL3* *all*
	Information for doctors • *Great need for information for doctors: A meeting was held yesterday with the DEGAM (German Society for General Practice and Family Medicine), RKI is preparing a flow chart for outpatient care, which will be agreed soon.*	

	(AGI) and published, this should be widely disseminated (professional associations, possibly BZgA, ÖGD, STAKOB, DÄB, etc.). • *During the flu pandemic, BZgA informed doctors, RKI should now pre-formulate letter (for BZgA)* • *Wednesday 12.02.: 2019-nCoV webinar for ÖGD with Walter Haas as subject matter expert, organised by IBBS* • *3rd version of the RKI flowchart has been published in the DÄB, still needs to be harmonised with the updated case definition* *ToDo: RKI should pre-formulate a letter for BZgA* **Case definition** • *Proposal by FG36 accepted:* **"1. persons with non-specific general symptoms or respiratory symptoms of any severity AND *contact* with a *confirmed* case with 2019-nCoV"** *(Part 2 of the case definition remains unchanged)* • *The above-mentioned flow chart opens up the possibility of a different epidemiological contact (suitable clinical picture, risk area), and is intended to support the decision on the initiation of laboratory diagnostics. Order is almost finished and will be discussed tomorrow in AGI and parallel in STAKOB coordination.* *ToDo: Coordinate, finalise, publish/distribute flow chart for outpatient area*	*all*
2	**Findings about pathogens** • *Decision by the Lage-AG yesterday: review of new 2019-nCoV publications via library, daily review and e-mail to Corona distribution list, creation of folders with identified articles* • *INIG weekly report also includes publications on 2019-nCoV (p. 11-15, weekly report 05th calendar week), references and summary* • *Presentation Charité Drosten yesterday: Viral load progression (genome equivalent, copies/mL) in body secretions shows high concentrations especially at onset, this is in line with MERS-CoV literature, deep respiratory materials are positive for the longest time; MERS-CoV is detectable up to 38 days (but less transmissible than 2019-nCoV)* • *Recommendation for protective goggles: no evidence regarding infection entry via the eye/conjunctiva, but it should be assumed that infection can enter in this way and the use of protective goggles or visors should be recommended* • *Shedding: nCoV has additional multibasic furin cleavage site, Drosten hypothesis is that 2019-nCoV also differs from SARS by more effective and longer shedding*	*all* *INIG* *FG14* *all*

	German Armed Forces • *Presentation by IMB colleagues (Wölfel) from Brussels may be sent to the LZ after consultation, would be helpful for risk assessment*	
3	**Current risk assessment** • *Criteria for this will be defined by tomorrow (as agreed on 4 February), Epi-Link or origin survey with other countries is ongoing, WHO line list for China and region has 20% gaps, confirmed cases with info all from Wuhan* • *Mr Brockmann/INIG have plotted curves for the development of incidences and cases in Chinese provinces, there is no exponential but rather a linear increase, these are updated daily (slides from INIG with this and other information are best placed in RKI-nCoV folder?), also daily update of cases outside China in a line list.* • *Today no modification of the RKI risk areas (see website) as no new information compared to yesterday* • *Taiwan categorises China into two: high risk, lower risk (possible community transmission), Guangdong* *ToDo: Finalisation of the criteria for risk assessment (decision on this on 04/02/2020)* *ToDo: daily update of the graphs on incidences and case numbers per Chinese province (INIG)* *ToDo: Christian Herzog can obtain additional concrete information from GHSI TK this afternoon if necessary* **German Armed Forces** • *Article against stigmatisation and racism is shared today via intra- and internet as well as social media, also to counteract exclusion of returnees from Wuhan, easy to understand, was sent to nCoV-Lage*	*all*
4	**Communication** **Public relations** • *Supposedly asymptomatic index patient and her infection of others also of great interest in American media and enquiries, otherwise relatively quiet* • *NEJM article - there should be a correction by the original authors with co-authors from the LGL, the same group is planning an article on the patients' clinic, possibly joint publication with RKI and LGL* • *RKI and LGL (lead) are preparing NEJM article on outbreak description, will be discussed this afternoon*	*Press/FG36*

	• *Further paper on the severity of the disease as a correspondence in the Lancet in progress, comparison of 3 years of ICOSARI data from 2 hospitals with Chinese publication, FG36 lead management* **BZgA hotline** • *Coronavirus hotline will be switched on from Monday, today 3 pm training at the BMG by RKI (Walter Haas) and BZgA* • *Further filmic realisation of information on cough, sneeze and cold etiquette is planned, in final coordination, will go online within the next 24 hours. Will this also be placed in relevant newspapers or moving media? Funds for placement at prime time currently not available, voluntary free placement for public broadcasters if necessary, no influence on scope, state-specific decision, being discussed with the ministries* • *BZgA documents not yet available in other languages (ECDC, WHO have FAQ in a similar form), recommendation to stay at home in case of symptoms also not yet available (also important for influenza)*	
5	**Laboratory diagnostics** • *Primary virus isolates are in the hands of IMB, ZBS1 had coordination with IMB yesterday regarding sample shipment, this will be picked up tomorrow and arrive here Friday morning. MTA exists and was tested by L1* • *European Virus Archive also allows requests for positive controls (interesting for G7), which can also be used to obtain viruses if necessary* • *Serological test option in future, not easy due to cross-reactions with coronavirus (neutralisation tests most specific), coronavirus often positive 3-4 weeks later, not so relevant for clarifying current issues, collaboration with Charité. This was done during the 2009 pandemic, administration of the sera was challenging and evaluation only took place after the pandemic, Department 2 could provide good support here →□□□□ IgM positive results could be attributed to 2019-nCoV as SARS is not currently circulating* • *Could be informative about actual infection rates, severity of infections, oligosymptomatic infections, influenza web can be used to validate the information* *ToDo: Consultation also with Dept. 2 and KL regarding serological test options/seroepidemiological studies (in the future)*	*FG17, ZBS1 ZBS2*
	Clinical management **Discharge management**	

	• *Rumour that RKI had recommended not to perform virus cell cultures is false; recommendations for discharging people from hospital necessary* • *Hospital is not a place for meaningful separation of people without symptoms* • *Now that many pathogen parameters are still unknown or are based on experience with very few patients, criteria should be defined that flow into the decision; shedding results from Mr Drosten could also be used here, e.g.Clinical recovery linked to medical order, inclusion of a safety period due to the two-phase course, recovery of the original symptoms, absence of fever, PCR virus detection in secretions depending on the material used - if PCR is negative, further examination is not necessary, but nCoV is potentially detectable for a long time (up to 38 days).* • *Excretion via faeces requires other protective measures* • *WHO TC on IPC yesterday: exchange of experiences, e.g. Singapore decides to discharge patients due to two negative PCR results on two different days in symptom-free patients, reports from China on prolonged administration of an antiretroviral drug after discharge* • *Symptom-free, home-isolated contacts: if symptom-free for 14 days, no PCR testing necessary* • *Close exchange between STAKOB/clinicians and virologists is very important for practice-oriented solutions, which should be shared after coordination with epidemiological findings and communicated as scientific findings* *ToDo: Development of a position or recommendation on hospital discharge criteria, must be coordinated with Bavaria* • *There are many questions for our colleagues in China regarding their experience and data: IBBS should assign a person from RKI to collect the questions, together with Mr Drosten* *ToDo: Collect questions for colleagues in China, IBBS lead management*	*IBBS/FG14/ FG37* *all*
	Measures to protect against infection • *Frequent questions about measures, e.g. from the GA Düsseldorf rescue service: self-monitoring is sufficient for 2nd degree contacts if adequate protection has been applied, there are often misunderstandings in this regard*	
	Transport **Measures at airports**	*FG 32*

- *Procedure with incoming travellers from China in the airport area is strongly discussed and no agreement has been reached, Frankfurt Airport has 4-5 wide-body aircraft from China and 4-5,000 passengers daily, trade fairs are coming up with exhibitors/companies from Wuhan*
- *Minimum consensus is to hand out harmonised information material before arrival*
- *Proposal Bavaria: Questions on drop-out cards*
- *Waste paper, politics... various rounds of voting with GA (pragmatic)*

AGI

- *BMG would like to arrange a lot, but the federal government cannot order anything in general, in some federal states the ministries are responsible in others the LGA, procedure must be discussed again in principle*
- *Co-ordinated, unpublished paper by IBBS on returnees from risk areas contains very good practical advice that should be published*
- *Proposal HH: Adaptation of a public recommendation for voluntary self-segregation, which would otherwise be ordered, proposal not yet agreed, but could be; graduated approach considered sensible, official order would not be monitorable to the extent necessary, unnecessary diagnostics for asymptomatic, transparent urgent communication will not be sufficient*
- *Risk areas are likely to expand; we cannot stop the epidemic, we can only slow it down*

ToDo: if the federal states agree on a compromise for a graduated approach, we should not stand in the way of this

Contact tracing aeroplane

- *Highly symptomatic suspected German cases have travelled to Tenerife and some on to La Gomera, it was not easy to reach them or to convince them of the seriousness of the situation, people are in contact with Webasto-MA, one was hospitalised and tested negative once, others are in quarantine in La Gomera, others have already flown back, LGL sent the task force on arrival and had all passengers fill out exit cards. Spaniards have been informed, people were together in a holiday home and several had a fever, one tested positive and is in hospital without symptoms. If Spain no longer considers him to be infectious and releases him, we will have to accept this*
- *Question of practical isolation/decision on quarantine and assumption of costs if return journey is postponed remains open*

RKI	**Information from the situation centre** • *Situation report distribution list: many requests to receive the RKI situation report, contains primarily information from the press and little from LGL reports, distribution list can be opened up further, if necessary inform BMG/Blasius about forwarding to other departments* *ToDo: Management report can also be shared more widely, comment "only for authorities for internal use" should remain on it*	FG32
	Other topics • *Measures at the RKI: Protective equipment or measures only in case of reasonable suspicion, IBBS had rejected a request to conduct training on decontamination* • *Next meeting: Thursday, 06.02.2020, 11:00-12:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*07.02.2020, 13:00-15:00 h*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
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- *INIG*

- *Andreas Jansen*
- *Basel chequered*

- *Data protection*
  - *Jörg Lekschas*
  - *Marie Reupke*
- *BZGA : Mr Lang (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Worldwide 31,230 cases (since yesterday +3,000, 10%); deaths 639 (2.0% trend unchanged), 4,821 with severe course* • *Of which Hubei Province 22,112 (71% of all cases, trend unchanged)* • *Outside China 270 cases in 24 countries, in Europe 29 cases in 8 countries* **National** • *13 confirmed cases, new: wife of Webasto-MA family, children already positive, sampled several times and now infection confirmed* **German Armed Forces** • *Germersheim, situation quiet, no findings worth reporting* • *Sunday pick-up of approx. 20 Germans by GB, are picked up there by Bundeswehr, Airbus lands 11:30-12:00 in military part of Tegel, handover of German passengers to GA, transfer to Köpenick, screening/interrogation there, other European passengers are picked up from Tegel by their countries, 20 Dutch passengers do not leave aircraft and fly from Tegel directly on to Eindhoven* **Risk areas** • *7 criteria were used by INIG (see ppt):* 1. *Incidence: Hubei highest incidence, 34/100,000* 2. *Trend: exponential fall-increase in Hubei, Guangdong and Zhejiang significant increase but not exponential* 3. *Measures in China: Quarantine measures in Zhejiang cities of Wenzhou, Hangzhou, Ningbo and Taizhou* 4. *Travel in China: Strength of the connection with Hubei* 5. *Travelling to Germany* 6. *Exposure location of imported cases: 106/260 linked to Wuhan, 116 contact with confirmed case, 1 case (from Russia) travelling to Beijing, 36 no data, uncertain origin of infection on cruise ship (passenger from Hong Kong?)* 7. *(Feasibility of measures in Germany)* • *GHSI TK this afternoon: A simple list with questions about the source of infection will be sent to the 8 countries with the agreement of Rottmann/BMG, has already been announced (link under folder risk areas)* • *Test capacity in China has an influence on the development of the situation, limitation could reflect erroneous linear development*	*ZIG1/FG36* *FG36* *all*

	• *Case numbers not available for the 4 cities under quarantine* • *AA via Zhejiang (IBBS): only a few Germans in these cities, but close economic relationship between the 4 cities and Germany* • *Taiwan CDC has declared all 4 cities as risk areas, and is quarantining travellers returning from there* • *RKI assessment: Risk area on website will be expanded today to include the four cities* *ToDo: Press office expands risk areas to include the cities of Wenzhou, Hangzhou, Ningbo and Tazhou, number of cases in risk area is omitted, only mentioning the province and the 4 cities by name* **Assessment on the homepage** • *Terminology for "development outlook" needs to be considered* • *In coordination with FG36, AL3, and BMG, the press office has drafted an action strategy for possible escalation of the measures, text currently being finalised* • *Decision today: Assessment remains as before, perspective addition in coordination with BMG*	*all*
3	**Current documents, communication - Update** **BZgA** • *At the weekend, the 4 largest daily newspapers (Bild, Welt, SZ, FAZ?), terminology "Health authorities are as well prepared as possible", ministerial decision* • *Nevertheless, recommendations should also be seen as generally not only nCoV* • *Control to reliable sources of information (e.g. RKI)* **Press** • *Adjustments to the website are necessary today: Incidence map, cases, hygiene measures* **RKI 2019-nCoV website** • *Case definition adaptation in 3rd version also discussed in AGI, now adoption and communication?* *1. Person with a full clinical picture or unspecific general symptoms* *AND contact with a confirmed case with 2019- nCoV (see Case definition folder)* *2. Unchanged* *Clinical presentation: person with acute respiratory symptoms of any severity with or without fever* • *Infection period under contact person management: "The end of the infectious period cannot currently be specified with certainty and is assumed to be up to 10 days after the onset of symptoms until further notice.*	*Press, all* *FG36/all*

	assumed.", as duration of infection currently unknown, adaptation to merely "...cannot be stated with certainty." And deletion of the rest • *Can subsequently collaborate with laboratory to define X PCR test* *ToDo: Walter Hass sends revised case definition to the press - to be published on the website today with date of change and flow chart* *ToDo: Press adjustment of infection duration under contact person management* **Dispatch of situation reports also at weekends** • *GA transmission of cases at the weekend rather unlikely, but report also contains "additional information"* • *Decision: Situation report also on weekends, should not always be covered by FG36 but in future also by position in the LZ* *ToDo: Situation report also on both days at the weekend* **Situation report: Presentation of the cluster with repatriated persons in the geographical presentation? (Problem: reporting districts of repatriates)** • *Map of cases in situation report, place of registration/place of origin not so useful, better place of infection (i.e. only infections acquired in Germany) or omitted* • *Decision: Map removed from management report* *ToDo: Geographical presentation of cases out of management report* **Communication of suspected cases** • *Press enquiry about the number of suspected cases that are subject to mandatory reporting, against this is that it is uncertain information, but to prevent possible mandatory enquiry, publication of the number of suspected cases once a week, terminology "XX suspected cases, none tested positive"* *ToDo: Publish reported suspected cases once a week*	*FG32/FG36/ all* *FG32/FG36/ all* *All*
	Transport and border crossing points **Airport document for returning travellers** • *HH, NRW and Hesse satisfied with current measures (communication, passenger forms, etc.)* • *Bavaria and Berlin want to introduce active measures, Bavaria also with testing (symptomatic persons with risk exposure), Monday renewed discussion between Spahn and corresponding ministers, agreement unlikely*	*FG32*

	• *From a legal perspective, a standardised approach to travellers returning from risk areas is necessary* • *AGI continues to work on travel returnee document, this should be sent to ÖGD as AGI-agreed procedure for information and disseminated, currently no broad publication planned, communication about procedure is desirable and only then really useful* • *Tuesday renewed discussion at the AGI about this, lead is with BMG (Sangs), if no decision on publication, possibility t o exempt document from paragraphs and publish on RKI website* **Trade fairs** • *Berlin has established a declaration of commitment for participants at the Fruit Logistica trade fair, information about nCoV and exclusion in the event of symptoms and possible exposure, all other epidemiologists have spoken out against this and consider hygiene training to be useful(er)* • *No agreement on this in sight*	*FG32*
	International/Global Developments • *ZIG plans to provide laboratory support to partner countries, e.g. GHPP partners in Rwanda and Namibia, BMG and other donors announce potential funding restructuring and prospects, upward trend, Gates Foundation provides USD 100 million for nCoV*	*ZIG*
5	**Laboratory diagnostics** **Virological surveillance: regulatory, legal, personnel and financial dimensions (EO task ID 113)** • *Contact has been made with the responsible authorities, contact persons have been determined and an exchange is taking place, clarification of the billing of diagnostics is important, especially for doctors in private practice, this is extrabudgetary billing* • *Procedure must be linked to flow chart and case definition as the scope of diagnostics depends on this, currently a manageable number is expected* • *Coordination with professional association, microbiologists, KV very important on the question in which form and when indication for diagnostics is extended?* • *Indication Differential diagnostics included as an option in the flow chart* **Integration of nCoV in AGI-Sentinel (LZ task ID 99)** • *Objective Sentinel Surveillance is prevalence monitoring, is not based on a reporting system but is a supplement, AGI*	*AL1/FG17/ ZBS1*

	Sentinel should not be rebuilt or stopped, but should be able to continue running undisturbed • *Integration of nCoV has been tested, technical requirements at the RKI are in place* • *Testing for nCoV requires patient consent, also due to the current handling of the disease, influenza and nCoV not comparable in political visibility; as far as consent and reporting are concerned, this applies to both pathogens; collection on a pseudonym basis, for the purpose of further testing, to circumvent consent?* • *Timing of integration remains to be decided (no too early start), how is transition feasible, or mechanism to mitigate challenges when case numbers are still low, e.g. after the first 100 cases in Germany* • *At the start, the RKI's situation assessment and evaluation must be considered, how to deal with cases identified from the sentinel? Communication must be plausible and coherent with what we communicate elsewhere* • *Adaptation declaration for nCoV testing necessary to also ensure possible care and isolation of patients* • *Challenges have been recognised, technical preparations are underway, integration should be ready to go within 14 days, last things still to be clarified with data protection* • *Also coordination with Grippeweb/ZBS1 in parallel but separately* *ToDo: AL1/FG17 Preparation of communication and timing in coordination with the situation, signing of the necessary papers so that the time can be freely chosen, Monday completion by Dept. 1, FG36/AG Influenza must also be able to contribute, will be made ready to start and data protection will be available for consultation* **ZBS1** • *Virus received this morning from MIB* • *MTA for Japan is ready and has been sent off* • *Diagnostics for case confirmation: 50 samples per day feasible if necessary, upscaling may be necessary* **ABAS** • *Subcommittee on pathogen categorisation, RKI represented by Daniela Jakob, provisional categorisation according to proposed resolution: risk group 3* • *Re-evaluation in August when data situation is better* • *Certain activities possible at level 2, respiratory protection and safety goggles recommended* • *Occupational safety: what if case confirmed, much discussion, do inactivation level 2, if cultivation level 3* • *Is virus really inactivated after RNA extraction kit? No data available, this is confirmed for Mers-CoV, should be investigated for nCoV before meeting in August* • *MIB statement: rarely seen virus that multiplies so quickly*	*AL1/FG17* *ZBS1* *ZBS2*

	• *Classification is published quickly (within 3 weeks)* • *Serology already established by Charité/Drosten, RKI also considerations but no hurry, additions would be useful*	
	Other topics • *Next meeting: Monday, 10.02.2020, 13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*07.02.2020, 13:00-15:00 h*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG 37*
  - *Muna Abu Sin*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *L1 Legal department*
  - *Helmut Fouquet*
  - *Joachim-Martin Mehlitz (by telephone)*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZBS2*
  - *Daniela Jacob*

- INIG
    - Andreas Jansen
    - Basel chequered
- Data protection
    - Jörg Lekschas
    - Marie Reupke
- BZGA : Mr Lang (by telephone)
- Bundeswehr: Mr Harbaum (by telephone)

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Worldwide 31,230 cases (since yesterday +3,000, 10%); deaths 639 (2.0% trend unchanged), 4,821 with severe course* • *Of which Hubei Province 22,112 (71% of all cases, trend unchanged)* • *Outside China 270 cases in 24 countries, in Europe 29 cases in 8 countries* **National** • *13 confirmed cases, new: wife of family of Webasto-MA, children already positive, sampled several times and now infection confirmed* **German Armed Forces** • *Germersheim, situation quiet, no findings worth reporting* • *Sunday pick-up of approx. 20 Germans by GB, are picked up there by Bundeswehr, Airbus lands 11:30-12:00 in military part of Tegel, handover of German passengers to GA, transfer to Köpenick, screening/interrogation there, other European passengers are picked up from Tegel by their countries, 20 Dutch passengers do not leave aircraft and fly from Tegel directly on to Eindhoven* **Risk areas** • *7 criteria were used by INIG (see ppt):* 1. *Incidence: Hubei highest incidence, 34/100,000* 2. *Trend: exponential fall-increase in Hubei, Guangdong and Zhejiang significant increase but not exponential* 3. *Measures in China: Quarantine measures in Zhejiang cities of Wenzhou, Hangzhou, Ningbo and Taizhou* 4. *Travel in China: Strength of the connection with Hubei* 5. *Travelling to Germany* 6. *Exposure location of imported cases: 106/260 linked to Wuhan, 116 contact with confirmed case, 1 case (from Russia) travelling to Beijing, 36 no data, uncertain origin of infection on cruise ship (passenger from Hong Kong?)* 7. *(Feasibility of measures in Germany)* • *GHSI TK this afternoon: A simple list with questions about the source of infection will be sent to the 8 countries with the consent of Rottmann/BMG, has already been announced (link under folder risk areas)* • *Test capacity in China has an influence on the development of the situation, limitation could reflect erroneous linear development*	*ZIG1/FG36* *FG36* *all*

	• *Case numbers not available for the 4 cities under quarantine* • *AA via Zhejiang (IBBS): only a few Germans in these cities, but close economic relationship between the 4 cities and Germany* • *Taiwan CDC has declared all 4 cities as risk areas, and is quarantining travellers returning from there* • *RKI assessment: Risk area on website will be expanded today to include the four cities* *ToDo: Press office expands risk areas to include the cities of Wenzhou, Hangzhou, Ningbo and Tazhou, number of cases in risk area is omitted, only mentioning the province and the 4 cities by name* **Assessment on the homepage** • *Terminology for "development outlook" needs to be considered* • *In coordination with FG36, AL3, and BMG, the press office has drafted an action strategy for a possible escalation of the measures, text currently being finalised* • *Decision today: Assessment remains as before, perspective addition in coordination with BMG*	*all*
3	**Current documents, communication - Update** **BZgA** • *At the weekend, the 4 largest daily newspapers (Bild, Welt, SZ, FAZ?), terminology "Health authorities are as well prepared as possible", ministerial decision* • *Nevertheless, recommendations should also be seen as generally not only nCoV* • *Control to reliable sources of information (e.g. RKI)* **Press** • *Adjustments to the website are necessary today: Incidence map, cases, hygiene measures* **RKI 2019-nCoV website** • *Case definition adaptation in 3rd version also discussed in AGI, now adoption and communication?* *1. Person with a full clinical picture or unspecific general symptoms* *AND contact with a confirmed case with 2019- nCoV (see Case definition folder)* *2. Unchanged* *Clinical presentation: person with acute respiratory symptoms of any severity with or without fever* • *Infection period under contact person management: "The end of the infectious period cannot currently be specified with certainty and is assumed to be up to 10 days after the onset of symptoms until further notice.*	*Press, all* *FG36/all*

	assumed.", as duration of infection currently unknown, adaptation to merely "...cannot be stated with certainty." And deletion of the rest • *Can subsequently collaborate with laboratory to define X PCR test* *ToDo: Walter Hass sends revised case definition to the press - to be published on the website today with date of change and flow chart* *ToDo: Press adjustment of infection duration under contact person management* **Dispatch of situation reports also at weekends** • *GA transmission of cases at the weekend rather unlikely, but report also contains "additional information"* • *Decision: situation report also on weekends, should not always be covered by FG36 but in future also by position in the LZ* *ToDo: Situation report also on both days at the weekend* **Situation report: Presentation of the cluster with repatriated persons in the geographical presentation? (Problem: reporting districts of repatriates)** • *Map of cases in situation report, place of registration/place of origin not so useful, better place of infection (i.e. only infections acquired in Germany) or omitted* • *Decision: Map removed from management report* *ToDo: Geographical presentation of cases out of management report* **Communication of suspected cases** • *Press enquiry about the number of suspected cases that are subject to mandatory reporting, against this is that it is uncertain information, but to prevent possible mandatory enquiry, publication of the number of suspected cases once a week, terminology "XX suspected cases, none tested positive"* *ToDo: Publish reported suspected cases once a week*	*FG32/FG36/ all* *FG32/FG36/ all* *All*
	Transport and border crossing points **Airport document for returning travellers** • *HH, NRW and Hesse satisfied with current measures (communication, passenger forms, etc.)* • *Bavaria and Berlin want to introduce active measures, Bavaria also with testing (symptomatic persons with risk exposure), Monday renewed discussion between Spahn and corresponding ministers, agreement unlikely*	*FG32*

	• *From a legal perspective, a standardised approach to travellers returning from risk areas is necessary* • *AGI continues to work on travel returnee document, this should be sent to ÖGD as AGI-agreed procedure for information and disseminated, currently no broad publication planned, communication about procedure is desirable and only then really useful* • *Tuesday renewed discussion at the AGI about this, lead is with BMG (Sangs), if no decision on publication, possibility t o exempt document from paragraphs and publish on RKI website* **Trade fairs** • *Berlin has established a declaration of commitment for participants at the Fruit Logistica trade fair, information about nCoV and exclusion in the event of symptoms and possible exposure, all other epidemiologists have spoken out against this and consider hygiene training to be useful(er)* • *No agreement on this in sight*	*FG32*
	International/Global Developments • *ZIG plans to provide laboratory support to partner countries, e.g. GHPP partners in Rwanda and Namibia, BMG and other donors announce potential funding restructuring and prospects, upward trend, Gates Foundation provides USD 100 million for nCoV*	*ZIG*
5	**Laboratory diagnostics** **Virological surveillance: regulatory, legal, personnel and financial dimensions (EO task ID 113)** • *Contact has been made with the responsible authorities, contact persons have been determined and an exchange is taking place, clarification of the billing of diagnostics is important, especially for doctors in private practice, this is extrabudgetary billing* • *Procedure must be linked to flow chart and case definition as the scope of diagnostics depends on this, currently a manageable number is expected* • *Coordination with professional association, microbiologists, KV very important on the question in which form and when indication for diagnostics is extended?* • *Indication Differential diagnostics included as an option in the flow chart* **Integration of nCoV in AGI-Sentinel (LZ task ID 99)** • *The aim of sentinel surveillance is to monitor prevalence, but it does not*	*AL1/FG17/ ZBS1*

	Reporting system as a basis but as a supplement, AGI Sentinel should not be rebuilt or stopped but be able to continue running undisturbed • *Integration of nCoV has been tested, technical requirements at the RKI are in place* • *Testing for nCoV requires patient consent, also due to the current handling of the disease, influenza and nCoV not comparable in political visibility; as far as consent and reporting are concerned, this applies to both pathogens; collection on a pseudonym basis, for the purpose of further testing, to circumvent consent?* • *Timing of integration remains to be decided (no starting too early), how is transition feasible, or mechanism to mitigate challenges when case numbers are still low, e.g. after the first 100 cases in Germany* • *At the start, the RKI's situation assessment and evaluation must be considered, how to deal with cases identified from the sentinel? Communication must be plausible and coherent with what we communicate elsewhere* • *Adaptation declaration for nCoV testing necessary to also ensure possible care and isolation of patients* • *Challenges have been recognised, technical preparations are underway, integration should be ready to go within 14 days, last things still to be clarified with data protection* • *Also coordination with Grippeweb/ZBS1 in parallel but separately* *ToDo: AL1/FG17 Preparation of communication and timing in coordination with the situation, signing of the necessary papers so that the time can be freely chosen, Monday completion by Dept. 1, FG36/AG Influenza must also be able to contribute, will be made ready to start and data protection will be available for consultation*	*AL1/FG17*
	ZBS1 • *Virus received this morning from MIB* • *MTA for Japan is ready and has been sent off* • *Diagnostics for case confirmation: 50 samples per day feasible if necessary, upscaling may be necessary*	*ZBS1*
	ABAS • *Subcommittee on pathogen classification, RKI represented by Daniela ~~Jakob~~ Jacob, provisional classification according to proposed resolution: risk group 3 without Z* • *Re-evaluation in August when data situation is better* • *~~Certain~~ non-targeted activities in the context of laboratory diagnostics can be carried out ~~at~~ protection level 2, respiratory protection and safety goggles are recommended.* • *Occupational safety: what if case confirmed, much discussion, ~~do~~ protection level 2 after inactivation, protection level 3 in case of cultivation (targeted activity)* • *Is virus really inactivated after RNA extraction kit? None*	*ZBS2*

	Data available, this is confirmed for Mers-CoV, should be investigated for nCoV before meeting in August • *MIB statement: rarely seen virus that multiplies so quickly* • *Classification is published quickly (within 3 weeks)* • *Serology already established by Charité/Drosten, RKI also considerations but no hurry, additions would be useful*	
	Other topics • *Next meeting: Monday, 10.02.2020, 13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*10.02.2020, 13:00-15:00 hrs*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
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  - *Joachim-Martin Mehlitz*
  - *Helmut Fouquet (by telephone)*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Sarah Esquevin*
- *Data protection*

- *Marie Reupke*

- *BZGA : Mrs Seefeld (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *China: 40,620 cases, 29,631 (74%) in Hubei, 2,960 cases more since yesterday, 909 deaths, >3,000 cases recovered* • *385 cases in 24 countries, 1 death (Philippines), 10 severe cases (Thailand, FR, Singapore, IT), 8 European countries affected (FR, DE, IT, SP, UK, FI, BE)* • *Risk areas, INIG presentation* ○ *In Jiangsu (province with fewer cases) apparently 2 cities under quarantine, information not confirmed* ○ *In how many of the locations with exported cases is there local transmission? INIG is investigating this* ○ *Further analysis of the curves and trends useful, note: case curves are based on date of notification and not symptom onset* ○ *Cluster in France: noticed late and surprisingly few contact persons (despite school)* ○ *FG36 has contacted CDC about their risk area definition: no response yet* • *Further support in BY by RKI? (was not discussed)* **National** • *14 cases, 2 among repatriates in Germersheim, the rest in Bavaria* • *Visible: Infection often very early and even without intensive contact* • *In the case of the mother of the family, several samples negative despite typical/acute symptoms, only recently a positive result - sampling of asymptomatic possibly different sensitivity, false security?* • *Repatriation: no new details, Bundeswehr is in technical dialogue with Berlin, no detailed information* **BMG** • *All tests of returnees in Berlin negative, no abnormalities from Germersheim, further swabs will be taken today, how to proceed with central quarantine is being discussed, there are two different approaches*	*ZIG1* *FG36* *FG36* *German Armed Forces* *AL3*
2	**Findings about pathogens** • *Guan et al, non-peer-reviewed preprint paper on clinical*	

	caracteristics, which contains many cases from many provinces. Findings partly contradict our statements, e.g. max. incubation period up to 24d, risk factors, many of the severely ill are neither smokers nor have underlying diseases, mortality relatively low at <2%; case detection in China is currently based on fever, recommendation of more sensitive case detection, many patients require intensive care, including ventilation, also partly among patients without underlying diseases and children • *German findings: two of the German patients had pneumonia in the course of a secondary deterioration, typical for SARS and Mers-CoV: bilateral pneumonia T-cell-mediated hyperallergic reaction on day 7-10, evidence also from the efficacy of remdesivir and chloroquine (the latter T-cell activation inhibitor)* • *Pathogen profile is in progress, data is only now being systematically collected and time is still needed before anything can be published (e.g. on the homepage), this should happen in the future* • *Persistence on surfaces: Friday there was a new article on coronaviruses in general, it did not offer any new findings, confirmed that the pathogen is strongly temperature-dependent and persists much longer at low temperatures (up to 28d), generally good practical recommendations: clean and dry surfaces, as well as routine disinfection of surfaces* • *Animal reservoir: Preprint by group from Göttingen, show that SARS antisera can block virus, starting point for vaccine development; inhibitor of the cleavage protease also has an inhibitory effect on entry of the new virus; nothing new* **German Armed Forces** • *There are electron microscope images of pathogens from Munich, please share with RKI, will be clarified with Mr Wölfel*	*All*
3	**Current risk assessment** • *New text on risk assessment for German population drafted for RKI website, proposal adopted by Situation Working Group, will be published on homepage* *UPDATE: Still being discussed by the Minister in the Health Committee, deadline Wednesday*	*All*
4	**Communication** **BZgA: adverts, hotline** • *Adverts were placed at the weekend but did not lead to many more enquiries, both adverts and YouTube FAQs were well received* • *Citizens' hotline (BMG coordination round) starts today:*	*BZgA*

	The number in Berlin is 030 346 465 100	*Press/INIG*
	RKI website, labelling of changes in RKI documents to previous ones (e.g. coloured marking changed text passages) • *(was not discussed)*	
	RKI website: Case numbers in China by province • *Previous data source for case numbers no longer available with details per province in China as of today, case numbers on RKI-Website not updated since Friday, we link to WHO-Page*	*FG33*
	ToDo: Press links to WHO website for case number details in China (per province)	
	STIKO app for communication with the medical profession? • *FG33 offered to use the app for 2019-nCoV-related push notifications. messages as a tool for communicating with doctors, would be useful e.g. for current flow chart, which is broadly is to be scattered, at STAKOB meeting today will also be advised to distribute it widely to professional societies*	*FG36*
	ToDo: Osamah talks to FG33 about STIKO app use	*FG36*
	Training/integration of the appointment service centres of the KVs • *(was not discussed)*	
	RKI publications + studies • *Publication on Bavarian outbreak almost finalised, still Consultation with laboratory as to whether transmission at genome level can be made visible, and clarification of whether data on the shedding of individual patients can be integrated* • *Correspondence sent to Lancet* • *Various studies/questions are being further prepared, e.g: Diagnostics, basic immunity, surveillance tools* • *Until the end of the week Preparing the integration of 2019-nCoV in AGI-Sentinel, which also includes the communication strategy (agreement FG17/FG36); initial communication on this must be go to participating doctors* • *Kekulé has said all patients with respiratory disease should be tested for 2019-nCoV, flow chart includes Recommendation for differential diagnostics*	*FG32/LZ*
	ToDo: On Friday, new status for 2019-nCoV integration in AGI-Sentinel reports	
	BMG decree: Answering the catalogue of questions for EU Ministerial Conference	

	• *This morning by decree of the BMG very extensive Survey with many topics to answer, very/too short time frame, quantity and quality are deadline-dependent*	
	Accompanying letter to flow chart/RKI guide 2019-nCoV • *BZga asks whether accompanying letter for flowchart is ready Target group would like to see many RKI recommendations summarised in a single document à la RKI guidebook, major challenge of updating, therefore no accompanying letter for the flowchart has yet been created* • *Much of the information traditionally contained in RKI guides is currently not known and simple statements are not possible, others are summarised in the FAQ on the website* • *The structure of the 2019-nCoV website can be customised to provide a better overview if required* • *Advisor has a big voting round, when the crisis is over and we know more, it may no longer be so necessary* • *Terminology: Accompanying document (to recommendations) and not guidebook? Summarising the essential information in a paper* *ToDo: IBBS prepares impact and then works on this with Dept. 3*	*BZgA* *IBBS/dept.3/ all*
5	**Activities and measures in Germany** **Dealing with returnees from risk areas (AGI paper)** • *Further coordination necessary, epidemiologists talk to each other again and want to submit document to AOLG if necessary, no agreement, need for publication was emphasised several times, technical discrepancy (also regarding procedures at airports) is visible at every point and may be justiciable at some point* • *Tomorrow next AGI-TK, BMG has taken over coordination, if no agreement tomorrow, cancellation of the legal parts, own RKI document in the tone "from a technical point of view..." to at least provide returning people with information, even if it does not come directly from the federal states* • *AA must specify the consequences for travellers from China to Germany* *ToDo: AGI TK tomorrow, urge publication of recommendations for returnees from risk areas* **Classification of contact persons on the aircraft** • *What about contact persons who are not in the two ranks around the case, potentially and on the RKI website currently category 2 contacts, none of these persons have yet become positive* • *Taking into account various aspects: Time delay,*	*FG32* *FG32*

	Availability of general information, possibility that airlines inform passengers across the board, the two rows around the case are retained and the others are not defined as contacts (see KoNa Management website) *ToDo: Delete ">2 rows" from category 2 contacts in the table* **Forecasting/modelling of the number of severe cases with regard to the required hospital capacities + PPE (task FG36 and FG37)** • *Preparation for the question: What could we face with 2019-nCoV based on the information on severity, incidence, etc., what would be the impact on our healthcare system, hospital system, what is the possible emerging need, also for occupational safety materials, requires pragmatic handling of the available information* • *Also: what if we have to care for confirmed patients in an outpatient setting? Or what is the risk of placing healthy carriers in hospital and possibly weakening the sector?* • *Forecasting difficult but possible with modelling, data on nosocomial outbreaks and influenza available, models could be created based on existing data and experience with other pathogens* *ToDo: FG36 and FG37 discuss where the priorities lie, P4 can be involved if necessary, no (prompt) deadline* **Paper on outpatient management?** • *Paper on measures and practical instructions useful and desirable (as already discussed), but it is currently still too early to publish recommendations, IBBS has FF and is working together with FG14, possibly FG37; basis: WHO paper on the topic is available, RKI pandemic plan; also to be considered: how will this be evaluated?* **Discharge management of confirmed cases** • *Will be discussed this afternoon in a TK with the Bundeswehr and clinicians, then feedback to the situation team* **2019-nCoV recommendations for emergency services, incl. PPE (task ID 70)** • *Deployment plan finalised and filed under Topics, Epidemic hygiene management, contains recommendations on when which protection is necessary, already checked with Berlin police* *ToDo: Publication as soon as green light from IBBS* **Quarantine of repatriates: Questions from BE on (1) Rhythm**	*All* *IBBS/FG14/ FG37* *IBBS* *IBBS*

	of testing (2) Prerequisite for ending quarantine • *BE would like to learn from the experiences of RP, in general cohorting in Germersheim seems difficult (differentiated exit times, very strict separation difficult, cohorting on different floors but only one stairwell, etc.)* • *The federal states wanted to make these decisions and the epidemiological officers of the federal states are responsible for them.* **Domestic quarantine/** • *IBBS makes initial impact on easy-to-understand recommendations for home quarantine which is subsequently circulated (already existing LZ task)* **Medication stockpiling** • *The minister wants the RKI to think about stockpiling medicines* • *There is a STAKOB subgroup "Therapy", which is commissioned by IBBS with this issue, completion towards the end of the week* *ToDo: IBBS discusses medication stockpiling order with the above-mentioned subgroup*	*LZ* *IBBS* *IBBS*
6	**Laboratory diagnostics** • *Isolate from IMB was received and assays tested, looks good, also sample sharing within GHSI is planned (MTA exists)* • *Now establishing serology* • *A Belgian provider has contamination problems with a positive control, initially using the Berlin provider* • *Virus culture grows strongly, pathogen is replicative and cytolytic (kills host cells)*	*ZBS1* *FG17*
7	**Transport and border crossing points** **Measures at airports (ministerial proposal)** • *Discussed above*	*FG32*
8	**International** • *Regina Singer (INIG/FG33) goes to Manila for GOARN* • *EFFO group travelling to Rwanda tomorrow to support diagnostics* • *International presence/visibility is important due to financing of RKI internationalisation*	*ZIG*

9	**Information from the situation centre** • *Strong deprioritisation of other RKI tasks in some FGs/departments* • *Writing applications takes too short a time, it is not possible to secure the employment of temporary staff in the long term*	*FG32* *all*
10	**Other topics** • *Next meeting: Tuesday, 11.02.2020, 11:00-13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasi	Novel coronavirus (nCoV), Wuhan, China
on:	*11.02.2020, 11:00-12:15 a.m.*
Date:	RKI, Situation Centre Meeting Room

Venue:

Moderation: Lars Schaade

Participants:

- Institute management
  - Lars Schaade
- Dept. 1 Management
  - Martin Mielke
- Dept. 3 Management
  - Osamah Hamouda
- FG14
  - Melanie Brunke
  - Marc Thanheiser
- FG17
  - Thorsten Wolff
- FG 32
  - Ute Rexroth
  - Juliane Seidel (protocol)
- FG 37
  - Muna Abu Sin
- FG36
  - Walter Haas
- IBBS
  - Bettina Ruehe
- L1 Legal department
  - Helmut Fouquet
- Press
  - Susanne Glasmacher
- ZBS1
  - Livia Schrick
- INIG
  - Sarah Esquevin

- BZgA
    - Peter Lang (by telephone)
- German Armed Forces
    - Mr Harbaum (by telephone)

○

TOP	Contribution/Topic
1	**Current international situation** • A total of 43,104 cases worldwide, 2,484 more cases since yesterday, including 1018 deaths (2.4% lethality); • Hubei Province 31,728 (74% of total), 974 deaths (96% of all deaths); • 16% serious cases, 4% critical condition, • 396 cases outside China in 24 countries (135 cases on the cruise ship, currently attributed to Japan), in WHO Europe region 43 cases in 9 countries (FR, DE, IT, SP, SE, UK, FI, BE, RU), 14 in Germany (Bavaria cluster:12, Germersheim:2) **National** • In Germersheim, all persons including support staff were again cancelled. The Bundeswehr will pass on information on the result as soon as it is available. • The 20 repatriated persons in Köpenick have all been cancelled (result: negative so far), according to the RKI, quarantine has been ordered by the authorities • Bavaria: All 12 cases are currently still isolated in hospital; criteria for discharge management are being developed in collaboration with the clinicians and virologists. The 14-day incubation period and period of isolation at home expired for some of the category 1 contacts in the middle of last week. All contact persons will be swabbed again at the end of the incubation period, provided no symptoms have occurred, tested for 2019-nCoV and then released from home isolation. The RKI field team is back, but is still in close contact with the LGL. **Risk assessment** • Current risk assessment remains valid and is published on the RKI website. • WHO situation assessment is regularly communicated by the RKI to the BMG and BZgA.
2	**Risk areas** See presentation INIG • trend (cumulative figures): Guangdong province overtakes Zhejiang (slide 8) • Measures in China: Road closures, entry and exit severely restricted, shops closed, all educational institutions (universities to kindergartens) closed (until the end of February), strict domestic quarantine, etc.

	• Quarantine measures in the following cities (not all have high case numbers, very heterogeneous, see slide 10): **Hubei province** (incl. Wuhan): Quarantine measures since 23.01.2020 **Zhejiang province**: Wenzhou (incl. Leqing), Hangzhou, Ningbo, Taizhou since 02.02.2020 **Jiangsu Province:** Nanjing and Xuzhou since 04/02/2020 **Heilongjiang Province:** Harbin since 04/02/2020 **Fujian Province:** Fuzhou since 04/02/2020 **Jiangxi Province:** Jingdezhen since 04/02/2020 **Shandong Province:** Linyi **Henan Province:** Zhengzhou and Zhumadian • FG36 has contacted CDC regarding their definition of risk areas: no response yet. The countries in the PIWIG network (Pandemic Influenza Working Group: USA, Canada) are also being asked about the definition of risk areas. In this context, we will also enquire what measures the respective countries are taking in this regard. • Feedback from the EpiLag: some participants had doubts about the practicability of the RKI's definition of risk areas. This has no effect now, but will be taken into account in subsequent discussions. • The AA has asked for criteria for the definition of a risk area and may ask for an advance warning if and when Shanghai will be considered a risk area. ***ToDo: INIG: Please provide incidence (reporting incidence) for Shanghai for tomorrow (even if informative value is limited).*** **Risk assessment** • According to some sources, there was a change in the case definitions by the Chinese health authorities on 7 February 2020. This has not yet been verified. • There are no known data on testing of asymptomatic persons in China. WHO is being asked about this (INIG). • The figures from Wuhan probably only give a vague indication of the extent of the disease, as due to a lack of laboratory capacity, patients are primarily only diagnosed with a positive CT scan. This supports the assumption that the severe cases are therefore more likely to be known.
3	**Findings on the pathogen**
4	**Activities and measures in Germany STAKOB-TK on hospital discharge criteria** • Mr Drosten will soon be providing analysis data from all patients.

	(all sample materials, in order of negative results) are available. These analyses indicate the possibility of a quantified PCR (instead of conservative 2x negative samples) and thus the discharge of patients at a certain cut-off (below this 10^4 /ml). **Testing in companies - role of company doctors (BAUA)** • Currently, companies are increasingly demanding testing or quarantine for returning travellers. There are no explicit recommendations for company doctors on this. If the agreed position on the procedure for returning travellers is coordinated with the AGI, this can be used as the basis for a recommendation for occupational physicians. Together with the BAUA, the RKI can approach the professional association and via ABAS. **Document on immigration procedures (AGI)** • An agreed position on the procedure for returning travellers is currently still being coordinated with the AGI. No agreement has yet been reached on how to deal with travellers entering the country. Proposal was: Voluntary isolation of symptom-free travellers from risk areas (observation, diary, etc.), if there is no compliance option of ordered quarantine. There was a veto from Bavaria that only the assessment of the GA is required.
5	**Current documents, communication - Update** • BZgA should place the non-recommendation for mask use more prominently on the website or formulate it more clearly in the FAQs, as there are increasing reports of shortages of protective equipment (especially mouth and nose protection). If necessary, the BMG (Dept. 1) should communicate with the pharmacy association. • RKI/ Press: a press event by Minister Spahn is planned for 12 February 2020, after which the rationale for action will be published. Press contacts the BMG what exactly is planned. **Blog versus live Q and A (Task ID 56)** • The implementation is difficult, as a blog would have to be moderated throughout. There is a more reactive format of a "Q and A session", i.e. questions can be submitted online during a certain time, which are answered live by experts and posted on the web. This would also be possible for certain topics (diagnostics, infection management, international issues, etc.). • The RKI is not responsible for this direct citizen activity, but this would be conceivable as a joint action with the BZgA (possibly the BMG). The BZgA does not currently see the need for this, but it could be explored and utilised as a further escalation option if increased communication appears necessary.

6	**International** **Operations - China (G7/ WHO)** • According to Mr Rottmann (BMG), China does not want G7 support in dealing with the outbreak. WHO support is accepted. • The number of participants in the planned WHO mission is currently being revised (from 40 to 10 people), Andreas Jansen's participation is still unclear. **Support for partner countries in Africa (GHPP)** • ZIG: Support for laboratory capacities in Rwanda and planned for Namibia • Enquiry: As part of the activities of the Gates Foundation on preparedness for low/middle income countries, the activities of the RKI in this area (laboratory, diagnostics) should be supported where appropriate. Countries in which support has already been provided in terms of laboratory/diagnostic capacities should now also receive further support in terms of measures/procedures in the event of a case. • Gates Foundation: activities in the area of risk communication are also planned; instead of advertising, health information can also be disseminated via the mobile phone network. • Commentary: Develop the content of risk communication in consultation with WHO experts (WHO global strategy, adaptation by anthropologists). • Comment: Within the framework of the GHPP, FG32 is responsible for surveillance, crisis management, preparedness, etc. FG32 is responsible. Please involve FG32 in planned activities on these topics, even if the opportunities for participation are currently limited. • A major international WHO conference on the topic is being held in Geneva. RKI is not represented, the information about the conference was not known in Lage-AG. ZIG had information, but did not expect others from the RKI to be interested. ***ToDo: ZIG shares information on international events with management and the situation team at an early stage and with a low threshold so that participation can be checked.***
7	**Transport and border crossing points** **Report from TK with GA from IGV-named airports** • A meeting between Federal Minister Spahn and the ministers of the federal states will take place today at 1 pm to determine the procedure. **IGV-named airports:** • With regard to the handling of traveller returnees, the AGI paper

	lead the discussion. There are currently parallel discussions in the group of IGV-named airports. • Direct flights from China have been cancelled, so the question is only relevant for Frankfurt/Munich. At the other airports, traffic has been cancelled by the airlines or there are no direct flights. The attitudes to the measures differed greatly here: Munich/Bavaria: screening that would have identified the index case in Bavaria versus Frankfurt: no screening, as Frankfurt/Hesse sees capacity problems with implementation due to high passenger numbers from the direct flights in addition to fundamental reservations. • Current position of Frankfurt/Hesse: Measures in case of ARE symptoms AND contact with confirmed case OR risk area; current position of Munich/Bavaria: unspecific symptoms AND contact with a person infected with nCoV OR stay in a risk area or contact with a person from the risk area
8	**Laboratory diagnostics** **Laboratory query of tests performed** • FG17: Clarify by the end of the week how many tests have been carried out so far (10-12 laboratories, + KL (routine at Labor Berlin, special cases Drosten)). GfV/ DVV should be involved in the enquiry. • An electronic enquiry would be possible via the ARS system (laboratory network, FG37), as tests carried out can be mirrored and reported via the interfaces to the laboratory systems (established laboratories, possibly also Labor Berlin in the near future). However, virus diagnostics are currently only partially available. After consultation with the operator of the system, however, the required parameters can probably be added, and it is possible that laboratories that are not currently participating will also participate temporarily for this query. • Until then, the virology laboratories will be contacted by telephone on a daily basis and, in the long term, the laboratories in private practice will be contacted via ARS. If necessary, these calls can be made by the ZKL office. ***ToDo: FG17 drafts letter to GfV regarding the planned survey of the laboratories with a request for support and information from the laboratories. Dept. 3 (office of the NRZ and KL conducts surveys)*** **Testing of asymptomatic persons / sensitivity and specificity PCR (swab); PPW, NPW** • Every day, the RKI receives enquiries as to whether, in the case of negative tests, the

	people can be discharged. There seems to be a lack of clarity regarding the informative value of the tests. This should be made clearer in some documents (diagnostics, FAQ, etc.). • Current statement: Discharge of asymptomatic persons after the end of the incubation period. ***ToDo: FG17 (Wolff and preparatory work FG36/IBBS): Diagnostics document, add text on the significance of the test → when diagnostics have a statement*** ***can also be customised in FAQ.*** • There are no data available regarding NPW. Embedding in epidemiological study necessary (sensitivity analysis with local prevalences, whether test has a high NPW in asymptomatic persons) • 30-50% sensitivity of the PCR test used in China; it is not clear whether the same test is used as in Germany. • The validation of the Charité test by the WHO working group is planned; the RKI is to participate. • The testing of repatriates is a special event in which the RKI had no influence on the measures. • Standard procedure in Germany: Testing of asymptomatic people is not useful and wastes resources.
9	**Information from the coordination centre** • Persons other than FG36-MA should also register for position Management Report (e.g. Sunday) • E-mails to the entire CoV distribution list should be sent more sparingly. E.g. EWRS messages should not be sent to the entire mailing list. People should be addressed more specifically. Situation-AG members must be more proactive in obtaining information. • Situation reports and TC reports will continue to be sent to everyone, as will the latest figures (INIG)
10	**Next meeting** Wednesday 12.02.2020, 11:00, Situation Centre meeting room

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*12.02.2020. 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silka Buda*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
  - *Michaela Niebank*
- *L1 Legal department*
  - *Joachim-Martin Mehlitz*
  - *Helmut Fouquet (by telephone)*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
  - *Sarah McFarland*
- *Data protection*
  - *Marie Reupke*
- *BZGA : -*

- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases: 45,171 cases worldwide, 44,730 cases and 1,113 deaths in China, outside China 24 countries with 441 cases of which 16 were severe cases, WHO Euro Region 9 countries with 45 cases* • *Communication on changed case definition (asymptomatically infected people are not counted as cases): not clear whether case definition has really changed and whether case numbers can be interpreted differently, more information needed* • *RKI has received information from the Chinese embassy via Leopoldina, how can we get such information directly and regularly? Contact with China CDC via German embassy in China or via Chinese embassy in Germany? Must go through the AA or the highest federal authority* *ToDo: IBBS Christian Herzog is investigating the best way to regularly obtain up-to-date situation reports from China* **Risk areas** • *INIG presents case trends of the Chinese provinces based on data from John Hopkins and WHO, these graphs can be automatically adjusted daily* • *Desired: Application and presentation of the 7 defined RKI criteria to the provinces with the highest case numbers or the strongest increasing trend for better monitoring and to enable better evaluation of the numbers and situation, preferably twice a week* *ToDo: ZIG1 Presentation of the applied 7 criteria for top provinces by tomorrow* **International measures** • *Information on measures in various cities/provinces in China is in progress; Japan has established an entry ban for Zhejiang province* **National** • *16 cases in total, yesterday 2 new cases, 1 child of affected family and 1 contact person category 1 of a case within the incubation period (at least 3rd generation, was in quarantine, contact probably before), both from the same event in Bavaria, so far all follow-up cases of*	*ZIG1/FG36* *ZIG1* *ZIG1* *FG36*

	Contact persons in category 1 (which contains 180 persons), as far as relatively low attack rate • *Clinic: Patients who have had CT-detected pneumonia are doing much better and are on the way to discharge*	
2	**Findings about pathogens** • *In publication talk of 1 case with incubation period of 24d, possibly re-exposed, RKI initially sticks to 14d, no change in RKI assessment & recommendation* • *Will there also be renewed consultation in this direction within the Bundeswehr* • *Fixed disease name = Covid-19* • *Virus name = SARS CoV-2 (bioRxiv),), still to be confirmed* *ToDo: FG17 Thorsten Wolff confirms virus name by tomorrow*	*all*
3	**Current risk assessment** • *Curves outside of China show mild downward trend* • *No need to adjust the valuation for Germany*	*all*
4	**Communication** **Rationale for action** • *Goes online around 3pm today in consultation with Minister, after his press statement, tweet around 3.30pm to point this out* • *Statements on concrete measures are still missing from the action rationale, examples still need to be developed to answer likely press enquiries ("what will be done differently then?")* • *Tomorrow 16:30 Press conference Leopoldina & Science Media Centre: RKI President, Dorsten, Munich clinician, Charité Chief* **English RKI 2019-nCoV website** • *We keep thinking about this, but currently have no capacity to check and update all translations* • *It would be possible to take parts of the English situation report and publish them on the website, which also contains confidential information from reports from Bavaria (e.g. number of tests, contact persons, map by place of residence).* • *Generally happy to share management report, list information in EpiBull* • *Can 2019-nCoV cases be accessed via SurvStat in the near future? Currently no, at some point the time will come to report cases better, if necessary motivation, suspected cases are not listed, SuvStat of (specialised) public not good*	

	understood *ToDo: Dept. 3 (FG36, AL3, FG32) checks English management report for confidential(er) information that should not be shared* *ToDo: Press takes care of publishing certain parts of the English management report on the website* **Communication within the department and RKI** • *RKI colleagues not involved in the situation may also have a need for information, situation report is published daily on the intranet* **Update data on website** • *When a date is updated on 2019-nCoV page, user searches for news, possible solution: daily new date but add "last modified on" to show that assessment of update need (but not necessarily adjustment) has taken place*	
5	**Documents** **Framework concept** • *Mandate from BMG Blasius as part of the rationale for action: request for the creation of a framework concept as for Ebola, also based on influenza pandemic plan, framework concept for exceptional situations; discussed nCoV guide is deprioritised for the sake of this framework concept; Dept. 3 serves without much prose, no deadline given by BMG but request for timely preparation* *ToDo: FF FG36, Dept. 3 creates outline and then requests input from other OUs* **Information about Chinese embassy** • *Were sent to RKI Corona distribution list and filed (S:\Projects\RKI_nCoV-Lage\2.Topics\2.1.Epidemiology\Others\China Health Commission)*	
6	**Laboratory diagnostics** **GS NRZ/KL has already contacted the laboratories for the first time** • *Diagnostics commission has initiated proficiency tests for 2019-nCoV, currently waiting for feedback to see which laboratories want to offer this* • *Janna Seifried (Dept. 3) has created a Voxco query on the number of tests carried out, plus a letter to laboratories to inform them about this regular query* • *STAKOB TK for discharge management (topic includes exclusion of false negative test results), PCR available to ensure good sample collection for*	*FG17* *AL3* *ZBS1*

	Nasopharyngeal swabs, test works well, working on integration of this PCR into existing assays • *Press requests electron microscope images, preferably coloured*	
7	**Surveillance** **Mortality surveillance** • *Would be useful for monitoring excess mortality in relation to 2019-nCoV: legal basis is in place, but implementation not expected until 01.11.2021, Mr Sangs not very hopeful that this can be accelerated by the BMI* • *Should also be evaluated by the responsible BMG department (Ziegelmann), and not only from a legal perspective* *ToDo: FG32 Ute Rexroth has forwarded an e-mail from Mr Sangs to Mr Schaade* **ICOSARI/existing systems** • *Is ICOSARI sufficient to assess the severity of the disease?* • *Approximately 80 clinics, sufficiently large network, baselines have been created for several years, data come very promptly, system is well established and allows comparisons, expansion is not considered sensible from the point of view of FG36, as this would lead to the loss of the baseline and the quality of the system would not be ensured by additional clinics; ICOSARI is currently only running until the end of July 2020, no longer-term continuation; BMG is in favour of RKI application for this, which would merely be an extension* • *ICD-10 code for 2019-nCoV to be set up, positive, will be established and hopefully used* • *SEED-ARE: allows creation of algorithms for pandemic diagnoses in the outpatient sector, these are in preparation and better/flexible than fixed age groups as more detailed breakdown is possible; invitations to practices have gone out, no explosive but steady growth* • *Stronger promotion of Grippeweb: would this be feasible from an IT perspective? Currently, this could lead to a possible shift in clientele, which is not desirable, therefore only low-threshold promotion to maintain a well-functioning cohort, data can be easily analysed/studied afterwards* • *IVENA: rolled out in some federal states at* *Evaluate clinic/resource utilisation, could this be used?* *Alternatively, FG32 could use emergency room surveillance, but there is no comparative experience, will there be adjustments regarding KKH? Will what happens at state level also change?* *Impact could also be read indirectly from ICOSARI, how big is the impact?* *Load compared to other years*	*FG32/FG36/ all* *FG32/FG36/ all*

8	**Clinical management/discharge management** **Paper on dismissal** • *Discussed again yesterday, IBBS has received paper from Mr Drosten, will now be discussed in STAKOB, shared with AGI in draft stage and discussed tomorrow in AGI 1pm TK* • *Clinical course of nCoV: Compilation of experiences in Germany so far*	*IBBS*
9	**Measures to protect against infection** **Travellers entering the country** • *Agreement is emerging, only the approval of SA and RP is still missing, but only 1-page document, incoming travellers are evaluated according to RKI recommendation category 2 contacts, domestic isolation suggested after measure of the local GA, may be implemented differently in the federal states (in Bavaria no distancing/domestic isolation, in others stricter requirements regarding 14-day isolation may also be ordered); as soon as all federal states have agreed, it can be published* • *Unfortunately, the document no longer contains the very practical information on how to proceed: BMG finds additional RKI paper with recommendations difficult, but RKI can rely on paper (and make additional recommendations?)* • *IBBS has practical recommendations in progress* *ToDo: Adoption and publication of the AGI paper* *ToDo: IBBS is already preparing practical recommendations from RKI* **IBBS/AA crisis unit** • *In Zhejiang currently not so many Germans and no requests for repatriation, these should contact the corresponding federal state or GA of the destination and be referred there* • *Pressure to leave China will continue to rise as quarantine measures increase*	*FG32/IBBS* *IBBS*
10	**Transport and border crossing points** • *(not discussed)*	*FG32*
11	**International**	

	• *11-12 February 2020 WHO top scientists meeting in Geneva: Drosten is there, not many answers but systematic compilation of open questions to be expected* • *1 RKI dispatch via GOARN, actually next Monday, confirmation still pending, may be mentioned in situation report* • *International China Mission: 3 WHO colleagues on site (van Kerkhove +2), idea of a constant mission with changing people, BMG mentioned bilateral mission would be coordinated between Merkel and Chinese government, China currently only wants WHO or neighbouring countries* • *China ramps up economic activities again, AA expects 5 million workers to return, 15,000 Germans in the country, 56 Germans still in Hubei province, no targeted repatriation currently planned*	*ZIG1*
12	**Information from the situation centre** • *Always many enquiries from BMG, federal states, institutions, specialised public, great interest in parts of information, much praise from federal states that we are available* → *Nice that it is perceived that way*	*FG32*
13	**Other topics** • *Next meeting: Thursday, 13.02.2020, 11:00-12:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*13.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
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  - *Ute Rexroth*
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  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases:* o *Worldwide 60,062 (+14,891), 1,355 deaths (2.3%), 1 in the Philippines, all others in China, incl. Hong Kong* o *China: 59,571 (+14,841) cases* o *Hubei province 48,206 cases (80.9%), deaths 1,310 16,607 suspected cases without CT-detected pneumonia, (possibly mild), ~8,000 severe cases* o *Outside China: 24 countries 491 (+50) cases, 17 severe cases* o *9 countries in WHO Euro Region with 46 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *Cruise ship off Japan 218 (+44) cases, health status of persons unknown* • *Curves are based on date of report and not symptom onset, not clearly interpretable* • *Sharp increase from yesterday to today is probably due to changed case definition in Hubei province and thus changed evaluation, due to lack of laboratory testing capacity now counting "clinically confirmed cases"* • *After previously declining case numbers, this development is difficult to interpret* • *Information about cases:* o *STAG-IH consensus: assessment of disease severity based on cases outside China, as much information as possible from ZIG1 on these cases desired as no data available from China, information from INIG/PHI group (table in the morning) includes information on severe cases* o *WHO has a list where countries enter data, should possibly be made available afterwards, WHO is currently still discussing its format; WHO has also asked for the case report forms to be filled out, not (all) of them are used* o *ECDC analyses TESSY data on uploaded cases* o *Information received via Leopoldina/Chinese Embassy is based on initiative of Academies Group, enquiries underway as to how/if this information can be shared* o *Yesterday news that CDC China wants to get in touch with RKI, possibly important further source of information, remains to be clarified in how far infromation with others (e.g. WHO) can be shared is currently being clarified (AA also involved)*	*ZIG1/FG36* *all*

	○ *China does not want G7 involvement, Germany seems to have an advantage in terms of trust, should not be abused in order not to jeopardise future information exchange* • *Risk areas:* ○ *INIG has prepared slides with application of the RKI criteria to Chinese provinces (Link)* ○ *According to AA, Harbin and Tianjin City are now also under quarantine, including a curfew for residents* ○ *Feedback from CDC Atlanta: large group is working on the definition of risk areas, clear answer cannot be given at present* ○ *The veracity of the figures is still unknown, Decision depends on derived measures* ○ *No expansion of the risk area today* • *International measures are compiled by ZIG1* *ToDo: collect possible questions for CDC China and forward to Mr Wieler* *ToDo: ZIG1 should send presentation on international situation and risk areas to BZgA and Bundeswehr before situation working group meeting* **German Armed Forces** • *Information about cruise ship if available desired* • *RKI is informed daily by the Japanese IHR NFP, there are 10 Germans on board, so far no German cases* • *JA Healthy Gateways will attempt to send an investigation team to the ship if Japanese authorities allow it* *ToDo: LZ Position international communication info about cruise ship to Bundeswehr* **National** • *16 cases, no additional information or findings* • *Info about EWRS: Suspected case in Romania who is HCW from Bavaria, category 2 contact person of a German case, came to hospital with symptoms in Romania where he told about contact to confirmed case* **BMG** • *Party political topics dominate, FAQs online and hotline tend to decline*	
2	**Findings about pathogens** **SARS-CoV-2 is official** • *International Committee on Taxonomy of Viruses (ICTV)*	*FG17*

	Decision on naming disputed but definitive, SARS reference not actually desired, but all pathogens of this type have this reference, will be published in 1-2 weeks, WHO can comment but no longer has any influence on naming • *WHO will define clinical picture* • *High viral replication in the upper respiratory tract (classic cyclical respiratory tract infection)*	*all*
3	**Current risk assessment** • *No decisive data to change the basic risk assessment*	*all*
4	**Communication** **BZgA** • *Ongoing business, FAQs in progress, next Monday press release on protection against respiratory infections, not specifically coronavirus, carnival, general hygiene rules* **Trade fair/mass events** • *Berlin had mandatory reporting forms for coronavirus at Fruit Logistica trade fair, federal states have different procedures but ask RKI, RKI should draft FAQ with the statement that this is a matter for the federal states, consensus is general hygiene measures* • *BZgA has already had a specific enquiry, assumes that more will follow, clear responsibility of the federal states* *ToDo: FAQ on procedure for trade fairs, reference to the responsibility of the federal states, use BZgA proposal as a mark-up, to FG32 Ute Rexroth and FG36 Walter Haas*	*BZgA* *FG36* *Press*
5	**Documents** • *Partly discussed under other points*	*All*
6	**Laboratory diagnostics** **Test queries** • *Respivir (nationwide from the Saarland): Can these figures possibly become available for RKI? May result in overlaps, is industry-supported,* • *RKI planned Voxco tool is finalised and launched, some laboratories then have to report to two different places* • *Diagnostic recommendations: Note that testing is for individuals who fulfil the case definition*	*FG17/ZBS1*

	ToDo: Data protection clearance of the Voxco survey is still pending, link should then go to FG17 **US CDC rapid test** • *Media report that rapid tests distributed by the US CDC do not work; it is probably an antigen rapid test (no reference to contaminated PCR kits), seems to concern only the USA* • *More information on this would be useful, theoretically such a rapid antigen test is possible, the question is its validation* • *In the event of a case explosion, a switch must be made to clinical case definition, then syndromic surveillance paired with virological surveillance* • *FG17, FG36 working on recommendation that asymptomatic people should not be tested* *ToDo: Recommendation - Asymptomatic persons should not be tested, FG17, FG36, existing task?*	*all*
7	**Clinical management/discharge management** **Discharge management** • *Increasingly sensitive point, as some clinics in Hesse and Bavaria want to discharge their patients now/immediately and there are no clear criteria for this yet, AGI responsible for implementation, decision subject to local GA* • *Discussion between clinicians and virologists, TK took place on Tuesday and Drosten submitted data on Wednesday, will be presented in AGI this afternoon, BMG also expects paper* • *Contents: are two negative PCRs sufficient or not, according to Drosten there is then no longer any infectiousness, no more virus replication observed in the cell culture at 10^4 /ml, therefore to be on the safe side 10^5 /ml suggested and felt to be a sufficient discharge criterion; paper was circulated, no complete agreement on whether discharge with residual detectable virus, if necessary people should be given conditions, e.g. 1 week contact minimisation* • *Smear quality very relevant and not well detectable, control using a selected gene as marker to see if sample was taken properly* • *Nose/throat swab does not provide a quantifiable sample, therefore quantitative limit difficult to understand* • *Current state of discussion/compromise: two negative PCR or PCR with detection $<10^5$ /ml, or depending on the individual case decision with conditions (e.g. if people with immunosuppression at home, vulnerable people)* • *Attention must be paid to terminology, not "patient is not*	*IBBS* *all*

	no longer infectious", but possibly no pathogen excretion should be detected • *Similar for home quarantine, parameters e.g. duration of symptom-free period, pathogen detectability,* *→ Country involvement is crucial as they must ensure that/how exposure of others is avoided* *ToDo: Paper was sent to AGI before AGI TK as a basis for discussion for hopefully quick voting*	
8	**Measures to protect against infection** • *Walter Haas held an ÖGD webinar yesterday, 750 participants, main topic was contact person management, webinar is a good way to reach GA, more is needed* • *Many questions about procedures for medical staff; additional guidance is needed, also for the area of nosocomial hazards* *ToDo: FG36 Walter Haas prepares handout on CoNa in the medical field, also input from FG14 and FG37*	*FG36*
9	**Surveillance** • *A lot of information on German cases is still missing, e.g. §11 transmission, information on severity, discharge, further adaptation of the reporting obligation regulation may be necessary to improve implementation so that information on cases is transmitted better/more detailed* • *Could SurvStat query option be motivating?*	*FG32*
10	**Transport and border crossing points** **Agreement on travellers from risk areas** • *Today in the AGI, the leaflet agreed by the airport group (responsible GA of the IGV-named airports) is adopted in three languages, can be distributed at airports to travellers arriving from China, no consensus on follow-up management, the federal states handle this differently* • *Assistance for ÖGD on this is on the RKI website, additional practical recommendations could be added under FAQ*	*FG32*
11	**International** **Participation of RKI experts in China missions** • *WHO mission launched, three people are on site* • *Pres was asked by the WHO (Mr Schwartländer) to contact an RKI person who is in charge of China outreach on the topic of hospitalisation.*	*ZIG*

	management and nosocomial outbreaks/prevention: Tim Eckmanns (FG37) or Andreas Jansen (ZIG1) are willing and interested • *According to BMG, there is a bilateral exchange request from China, the CVs of Heinz Ellerbrok and Andreas Jansen have been requested for this purpose* **RKI special funds** • *Additional money available until the end of the year* • *SSCs should think about how best to implement this, possibly extending contracts, increasing working hours, possible necessary purchases*	*Pres*
12	**Information from the situation centre** • *Nothing to report*	*FG32*
13	**Other topics** • *Next meeting: Friday, 14.02.2020, 13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*13.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases:* o *Worldwide 60,062 (+14,891), 1,355 deaths (2.3%), 1 in the Philippines, all others in China, incl. Hong Kong* o *China: 59,571 (+14,841) cases* o *Hubei province 48,206 cases (80.9%), deaths 1,310 16,607 suspected cases without CT-detected pneumonia, (possibly mild), ~8,000 severe cases* o *Outside China: 24 countries 491 (+50) cases, 17 severe cases* o *9 countries in WHO Euro Region with 46 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *Cruise ship off Japan 218 (+44) cases, health status of persons unknown* • *Curves are based on date of report and not symptom onset, not clearly interpretable* • *Sharp increase from yesterday to today is probably due to changed case definition in Hubei province and thus changed evaluation, due to lack of laboratory testing capacity now counting "clinically confirmed cases"* • *After previously declining case numbers, this development is difficult to interpret* • *Information about cases:* o *STAG-IH consensus: assessment of disease severity based on cases outside China, as much information as possible from ZIG1 on these cases desired as no data available from China, information from INIG/PHI group (table in the morning) includes information on severe cases* o *WHO has a list where countries enter data, should possibly be made available afterwards, WHO is currently still discussing its format; WHO has also asked for the case report forms to be filled out, not (all) of them are used* o *ECDC analyses TESSY data on uploaded cases* o *Information received via Leopoldina/Chinese Embassy is based on initiative of Academies Group, enquiries underway as to how/if this information can be shared* o *Yesterday news that CDC China wants to get in touch with RKI, possibly important further source of information, remains to be clarified to what extent information can be shared with others (e.g. WHO) is currently being clarified (AA also*	*ZIG1/FG36* *all*

	involved) ○ *China does not want G7 involvement, Germany seems to have an advantage in terms of trust, should not be abused in order not to jeopardise future information exchange* • *Risk areas:* ○ *INIG has prepared slides with application of the RKI criteria to Chinese provinces (Link)* ○ *According to AA, Harbin and Tianjin City are now also under quarantine, including a curfew for residents* ○ *Feedback from CDC Atlanta: large group is working on the definition of risk areas, clear answer cannot be given at present* ○ *The veracity of the figures is still unknown, Decision depends on derived measures* ○ *No expansion of the risk area today* • *International measures are compiled by ZIG1* *ToDo: collect possible questions for CDC China and forward to Mr Wieler* ***(task Ute, No. 228)*** *ToDo: ZIG1 should send* ***daily*** *presentation on international situation and risk areas to BZgA and Bundeswehr before situation working group meeting (email to ZIG1 or INIG with contacts from LZ)* **German Armed Forces** • *Information about cruise ship if available desired* • *RKI is informed daily by the Japanese IHR NFP, there are 10 Germans on board, so far no German cases* • *JA Healthy Gateways will attempt to send an investigation team to the ship if Japanese authorities allow it* *ToDo: LZ Position international communication information about cruise ship to Bundeswehr* ***(request to the position to pass on current information from the AA on the topic)*** **National** • *16 cases, no additional information or findings* • *Info about EWRS: Suspected case in Romania who is HCW from Bavaria, category 2 contact person of a German case, came to hospital with symptoms in Romania where he told about contact to confirmed case* **BMG** • *Party political topics dominate, FAQs online and hotline tend to decline*	
2	**Findings about pathogens**	

	SARS-CoV-2 is official • *International Committee on Taxonomy of Viruses (ICTV) Decision on naming disputed but definitive, SARS reference not actually desired, but all pathogens of this type have this reference, will be published in 1-2 weeks, WHO can comment but no longer has any influence on naming* • *WHO will define clinical picture* • *High viral replication in the upper respiratory tract (classic cyclical respiratory tract infection)*	*FG17 all*
3	**Current risk assessment** • *No decisive data to change the basic risk assessment*	*all*
4	**Communication** **BZgA** • *Ongoing business, FAQs in progress, next Monday press release on protection against respiratory infections, not specifically coronavirus, carnival, general hygiene rules* **Trade fair/mass events** • *Berlin had mandatory reporting forms for coronavirus at Fruit Logistica trade fair, federal states have different procedures but ask RKI, RKI should draft FAQ with the statement that this is a matter for the federal states, consensus is general hygiene measures* • *BZgA has already had a specific enquiry, assumes that more will follow, clear responsibility of the federal states* *ToDo: FAQ on procedure for trade fairs, reference to responsibility of the federal states, use BZgA proposal as a mark-up, to FG32 Ute Rexroth and FG36 Walter Haas* ***(task 219)***	*BZgA* *FG36 Press*
5	**Documents** • *Partly discussed under other points*	*All*
6	**Laboratory diagnostics** **Test queries** • *Respivir (nationwide from the Saarland): Can these figures possibly become available for RKI? May result in overlaps, is industry-supported,* • *RKI planned Voxco tool is finalised and launched, some laboratories will then have to go to two different locations*	*FG17/ZBS1*

	Report • *Diagnostic recommendations: Note that testing is for individuals who fulfil the case definition* *ToDo: Data protection clearance of the Voxco survey is still pending, link should then go to FG17* ***Task 205*** **US CDC rapid test** • *Media report that rapid tests distributed by the US CDC do not work; it is probably an antigen rapid test (no reference to contaminated PCR kits), seems to concern only the USA* • *More information on this would be useful, theoretically such a rapid antigen test is possible, the question is its validation* • *In the event of a case explosion, a switch must be made to clinical case definition, then syndromic surveillance paired with virological surveillance* • *FG17, FG36 working on recommendation that asymptomatic people should not be tested* *ToDo: Recommendation - Asymptomatic persons should not be tested, FG17, FG36, existing task?* ***Task 201***	*all*
7	**Clinical management/discharge management** **Discharge management** • *Increasingly sensitive issue, as some clinics in Hesse and Bavaria want to discharge their patients now/immediately and there are no clear criteria for this yet, AGI responsible for implementation, decision subject to local GA* • *Discussion between clinicians and virologists, TK took place on Tuesday and Drosten submitted data on Wednesday, will be presented in AGI this afternoon, BMG also expects paper* • *Contents: are two negative PCRs sufficient or not, according to Drosten there is presumably no longer any infectivity if no more virus replication is observed in the cell culture at ~~10^4~~ 10^6 /ml, therefore to be on the safe side 10^5 /ml was suggested and felt to be a sufficient discharge criterion; paper was circulated, no complete agreement as to whether discharge with residual detectable virus, if necessary people should be given conditions, e.g. 1 week contact minimisation* • *Smear quality very relevant and not well detectable, control using a selected gene as marker to see if sample was taken properly* • *Nose/throat swab does not provide a quantifiable sample, therefore quantitative limit difficult to understand* • *Current state of discussion/compromise: twice negative PCR or in individual cases PCR with detection <10^5 /ml, ~~or~~ and depending on*	*IBBS* *all*

	Case-by-case decision with conditions (e.g. if people with immunosuppression, vulnerable people at home) • *Attention must be paid to terminology, not "patient is no longer infectious", but if necessary no more pathogen excretion should be detected* • *Similar for home quarantine, parameters e.g. duration of symptom-free period, pathogen detectability,* *→ Country involvement is crucial as they must ensure that/how exposure of others is avoided* *ToDo: Paper was sent to AGI before AGI TK as a basis for discussion for hopefully quick voting*	
8	**Measures to protect against infection** • *Walter Haas held an ÖGD webinar yesterday, 750 participants, main topic was contact person management, webinar is a good way to reach GA, more is needed* • *Many questions about procedures for medical staff; additional guidance is needed, also for the area of nosocomial hazards* *ToDo: FG36 Walter Haas prepares handout on CoNa* ***and co-management*** *in the medical field, also input from FG14 and FG37* ***(task 230)***	*FG36*
9	**Surveillance** • *A lot of information on German cases is still missing, e.g. §11 transmission, information on severity, discharge, further adaptation of the reporting obligation ordinance may be necessary to improve implementation so that information on cases is transmitted better/more detailed* • *Could SurvStat query option be motivating?*	*FG32*
10	**Transport and border crossing points** **Agreement on travellers from risk areas** • *Today in the AGI, the leaflet agreed by the airport group (responsible GA of the IGV-named airports) is adopted in three languages, can be distributed at airports to travellers arriving from China, no consensus on follow-up management, the federal states handle this differently* • *Assistance for ÖGD on this is on the RKI website, additional practical recommendations could be added under FAQ*	*FG32*
11	**International**	

	Participation of RKI experts in China missions • *WHO mission launched, three people are on site* • *Pres was asked by WHO (Mr Schwartländer) to nominate an RKI person who could accompany the China mission on the topic of hospital management and nosocomial outbreaks/prevention: Tim Eckmanns (FG37) or Andreas Jansen (ZIG1) are willing and interested* • *According to BMG, there is a bilateral exchange request from China, the CVs of Heinz Ellerbrok and Andreas Jansen have been requested for this purpose* **RKI special funds** • *Additional money available until the end of the year* • *SSCs should think about how best to implement this, possibly extending contracts, increasing working hours, possible necessary purchases*	*ZIG* *Pres*
12	**Information from the situation centre** • *Nothing to report*	*FG32*
13	**Other topics** • *Next meeting: Friday, 14.02.2020, 13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*14.02.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Ralf Dürrwald*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Michaela Niebank*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Marica Grossegesse*
- *INIG*
  - *Andreas Jansen*
  - *Sarah McFarland*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases:* o *Worldwide 64,544 (+4,214), 1,383 deaths (2.1% CFR) all others in China, incl. Hong Kong* o *China: 64,021 (+4,156) cases, including 1,381 deaths* o *Hubei province 51,986 cases, deaths 1,318* o *Outside China: 24 countries 523 cases (+20), 17 severe cases, 2 deaths (1 in the Philippines, 1 new death in Japan)* o *9 countries in WHO Euro Region with 46 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *Cruise ship off Japan 221 cases* o *The peak in the EpiCurve is explained by the changed case definition in Hubei province (clinically-epidemiologically confirmed cases).* • *Risk areas:* o *The cities of Hunan and Tianjin could potentially be categorised as the next risk areas. Quarantine measures are being implemented here, one of the RKI criteria for defining cities as risk areas (i.e. curfew, traffic restrictions).* →□□□□□□□□□□ *the incidence in the two cities is rather low compared to the other cities. Therefore, the Incidence and trend in the two cities continue to be monitored. No expansion of the risk area today.* *To Do: Osamah Hamouda discusses the topic at the AF next week at ECDC.* o *FG31 will support INIG in presenting the trend in case numbers.* o *The ECDC has sent out a proposal for a significant expansion of the risk areas (including Japan, Singapore and other Asian countries). In general, a standardised assessment of the European countries is desirable, but the proposed selection is questionable due to a lack of evidence. A telephone conference with the WHO, the ECDC and also member states will take place on 14 February (RKI representatives: Silke Buda, Udo Buchholz), in which this will be discussed if necessary. Otherwise, the risk areas will be discussed at the next Advisory Board next week in Stockholm.* o *In Singapore, there was a transmission at a*	*ZIG1/FG36/ IBBS* *all*

	Event. The ECDC would also list Singapore as a risk area. **National** • *No new cases.* • *One of the last cases in Bavaria was a grade 1 contact person who tested positive on the 14th day of quarantine. However, she was already symptomatic on day 7 but had not reported it.* • *The suspected case in Romania (HCW from Bavaria, who is a category 2 contact person of a German case) has tested negative. He will nevertheless remain in quarantine for 14 days.* • *According to the discharge document, one person in Bavaria was discharged the day before yesterday, the two patients in Frankfurt and the family from Trauenstein were discharged today. It is planned that the returnees in Germersheim will be discharged on Sunday. The results of the final test are expected tomorrow.* • *The clinical picture of the German patients was mild to moderate with mild symptoms. It cannot be ruled out that the transmission of COVID-19 below the detection limit. Virological surveillance has been introduced in Bavaria.*	
2	**Findings about pathogens** • *Question about how problematic the virus is for HCWs. Initially, no HCWs were officially affected, but now there are around 1300 cases among HCWs. Could the figures still be from the beginning of the outbreak, when protective measures were even lower? Since there were no HCW affected for the first 2 weeks, this is rather unlikely.*	*FG17* *all*
3	**Current risk assessment** • *The current risk assessment remains unchanged.*	*all*
4	**Communication** **BZgA** • *Changes to the RKI FAQ have been adopted. Next Monday there will be a press release on the topic of protection against respiratory infections (not specifically coronavirus). Slight downward trend in the number of clicks on the BZgA website.* **Management of persons who have had contact with a case or have been in the risk area** • *People with symptoms should contact their doctor by telephone in advance.* • *This is also stated in the FAQs of the BZgA, but citizens must obtain this information (passively). There are various references to FAQs (BZgA homepage, Twitter). However, active information from the BZgA would be a good addition (template:*	*BZgA* *FG36* *Press*

	Airport poster) -> BZgA discusses possibilities intern. • *BZgA gives advice on how people can protect themselves, but not on how people can protect others.* *ToDo: Walter Haas will discuss the possibilities bilaterally with Peter Lang (BZgA). Osamah Hamouda will address the point in the next telephone conference with the BMG on Monday.* **RKI Press Office** • *Various updates: Name for virus and disease adapted, documents updated, document for non-medical emergency services* • *Please ensure that if the press office is to do something in the evening, it is informed in advance by the situation centre.*	
5	**Documents** • *Ready: document on discharge management, exit cards, aeroplane poster, hygiene measures for non-medical personnel* • *A COVID-2019 framework concept is to be created.* • *Bavaria asks whether a generic document on behaviour at events can be created (based on the Flyers for the airport) - Could be a task for BZgA*	*All*
6	**Laboratory diagnostics** **Special budget** • *There are ÖGD enquiries as to whether there is a special budget for laboratories to test for SARS-CoV-2.* • *Task of the municipalities and federal states -> Topic for the AGI* • *The BMG could be asked for funding for the Charité's KL.* *ToDo: Ute Rexroth will include the topic in the next AGI meeting, Osamah Hamouda will address the issue of funding for KL in the next conference call with the BMG on Monday.* **ZBS1** • *In-house essay has been optimised, the control essay has been adjusted (smears have been taken correctly).* • *In a test to determine whether a PCR is better from the medium than from the buffer, it was found that there is no difference.* • *Multiplex PCR at protein level will be tested next week as an additional diagnostic.* **Virological surveillance** • *Virological surveillance of the AGI-Sentinel is to be expanded to include SARS-CoV-2. Can start at the beginning of March at the earliest. Consultation with the data protection authorities regarding the transmission of findings. Bavaria will also establish it (Andreas Sing) and is interested in an exchange.*	*FG32/ FG17/ZBS1* *all*

	• *Grippeweb plus (self-swabbing by some Grippeweb participants): It will be clarified on Monday how SARS-CoV-2 can be integrated.* • *Grippeweb plus and extension of the virological surveillance of the AGI-Sentinel do not have to start at the same time. However, details (procedure, target group) should be clarified.* • *Information only to the people who feed in.* *ToDo: Walter Haas, Thorsten Wolff and Martin Mielke discuss procedure. And involve LGL (Kati Katz) promptly in the procedure.*	
7	**Clinical management/discharge management** **Discharge management** • *Paper has been discussed with AGI and has been published. Option with quantitative PCR was cancelled.* **Therapy** • *There are experimental studies on Remdevisir and Kaletra. Kaletra was also used in 2 patients in Bavaria who showed an improved general condition the next day.* • *In China there are 2 studies on Remdevisir: 1 study for patients with mild symptoms for a therapy of 10 days; 1 study for patients with severe symptoms -> results are not expected before April.* • *There has also been a study with MERS for Kaletra since 2016 -> no results published yet.* • *According to oral information, traditional Chinese medicine is also often used in China.* • *Cloroquine had achieved good in-vitro results, but this could not be confirmed.* **Stockpiling** • *IBBS is working on the stockpiling strategy (results probably early next week).*	*IBBS*
8	**Measures to protect against infection** • *IBBS has drawn up an initial proposal for domestic quarantine. This is to be shared with the LGL. The plan is to interview people who were in home quarantine in order to improve home quarantine.*	*FG36*
9	**Transport and border crossing points** • *The telephone numbers for the BMG hotline, the GA Frankfurt and the LGL Bayern are on the published flyer for the aircraft.* • *Three questions have been added to the disembarkation cards. In addition to the crew and passengers arriving in Munich or Frankfurt on a direct flight from China, the disembarkation cards are also issued to the crew of cargo aircraft.* • *BMG has issued an order for the exit cards, which will be sent to the federal states. Proactive measures may also be taken*	*FG32*

	(press release)	
	to the drop-out cards. • *GA Frankfurt is very dissatisfied with entry screening*	
10	**International** • *The contact with the Chinese Embassy was initiated by the Leopoldina.* • *There will be a meeting with the Chinese embassy next Wednesday to talk about research topics and future co-operation#.* • *The BMG and AA have been informed about the meeting. In addition, the embassy has promised that the RKI will receive China's current health commission package in future.* • *How these may be distributed is stated in the instructions for use of the respective document.* *ToDo: ZIG asks which research topics would be of interest. Situation centre collects the questions RKI has for China.* • *Tim Eckmanns will fly to China tomorrow (15 February 2020) to support the WHO mission as an expert on nosocomial infections.* • *There is a request from the European Commission to update the national pandemic plan. However, an update is not currently necessary. There are numerous extra documents on COVID-19 and a framework concept is being drawn up.* • *There was an enquiry as to whether any support measures for the German passengers on be taken on the cruise ship (task of the AA - Consultation Act)*	*ZIG/IBBS*
11	**Information from the situation centre** • *Coordination centre / situation centre: active for 29 days, since 14.01. (KS) and 28.01 (LZ), since 3.2. 8:00 a.m. - 9:00 p.m.* • *22 Lage-AG meeting (since 6 January 2020)* • *21 situation reports in German, since 24 January daily (21x), since 1 February also in English (14x)* • *32 field deployment days* • *31 Decree reports*	*FG32*

12	**Other topics** • *Next meeting: Monday, 17.02.2020, 13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*17.02.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Management*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Matthias Budt*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
  - *Julia Sasse*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*
- *BZgA: Oliver Ommen (by telephone)*
- *German Armed Forces: Thomas Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases:* o *Worldwide 71,351 (+2,081), 1,775 deaths (2.5% CFR)* o *China: 70,639 (+2,053) cases, including 1,772 deaths (2,5%)* o *Hubei province 58,128 cases, deaths 1,696* o *Outside China: 25 countries (Egypt new) 712 cases (+28), 19 severe cases, 3 deaths (1 in Philippines, 1 in Japan, 1 new death in France)* o *The CFR is 2.91 in Hubei, 0.71 in the rest of China and 0.4 abroad.* o *9 countries in WHO Euro Region with 47 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *The first case in Egypt tested positive for SARS-CoV-2 on 14 February 2020. The case is currently isolated in a hospital. Other contacts of the case are being followed up; so far all have tested negative and are being monitored for 14 days. The case comes from abroad (nationality still unclear) and was identified through contact tracing of an index case. This case was on a business trip to Cairo between 21 January and 4 February and tested positive for SARS-CoV-2 in China on 11 February.* o *Cruise ship "Diamond Princess" off Japan* ▪ *454 cases (incl. 189 asymptomatic) out of 1,723 tested. USA leads on 17/02/2020 >300 asymptomatic citizens.* ▪ *10 German citizens, 2 in hospital in Yokohama* ▪ *Japanese authorities allow all passengers to board the ship on 19/02/2020 left the country (quarantine began on 05/02/2020). The Japanese authorities have not provided any precise details on the quarantine measures.* ▪ *Until yesterday there were still cases and a total of 45% of the tests were positive.* ▪ *German travellers returning home should go into home quarantine. A repatriation could together with Italy.* *ToDo: Lufthansa had already asked about the handling of returning travellers. Maria an der Heiden will inform Lufthansa about new recommendations (14 days home quarantine).*	*ZIG1/FG36/ IBBS/AL3* *all*

- *Cruise ship "Westerdam" off Cambodia/Malaysia:*
  - *Docked on 13/02/2020. Some passengers flew to Malaysia on 14 February. A US Couple was symptomatic on the return flight (symptoms since 11/02/2020). The test result for SARS-CoV-2 was positive for the wife on 15 February and negative for the husband.*
  - *Passengers have either already travelled back or are still in other locations (1 in Singapore, 1 in Kuala Lumpur, 11 in Phnom Penh). The German embassy supports citizens in organising their return journey.*
  - *The AA already has a list of 35 contact details so that the relevant health authorities have been informed. Travellers returning home are considered Category 1 contacts and should be quarantined at home for 14 days.*

ToDo: There should be brief information on this on the RKI website under FAQs or further information. The nomenclature (category 1) should be avoided and the increased risk of infection should be discussed instead.

- *A screening of patients with respiratory symptoms between 23-26 January showed that the majority of patients had influenza and that the proportion of COVID-19 patients was low.*
- *Singapore: 75 cases, no deaths. There were 7 cases that could not be assigned to the cluster. However, the government denied community transmission on 14 February 2020. Dorscon Alert has been set to orange.*
- *Definition of Community Transmission could be e.g. "Be local transmission without detectable contact to known infection chains/clusters. It is sustainable and relevant, i.e. significant increase in the number of cases or high absolute number of cases"*

ToDo: Christian Herzog asks the other GHSI countries how they would define "community transmission".

- *Risk areas:*
  - *Hubei has now also banned the use of private motor vehicles. The cities of Hunan and Tianjin still have a low incidence and are still being monitored.*

    →No extension of the risk area □□□□□.

National

	• *Of the 16 hospitalised patients, 9 were discharged. 7 are still hospitalised (1 in Starnberg, 6 in Munich). Today at 4 pm IBBS has another TC with Bavaria.*	
2	**Findings about pathogens** • *No new information*	*FG17* *all*
3	**Current risk assessment** • *The current risk assessment remains unchanged.*	*all*
4	**Communication** **BZgA** • *Based on the handout and the poster for airports, the BZgA is developing 2 FAQs for people who have had contact with a case or have been in a risk area*	*BZgA*
5	**Documents** • *Framework concept: a first draft of a framework concept (approx. 35 pages) was prepared by FG36. Contents include target groups, information on case identification, diagnostics and epidemiological management. Reference is also made to the National Pandemic Plan Parts 1 and 2. It can be supplemented by specific appendices (e.g. management in clinics).* *be supplemented. The document will then be supplemented with relevant OUs and subsequently shared with the situation team towards the end of the week.* • *A guideline regarding risk assessment and contact person management in the medical field, including laboratory staff, has been drawn up. Medical personnel with close contact to confirmed cases of COVID-19, even when using adequate protective measures, are categorised as Category II contact persons. The handout describes how this staff should carry out monitoring (correct wearing of protective clothing, symptoms, diary). The hygiene officer/clinic doctor or head of a practice is responsible for collating and submitting daily reports to the public health department. Feedback on the document from FG14 is still pending. It may then be sent to the STAKOB. However, the contact person for the paper is primarily the ÖGD.*	*FG36*
6	**Laboratory diagnostics** **Virological surveillance** • *AGI sentinel with SARS-CoV-2 testing to start at the beginning of March. Advance information for the AGI medical profession is planned for the end of this week.* **ZBS1** • *ZBS1 is currently testing whether SARS-CoV-2 is serologically detectable.*	*FG17/ZBS1*

	is. The problem with serological testing is the cross-reactions. The specificity of the neutralisation test is the most meaningful. • *The special offence is to be used for devices in order to offer testing for the ÖGD as well and, on the other hand, in the case of overload of the consulting laboratory and other Berlin laboratories.*	
7	**Clinical management/discharge management** • *No new information*	*IBBS*
8	**Measures to protect against infection** • *Mouth and nose protection is becoming scarce in hospitals. China is the main supplier of masks. Vivantes Hospital will no longer be able to perform routine operations in 2-3 weeks. There have been hoarding purchases by the industry, which include face masks for all employees in their pandemic plans. The BMG would like to propagate economical use and is looking for other sources of supply. If necessary, the use of masks from DIY stores, the recommendation for wearing masks only in clinics (where COVID-19 patients are treated) or the use of masks with a higher protection level should be considered. ABAS has published resolution 610.*	*IBBS*
9	**Transport and border crossing points** • *No new information*	*FG32*
10	**International** • *A TC with ZIG, BMG and GIZ on the project in Namibia will take place on 18 February 2020. In addition to strengthening laboratory capacities and the situation centre, the project will also focus on GoData for contact tracing and protective measures.* • *A TC with the WHO SEARO is to take place on 18.02.2020 to support the capacities of situation centres (this was cancelled after the situation working group).* • *Friday is a meeting with the Chinese embassy. Mrs Hanefeld will present project proposals. Please complete the list of project proposals.* • *Tim Eckmanns is on a WHO mission in China. A short report would be desirable to show how the RKI is involved.* *ToDo: Andreas Jansen clarifies with the WHO to what extent the use of Tim Eckmanns may be reported.* • *2 colleagues (ZIG 4 and ZBS 1) are currently on a business trip to Rwanda. The Minister of Health there has resigned. It is assumed that she had to resign because of the testing for SARS-CoV-2. The wording of the language regulation agreed with Charite: "The language regulation should be that we support the RBC/MoH in the development of testing capacities.*	*ZIG/IBBS*

	to the best of our knowledge and endeavours, so that Rwanda is one of the first African countries to be able to offer this at all." • *The GHSI Officers have discussed that there will be working groups to discuss various topics relating to COVID-19. shall.*	
11	**Information from the situation centre** • *The commitment to working in the position is very good. It is analysed how many OUs are staffed with how many employees.* • *This Friday there will be another introduction to the work in the situation centre.*	*FG32*
12	**Other topics** • *Next meeting: Tuesday, 18.02.2020, 11:00 a.m., Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*18.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
- *IBBS*
  - *Bettina Ruehe*
  - *Christian Herzog (by telephone at the end)*
- *INIG*
  - *Andreas Jansen*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Marika Grossegesse*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 73,335 (+1,984) 19 cases, 1,874 (2.6%) Deaths , all but 3 in China* o *China (incl. Hong Kong, Taiwan and Macau) 72,530 (+1,891) cases, 1,772 (2.6%) deaths, 11,741 (16.2%) "seriously ill"* o *Hubei province 59,989 (+1,861) cases (81.8% of all), 1,790 (3%) deaths, 10,970 (18.3%) "seriously and critically ill"* o *International 25 countries with 739 (+93) cases, 1 Fatalities Philippines, 1 Japan, 1 France, 29 heavy Course of the disease (3.9%)* o *Europe (WHO region) 9 countries with 47 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *Cruise ship Diamond Princess 454 (+85) cases, counted as international cases* o *Cruise ship Westerdam 1 confirmed case* *→New cases mainly cruise ship, Japan, Thailand, Singapore* • *Risk areas: Trend evaluation for individual Chinese provinces over a 4-week period no longer shows exponential growth for most of them, China as a whole still shows weak positive exponential growth (but possibly reporting delay?); initially in Chinese data parallel increase in suspected and confirmed cases, from the beginning of February drop in suspected cases, overall case numbers seem to be decreasing* • *Lancet publication on clinical details of a patient: he was afebrile 9d after admission, but then increasing shortness of breath (ARDS), maximum therapy including interferon, prednisolone, Kaletra; histological findings similar to those of SARS and Mers cases, ARDS therapy by ventilation and cortisone, prednisolone administration took place relatively early, may have reduced immune response.* • *Conclusion:* o *Information that would be necessary for a better interpretation of the data is not available* o *General apparent easing of the situation in China, developments outside China should be monitored more closely* o *No need to extend the risk areas (more information available)* **National**	*ZIG1* *FG36*

	• *Yesterday TK with the three hospitals, Frankfurt and Trostberg have no more patients, Munich-Schwabing has discharged 5, only a few hospitalised with mild courses, two patients with biphasic course have also recovered and been discharged (1 Trostberg, 1 Munich)* • *Publication on infection chain in Bavaria is supplemented by Bavaria with laboratory data, should be sent to everyone again today, attack rate among contacts 10%, there should also be a paper on shedding, this has not yet been shared with RKI* *ToDo: INIG slides always sent to BZgA and Bundeswehr in advance, slides from today will be forwarded* **AA crisis team meeting** • *Quarantine regulations in China very fragmented, no longer a good basis for RKI decision on risk areas, e.g. block of flats quarantine, incoming travellers under quarantine, different implementation across the whole country* • *Repatriation of Germans from Diamond Princess: Return flight now one day earlier, Italians fly there today, 19th arrival, unclear whether return on 19th evening or 20th morning, BMG (Rottmann) clarifies whether flight arrives in FFM or Berlin and contacts us for further organisation, 9 people, 2 NL, 7 German, go into domestic quarantine, GA must be informed by us, accommodation not yet clear* • *Westerdam:* ○ *Contact details available for 55 people (addendum LZ: contact details received for 64 people, German citizens or resident in Germany)* ○ *People in Phnom Penh would like to return and are checking possible airlines (Vietnam Airlines has declined, two Gulf airlines are still being investigated) or charter aircraft, possibly to Turkey, no further information available yet* ○ *German embassy on site in contact with them, cannot take any medical measures and should communicate that they should spend 14d in self-isolation* ○ *RKI is against airline return as they are contact persons, not sure if the AA is aware of this, RKI sticks to professionally justified basic position*	*IBBS*
2	**Findings about pathogens** **New publication >72,000 patients** • *Please also see the summary sent by Udo Buchholz to the RKI Corona distribution list* • *Descriptive analysis of 72,314 patients, 44,672 (62%) confirmed (laboratory confirmed), 22% suspected (symptoms and exposure), 15% clinically diagnosed (CT of suspected cases), 1% asymptomatic; 80% mild course, incl. pneumonia, 14%*	*FG36*

	severe, e.g. dyspnoea, >50% of lungs affected, 5% critical; 87% in age group 30-79 years, 1,386 counties and 31 provinces affected, overall few children; mortality not entirely clear but calculated at 2% (deaths/cases); mortality by age group, relatively constant from 0 to 45-50 years, then 20-50 times higher mortality in older groups, pre-existing conditions approx. 20-fold higher mortality risk, mortality decreases from the beginning of January into February, possibly more severe cases at the beginning; gender hardly any differences in incidence, but 50% higher in men, not corrected for smoking status or concomitant diseases; peak at the end of January, difficult to explain outlier in epicurve on 1 February • *Conclusion: highly contagious, Ro 2-3, massive measures in China have helped to prevent the number of cases from exploding, but many questions remain unanswered* **Pathogen profile** • *All available information has been recorded, is now being circulated, must be maintained centrally, is currently being organised by FG36, later structured presentation in situation working group* *ToDo: FG36 Finalisation of pathogen profile*	
3	**Current risk assessment** • *No reason to adjust the assessment on the RKI website*	*all*
4	**Communication** **Public relations** • *New FAQ about the cruise ship (Westerdam) has been finalised and is now online* • *FAQ for pregnant women: currently not considered useful for the RKI to actively communicate this* • *Request from readers: clearly mark the changes on the website, e.g. in a marginal column, no really good solution possible, for new versions of documents two sentences can be added at the beginning with an explanation of the changes, or the addition "changed on DD.MM.YYYY:..." with an explanation of the changes* • *Possibly also mention in the management report what has been updated* • *RSS feed possible to track changes, but not used by many* • *Currently no further customisation required on the website* **BZgA** • *Nothing new to report*	*Press* *BZgA*
5	**Documents**	

	• *Recommendations for dealing with medical staff: feedback on the handout has been received and will be revised by FG36, then coordination round begins, will be discussed tomorrow in the situation working group, STAKOB is very interested in being involved* • *Framework concept: Draft was prepared by FG36 and circulated today by the LZ to RKI Corona distribution list, relevant OEs can comment until Friday* *ToDo: Comments on the framework concept by RKI colleagues, in particular FG14, FG17, IBBS and press office*	*FG36/all*
6	**Laboratory diagnostics** **Integration of SARS-CoV-2 into AGI** • *Everything is ready to go in FG17, PCR is ready and validated, primers have been checked and are clean, data protection documents are ready so far, order has been sent to the printer, return of the declaration of consent must be secured before the start (experience shows that this takes approx. 14d).* • *FG17 gets support in sending out the forms, then it goes out by post as soon as possible, from Monday all practices should have the new documents and only use these, theoretically the first patients can be sampled from Monday → if papers are in the Practices are located Integration has started* • *Already enquiry to the press whether testing for coronavirus will take place as part of the influenza working group?* **Grippeweb plus** • *In the past, feasibility study with flu web users: loyal reporters were contacted and received a set of swab samples, could take samples themselves and send them to ZBS together with the form, diagnostics of a group of viruses and bacteria, ran for six months, funding was not secured, approx. 120 participants who "do not yet go to the doctor"* • *Initial discussions on reactivability from an IT perspective have taken place with FG31, currently still being clarified, FG36 and ZBS1 are following this up*	*FG17* *ZBS1/FG36*
7	**Clinical management/discharge management** • *Yesterday STAKOB TK: Feedback that they receive a lot of enquiries from hospitals in private practice/peripheral hospitals, a lot of uncertainty about clarification of suspected cases, reference to RKI website, but information does not yet penetrate widely, recommendations should be disseminated even more widely in order to reach more specialist public, possibilities:* ○ *Insert in every DÄB?*	*IBBS/FG14/ FG37*

	○ *Use of STIKO app reaches 100,000, it is not clear how many of these are in hospital settings* ○ *Press has distribution lists of KV and medical association magazines, could send prepared text to these distribution lists, combination of several aspects/recommendations or handouts* *ToDo: Obtain more information on the STIKO app Target group, how many, how many in hospitals, LZ task, what content and accompanying text, FG36, IBBS, others?* • *FAQ: Aspect "who to contact if ill?" is not very clear, report to a doctor, but on return from risk area to your local health authority* *ToDo: IBBS prepares adaptation proposal for this FAQ aspect* **Discharge/avoidance of long hospitalisation times** • *Avoiding long hospitalisation times is difficult with strict criteria, extension of hospitalisation times to obtain two negative PCRs, hospitals want to free up beds as quickly as possible and may not admit mildly ill patients (for so long), also in view of the preparation for the next phase* • *IBBS and ZBS1 and Charité want to discuss again how to make this more feasible, NW from cellular tissue to ensure that smears have been taken well;* • *Two aspects are decisive here:* *1. Infectiousness: important criterion that should not be watered down, stay on the safe side* *2. Management: Clinic or at home under GA supervision,* • *Adjustments should not be based on laboratory-based margins, if hospitalisation is not clinically necessary, management can be changed* • *RKI gives well-founded recommendations and cannot ensure implementation beyond this, AGI says an adjustment is currently not necessary → Clinics should adhere to their Contact health authorities*	
8	**Measures to protect against infection** **BMG order for MNS savings** • *Mouth and nose protection equipment (MNS): Resources are very scarce and will soon be used up (in 1-2 weeks), measures must be taken to make do with current resources for longer, individual clinics have developed or are already implementing proposals, e.g. reuse of masks, cancellation of elective operations* • *Sourcing must now take place outside China and will take time*	

	need • *BMG would like recommendations from RKI on MNS savings: for which patients and under what circumstances is this possible, answer to BMG by tomorrow is desired, which is why BMG does not want to involve ABAS and BAUA* • *BMG order went to RKI, but this is the responsibility of BAUA and before publication it must also go to ABAS* • *Embedding in communication and coordination with BAUA very important, RKI-internal working paper can be shared with BMG, further dissemination/publication is not possible without coordination with responsible authority* *ToDo: FG14 agrees draft internally tomorrow morning and sends it to the BMG* **BMG** • *Walter Haas took part in the daily TC* • *Consider increasing stockpiling from 2 to 4 weeks Not necessarily sensible, how can other resources be mobilised during the current flu epidemic?* • *The key issue is surgical masks, a joint procurement programme is currently being launched at EU level, demand has been queried, in-house procurement is also being stimulated, these types of protective measures are important in the event of a lack of vaccine/medical treatment, staff must be able to continue treatment* • *No information about/from WHO on this*	
9	**Surveillance** • *Accelerate mortality surveillance* *ToDo:*	
10	**Transport and border crossing points** **Cruise ship stand** • *Diamond Princess (off Japan): very many cases overall, 12% of people on board tested positive, many also asymptomatic, 2 German, status/symptoms not known* • *Westerdam:* ○ *Critically observed due to the Diamond Princess, initially no cases until a returnee tested positive* ○ *Passengers are categorised as category 1 contact persons, federal states also see it this way, contact tracing and communication (shipping company, GA for IGV-named airports) are running on several channels,*	*FG32*

	○ *International risk assessment not clear* ○ *Shipping company tries to book people on scheduled flights, 64 people with residence in DE or nationality German, some are still in Phnom Penh in a hotel, are symptom-free and have been tested negative* **Measures at airports** • *Today the distribution/collection of papers at airports has started, initial problems in Bavaria but positive attitude, Hesse is very sceptical, procedure must be evaluated afterwards with regard to benefits and resources* • *Lufthansa questions legal basis, but an order is an order* • *Many other German airports also have direct flights from China, e.g. cargo (Leipzig) and charter flights, which affects many more airports than we first thought*	
11	**International** **Information Tim Eckmanns** • *Paper report available in English from CCDC, more publications from China to follow; measures are generally considered successful; dismissal after two negative tests; Chinese colleagues very interested in attack rate and study on shredding and shedding in children in Bavaria* • *The posting is not actively published* **BMZ, GIZ Assignment Namibia** • *Yesterday meeting on support mission in Namibia, BMG (Bayer) and BMZ (Al-Janabi) also present* • *Next week, the GIZ and RKI team will be travelling to Namibia, with the primary focus on diagnostics and training, but also isolation options* • *Could subsequently also be targeted for Botswana and Mozambique* • *Funding from BMG coronavirus special pot, which should actually be used for national crisis activities* • *SEEG (GIZ) involved in material transport and personnel, not beyond that*	*FG32/ZIG/ IBBS*
12	**Information from the situation centre** • *Situation report pursues one-China policy of the FRG, BMG Sangs sees this differently* • *AA has no diplomatic representation in Taiwan* *ToDo: written request for clarification to BMG by Präs Wieler*	*FG32*

13	**Other topics** • *Next meeting: Wednesday, 19.02.2020, 11:00-12:30, Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.02.2020, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL2*
  - *Thomas Ziese*
- *AL3/Department 3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
  - *Sebastian Voigt*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
  - *Helena Heese*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Lena Bös*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Michaela Niebank*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
  -
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*
  - *Regina Singer*
- *ZIG2*
  - *Charbel El Bcheraoui*
- *BZGA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *International trend analysis (slides here): global decline in case numbers (-12.5%)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Top 5 as last week, changes at the bottom: Spain, Turkey, Germany now no longer* *Indonesia, Mexico and the Czech Republic are new additions, the latter with by far the highest incidence and strongest changes (R>1)* ▪ *Decrease in case numbers in most countries except Brazil, slight decrease in Italy, India* ▪ *Very high case fatality rate in Mexico (8.8%)* ○ *7-day incidence worldwide per 100,000 inhabitants Map* ▪ *Czech Republic, also visible in some other countries, e.g. Sweden, Finland* ○ *WHO epidemiological update 16.02.2021* ▪ *Decline in all regions, both new cases and deaths* ▪ *Overview of virus variants VOC, other countries report detections, UK VOC B.1.1.7 in 94 (+8), South Africa B.1.351* *in 46 (+2), Brazil P.1 in 21 (+6)* ○ *Neighbouring countries Germany (source national data, WHO media, as of 17.02.2021)* ▪ *Increasing proportion of VOCs* ▪ *data due to different test methods and, in some cases, very limited data.* *interpret* ▪ *B.1.1.7 over 30% in many countries* ▪ *France Grand-Est relatively high VOC B.1.351 (18%)* • *First "human challenge trial" announced yesterday by" GB* ○ *We are looking for 90 young adult volunteers* ○ *These are to be exposed to the virus of the first wave (lower risk for young adults)* ○ *Aim: Study the immune response, determine the appropriate virus dose* • *New RRA WHO/FAO/OIE: Spillover risk of SARS-CoV-2 from fur farms to humans* ○ *Very good RRA, broken down by region* ○ *Risk highest in Europe due to the highest density of fur farms, followed by Asia and America* • *Comment: Israel should be closely monitored, due to high vaccination coverage there, the virus is increasing in younger groups, this is interesting for Germany*	*ZIG1 Esquevin*

RKI	**National** • *Case numbers, incidences, deaths, trend (slides here)* o *SurvNet transmitted: 2,369,719 (+9,113), of which 67,206 (2.8%) deaths (+508), 7-day incidence 57/100,000 inhabitants.* o *Cases ACTUAL 3,177 (decrease)* o *Vaccinated N1 3,085,114 (+88,829), N2 1,634,786 (+50,299)* o *No major changes, neither positive nor negative* o *7-day incidence BL* ▪ *Wednesday increase in TH: reason cannot yet be assessed well (informal information), possibly by Cold spell (fewer visits to doctors/backlog of samples) can be explained, possibly greater under-recording is now being made up for, return to normal recording* ▪ *Supplement TH: in a weekly comparison, the trend map is brighter overall, but some districts in Thuringia are darkened (here)* ▪ *Increase due to VOCs cannot be ruled out* ▪ *In all BL plateau, most are above the politically desirable incidence of 50/100,000* o *7-day incidence geographically: particularly high on the Bavarian border with the Czech Republic, TH, SL, highest in the districts of Tirschenreuth, Wunsiedel im Fichtelgebirge, Hof, etc.* o *Deaths last 14 days, new card (similar to ECDC)* ▪ *Colouring= deaths/100,000 inhabitants* ▪ *Numbers on circles = absolute values* ▪ *Activity highest from where most deaths and highest number per inhabitant is reported* ▪ *Districts in south-east Germany more affected* ▪ *Separately for >70 and >80 year olds: generally similar pattern, more deaths/100,000 in East Germany* o *Mortality surveillance as at 15 February 2021* ▪ *Will now be published every Monday* ▪ *Significant decline in the number of deaths here too* ▪ *Slight decline in excess mortality* • *Discussion* o *Case fatality rate: Can the data be used to predict where it will stabilise? Can the number of unreported cases be estimated?* ▪ *Total case fatality rate 2.8%, varying greatly by age group, up to 30% for older people, Only a very small proportion of younger people* ▪ *What case mortality rate do we assume for 60-70 year olds? Has not yet been analysed with reporting data but is planned* o *Virus variants VOC* ▪ *Reporting data cannot be linked to VOCs; it may be possible to see which laboratories have which proportion of VOCs. have delivered?* ▪ *B.1.1.7 share reported from TH very low, data may*	*FG32 Diercke*

RKI	*not reflect local development* ▪ *More time spent in poorly ventilated rooms due to weather*	

RKI	Rooms? ▪ Higher transferability of VOCs is a factor, but not the only decisive one ▪ There is no indication of many VOCs in ARS ▪ Transmissibility is only one parameter as far as incidences are concerned, but we are seeing higher Transmissibility, yet we also see larger outbreaks in the daycare centre sector, for example, makes you think, will only show up secondarily in incidences ○ Life expectancy in the USA down by 1 year due to the pandemic ○ UK has been able to bring about a decline through lockdown, what exactly was done there ▪ The UK has a tighter lockdown with greater mobility restrictions compared to Germany in order to minimise the turn of the year when figures in the UK were still rising ▪ ZIG1 please find out more ToDo: ZIG1 please present more information on lockdown measures in the UK	
2	**International (Fridays only)** • Request for assistance received from Montenegro ○ COVID-19 events very active there with high incidences ○ German government concerned about renewed wave of travellers at Easter due to close ties with Germany ○ Preparation of a support mission, also in consultation with FG38 who have a GHPP project there • Quite dramatic request for help via EMT mechanism to German EMTs from Slovakia yesterday ○ Active events with VOC circulation ○ Enquiry regarding 10 intensive care physicians and nurses ○ Request for assistance being discussed today ○ It is still unclear whether enough resources can be released from Germany **Presentation of two systematic reviews from autumn 2020** **Classification schemes of high risk areas** *(slides here)* • This report was already shared within RKI for comments • Question: How did different countries decide on (high) risk area classification and which policies resulted from this? • Results ○ Search showed only one peer-reviewed publication from Mongolia, web scraping delivered 43 policy documents ○ Most from Europe (29), Americas (7), Asia (5), Oceania (2), Africa (1) ○ 44 countries included: 6 had domestic, 38 international classification schemes	ZIGL Hanefeld ZIG2 El Bcheraoui/ Hanefeld

RKI	○ 38 countries with international classification most used count per 100,000 inhabitants, cut-off ranging from 20-50, use of different primary and secondary criteria ○ Resulting policies 2020 ▪ Restrictions on internal movement: first in Bolivia; no restriction in African countries Jan-Feb; Mar-Aug 50% of countries applied restrictions ▪ International travel control policies: first in Bolivia, Hong Kong, Taiwan; 50% of countries Mar-May; Oceania continued border closure until Dec 2020 **Effect of travel restrictions on COVID-19** (slides here) • Question: effects of travel policies in COVID-19 pandemic • Results ○ 69 peer-reviewed publications analysed ○ 3 policies evaluated ▪ Border closure: may reduce spread across countries if implemented early, but may adversely affect epidemic size, less effective than community measures ▪ Quarantine: can reduce number of cases, but less effective than lockdown and if not followed by testing ▪ Travellers screening: least effective, unlikely to detect large number of cases, can be increased with sensitive screening ○ Travel policies adopted by 31 countries in all regions in 2020 (see slide 6) • Discussion ○ More details on the comparison are available in the report (e.g. on specific measures and combination of border closure with other measures) ○ Main message of report: travel restriction policies are much more effective if combined with other Non-pharmaceutical interventions (NPI) ○ Are there differences in effectiveness depending on the continent? Not enough studies to tease this out ○ Can different regional trajectories be partly explained by different border closure regimes? Available evidence is not conclusive, no clear statement possible ○ Combination of border closures with other non-pharmaceutical measures (NPM) → Greater effectiveness ○ Report was sent to BMG in advance, will be shared internally at RKI soon, No conclusive/interpretable evidence available yet ○ Closing borders during pandemics can gain time, how much time can be gained? Cannot currently be deduced, strongest study is Lancet study last year on travel restrictions for COVID-19: strongest determinant for impact of border closures is timing the sooner it is implemented, the stronger the	ZIG2 El Bcheraoui/ Hanefeld

RKI	*Impact (the earlier the more time gained)* ○ *The Lancet study was about weeks (not days or months), at the time of the study there was no VOC* ○ *With 20% VOC in Germany, the attempt to import B.1.1.7 from the Czech Republic makes limited sense* ○ *No statement on the severity of the impact is currently possible (e.g. regarding exceptions for commuters)*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *No need for change*	
5	**Communication** **BZgA** • *Information pack for registered doctors on vaccinations in preparation, to be ready before vaccination in doctors' surgeries* **Press** • *Article on AG tests announced on Wednesday still being finalised, expected to appear next Monday* **BMG decree this morning** • *Requested: Information pack on VOCs for the specialist public and general public, deadline Monday, Marieke Degen is working on this* • *Also includes tasks of the BZgA, decree probably only went to RKI, please send LZ to BZgA* • *Comprehensive vote probably not possible within the set deadline, possibly limited to key points* • *RKI core messages are prepared in bullet points, target group-orientated dissemination should be carried out by BZgA* • *Tenor BMG suggests that there should be new recommendations, actually the same measures that prevent infection and that we already recommend should apply, documents on KoNa have been continuously adapted, does not have to be done again now* • *Focusing on VOCs would only make sense if this would lead to significant changes in measures and effects* • *An intensive campaign on how NPM should be applied correctly as part of the overall package and that sick people should stay at home would be important* *ToDo: Please send BMG decree VOC information pack to BZgA (if not already done)* **Vaccination strategy**	*BZgA* *Dietrich Press* *Seedat* *FG36 Haas/ all* *Pres*

RKI	• *BMG Spahn today announced a special GMK on Tuesday* • *The next step is to prioritise teachers* • *Does not comply with the STIKO recommendation*	
	Situation report Fever curve • *Graphic is confusing and leads to questions, take it out?* • *P4 is not entirely clear how to explain the current curve, it is still trying to understand what is happening* • *Fever curve will be removed for the time being, can be looked at for new approach in the future* • *From Chat:* ○ *Can it be due to positive AG tests without confirmation by PCR? i.e. are cases present but not reported?* ○ *If it were due to AG tests, we would have a dramatic underreporting. However, the figures in the DIVI register do not show this), but from the situation report*	*All*

6	**RKI Strategy Questions** **a) General** **Note ControlCOVID-19 strategy and step-by-step plan concept** • *Online since yesterday evening under Strategies and contingency plans* **b) RKI-internal** • *Not discussed*	
7	**Documents** **Document on the definition of "reinfection"** *(document here)* • *Background* ○ *Complex topic, no international case definitions available (WHO, ECDC)* ○ *BL often asks how to deal with this in terms of Recording (also in SurvNet) and definition* ○ *Utilisation of what is described internationally and a working draft of the WHO* • *Presentation of the FG36/32/Laboratory draft of the development of definitions* ○ *Categorisation into different gradations for probability of reinfection: certain, probable, possible* ○ *Only safe reinfection clearly definable, probable remains case-by-case decision, fixed criteria are difficult* ○ *Definition of overcome disease: difficult, as some protracted courses/symptoms, limitation to acute respiratory disease* • *Discussion* • *Some of the crisis team's suggestions for improvement were incorporated immediately* • *New threshold value for quantitative PCR requires a note (commentary on the justification), as the use of different values is difficult to communicate (e.g. different threshold is used for discharge criteria)*	*FG36 Bös/ all*

RKI	• *In the case of potential reinfections that occur within less than 3 months, it is uncertain whether they are new infections, but they should still be recorded as cases to enable subsequent assessment* • *Cultivation is difficult, not every sample that should be cultivable is cultivable, especially in the case of reinfections, antibody status may play a role* • *Definition is for GA, they should be able to categorise cases, it is important that cases can be linked: Laboratory diagnosis date is already included, second diagnosis date to be added* • *Reliable reinfection will be extremely rare, as genome sequencing is unlikely for both infections* • *From an epidemiological point of view (objective = definition for surveillance), talking about probable reinfection is acceptable (not virological), epidemiological classification must be manageable for GA* • *Further analyses can be undertaken, surveillance can generate hypotheses that should be confirmed* • *Antibody detection was discussed and not included* • *Special case with immunosuppressed patients* ○ *Differentiation between virus evolution, new infection, Permanent elimination* ○ *Immunocompromised patients should be monitored regularly, but should be excluded here as they require individualised consideration* ○ *Not all constellations can be mapped in a differentiated manner in the surveillance* ○ *ZBS1: an immunocompromised person who has been positive for months and who may have been sequenced several times could be looked at again in detail* ○ *Immunosuppression is recognised as a risk factor* • *Draft goes to further coordination, AGI etc.*	
8	**Vaccination update (Fridays only)** **Current focus on 3 topics** • *Vaccination Astra Zeneca vaccine* ○ *800,000 doses available* ○ *The media are increasingly reporting side effects (NW), this is not entirely surprising, NW profile is known* ○ *More younger adults are being vaccinated, who are often more reactogenic than older people* ○ *It is also being hyped by the media, as confidence in this vaccine is lower* ○ *Problem to be addressed nationwide in the media* ○ *RKI also prepares sheet on vaccines online* • *New evidence* ○ *Publication from Israel: 85% reduction in incidence after 1st dose* ○ *Data show that infections only occasionally occur in vaccinated people*	*FG33 Wichmann*

RKI	○ Significant reduction in the duration of shedding (1 week) ○ Viral load significantly lower ○ Vaccinated people are similarly well protected against reinfection as after having had the disease ○ US CDC has just changed regulations: Vaccinated people no longer have to quarantine, consider how much data RKI needs to make such decisions, evidence will be monitored • Adaptation of vaccination strategy ○ Consideration of the vaccination of groups that are not STIKO-Correspond to recommendation ○ Mass vaccination from the middle of the 2nd quarter, approx. 70 million Vaccine doses provided ○ Earlier achievement of the herd effect if necessary ○ Much discussion in the BMG on the transition from centralised vaccination to GPs, question of how to proceed, e.g. also with regard to invitations based on KK data? ○ This is currently being discussed with 10 CCs, including recording risk factors and establishing the invitation system • Discussion ○ Is there evidence that vaccination causes higher immunity than natural infection? ▪ In authorisation studies, sera from convalescents are often used in control groups ▪ The effectiveness of mRNA vaccines is higher in case of infection, similar for Astra Zeneca (is this correct?) ▪ No division into mild/severe cases in studies ▪ correlate for protection is not yet optimally established, higher neutralising ac are associated with protection equate ○ If doctors in private practice vaccinate, is timely information about the fate of the vaccinees unlikely, will monitoring then be discontinued? What should be done then? ▪ Digital immunisation monitoring (DIM) is currently being set up with a lot of money and work, the system may not be ready for use. Can be continued if vaccinations are decentralised ▪ Discussions are in full swing on the extent to which KV System can be used to create a minimum data set of KV to be transmitted to DIM ▪ This is a major challenge, as these are very new vaccines and close monitoring is essential ▪ The more data sources and time delays, the more difficult ▪ Current consideration at the BMG is the continued operation of vaccination centres with mRNA vaccines also due to On-site refrigeration, Astra Zeneca and Johnson & Johnson	

RKI	rather in regular operation ○ Is there any new information on VOC and shedding? ▪ Paper from Israel on Astra Zeneca vaccine: includes UK-VOC, looks rather limited, paper will be published soon shared, this is important for quarantine considerations for vaccinated people ▪ Study from the USA: https://www.nejm.org/doi/full/10.1056/NEJMc2102017?query=featured_home	
9	**Laboratory diagnostics** **FG17** • 581 samples, 43 SARS-CoV-2 positive, 56 human rhinoviruses, 13 seasonal coronavirus (NL63), samples from different areas (no local outbreak), 1 sample parainfluenza **ZBS1** • 457 submissions for SARS-CoV-2 testing, 143 positive, 31.3%, 300 study samples for various studies, support for outbreak investigations	FG17 Oh ZBS1 Michel
10	**Clinical management/discharge management** **Anticoagulation treatment** • Are there any recommendations for the use of low-molecular-weight heparin in inpatient or outpatient settings? • No, it is a risk-benefit assessment, there is no good data available for the outpatient sector, individual decisions are made for counselling requests • Use of heparin more in older patients and patients with risk factors, e.g. monitoring for renal insufficiency. renal insufficiency • Expert advisory board meeting: for patients with risk factors for thromboembolic development, the decision is case-based, there is no recommendation/opinion by the specialist organisation • Guideline is currently being revised, there may be comments on this, IBBS is keeping an eye on this	VPräs/IBBS
11	**Measures to protect against infection** • Not discussed	
12	**Surveillance** • Not discussed	FG32
13	**Transport and border crossing points (Fridays only)** **Pact for the ÖGD** • Funds are earmarked for IHR airports and harbours • The ball is in the BMG's court to set up the funding programme, including the administrative agreement, distribution key to the federal states, what	FG38

RKI	*can be promoted* • *Decisions in March 2021* **Further topics** • *Airport group discusses seasonal workers who may lead to increased import of VOCs, especially from countries (such as Poland, Bulgaria, Romania) with increased VOC circulation* • *There was an on-site visit from Bavaria to the Czech Republic, where fraud was detected when travelling from the Czech Republic to Germany, e.g. negative test results can be bought for 20 euros, gargling with disinfectants before testing, Bavaria is endeavouring to reduce exemptions* • *President had talks with new health minister from Bavaria on Bavarian testing strategy, how can it be ensured that tests are used sensibly?* o *Avoidance of counterfeits by dispensing via pharmacies* o *Sensible instructions* o *New EpiBull article on this should be proactively distributed, communicatively clarify advantages and disadvantages* o *At a professional level, there is extreme concern in BL about home testing* o *BZgA steering group on testing has discussed the problem of ensuring sensible use,* *BZgA will produce information pieces on self-tests* o *The momentum of such a test offer is equated with gaining freedom, education on the limits of the tests is necessary, this must be conveyed to the population, message: freedom can (only) be achieved through immunity*	
14	**Information from the situation centre (Fridays only)** • *Filling of the LZ position unfortunately very unreliable, many employees cancel shifts at short notice (reasons are not always given)* • *RKI is not set up to run an LZ for years* • *Please communicate to other departments that entries are binding, reliability is very important* • *There is currently a shortage of staff, particularly in FGs that also deal with COVID-19 from a technical perspective* • *Crisis response is a priority* • *Yesterday, AL3 again sent a request to all ALs to allow more employees from their departments to participate in the LZ; more people who have already been trained are now also being approached* • *We have to think about how we can get back to normal operation, everyone is exhausted by general fatigue but also LZ activity, our strength is slowly running out* • *However, incoming enquiries cannot be dealt with in a different structure; a lot more support is needed* • *How can this be maintained in the long term?*	*FG38*

RKI	• *More specific feedback would be good, as we are currently receiving*	
	motivated MA appeals just like those who are not actively involved • *Dept. 3 endeavours to be more specific*	
15	**Important dates** • *Pres tomorrow Townhall meeting on vaccinations*	*all*
16	**Other topics** • *Next meeting: Monday, 22 February 2020, 13:00, via WebEx*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*19.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Inessa Markus (to cruise ship)*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel (Internet Officer)*
- *ZBS1*
  - *Mrs ?*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Lang (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, severity* o *Worldwide 75,202 (+1,867), 2,010 deaths (+136), 2.7% mortality, 1 new death in Hong Kong* o *China (incl. Hong Kong, Taiwan and Macau) 74,279 (+1,749) cases, 2,007 (2.7%) deaths, 11,983 (16.1%) "seriously ill"* o *Hubei Province 61,682 (+1,693) (83% of total), 1,922 deaths (3.1%), 11,246 (18.2%) "seriously and critically ill"* o *Internationally 25 countries with 923 (+118) cases, new are 11 in Japan, 4 in Singapore, 15 in South Korea; a total of 1* *Fatalities Philippines, 1 Japan, 1 France, 32 severe Course of the disease (3.5%)* o *88 new cases on cruise ship "Diamond Princess", 542 in total* o *Europe (WHO region) 9 countries with 47 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* • *Risk areas (see INIG risk area presentation)* o *Measures in China can no longer be used as a criterion for RKI definition of risk areas, CCDC has a dashboard in Chinese since yesterday* o *Case trends calculated by FG31 both China-wide and in provinces descending, cumulative case numbers? (Addendum: Legend and labelling of the graphs and axes may be helpful)* o *Peak in Hubei around 13 February: due to a request by the authorities for sick people to actively report (not due to a change in the case definition)* o *Fall trend outside China: Singapore decreasing, Japan, South Korea slightly increasing, small case numbers therefore not interpretable* o *Events on cruise ships not representative of the epidemiology of the pathogen in the country* o *Hong Kong: early local transmission, individual cases with unknown source of infection, authorities speak of evidence for community transmission (not ongoing); no new cases for 5 days; case detection rather sensitive; quarantine for all arrivals from China; no sign of ongoing transmission within the population* o *Risk areas remain as before*	*ZIG1*

ToDo: Andreas Jansen sends link to CCDC Dashboard in Chinese to FG36 and nCoV-Lage
ToDo: INIG and FG36 exchange views bilaterally on the basic definition of community transmission from (also in view of Hong Kong)

FG32

CCDC Diagnostics and Therapy Protocol (V5)

- *Sent to RKI distributors and contains a lot of information on the procedure, including clinical categorisation of cases into 4 categories: mild, normal (including pneumonia), severe (measured by the effects of pneumonia), critical*
- *Specific case definition for Hubei (otherwise "provinces outside Hubei"),* **clinically diagnosed cases** *= suspected with chest CT features of novel coronavirus, test capacities may be exhausted, predictive value (PPV) of the clinical picture in Hubei very high, different in areas with lower incidence*

FG36

National

- *12/16 cases now discharged, 10/14 in Bavaria, no change in clinical course, no news*
- *Attack rate (AR) in outbreak groups: Family members who were isolated together 70-80%; contacts for 4-day contact only 10%; one-time close, non-protected contact <10% (casual contact); these are also published in publication*
- *No further cases confirmed by laboratory diagnosis, regular suspected cases in the federal states*

FG36/IBBS

BMG TK/Krisenstab AA Repatriation issue

- *Still 92 Germans in Wuhan to AA, had not responded to earlier call, possibly free seats on French flight*
- *Repatriation of Germans from Wuhan at BMG TK topic, talk was of 12 people who are not initially assumed to have permanent residence in Germany, should probably be quarantined centrally (BaWü?)*
- *AA asks BMG which recommendation is expected from RKI, RKI formulate technical recommendations but do not decide*

German Armed Forces

- *Carnival starts tomorrow*
- *Pick-up of German Diamond Princess cruise passengers from Italy, flight is expected to go to Tegel*
- *No information on Westerdam Cruise passengers and their flight from Cambodia to Turkey*
- *Checks possible additional pick-up of Germans from Wuhan via France, approx. 20-25 Germans (at AA crisis team language of 55 Germans), are to land in France and be brought to Germany by Bundeswehr, now no more information, if Bundeswehr informs RKI*

	GHSI TK • *Specialist topics are increasingly taken up and discussed, e.g. risk areas, community transmission, epidemiological information (comparison of the line list), working groups are created* • *IBBS leads working group on IPC/clinic, also to prepare next phase ("what would we do if"), face-to-face meeting to take place in mid-March and bring experts together for 1 day*	*IBBS*
2	**Findings about pathogens** • *Americans have isolated infectious virus from faeces* • *Pathogen profile/matrix will be sent to the round again with a proposal on the procedure for future incorporation, report on this next week in the situation working group* *ToDo: Heiko Jahn FG36 continues to take care of the pathogen profile (existing task)*	
3	**Current risk assessment** • *No current need for adjustment*	
4	**Communication** **Public relations** • *Nothing new from the press office* **BZgA** • *Nothing to report, ongoing business*	*Press* *BZgA*
5	**Documents** **"Guidance for health authorities on contact person management for medical staff" (existing task)** • *Reason: Many HCWs affected in China* • *The document is divided into two parts: 1. measures to be taken by hygiene specialists in conjunction with the company doctor/ occupational physician, 2. measures for staff working on patients themselves* • *Impact has been sent to distributors, feedback already received will be taken into account and an adjustment made to suspected cases (document refers to protected contacts for suspected cases)* • *Terminology: rather than "guidance notes", no legal obligation, document not to be understood as an instruction*	*FG36*

	• *Next version will be shown to the legal department, also STAKOB, feedback by the day after tomorrow, ABAS not involved for the time being* • *Publication before the weekend desired* *ToDo: FG36 sends new version after adjustments, will be shown to legal department and STAKOB, feedback must be received before the weekend so that Friday can be published* **Resource-saving use of masks** • *Proposal was sent to BMG by FG14, ABAS must be consulted on this* • *BMG wants immediate publication after AGI TK (tomorrow), due to the area of responsibility of ABAS this is illegal, BMG must take a position on this*	*FG14*
6	**Laboratory diagnostics** • *Adapted documents for the integration of SARS-CoV-2 into AGI Sentinel will be sent out today, swab is the same as for influenza*	*FG17*
7	**Clinical management/discharge management** **Many things (existing tasks) in progress are circulated internally beforehand** • *Care of patients who are under investigation (green box "no justified suspicion" in flow chart), outpatient investigation while they are at home* • *Preparation of outpatient management for next phase* • *Paper on dealing with people in quarantine* • *Medication stockpiling* • *Experimental therapeutics* • *Interest in clinical picture of all German cases: probably (besides shedding) also part of the 2nd paper of the clinicians from Bavaria, maybe someone from here could go there to compile information*	*IBBS*
8	**Measures to protect against infection** • *FG14 Task Opportunities to conserve resources, ongoing*	*FG14*
9	**Surveillance** **EC/ECDC study on repatriated EU/EEA citizens from Wuhan** • *Europe-wide study planned, objectives include recording the % of asymptomatic infections* **in China**, *secondary AR, etc.* • *Is this group of people suitable/representative, can conclusions about the epidemiology in China be drawn from this opportunistic sample?* • *Requested data very detailed and not data protection compliant, unlikely to be shared by federal states*	*FG32*

	• *Does RKI want to support this, is target setting relevant, or should the federal states, GA and clinics be spared?* • *Certain information could be shared (e.g. that which is also in SurvNet)* • *Conclusion: Will be presented tomorrow at AGI TK, most likely rejection* • *Generally important that RKI considers which studies we participate in to gain scientific knowledge* *ToDo: Topic on AGI TK agenda for tomorrow* **ECDC Covid-19 Surveillance** • *Cases are already transmitted via TESSy, new terminology has been adapted "COVID-19", naming of contact persons desired:* *(1) epidemiology: Silka Buda* *(2) microbiology: Thorsten Wolf* *(3) TESSy: Andreas Tille* • *TESSy access rights to upload COVID data at the RKI have Michaela Diercke, Silke Buda and Andreas Tille (FG31)*	
10	**Transport and border crossing points** **Cruise ships (keeps LZ very busy)** • *Princess Diamond* o *Situation report received from Japan, situation relatively clear, 530-540 cases* o *First people end quarantine and leave the ship, detailed transmission on board, which is said to have taken place before the quarantine* o *Extended quarantine for close contacts (cabin crew, personal stewards)* o *2 Germans tested positive, 8 others will be picked up from Italy as mentioned above, affected GA are now identified and informed, transport by DRK, flight will probably land in Tegel, 2 NL resident in DE want to stay in Japan for the time being* o *RKI recommendation: for returnees another 14d home quarantine* • *Westerdam (slide with timeline and information under Lage-AG here)* o *Situation uncontrolled, passengers already en route and departing when index case (US citizen) tested positive* o *Index case left ship on 14 Feb and tested positive on return voyage on 15 Feb, already 3d symptomatic, potential site, moment, source of infection unknown, was not on ship continuously for 14d, quite possible transmission on board has taken place*	*FG32*

	○ *Shipping company only considers close contacts to index case (husband, personal steward), all others not seen as close contacts, and believes entry controls are sufficient, referring to USA and WHO* ○ *Shipping company has tested all (approx. 1,700) for fever, all negative, subsequent certification that ship is pathogen-free by Cambodia MoH and US CDC office there, they agree with assessment that only close contacts are at risk of infection* ○ *On 13 February testing of 20 symptomatic passengers (all negative), some are now back home* ○ *>400 tests both in hotels and on the ship, all negative* ○ *Info from AA: all passengers tested negative on 18 February* ○ *Remaining passengers to leave ship and quarantine in hotel, shipping company organises charter flight to Turkey, from there onward scheduled flights* ○ *Scheduled flight: risk of infection, contact persons may be able to travel under certain conditions (separation, MNS), report immediately if you fall ill,* *Co-operation required* ○ *Germany needs to know when exactly the returning passengers will arrive, recommendation of domestic quarantine, reception and monitoring in Germany desired* *ToDo: Ute Rexroth contacts CDC office Cambodia regarding certification of Westerdam* **Measures at airports** • *Lufthansa has asked AA with reference to RKI (contact person classification) for a list of Westerdam passengers who want to return to Germany from Turkey, Italy has apparently published such a blacklist* **Recommendations Japan** • *Paper from Japan on applied categorisation and hospital discharge criteria, CoNa categorisation (e.g. close contacts who are symptomatic and test negative, free to go), self-observation, etc.* *ToDo: Maria an der Heiden shares paper from Japan*	
11	**International** • *Nothing new since yesterday*	*ZIG1*
12	**Information from the situation centre**	*FG32*

	• *Less information is sent to the Corona distribution list after higher-threshold and more targeted communication was requested, it is not entirely clear who wants to know what, therefore and also due to the fluctuation of employees in the LZ, a uniform approach is not easy* • *Coordination processes, e.g. for tasks, require clear instructions, who should do what, tasks are often larger, progress/changes are documented under the same task* • *Please inform LZ immediately of any changes to the contact persons in the table of responsibilities (available here)*	
13	**Other topics** **ECDC/EC/EWRS queries** • *There are many queries, e.g. via EWRS, about measures, contacts, tests, risk areas, etc.* • *These are summarised depending on the topic and usually once a day (e-mail), tables are kept for certain topics (e.g. source of infection cases outside China)* • *TC cannot follow up on all information, but can do so selectively for questions of interest* • *Request to ECDC/EC to summarise and share queries that have been run* *ToDo: Request to EC/ECDC to bundle and share this information (EC has already been contacted in this regard)* • *Next meeting: Thursday, 20.02.2020, 11:00-12:30, Situation Centre meeting room*	*FG36/FG32*

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*20.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL3 cable*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
- *BZGA: -*
- *Bundeswehr: Katalyn Rossmann (by telephone)*

1	**Current situation** **International** • **Cases, severity** o *Worldwide 75,734 (+527), including 2,128 deaths (+118), 2.8% lethality;* o *China (incl. Hong Kong, Taiwan and Macau) 74,676 (+397) cases, 2,121 (2.7%, +114) deaths, 11,983 (16%) "seriously ill"; 14,376 recovered; 5,248 suspected cases.* o *Hubei Province 62,013 (+331) cases (83% of total), of which 2,029 Deaths (3.3%, +107), 11,246 (18.1%) "seriously and critically ill"* o *Yesterday there was another change to the case definition: clinically diagnosed cases are now categorised as suspected cases and no longer as confirmed cases. Despite this, the number of suspected cases has fallen significantly.* o *Declining trends in all Chinese regions.* o **Internationally** *25 countries with 1,058 (+132) cases, 2 new cases in Iran, 10 in Japan, 4 in Singapore, 41 in South Korea;* o *Cruise ship "Diamond Princess": 76 new cases, 621 in total* o *A total of 7 deaths → 4 yesterday (2 Iran, 2 "Diamond Princess" (Japanese), 1 Philippines, 1 Japan, 1 France); lethality: 0.7%; 39 severe courses of disease (3.7%)* o *Europe (WHO region) 9 countries with 47 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *Trend outside China: increasing due to the cases on the cruise ship.* • **Risk areas (see INIG risk area presentation)** o **"Limited community transmission" in Hong Kong and Singapore**. *Hong Kong: of 65 confirmed cases, 15 with unclear source (investigations are partially completed), possibly comm. transmission;* *Singapore: of 84 confirmed cases, 8 with unclear source (some investigations still ongoing)* o *CDC: travel advice for Hong Kong raised to Level 1 (Watch) ("... multiple instances of community spread...")* o **Japan***: rising trend visible even when analysed without the cruise ship cases, the cases are spread across 10 provinces, in the case of local transmissions it is unclear whether there are any indications of the source/chain of infection, authorities are reportedly overwhelmed. Developments in Japan are being closely monitored by the RKI.* ***ToDo: Compile info on Japan for Pres.*** o **South Korea***: the 41 cases represent 1 cluster (one church event, traceable chain of infection)* o **Iran***: 2 elderly patients from Qom (religious centre of* **Iran***). centre), 78 km south of Tehran, population approx. 1.3 million, both died on 19.2.2020, neither had a history of travel to the*

In addition, all schools and universities in the province were closed on Thursday as a precautionary measure against the further spread of the disease. Iranian Deputy Health Minister Jan-Babaei visited Qom on 18 February to inaugurate a newly built "Emergency Centre for the Treatment of Communicable Diseases".
A request for support was submitted via the WHO.

Advisory forum/ECDC - Covid-19 was the only TOP:

- *Among other things, discussion on classification of risk areas, previous ECDC proposal criticised; catalogue of criteria was presented, discussion revealed the complexity of the situation and the far-reaching consequences (travel, trade, etc.); concept was questioned, but no final solution found; consensus of all participants: Avoid going it alone with regard to assessment and procedure; TC planned for further discussion of risk areas (different for case definition, travel advice)*

WHO-TK with countries that have their own cases

- *Definition of risk areas also discussed, very different definitions, e.g. PHE has defined many risk areas, WHO the whole of China, etc.*

International measures

- *CDC: different measures applied for the Diamond Princess than for Westerdam*

National
Diamond Princess

- *6 people to Germany will not arrive in TXL tonight, but will probably come to Germany via Rome with a subsequent scheduled flight (still to be clarified).*
- *AA favours transport by scheduled flights because of the disproportionate expense.*
- *BMG favours transport by scheduled flight or central repatriation with subsequent quarantine at home.*
- *The Federal Chancellery wants the six people to be accommodated in a centralised location.*
- *Bundeswehr: in addition to domestic quarantine, request to BW for a centralised quarantine*
- *RKI sees a scheduled flight as problematic because the quarantine conditions on the Diamond Princess are unclear (possibly 15-20% prevalence among passengers). No alternatives to the scheduled flight are currently known. BMG (Rottmann) has a meeting about this today.*

MS Westerdam:

- *AA has sent a list of people who will come to Germany via Istanbul, various scheduled flights*
- *Itinerary: from Cambodia to Istanbul by charter flight of the shipping company, planned measures in Istanbul still unclear, Istanbul to Germany by scheduled flight (in-flight monitoring?)*

ToDo (FG32): Enquiry with AA regarding planned measures in Istanbul, if necessary

	Also enquiry with shipping company. • *Contact persons of Westerdam should be classified as Cat. II should be categorised.* • *BMG: No centralised collection, but information to the GA of the destination airport* • *RKI: The responsible GA and the corresponding destination airports in Germany have already been informed* • *Recommendation to GA: People should be met at the airport and actively informed about their state of health on site (e.g. health check), onward journey should be organised (not by public transport); GA airport and GA place of residence should coordinate onward transport if necessary; the responsible GAs have already contacted the people;* *RKI has also provided information about AGI and EpiLag; general information that symptomatic people should not travel is widely disseminated* • *No new contacts or cases since 14/15 February 2020;* • *Uncertainty about possible false-positive testing of the cruise passenger in Malaysia (2 positive tests, woman possibly positive on the ship), quality of testing not known; doubts as to whether the passengers of the Westerdam were exposed at all;* • *Information from CDC: 1st sample false positive, 2nd sample as passenger was symptomatic is negative - verification to follow, please send to Epialert* • *Information: CDC has categorised Westerdam passengers as Cat. II (as did the shipping company); measures also more restrained (many US citizens on Westerdam, index case also US citizen);* ***TODO: Ute Rexroth: Enquiry to WHO with request for statement on testing (false positive?)*** • *Great public interest in Westerdam* **German Armed Forces** • *Repatriation of Germans from Wuhan returnees: pick-up from Paris to Stuttgart, medical escort by specialist ÖGD and health inspector, departure 21 February 2020 from Cologne to Stuttgart, repatriates are placed in central quarantine in a youth hostel in Kirchheim/Teck.*
2	**Findings about pathogens** • *Please pay attention to the wording regarding lethality, not >50 particularly at risk, better use wording such as "lethality increases with age...".*
3	**Current risk assessment** • *No current need for adjustment*
4	**Communication** **Public relations/ publicise the number of the BMG hotline? (Press enquiry)** • *The BMG does not want the hotline to be aggressively advertised, it is already very busy (it is on the BMG website/citizen hotline, but not on the BMG website).*

	on the Corona page) • *Doctors were referred from the RKI hotline to the BMG hotline. This is unfavourable. According to the SOP for the RKI gate: referral to local GA; very specific questions can be sent to RKI by e-mail, some calls have also reached the LZ* • *The RKI can support local information events for doctors and HCPs, but initiative and organisation by local actors* • *BMG: also thinking about an event, but no concrete plans or information yet* **BZgA** • *After the national newspapers, the regional newspapers will also be served with adverts of the same content and text.* • *Distribution list of state KV addresses for informing doctors is available, letter prepared by RKI (brief information on the situation and useful document flow chart, reminder of notification and GA) can be sent to all doctors by BZgA* ***ToDo: IBBS creates 1 page (coordination with BMG), format: generic cover letter (handout) for doctors*** **German Armed Forces** • *Since 15 January 2020, every BW doctor (3,500 in total) receives daily information on the situation, BW also receives low-threshold information from the doctors, e.g. via returning family members from risk areas* • *has its own congress organiser and central professional association, which can be used to plan events or distribute information*
5	**Documents** • *on the framework concept today TC between BMG and FG36, expectations are to be coordinated, regular appointments are sought by the BMG* • *INIG: a document (on Containment - Mitigation - Management) was sent for comment by the WHO via GOARN* ***ToDo: FG36 receives document and returns comments to INIG (Andreas Jansen) by 3 pm tomorrow***
6	**Laboratory diagnostics** • *FG17: ABAS categorisation published on website* ***ToDo: Information and link to be inserted in diagnostic document, link also to be placed on website and in framework concept*** • *ZBS1: Cellular marker (RNA level) for smears does not work sufficiently well. Search for another one.* • *Corona diagnostics will be carried out in the AGI-Sentinel from next week*

	(also recommended by WHO) ***ToDo: FG36: short EpiBull contribution, announcement AGI-Sentinel incl. Corona (next week)*** • *PCR tests: Sensitivity? Specificity? Cross-validation? There are many different PCRs (see WHO page on this), RKI uses Drosten assays and RKI's own assays; WHO interlaboratory test not yet planned (today WHO-TK on laboratory diagnostics)* • *Note on the quality of the PCR: at the LGL, 1 sample from a clearly symptomatic case was negative 3 times, re-sampling at Drosten was positive; according to the LGL, this was a technical error that has since been corrected* • *The VOXCO survey of virology laboratories will be online from 24 February 2020 (letter with link to the survey distributed via GHV Instant)*
7	**Clinical management/discharge management** • *Next week, IBBS will send an infectiologist to Munich to assist with the collection of clinical data (WHO clinical management network ISARIC, "Covid-19 Clinical Characterisation Protocol - CCP", Link: https://isaric.tghn.org/CCP/)*
8	**Measures to protect against infection** **Stocking PPE - for information** • *Enquiries from several MS to the EU Commission regarding joint procurement,* • *TK planned to register requirements from the MS* • *Currently, requirements for Germany are to be determined, deadline today at noon, apparently it is hardly possible to determine the requirements within the short period of time, possibly extrapolation* • *Hospital association conducted a survey of 25 hospitals (very heterogeneous picture)* • *Estimate for Germany possibly based on data from France*
9	**Surveillance** • *Continue to record case-based information via SurvNet, information for national assessment and also important for international reporting obligations; physician reporting obligation for suspected and confirmed cases, laboratory reporting obligation (individual cases)* • *Additional ARE/ILI information in Lage-AG if coronavirus is also recorded* • *In BY, large number of contact tracing, RKI has offered GA and LGL support for documentation in the transmission software.*
10	**Transport and border crossing points** • *Lots of work in the LZ due to cruise ship passengers (Princess Diamond and Westerdam, see above)* • *Measures at airports: Westerdam travellers returning: destination airports have been informed*
11	**International**

	• *RKI could support Iran bilaterally in this situation (clinical management, laboratory, infection management).*
12	**Information from the situation centre** • *MA statistics presented* • *More support needed from Dept. 2*
13	**Other topics** • *Next meeting: Friday, 21.02.2020, 13:00-14:30, Situation Centre meeting room*

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*20.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Inessa Markus (to cruise ship)*
  - *Maria an der Heiden*
  - *Juliane Seidel (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel (Internet Officer)*
- *ZBS1*
  - *Mrs ?*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Lang (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • **Cases, severity** ○ *Worldwide 75,734 (+527), including 2,128 deaths (+118), 2.8% lethality,* ○ *China (incl. Hong Kong, Taiwan and Macau) 74,676 (+397) cases, 2,121 (2.7%, +114) deaths, 11,983 (16%) "seriously ill"* ○ *Hubei province 62,013 (+331) cases (83% of total), of which 2,029 deaths (3.3%, +107), 11,246 (18.1%) "seriously and critically ill"* ○ *International 25 countries with 1,058 (+132) cases, new are 2 cases in Iran, 10 in Japan, 4 in Singapore, 41 in South Korea;* ○ *76 new cases on cruise ship "Diamond Princess", 621 in total* ○ *A total of 7 deaths (2 Iran, 2 Diamond Princess (Japanese), 1 Philippines, 1 Japan, 1 France); Mortality: 0.7%; 39 severe cases (3.7%)* ○ *Europe (WHO region) 9 countries with 47 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* • **Risk areas (see INIG risk area presentation)** ○ ... ○ ... ○ *Measures in China can no longer be used as a criterion for RKI definition of risk areas, CCDC has a dashboard in Chinese since yesterday* ○ *Case trends calculated by FG31 both China-wide and in provinces descending, cumulative case numbers? (Addendum: Legend and labelling of the graphs and axes may be helpful)* ○ *Peak in Hubei around 13 February: due to a request by the authorities for sick people to actively report (not due to a change in the case definition)* ○ *Fall trend outside China: Singapore decreasing, Japan, South Korea slightly increasing, small case numbers therefore not interpretable* ○ *Events on cruise ships not representative of the epidemiology of the pathogen in the country* ○ *Hong Kong: early local transmission, individual cases with unknown source of infection, authorities speak of evidence for community transmission (not consecutive); no new cases for 5 days;*	*ZIG1* *FG36*

	Case detection rather sensitive; quarantine for all arrivals from China; no sign of ongoing transmission within the population ○ *Risk areas remain as before* • **International measures** ○ ... ○ **National** • .... • ... • *12/16 cases now discharged, 10/14 in Bavaria, no change in clinical course, no news* • *Attack rate (AR) in outbreak groups: Family members who were isolated together 70-80%; contacts for 4-day contact only 10%; one-time close, non-protected contact <10% (casual contact); these are also published in publication* • *No further cases confirmed by laboratory diagnosis, regular suspected cases in the federal states* **BMG TK/Krisenstab AA Repatriation issue** • *Still 92 Germans in Wuhan to AA, had not responded to earlier call, possibly free seats on French flight* • *Repatriation of Germans from Wuhan at BMG TK topic, talk was of 12 people who are not initially assumed to have permanent residence in Germany, should probably be quarantined centrally (BaWü?)* • *AA asks BMG which recommendation is expected from RKI, RKI formulate technical recommendations but do not decide* **German Armed Forces** • *Carnival starts tomorrow* • *Pick-up of German Diamond Princess cruise passengers from Italy, flight is expected to go to Tegel* • *No information on Westerdam Cruise passengers and their flight from Cambodia to Turkey* • *Checks possible additional pick-up of Germans from Wuhan via France, approx. 20-25 Germans (at AA crisis team language of 55 Germans), are to land in France and be brought to Germany by Bundeswehr, now no more information, if Bundeswehr informs RKI* **GHSI TK** • *Specialist topics are increasingly taken up and discussed, e.g. risk areas, community transmission, epidemiological information (comparison of the line list), working groups are created*	*FG36/IBBS* *IBBS*

	• *IBBS leads working group on IPC/clinic, also to prepare next phase ("what would we do if"), face-to-face meeting to take place in mid-March and bring experts together for 1 day*	
2	**Findings about pathogens** • … • *Americans have isolated infectious virus from faeces* • *Pathogen profile/matrix will be sent to the round again with a proposal on the procedure for future incorporation, report on this next week in the situation working group*	
3	**Current risk assessment** • *No current need for adjustment*	
4	**Communication** **Public relations/ publicise the number of the BMG hotline? (Press enquiry)** • … **BZgA** • *Nothing to report, ongoing business*	*Press* *BZgA*
5	**Documents** **Manual for GA hygiene specialists (existing task)** • … • … • *Reason: Many HCWs affected in China* • *The target group is specialist staff and company doctors, the document is divided into two parts, 1. measures by Specialist hygiene personnel together with company doctor/ GA, 2. measures for staff working on patients themselves* • *Servicing was sent to distributors, already received Feedback will be taken into account and an adjustment cases of suspicion (document refers to protected contacts to suspected cases)* • *Terminology: instead of "handout" rather "notes on", No legal obligation, document not to be regarded as an instruction Understand* • *Next version will be shown in the legal department, including STAKOB, Feedback by the day after tomorrow, ABAS not involved for the time being* • *Publication before the weekend desired* **Resource-saving use of masks** • …	*FG36*

	• ... • *Proposal was sent to BMG by FG14, ABAS has to be consulted* • *BMG wants immediate publication according to AGI TK (tomorrow), due to the area of responsibility of ABAS this is unlawful, BMG must take a position on this*	*FG14*
6	**Laboratory diagnostics** • ... • *Adapted documents for the integration of SARS-CoV-2 into AGI Sentinel will be sent out today, swab is the same as for influenza*	*FG17*
7	**Clinical management/discharge management** **Many things (existing tasks) in progress are circulated internally beforehand** • ... • ... • *Care of patients who are under investigation (green box "no justified suspicion" in flow chart), outpatient investigation while they are at home* • *Preparation of outpatient management for next phase* • *Paper on dealing with people in quarantine* • *Medication stockpiling* • *Experimental therapeutics* • *Interest in clinical picture of all German cases: probably (besides shedding) also part of the 2nd paper of the clinicians from Bavaria, maybe someone from here could go there to compile information*	*IBBS*
8	**Measures to protect against infection** • ... • *FG14 Task Opportunities to conserve resources, ongoing*	*FG14*
9	**Surveillance** **EC/ECDC study on repatriated EU/EEA citizens from Wuhan** • ... • ... • *Europe-wide study planned, objectives include recording the % of asymptomatic infections* **in China**, *secondary AR, etc.* • *Is this group of people suitable/representative, can conclusions about the epidemiology in China be drawn from this opportunistic sample?* • *Requested data very detailed and not data protection compliant, unlikely to be shared by federal states* • *Does RKI want to support this, is target setting relevant, or should the federal states, GA and clinics be spared?* • *Certain information could be shared (e.g. that which is also in SurvNet)*	*FG32*

	• *Conclusion: Will be presented tomorrow at AGI TK, most likely rejection* • *Generally important that RKI considers which studies we participate in to gain scientific knowledge* **ECDC Covid-19 Surveillance** • ... • *Cases are already transmitted via TESSy, new terminology has been adapted "COVID-19", naming of contact persons desired:* *(1) epidemiology: Silka Buda* *(2) microbiology: Thorsten Wolf* *(3) TESSy: Andreas Tille* • *TESSy access rights to upload COVID data at the RKI have Michaela Diercke, Silke Buda and Andreas Tille (FG31)*	
10	**Transport and border crossing points** **Cruise ships (keeps LZ very busy)** • **Princess Diamond** ○ ... ○ ... ○ *Situation report received from Japan, situation relatively clear, 530-540 cases* ○ *First people end quarantine and leave the ship, detailed transmission on board, which is said to have taken place before the quarantine* ○ *Extended quarantine for close contacts (cabin crew, personal stewards)* ○ *2 Germans tested positive, 8 others will be picked up from Italy as mentioned above, affected GA are now identified and informed, transport by DRK, flight will probably land in Tegel, 2 NL resident in DE want to stay in Japan for the time being* ○ *RKI recommendation: for returnees another 14d home quarantine* • **Westerdam** *(slide with timeline and information under Lage-AG here)* ○ ... ○ *Situation uncontrolled, passengers already en route and departing when index case (US citizen) tested positive* ○ *Index case left ship on 14 Feb and tested positive on return voyage on 15 Feb, already 3d symptomatic, potential site, moment, source of infection unknown, was not on ship continuously for 14d, quite possible that transmission took place on board* ○ *Shipping company only considers close contacts to index case*	*FG32*

	(husband, personal steward), all others not seen as close contacts, and believes immigration controls are sufficient, citing USA and WHO ○ Shipping company has tested all (approx. 1,700) for fever, all negative, subsequent certification that ship is pathogen-free by Cambodia MoH and US CDC office there, they agree with assessment that only close contacts are at risk of infection ○ On 13 February testing of 20 symptomatic passengers (all negative), some are now back home ○ >400 tests both in hotels and on the ship, all negative ○ Info from AA: all passengers tested negative on 18 February ○ Remaining passengers to leave ship and quarantine in hotel, shipping company organises charter flight to Turkey, from there onward scheduled flights ○ Scheduled flight: risk of infection, contact persons may be able to travel under certain conditions (separation, MNS), report immediately if you fall ill, Co-operation required ○ Germany needs to know when exactly the returning passengers will arrive, recommendation of domestic quarantine, reception and monitoring in Germany desired **Measures at airports** • *Lufthansa has asked AA with reference to RKI (contact person classification) for a list of Westerdam passengers who want to return to Germany from Turkey, Italy has apparently published such a blacklist* **Recommendations Japan** • *Paper from Japan on applied categorisation and hospital discharge criteria, CoNa categorisation (e.g. close contacts who are symptomatic and test negative, free to go), self-observation, etc.*	
11	**International** • *Nothing new since yesterday*	*ZIG1*
12	**Information from the situation centre** • … • *Less information is sent to the Corona distribution list after higher-threshold and more targeted communication was requested, it is not entirely clear who wants to know what, therefore and also due to the fluctuation of employees in the LZ, a uniform approach is not easy*	*FG32*

	• *Coordination processes, e.g. for tasks, require clear instructions, who should do what, tasks are often larger, progress/changes are documented under the same task* • *Please inform LZ immediately of any changes to the contact persons in the table of responsibilities (available here)*	
13	**Other topics** **XY** • … **ECDC/EC/EWRS queries** • *There are many queries, e.g. via EWRS, about measures, contacts, tests, risk areas, etc.* • *These are summarised depending on the topic and usually once a day (e-mail), tables are kept for certain topics (e.g. source of infection cases outside China)* • *TC cannot follow up on all information, but can do so selectively for questions of interest* • *Request to ECDC/EC to summarise and share queries that have been run* • *Next meeting: Friday, 21.02.2020, 13:00-14:30, Situation Centre meeting room*	*FG36/FG32*

WG meeting "Novel coronavirus (SARS-CoV-2) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (SARS-CoV-2), Wuhan, China*
Date:	*21.02.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL3 cable*
  - *Osamah Hamouda*
- *Dept.1*
  - *Martin Mielke*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Marike Degen*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
- *BZGA:*
  - *Mr Lang (by telephone)*
- *German Armed Forces:*
  - *Mr Harbaum (by telephone)*

1	**Current situation** **International** • **Cases, severity** o *Worldwide 76,729 (+995), including 2,247 deaths (+119), 2.9% lethality;* o *China (incl. Hong Kong, Taiwan and Macau) 75,570 (+894) cases, 2,239 (3%, +118) deaths, 11,639 (15.5%) "seriously ill"* o *Hubei Province 62,662 (+649) cases (83% of total), of which 2,144 Deaths (3.4%, +115)* o *Declining trends in all Chinese regions.* **Internationally** *27 countries (new: Iran) with 1,159 (+101) cases,* o *The new cases: Cruise ship "Diamond Princess" (+13, total 614), Australia (+2), Italy (+1), Japan (+10), Canada (+1), Singapore (+1), South Korea (+69) and USA (+1)* o *Trend outside China: rising for South Korea* o *Other countries Trend stagnating or declining* o *A total of 8 fatalities(+1) → 2 Iran, 2 "Diamond Princess" (Japanese), 1 Philippines, 1 Japan, 1 France, 1 (new) South Korea;* *Mortality: 0.7%; 39 severe cases (3.7%)* o *Europe (WHO region) 9 countries with 47 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* o *"Limited community transmission in Hong Kong, Japan and Singapore, South Korea* o **Egypt:** *Case tested positive for SARS-CoV-2 once on 19 January 2020, tested negative six times on three consecutive days (PT-PCR test/6 swabs) -> no longer counted as a case* ***ToDo (ZIG/Andreas Jansen): Obtain further information on testing and sampling*** **South Korea:** *104 cases (+52); 1 death* o *A total of 15 cases with unknown source/transmission chains cannot be traced* o *Two large clusters: "Church Cluster" (84 cases); "Hospital Cluster" (15 cases)* **Iran:** *5 cases (+3);* o *New cases: 2 cases from Qom province, another case a doctor from Arak* o *Currently unclear epidemiological situation, numerous unconfirmed information about a larger extent* o *Parliamentary elections (21 February 2020), Persian New Year (Nouruz)* o *1st case in Canada gives a travel history to Iran* o *Direct contact with WHO Iran* o *An official request from the Iranian MoH for possible Cooperation (possible points of cooperation: IPC, laboratory, epidemiology)*

- *The risk areas are to be adjusted depending on how the situation develops*

ToDo (ZIG/Andreas Jansen): Validation of information and development of the situation (regional spread, number of cases, measures) in Iran, obtaining information on exported cases, information on travel flows between Iran and Germany and South Korea and Germany

National

- *Publication on the Bavaria Cluster has been submitted to the NEJM*

Saxony-Anhalt:

- *Publication on the frequency of testing for SARS-CoV-2 as part of differential diagnostics on the state's homepage*
- *Inaccurate terminology/misleading*

ToDo (FG36/32): Develop proposal for table presentation and submit to the AGI

Diamond Princess

- *6 people to Germany arrive tonight (1:30 am) in TXL, onward transport coordinated with DRK and local health authorities, home isolation planned for 14 days.*
- *2 passengers of the Diamond Princess have arrived in Lower Saxony and are in home isolation. They are currently asymptomatic.*

MS Westerdam*:*

- *Flight from Cambodia could not land in Istanbul as planned, but had to fly via Karachi (Pakistan) to Amsterdam.*
- *In the course of the day, they travelled on to their home towns*
- *Contact persons of Westerdam should be classified as Cat. II should be categorised.*
- *Proposal for transport from the airport and handling of returnees communicated to local authorities*
- *The GA of the destination airport and GA of the home city/3 other countries were informed in the morning*
- *IHR Focal Point Malaysia has confirmed the positive testing of the index case upon request from FG32*
- *No new contacts or cases since 14/15 February 2020*

German Armed Forces

- *Repatriation of Germans from Wuhan: pick-up from Paris to Stuttgart, medical escort by specialist ÖGD and health inspector, departure 21 February 2020 from Cologne to Stuttgart, repatriates are placed in central quarantine in a youth hostel in Kirchheim/Teck.*

Further repatriation

- *Possible repatriation of another 97 people from Hubei, no further information known yet*

2	**Findings about pathogens**

3	**Current risk assessment** • *Re-evaluate adjustment of risk areas based on new developments (Iran, South Korea) on Monday*
4	**Communication** • *Interviews/radio programmes should be communicated more strongly to the outside world* • *Based on the presentation in the internal seminar, a sample presentation is to be created for training purposes* ***ToDo (press): As part of the Jour Fixe, coordination between Mr Wieler and Ms Glasmacher regarding the publication of interviews/radio reports on the homepage*** ***ToDo (FG36): Creation of the sample presentation*** **Press office:** • *Recurring enquiries about how the definition of risk areas came about* • *Resource-saving use of mouth-nose protection (MNP) and FFP masks to be published today, increased press attention expected* ***ToDo (press): Upload a brief explanation of the definition as an update on the homepage*** **BZgA** • *Information campaign to be relaunched at the weekend (content unchanged)* • *No change in communication strategy*
5	**Documents** • *FG 36: Information on contact persons and medical staff: Proposal has been developed and will be shared again by Walter Haas* • *FG 36: EpiMatrix: Summary of how to proceed will be presented on 26 February 2020* • *FG 36: Framework concept: BMG agrees with the structure Feedback is summarised and processed further by Silke Buda (appendix, illustrations) On 24 February 2020, the draft will be shared with the Lage-AG and RKI internally and is to be sent to the BMG as a draft in the middle of next week Final graphic editing is to be carried out by the press office* • *IBBS: Letter to the medical profession is shared by IBBS today* • *FG 36: Announcement of the expansion of virological surveillance to include SARS-CoV-2 goes online today*

6	**Laboratory diagnostics** • *Dept. 1: Coordination for the laboratory survey on RespVir (FG 15/Böttcher) and online VOXCO survey of virological laboratories (GHV) (FG32/Seifried) is ongoing, to be shared via the EQA scheme distribution list* *Data should be regularly received, collated and subsequently evaluated as simultaneously as possible* • *FG 36/Department 1:KBV has been informed of the change to the diagnostic paper and there are currently no known billing obstacles. It is not known that laboratories refuse testing.* • *FG36: Specialist information on SARS-CoV-2 to the KBV hotline as support is a task of the KV and Medical Association. Information is only provided in response to explicit requests to the RKI.* • *ZBS1: ECDC survey on the situation of laboratories in Europe with regard to testing for SARS-CoV-2, test methods, validation; assessment of the situation: laboratories are well positioned. Results are published and shared.* *Names of companies with known contamination problems are not public. Known companies are communicating with German laboratories Italy may soon have positive sera.* • *Dept. 1 /ZBS1: Interlaboratory test in LabNet is planned. In Germany, there are already activities at KL.* • *ZBS1: EuroImmun offers a serological assay (ELISA IgA/IgG), further information will follow. There are currently numerous attempts to develop a serological assay, but there are still problems with cross-reactivity. Altona has developed a PCR kit.*
7	**Clinical management/discharge management**
8	**Measures to protect against infection**
9	**Surveillance**
10	**Transport and border crossing points** • *DRK organises transport for returning Princess Diamond passengers. Westerdam passengers are looked after by GA from their home towns and GA from the airport. The German Armed Forces take care of the transport of the repatriates.* • *Continued high workload in the LZ in the area of international communication*
11	**International**

	• *RKI could support Iran bilaterally in this situation (clinical management/infection management (IBBS), laboratory (ZIG 4), epidemiology (ZIG). Official enquiry still pending. BMG has been informed verbally about the potential cooperation. AA should be involved in the concretisation process.*
12	**Information from the situation centre** • *Situation report (German/English) is only prepared at the weekend in the event of new cases in Germany. Continue to schedule someone on "standby".* • *Update availability of OUs/departments at the weekend and communicate with LZ*
13	**Other topics** • *Next meeting: Monday, 23.02.2020, 12:30 pm, Situation Centre meeting room*

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*24.02.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silka Buda*
  - *Julia Schilling*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
  - *Angela Fehr*
- *P4*
  - *Dirk Brockmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases (slides here)* o *Worldwide 79,562 (+743) cases, 2,619 (+156) deaths; Lethality 3.3%* o *China (incl. Hong Kong, Taiwan and Macau) 77,457 (+413) cases, 2,595 (+149) deaths; mortality rate 3.4%;* *11,477 in a "serious" state of illness* o *Hubei province: 64,482 (+398) cases (81% of total), 2,495 (+148) deaths; mortality rate 3.9%, 8,853 cases in "serious" state of illness* o *Internationally, 30 countries with 2,105 (+330) cases, including 691 (+57) cases on the Diamond Princess; new cases: South Korea (+161), Italy (+76), Japan (+11), Iran (+15),* *United Kingdom (+4), Canada (+1), Kuwait (+3), Israel (+1), Bahrain (+1); deaths 24 (+7; lethality 1.1%) Iran (8), South Korea (7), "Diamond Princess" (3), Italy (3), Philippines (1), Japan (1), France (1); 76 cases in a "serious" state of illness* o *Europe (WHO region) 9 countries with 203 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* • *Dynamic development in some countries* o *South Korea: 2 clusters (parish & hospital),* *1st case identified 20 Feb, exported from Wuhan, index from 10 Feb. Symptom onset but not confirmed until 18 Feb, active in church community in between, sharp rise in cases from 21 Feb, 7 deaths in total (both clusters); also pilgrimage to Israel which included cases; some cases without identified link; national crisis warning system highest level, kindergartens, public libraries etc. closed* o *Italy: 1st case confirmed on 31 January, Chinese tourist, then sporadic cases, 21 February cluster with 16 cases in Lombardy, another 60 cases on 22 February, then also cases in two other regions (Veneto and Piedmont),* *23 February also cases in Emilia-Romagna; a total of 3 deaths (elderly), 159 confirmed cases, 26 seriously ill; source of infection unknown in index case and case that died in hospital (approx. 30% of sources/connections not yet assigned);* *Quarantine imposed in 11 cities* o *Iran: 2 deaths on 19 February in Ghom (religious centre), as of 24 February morning 43 cases with 8 deaths, a total of 14 provinces affected; public institutions there remain closed, many countries have suspended flights there (Iraq, Kuwait,*	*ZIG1*

	Armenia, Georgia); events probably 4-6 weeks old, number of cases probably much higher, exported cases - the latter important indicator for risk area definition o *Hong Kong and Singapore relatively quiet* • *Risk areas: relevant for case definitions and dealing with traveller returnees* o *Downward trend in China continues* o *Increase in number of cases outside China, strong increase in Iran, Italy, South Korea, Japan less steep, Australia small number of cases* o *Iran is sensitive: prior consultation with AA important, for the time being rather only Ghom province; this is also a topic at ECDC Advisory Forum TK* o *As long as restriction and definition of risk areas is possible, this should take place, RKI needs concept for future, if too many risk areas to name them* o *Proposal of new risk areas to BMG, AA: Ghom province in Iran, Lombardy and Veneto provinces in Italy, Shincheonji and Cheongdo Daenam provinces in South Korea* *ToDo: Adaptation of risk areas on the RKI website tomorrow, after information has been given to BMG and coordinated with AA regarding Iran* **National** • *Cases, severity: No new cases, no news* • *Update repatriation/return journey/cruise* o *Diamond Princess: 8 people now in Germany, transported home by DRK* o *Westerdam: 64 people, 51 in Germany in contact with GA, 2 in contact via AA (somewhat unclear), 11 abroad and of these 10 in contact with GA, mainly category 2 contacts, few in category 1* o *Wuhan returnees: accommodated in hotel in BaWü and well looked after* • *RKI must comment on how to proceed with Italian returnees* • *Terminology agreed: "affected areas" (non-risk), travellers returning from countries where there have been cases should...* *ToDo: New text for the passage on suspected cases on the RKI website*	*All* *FG36* *FG32*
2	**Findings about pathogens** • *Revised epi-matrix (pathogen profile) is shared today, soon to be finalised and published, even if certain aspects (e.g. disease severity) cannot yet be determined,*	*FG36/ all*

	Uncertainty can/must be recognised • *New study shows chloroquine efficacy in therapy, reduces disease severity, evidence hardens, is plausible in terms of content, is also discussed today in STAKOB TK*	*AL1*
3	**Current risk assessment** • *Adaptation of the risk assessment text on the RKI website: Proposal by L. Schaade (see e-mail, Sun 23 Feb 2020 18:43) modified by press, FG36 Input urgently needed for rapid publication* • *Discussion on the risk to the health of the population in Germany, low vs. moderate, possibility of escalation is necessary; reference to flu epidemic - currently "moderate" despite deaths and current seasonal peak* • *Probability of further spread/pandemic, "however, a worldwide spread of the pathogen seems increasingly likely" ... may change due to new findings* • *Decision Risk for German population remains for the time being "low"* *ToDo: Risk assessment on the website to be adjusted today*	*All*
4	**Communication** **Public relations** • *FAQ on broader testing, proposal L Schaade (text see e-mail Sun 23 February 2020 15:05)* → *see broad testing under Documents*	*Press* *LS*
5	**Documents** • *Creating broader testing for SARS-CoV-19,* ○ *Adaptation of flow chart and document "Include SARS-CoV-2/ COVID-19 in the differential diagnosis" (the latter should appear on the website under Diagnostics) in order to no longer exclude differential diagnostic tests, include SARS-CoV-19 in differential diagnostics if there is a corresponding travel history* ○ *KV requires integration of differential diagnostics in RKI case definition to ensure billing options for outpatient institutions* ○ *Flowchart adjustments:* *- Green box now wording "differential diagnostic clarification" (instead of "no reasonable suspicion")* *- "NUR" (with matching image) and outpatient Diagnostics are deleted*	*LS* *FG36* *IBBS*

	- e.g. **influenza** *diagnostics (not rapid test)* *- "Sluice" under "Hygiene" is deleted* ○ *Also opening in the text to recognise early autochthonous cases: "Signs of viral pneumonia of unknown cause"* ○ *Diagnostics must be established everywhere for this, tomorrow ring diagnostics will go out, cascade, can be expanded further in a timely manner, is not an epidemiological instrument, necessary for KKH (nosocomial cases),* *Clinics act according to their own assessment* ○ *RKI finalises accompanying letter to doctors which is based on professional assessment, this can also be adopted by KV and hopefully motivates them to do so* *ToDo: Adaptation of flow chart, Christian Herzog makes corrections, document also on website* • *Poster/handout for PoE (airports, now train/bus stations, ports not yet): now being designed more generically, originally for travellers from China, now "affected countries", from original focus on airports now additionally towards rail travellers, remains in German, English and Chinese* *ToDo: FG32 Chinese part still to be adapted and replace previous (airport) poster on website and distribute documents* • *Information for contact persons with medical staff: Proposal by W. Haas for a new category III - postponed* • *Framework concept* o *Order from BMG Rottmann, language regulation initially agreed with Mr Wieler, draft has already been exchanged* o *Checklists at the back of the pandemic plan should also be included in the framework concept, still to be decided what is to be mentioned or depicted from the influenza pandemic plan in the nCoV framework concept* o *In addition: exemplary presentation for 2-3 scenarios (not for publication but for the information of the minister),* *Scenario 1 - Italy* *2 - Federal state or territory with continuous transmission* *3 - all of Germany affected; corresponds to some ECDC, containment, protection and mitigation scenarios* o *OEs had until Friday to comment, proposal revised by FG36 goes to small distribution list; must be sent to BMG by Wednesday, no detailed discussion possible until then, if BMG-revision requests can be incorporated, RKI-*	*FG32* *FG36*

	Topics to be investigated again *ToDo: FG36 finalises framework concept, decision tomorrow in the Situation Working Group*	
6	**Laboratory diagnostics** • *Survey on the number of tests online/ST webpage has not yet gone out, is in the hands of GFV* • *FAQ Informative value of the test: Predictive value of negative tests (NPV), negative test does not rule out infection, but this cannot yet be quantified, NPV can only be determined in relation to gold standard, e.g. serological conversion, error in swabbing possible (nose better than throat), cannot yet be determined with current case numbers*	*FG17/ZBS1* *AL3/ FG 17*
7	**Clinical management/discharge management** • *Nothing new*	
8	**Measures to protect against infection** • *Social distancing measures in DEU? - postponed* • *Resource-saving use of PPE - postponed* • *(possibly later: better prevention of nosocomial outbreaks?; vaccination - what is in the pipeline?) - postponed*	*FG 32* *FG 36* *FG 37* *FG 33*
9	**Surveillance** • *If a surveillance case is identified in Germany: Prepare a press release* • *Meeting on next phase postponed* *ToDo: Press office prepares something on possible case identification from the reporting system*	*FG32/Press*
10	**Transport and border crossing points** • *Poster railway: see above, also discussed in AGI TK today* • *Enquiry BPOL: came to Austrian information on the stopped train traffic yesterday, how should we basically position ourselves on border closures; answer from RKI has already been given (would not prevent introduction, other measures are more important)* • *Stop questioning passengers on aircraft with direct flights from China? Question to BMG, either extension to new risk areas or cancellation*	*FG32*

11	**International** • *Iran: Request for support from WHO Office Iran at the end of last week, TK this morning with MoH, WHO Iran, ZIG, Charité, ZIG coordinates possible support*	*ZIG*
12	**Information from the situation centre** • *Continuity vs. quality: numerous motivated employees, but procedure cannot be completely standardised and continuously ensured* • *Proposed solutions for the future: continuous team for crisis management = core, additional subset if required* • *Proposed solutions now:* o *Requesting all those involved in the LZ to take on the same position(s) and work several shifts (at least 10?)* o *Ask department 2 for cooperation* o *Periodic calls (with request for minimum number of shifts) always necessary to ensure long-term filling of the shift plan*	*FG32/FG36*
13	**Other topics** • *Next meeting: Tuesday, 25.02.2020, 11:00-13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*25.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silka Buda*
  - *Heiko Jahn*
- *IBBS*
  - *Christian Herzog*
  - *Michaela Niebank*
- *Press*
  - *Marieke Degen*
- *ZBS1*
  - *Livia Schrick*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Lang (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, severity, risk factors see slides here* o *80,153 (+591) cases worldwide, including 2,703 deaths (+84), lethality 3.4%* o *China (incl. Hong Kong, Taiwan and Macau) 77,781 (+324) cases, including 2,666 (+71) deaths, mortality rate 3.4%, 9,132 (12%) "seriously ill"* o *Hubei province: 64,786 (+68) cases (81% of total), 2,563 (+68) deaths, mortality 3.9%, 8,675 (13%) "serious and critical cases"* o *Internationally 33 countries with 2372 (+267) cases, of which new:* ▪ *130 South Korea* ▪ *14 Japan* ▪ *1 Singapore* ▪ *76 Italy* ▪ *2 Thailand* ▪ *18 USA* ▪ *18 Iran* ▪ *1 Canada* ▪ *2 Kuwait* ▪ *2 Oman* ▪ *1 Bahrain* ▪ *1 Afghanistan* ▪ *1 Iraq* o *No new "Diamond Princess" cases (691 in total)* o *Internationally 37 deaths, mortality 1.6% (14 Iran, 9 South Korea, 7 Italy, 4 "Diamond Princess", 1 Philippines, 1 Japan, 1 France,), 86 severe courses of disease (3,6%)* o *Europe (WHO region) 9 countries with 279 cases (FR, DE, IT, SP, SE, UK, FI, BE, RU)* • *Risk areas/ measures International* o *Case trend curves in Chinese provinces decreasing, in some no more new cases, social distancing in progress, contact tracing in many cases (1,200)* o *Trend curves outside China, especially Japan, South Korea, Iran, Italy exponentially increasing* o *Italy: Lodi province cluster in Lombardy region has the most cases (>150), Veneto cluster then most affected, one death in hospital only confirmed post mortem* o *South Korea: is growing rapidly, Shincheonji Church and Cheongdo Daenam Hospital cluster, next to China*	*ZIG1*

	Largest outbreak worldwide, new cases primarily linked to the two main clusters; 15 countries have issued travel warnings regarding South Korea, *Thermal imaging cameras and digital tools have been established* ○ *Japan: 1st case on 15.01. Bus driver from China, further imports and family-internal chains of infection, 160 cases in total, 1 death, 7 of the cases with unknown source of infection, 1 couple confirmed positive after holiday in Hawaii, wide distribution in the country, also cases in rural regions without obvious connection to other cases* ○ *Iran: 61 cases with 14 deaths, exported cases to Canada, Lebanon, UAE, Afghanistan, Iraq, Bahrain and Oman, border closure by Kuwait, Afghanistan, Pakistan, Turkey* • *Risk areas RKI definition updated on website* ○ *China: as usual* ○ *Iran: Ghom Province* ○ *Italy: Province of Lodi in the Lombardy region, city of Vo in the province of Padua in the Veneto region* ○ *South Korea: Gyeongsangbuk-do Province (North Gyeongsang)* **National** • *Cases, severity: 1 further discharge, 1 remaining case who has fever again and detectable viral load, even those discharged still have viral excretion in their faeces*	*FG36*
2	**Findings about pathogens** **Epi-Matrix/profile** • *Consists of parameters considered interesting, these were assigned to OUs (each contact person identified) and filled into a template, contents not discussed in detail today* • *Title to be adjusted (includes the disease twice)* • *Link is sent around to give the opportunity to comment, then discussion regarding publication as information is urgently needed, even if it is not yet secure, content is based on studies that are considered trustworthy by RKI, sometimes small case numbers (n can be noted after information), some papers are still preprints / not peer-reviewed and are marked as such, reference list comes at the end* *ToDo: early next week by FG36 to involved OUs (see table of responsibilities under situation folder here)*	*FG36*
3	**Current risk assessment** • *Risk assessment updated in adapted wording on RKI website since yesterday*	*all*

	• *Update of risk areas following feedback from BMG*	
4	**Communication** **Press enquiries/hotline** • *Press has an extremely large number of enquiries, including criticism that RKI did not update risk areas yesterday* ○ *Masses of enquiries from citizens, including doctors, press visibly overloaded, 270 this morning alone* ○ *Many sample answers exist and are usually but not always sufficient, sample answers from incoming questions will continue to be created* ○ *Citizen enquiries relevant in the case of possible well-founded suspected cases, ÖGD and doctors = RKI responsibility* ○ *Could LZ provide support here for technical enquiries (press would filter further)? Additional LZ position to answer technical enquiries?* ○ *Hotline for specialised public could intercept a lot and be very helpful, local authorities are also (soon) overwhelmed* *ToDo: new position in the LZ Answering technical questions (please confirm again with LZ management)* • *BMG citizens' hotline yesterday from 30-40 to >400 enquiries/d* • *BZgA: Citizens' hotline is outsourced to Telemark, would reach capacity limits if (much) more* *ToDo: Coordination with BZgA and press after situation working group regarding citizens' hotline* **Website updates** • *Changes since yesterday/updates: Teaser Italy adapted; new risk assessment; FAQ update (continues today); document on differential diagnosis; link to RKI media reports; waiting for flow chart* • *In preparation: Communication on a possible pandemic, Science Media Centre has already prepared something about this* ○ *Integration in FAQ, when? Rather soon* ○ *Pandemic declaration is the task of the WHO DG, RKI wording should be "if there are further cases in Germany", not "pandemic"* ○ *Press prepares something and circulates in a small circle* *ToDo: (no tasks ID necessary?) Preparation text next phase (press)* • *Grippeweb Plus is being planned, much still to be clarified, too early to prepare/start communication on this*	*Press all*

5	**Documents** **Flow chart** • *Yesterday STAKOB TK: Definition of Italian provinces as risk areas would have led to numerous hospitalisations* • *Proposal IBBS: Definition of risk areas continues to refer strictly and limited to sustained community transmission, flow chart is adapted by third (second green, outpatient) track, wording "region with frequent COVID-19 cases", persons can also be handled via outpatient track, is also a preparation for the handling of sick persons in the sense of the next phase if there are several cases in Germany* ○ *Next phase: substantiated suspected outpatient cases* ○ *Final stage also confirmed cases also outpatient (with suitable family environment)* • *Press has adapted FAQ regarding differential diagnostics document, two questions have been summarised, feedback welcome* • *Coherence issue: differential diagnosis in the case of travel history and unclear viral pneumonia, the latter, however, are only seen in clinics and not on an outpatient basis, which is why the STAKOB centres should first be made aware of it* • *Text for doctors is removed and only the flow chart on the website is retained* *ToDo: Flow chart adaptation and finalisation by IBBS* *ToDo: Preparation of flow chart and case definition for situation when more cases occur in Germany*	*IBBS/FG36/ all*
6	**Laboratory diagnostics** **AGI Sentinel Integration** • *It has started, the letter has gone out and the laboratories have received the new documents* • *Feedback from individual concerns: Fear of domestic quarantine as sampling is unlikely to take place under necessary protective measures* • *Assessment AL1: is an individual opinion, no other feedback in this sense has yet been received, therefore prospective introduction in non-founded suspected cases* • *100 practices send in, practice index = 500 with 800 doctors*	*FG17* *FG36*
7	**Clinical management/discharge management** • *Cover letter for doctors was created by IBBS and commented on by others, does not go out, instead clear instructions to doctors to orientate themselves on the flow chart (also new pillar three), at the same time contact is made with KV*	*IBBS/AL1*

	ToDo: Finalise flow chart, together with instructions for action/publication	
8	**Measures to protect against infection** **Population-based quarantine measures** • *Must be discussed and RKI should position itself on this: WHO praises China, recommends quarantine, BMG unsettled, minister still wants to avoid this (currently together with Präs in Italy to avert/ relativise this), evidence against this must be collected and alternatives presented, e.g. evidence for cancellation of mass events, no evidence for quarantine of areas* • *GHSI also prepares paper* • *Direct order via department heads to FG36 Silke Buda: measures for personal distancing without sealing off entire localities, weighing up the advantages and disadvantages of one or the other, e.g. voluntary quarantine as an alternative to sealing off Berlin* • *At AGI TK yesterday very long discussion, no agreement, also not on legal basis (IfSG or only disaster case), BE, NS, SH say no way, BaWü rather yes, HB not now maybe tomorrow* *ToDo: FG36 Silke Buda prepares proposal for population-based quarantine measures* • *IBBS and FG14 have created documents for contact persons in the domestic environment: (1) home quarantine, leaflet for affected persons, (2) their contact person the GA, both very relevant and useful, will be finalised and distributed to GA* *ToDo: IBBS and FG14 finalise documents* • *Stockpiling strategy is still being discussed at IBBS, follows* • *News from Italy: confirmed case attended major event in Munich, currently being clarified by LZ*	*All/FG36* *IBBS/FG14* *IBBS* *FG32*
9	**Surveillance** **Modelling scenario Germany** • *Estimation of possible case numbers in Germany: Initial discussions between Udo Buchholz and Matthias an der Heiden, this is to go to BMG and then to the federal states so that they can estimate what demand, utilisation and gaps look like, in Epi-Matrix there is an estimate of deaths; a "educated guess" is better than none/uneducated; in 2009 all modelling was too high, bashing always takes place, better to warn too much than too little* • *Preparation of the healthcare system is person- and*	*FG36*

	institution-dependent, some are very well prepared (e.g. stock of masks), some are not, bottleneck is intensive care capacity in hospitals • *BMG wants maximum security to avoid accusations, does not always consider resulting measures* *ToDo: FG36 and FG34 Matthias an der Heiden prepare assessment of possible cases in Germany* • *Enquiry from Gérard Krause as to whether SORMAS can be used is being examined*	*Dept. 3*
10	**Transport and border crossing points** • *Poster with information for travellers (airports and train stations) is extended to people arriving from areas where cases occur, and procedure adapted: report to GA only in case of symptoms, e.g. "if you come from an area where there are cases, stay at home if possible and behave accordingly..." RKI recommendations (cancel daily reporting to GA), segregation notice necessary to stay away from work, difficult for self-employed, paper must be sent to BMG Rottmann today* • *In general, larger steps that do not require frequent adjustment make sense; recommendations must be realistic and forward-thinking and not reactively lagging behind* *ToDo: will be discussed in AGI and sent to BMG today*	*FG32*
11	**International** • *Nothing new*	
12	**Information from the situation centre** • *Nothing new, still a few shifts to fill this week*	*FG32*
13	**Other topics** • *Next meeting: Wednesday, 25.02.2020, 11:00-13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*26.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Andrea Sailer*
  - *Matthias an der Heiden*
- *FG36*
  - *Silka Buda*
  - *Wei Cai*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
  - *Nadja Bersug*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*

- Livia Strick
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*
- *ZIG3*
  - *Silva Lauffer (by telephone)*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum, then Mrs Rossmann (by telephone)*

TOP	Contribution/Topic	contributed by
0	**Report China Mission by Tim Eckmanns** • *Field use* ○ *Departure 15 February, Tim now back and expected to be back in the office on Friday* ○ *Team: 2 people from USA, 2 from Russia, Chikwe from Nigeria, also represented Japan, South Korea, Hong Kong, and Singapore* ○ *The aim was to gain a better understanding of the situation in China* • *General impression* ○ *Breakout was not containable* ○ *Figures credible and well recorded, everything runs together excellently* ○ *Meanwhile very good structuring of the response, find almost all cases,* ○ *No more large area of asymptomatic cases, generally not as many asymptomatic as often announced: 1000 HCW were sampled, 86 positive, only 1 of these without symptoms* ○ *CT scans are always performed, often lung changes without visual symptoms, symptoms are not in the foreground* ○ *Rapid increase in cases at the beginning 10-22 Jan, 23 Jan to 2 Feb decline, 2 Feb many patients were called in and examined, all onset of symptoms at the beginning of February, artefact but still real* ○ *Case definition adjustments: in between not enough test capacities, clinical cases without test included as confirmed, when testing went back, approach was cancelled, was useful to have a secure case overview* ○ *New cases worldwide no longer have much to do with China* ○ *In China, the fall curve initially rose sharply and R0 was barely reduced; measures were taken to contain the event (R0 <1 achieved)* • *Pathogen properties*	*FG37*

	○ *Zoonotic origin, probably several overspills, several transmission instances on the market* ○ *Age distribution: children 2% of cases in large study, paediatric hospital confirmed all without complications; also not prevalent in transmission chains; schools, daycare centres are not in the foreground, children not an important link in transmission chains; excreted in stool for a long time but unclear whether live virus; role of children rather atypically subordinate (unlike influenza), more studies need to be carried out* ○ *Not all younger cases have ARDS, last weekend 2 young doctors (in their 20s) died, possibly great exhaustion due to heavy workload (weakened immune system), on the spot shock that they didn't survive despite the good medical system,* ○ *Some cases start mildly, get worse and die, generally mainly severe and critical cases die* ○ *Classic risk factors, pre-existing lung diseases, Diabetes, whether smoking plays a role not clear* ○ *Routes of transmission, now mainly in households, previously HCW and also nosocomial transmission* ○ *Interesting study in Beijing: from the end of January to 13.02. 15,000 ILI patients tested, all negative* • *Clinical management* ○ *Indications for therapy approaches: Studies underway, 1 with chloroquine, also with antivirals, combine all approaches with TCM* ○ *Many studies are underway, some of which are not so good,* *Competition for patients* ○ *Some cases go into ARDS, ECMO relatively widespread in China* • *Measures* ○ *Quarantine measures are considered effective and successful, as are hygiene measures such as hand washing, and in China everyone wears masks everywhere in public* ○ *Contact tracing happens as you imagine and as known from Ebola, every case is questioned, every contact is questioned and brought to the hotel for 14d, in Wuhan 1200 teams of 5 people each, voluntarily recruited, also bring food, for example* ○ *Wuhan under lockdown since 10d, nobody leaves the flat, food is ordered online, city is empty* ○ *HCW switched to total protective clothing to minimise nosocomial transmission, all also Currently with protective goggles, mask and full-body suit; hardly any transmissions; intensive monitoring of the*	

	HCW; psychological support; pay attention to breaks; 40,000 HCW were sent to Hubei from other provinces • *Questions* ○ *Which of the non-pharmaceutical measures is the most important? Classic epidemiological work is very important, preparation of the GA* ○ *Closing off towns, neighbourhoods, zoning: useful or counterproductive? In China this is possible and works, outbreak has been better controlled as a result, these measures must be adapted to the outbreak situation, elsewhere this is not possible, would make sense but may not be realistically feasible*	
1	**Current situation** **International** • *Cases* ○ *81,016 (+863) cases worldwide, thereof 2,764 (+61) Deaths, lethality 3.4%* ○ *China (incl. Hong Kong, Taiwan and Macau) 78,191 (+410) cases, including 2,718 (+52) deaths, mortality rate 3.5%; 8,552 (10.9%) "seriously ill"* ○ *Hubei province 65,187 (+401) cases (80.5% of total), 2,615 (+52) deaths, mortality 4.0%, 8,326 (13%) "serious"* ○ *International 37 countries (+4) with 2,825 (+453) cases, of which new* ▪ *253 South Korea, 94 Italy, 34 Iran, 24 Bahrain, 11 Japan, 7 Kuwait, 7 Spain, 1 Singapore, 3 Thailand, 4 USA, 3 Germany, 2 France, 2 Oman, 4 Iraq, 2 Austria, 1 Switzerland, 1 Croatia, 1 Algeria* ○ *No new Diamond Princess cases (691 in total)* ○ *Internationally 46 deaths, mortality 1.6% (15 Iran, 12 South Korea, 11 Italy, 4 Diamond Princess, 2 Japan, 1 Philippines, 1 France), 104 severe cases (3.7%)* ○ *Europe (WHO region) 12 countries with 384 cases (+105) (FR, DE, IT, SP, SE, UK, FI, BE, RU, Austria, Switzerland, Croatia)* • *Risk areas Development* ○ *Declining trends in China, slight increase in Hong Kong* ○ *Italy: +92 cases, 11 deaths (3%), 2 clusters, more cases also in other provinces; many cases outside Italy in connection: Spain, Austria, Algeria* ○ *South Korea: new cases of the same 2 clusters, 15 countries have established travel restrictions* ○ *Iran: 34 new cases, 16 deaths (16%)* • *Risk areas RKI* ○ *Expansion of risk areas in northern Italy: RKI is in favour,*	*ZIG1*

	ECDC currently has China, Hong Kong, Singapore, South Korea, Iran, and three provinces (including Piedmont) in Italy. o *Discusses with BMG today, RKI hopes to be able to adapt it quickly* **AA** • *Concerned about consequences regarding transport, economy, etc. if risk areas are extended* • *Consultation with Italy on how community transmission is assessed there should take place* • *The most stringent criterion is that cases are exported* **National** • *BaWü* o *25-year-old returnee from Italy with 13 contacts under home isolation, clinically stable, went to the GA himself and was cancelled, then hospitalised after all, Partner also confirmed in the meantime* o *Had first symptoms just under 48 hours after flight, therefore no flight CoNa, Milan was informed, case was quickly in media, §12 transmission followed promptly* o *Still manageable, no request for support* • *NRW, LK Heinsberg, 300-400 persons-village* o *47-year-old, real estate agent, with probable Chinese business partner, symptoms since 14d, severe underlying disease (malignant melanoma), initially not seriously ill, was at carnival event and meeting, he and wife (now also confirmed positive) symptomatic for a long time, various contacts to the health system, university clinic, pharmacy, radiology, also family contacts, two school-age children, was in hotel in NL, was taken to hospital in Düsseldorf, seriously ill and intubated, experimental therapeutics are being procured,* o *KoNa initiated, also §12 transmitted, NRW has convened crisis team, district administrator has closed schools and cancelled events today* o *NL have already enquired before we had §12 transmission* o *All contact persons treated as category 1, 400 people were advised to quarantine at home (not ordered)* o *NRW asks for support, RKI provides team, 2-3 RKI employees are to travel there* • *Suspected case transmission: 53 validated substantiated suspected cases (+6), 11 excluded, result still pending for 1 in Neukölln* • *Cases submitted under §12 should also be entered in SurvNet; a systematic reminder is sent when §12 is received*	*IBBS* *FG32/FG36*

	• *To declare risk areas within Germany: being pursued, not enough information yet* • *Some federal states already want to move from containment to the next phase* • *Info about EWRS* ○ *Spain requests repatriation of hotel guests to their respective countries, would like to dissolve hotel* ○ *These include 152 German citizens and many other (mainly European) nationalities* ○ *Bundeswehr was not yet informed and is getting smart*	
2	**Findings about pathogens** **Epi-Matrix/Exciter profile** • *Info is needed now, sent around again yesterday* • *Existing reservations must be mentioned, it is an expert selection from available data, should be ready for publication tomorrow, tomorrow afternoon on the website* *ToDo: Finalisation of epi-matrix/pathogen profile, publication online tomorrow afternoon*	*FG36/all*
3	**Current risk assessment** • *Homepage updated, now risk for general population in Germany "low to moderate", fits better with current assessment* **Modelling approaches for COVID-19 scenarios (slide link)** • *Modelling of case numbers based on 3 aspects* ○ *Propagation dynamics: number of susceptibles probably predominant proportion of the population, R0 controls total affectedness Duration of infectivity → rapid spread, infectivity of asymptomatic cases Countermeasures → this determines the spread* ○ *Impact: % of sick, hospitalised, dead* ○ *Impact on the healthcare system: duration* • *s. Slides for details Case numbers per age group* ○ *Measures depend heavily on % of asymptomatic transmissions* ○ *R0 of 2 set relatively low, 95% do not fall ill, R0 of 3, faster dynamics, higher number of infected and dead older people* ○ *In >60-year-olds up to 100,000 deaths (R0 = 2), many would not be aware of the infection* ○ *Slowdown when transferring in summer reduced (1/3 of winter), seasonal R0*	*all* *Buchholz/an der Heiden*

	• *Motivation RKI modelling of case numbers and sensible measures: worrying numbers lead to activism on how best to remove infected people from the system to reduce the clinical burden, serves the recommendation "removal of infection foci from the event only possible by X, Y, Z"* *ToDo: Modelling of possible measures*	
4	**Communication** **Public relations** • *Risk assessment adapted, rapid updating essential* • *BMG will go to the press alone this afternoon, possibly a crisis team will be called, no advance statement on the situation in the federal states* • *BMG press spokesman also announces regular press statements by the RKI, the first tomorrow at 10 a.m., probably about 45 minutes daily: situation presentation, 1-3 questions, bilateral interviews* • *Press continues to answer questions, refers to Schaade interview* • *FAQ update also continues* **RKI website** • *Website has problems and is not well available (six-fold increase in access figures), ITZ Bund is informed and Mr Golz is behind it* • *Reference to this and to Schaade's interview on Twitter* • *LZ has sent the most important documents as ZIP files to enquirers* **BZgA** • *Search for translation agencies into Korean* • *Information sheets will be embellished if necessary* • *Today at 3 pm TK with BMG and RKI* **German Armed Forces** • *Also extremely high demand* • *Personnel distributed worldwide, repatriation considerations underway* **BMG Hotline** • *Is fully utilised* • *Rostock cannot expand its hotline* • *NRW has its own hotline* **ITB Berlin (04 - 08 March 2020)** • *Claims BMG, in coordination with RKI, has pronounced assessment as very low* • *Press has already contacted the correction*	*Press*

5	**Documents** **Flow chart** • *Should help answer the following questions: Do I need to test? Do I need to be hospitalised?* • *With new cases in Germany situation changes a lot* • *Is linked to risk areas, is primarily understood as "in connection with foreign countries", but uncertainty regarding Italy and federal states is growing rapidly* • *Testing* ○ *Outpatient testing is possible, would be a great simplification, this does not mean that containment is abandoned, but the decision tree is simpler* ○ *Testing in hospital other topic, avoidance of nosocomial spread* • *Procedure with patients* ○ *Doctors in private practice are worried about their protection, dealing with patients in practice, are left alone, help for them is important* ○ *Inpatient admission of justified suspected cases not realistic for long, soon in Germany (NRW?) and abroad no longer a strict separation of justified and not justified* ○ *Possibly millions of suspected cases that fall under risk groups in the near future, hospitals will be overwhelmed* ○ *Proposal: Hospitalisation only according to severity of illness and domestic circumstances, initially confirmed cases still in hospital, but simplification for suspected cases* ○ *Is now the right time to treat suspected cases as inpatients if possible?* • *IBBS implements proposal and votes in a small circle* • *Transmission of suspected cases must continue to be based on the case definition* *ToDo: Finalisation and coordination of flow chart by IBBS, rapid publication* *ToDo: Preparation of a map for Germany where cases are located* **Further documents in progress** • *Domestic quarantine document, coordination with FG36, today until 3 pm on website* • *Concept for dealing with suspected cases in the home environment until laboratory results (approx. 24h), must be issued today together with flow chart* • *Concept for dealing with confirmed case at home if treatment is carried out at home* • *Measures in the population as alternatives to state*	*IBBS* *IBBS/FG36/ FG14* *All* *FG36*

	ordered quarantine, contact-reducing measures, RKI pandemic plan exists, reference is made to this, is not sufficiently known to BMG • *Paper for stocking medicines* ○ *Yesterday conversation with Halfmann and Rottmann, would like RKI position on statement whether federal government must stockpile* ○ *Should we stockpile some drugs (e.g. also RKI as employer for employees); what is useful for which experimental therapeutics, Remdesivir, Kaletra and chloroquine → Data situation actually not yet sufficient for procurement* ○ *BMG to contact manufacturers to clarify availability, if poor, decision whether risk of procurement should be taken* • *BfArM: Position published on export ban for certain medicines from Germany* **Framework concept** • *Finished, agreed, draft goes to the BMG today, Silke Buda finalises and sends it off*	*IBBS* *FG36*
6	**Laboratory diagnostics** • *Yesterday 17-18 samples received with the new documents, all negative, this morning 40-45, continues to increase, integration is well accepted* • *Coupling to round robin tests: 3,500 laboratories approached for diagnostics extension to broaden laboratory base, letter went out yesterday and there has already been feedback* • *Expect viruses from Italy and Japan* • *Questions from Italian television about how much testing is being done in Germany, survey is underway, figures not until next week, approx. 1,000 in KL, KL and BW a total of 2,000 to date, statement "several thousand" by the press is ok*	*FG17/* *AL1* *ZBS1* *Press*
7	**Clinical management/discharge management** • *Nothing new*	*IBBS/FG14/ FG37*
8	**Measures to protect against infection** • *PPE discussion continues, MNS in short supply, FFP2 in short supply, enquiries as to whether expired masks can be used* • *Evidence in favour of MNS - no studies showing/against counterproductivity, no evidence in favour* • *ECDC do not recommend them for healthy individuals in the general population* • *RKI remains: not recommended in public, in*	*FG14 all*

	domestic environment with case yes, also for the protection of others	
9	**Surveillance** • *Next §12 Transmissions* • *Please motivate countries in AGI TK to transmit at the same time as §12 transmission in SurvNet, more information and easier to use, e.g. presentation of cases on maps* • *Case definitions - do they have to be changed because of German cases? No, recommendations for doctors are not currently changing either* • *KoNa categories:* ○ *Staying in the same room= category 2, >15 minutes face-to-face category 1, category 2 contacts stimulated to voluntarily reduce contact* ○ *Financial relief if ordered, state disaster control funds should be made available, voluntary quarantine not financially secured, GA decide for themselves in the end, RKI should convey flexibility* • *Testing still only for symptomatic contact persons, also due to risk of false security, health system is designed for diagnostics in case of symptoms*	*FG32*
10	**Transport and border crossing points** • *Ministers have agreed, no border closure, cancellations of mass events should be considered* • *Nothing else new to report*	*FG32*
11	**International** • *Not discussed*	*ZIG*
12	**Information from the situation centre** • *Still gaps in the shift plan, also newly created position press support still empty, call went out* • *IBBS can take over specialist enquiries to infectiologists when clinics call, must be filtered beforehand* • *New LZ training course took place this morning*	*FG32*
13	**Other topics** • *Next meeting: Thursday, 27.02.2020, 11:00-13:00, Situation Centre meeting room*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*27.02.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Silka Buda*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Marica Grossegesse*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 82,167 (+1,151) cases, thereof 2,798 (+34) Deaths, lethality 3.4%* o *China (incl. Hong Kong, Taiwan and Macau) 78,628 (+437) cases, including 2,744 (+26) deaths, mortality rate 3,5%* o *Hubei province 65,596 (+409) cases, thereof 2,641 (+2) Deaths, lethality 4.0%* o *The measures in China are continuing as before and have not been relaxed.* o *More new cases reported internationally than within China for the first time: 46 countries (+9) with 3,530 (+705) cases, of which new* ▪ *449 in South Korea, 18 in Japan, 2 in Singapore, 128 in Italy, 3 in the USA, 44 in Iran, 1 in Australia, 9 in Germany, 4 in France, 1 in Canada, 14 in Kuwait, 4 in Spain, 1 in Finland, 1 in Lebanon, 7 in Bahrain, 1 in Iraq, 2 in Croatia, 1 in Sweden, 1 in Brazil, 1 in Denmark, 2 in Pakistan, 1 in Georgia, 1 in Estonia, 1 in Norway, 1 in Romania, 1 in Greece, 1 in North Macedonia.* o *Internationally 54 deaths, mortality 1.5% (Cruise ship (4), Philippines (1), France (1), Iran (19; +4), South Korea (13, +1), Italy (12, +1), Japan (3, +1))* o *Europe (WHO region) 17 (+5) countries with 524 cases (+140)* o *Italy: 424 cases, of which 258 (60%) in Lombardy and 87 (21%) in Veneto. Measures remain in place. 20 cases that have travelled on from Italy have been reported from 14 countries.* o *South Korea: 1595 cases (+449), including 12 deaths* o *Japan: 189 cases (+17), including 3 deaths. Japan reports first re-infection (including symptoms) in a woman who has already been discharged from hospital. Olympics are not cancelled.* o *Iran: 139 (+44) cases, including 19 (+3) deaths; epicentre Ghom. Many flights cancelled; only Aeroflot still flying, but already fully booked until April. Land routes are also closed.* • *Risk areas RKI* o *South Korea will continue to be monitored.* o *The Lombardy region is also categorised as a risk area due to its distribution in northern Italy.*	*ZIG1*

	ToDo: Ute Rexroth will submit the proposal to extend the risk areas to include Milan and Bergamo to the Federal Ministry of Health. If approved, the Situation Centre will inform the federal states and important authorities (BZgA, AA) about the change to the risk areas. ○ *There is a table on the RKI website with regions with a high incidence of COVID-19 cases (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/fallzahlen.html). The countries are listed according to the number of cases. For countries within Europe, the figures are also listed for the regions/ federal states.* *ToDo: INIG will update the table daily. The data for the cases occurring in Germany is provided by the Situation Centre.* ○ *The AGI should clarify how small-scale risk areas in Germany should be defined (district level, etc.).* **National** • *BaWü* ○ *4 cases: 25-year-old man returning to Italy, his partner, her father and another man who was in Lodi.* • *NRW* ○ *Case 0: 47-year-old, real estate agent, with probable Chinese business partner, symptoms since 14d, severe underlying disease (malignant melanoma), initially not seriously ill, was at carnival event and meeting, was taken to hospital in Düsseldorf, seriously ill and intubated, experimental therapeutics are being procured* ○ *Case 1 is wife of confirmed case, was also at the carnival events, currently hospitalised with pneumonia* ○ *Case 2 is a soldier who also took part in the carnival event and is in the Bundeswehr hospital in Koblenz (RLP). He was infected on 15 February and was at Tropical Island with his family from 20-22 February. The contacts in the swimming pool are too short for an infection. However, the patient should be asked about close contacts during his stay and where he stayed overnight.* ○ *Case 3 has a professional contact with the already confirmed case* ○ *Case 4 is the life partner of case 3* ○ *Case 5 is the neighbour of the already confirmed case and*	*FG36/IBBS*

	was also at the carnival event. He himself is a doctor in a hospital in NRW. o *NRW has asked for support, RKI team consisting of 3 employees travelled to NRW today. If necessary, an IBBS employee can provide support in the collection of clinical data.* o *There is no information yet as to which hospital the other patients (3-5) are in.* o *4 contacts from the soldier are in quarantine, 2 are symptomatic. Test results still pending.* o *NRW only has limited laboratory capacity and cannot test all samples from symptomatic contact persons. RKI offers support with testing.* • *So far, both infected HCWs have been infected through private contacts with cases.* • *16 cases have been submitted to SurvNet. 1 case from BaWü has been entered, but data is still missing. In addition, 4 new Suspected cases, none of which fulfil the case definition.*	
2	**Findings about pathogens** **Epi-Matrix/Exciter profile** • *Finalisation is planned for this afternoon by FG36.*	*FG36*
3	**Current risk assessment** • *No changes*	*all*
4	**Communication** • *Today there was a press briefing with the President, VPräs and the press office, which was well attended. Topics included recommendations for citizens, bottlenecks and vaccinations. The press briefings take place daily at 10 a.m. - unless there is nothing to report. Tomorrow's press briefing will be attended by Mr Mielke instead of Mr Wieler. The press briefing will be posted on the RKI page "RKI in the media".* *ToDo: There are many meetings and PKs. Important statements/language rules should be collected. The FAQs already provide a good basis.* • *At the BMG TK, the topic of media and communication played a major role: There was criticism that the websites (RKI, BZgA, WHO) did not work. Further advertising campaigns in regional and national newspapers, radio adverts etc. are planned (each in coordination with the RKI and BZgA). The capacities of the BMG citizens' hotline are to be expanded and the federal states are to be asked in the AGI TK to set up their own hotlines.* • *RKI website: Problem was reported to the Federal IT Centre yesterday at 08:30, problem was solved around 18:00. The RKI had previously used a shared firewall, which was probably damaged due to the high number of hits on the website. Now the RKI has its own firewall.*	*VPräs, AL3, Press*

	• *There are numerous new documents (on home quarantine, outpatient care) on the website. The flow chart, risk areas, case numbers and information for travellers have been updated. In addition to the German, English and Chinese versions of the information for travellers, the BZgA is also producing a Korean version.* • *In the EpiBull there will be a reference to testing for SARS-COV-2 as part of the AGI.*	
5	**Documents** • *Mr Schaade will give a 15-minute presentation at the AOLG on 4 March.* *ToDo: The LZ prepares the presentation based on the presentation given at the internal seminar. There are already 3 slides from Mr an der Heiden. Please send the presentation to Mr Schaade on Monday.* • *There should be an extra category in the document "Management of contact persons" for medical personnel who were adequately protected. FG36 makes a proposal.*	*VPräs, FG36*
6	**Laboratory diagnostics** • *AGI: 56 samples received, 41 samples have already been tested for SARS- CoV-2 -> all negative.* • *The results are not yet in the Epi database. FG31 is working on the technical problem.* • *F o r the laboratory query, the Voxco query was sent out on Monday (24/02/2020).* • *ZBS1: Weekend services organised. It is possible to test samples from NRW.* • *Question of how more swabs can be collected by doctors' surgeries. There would be the possibility, as with Grippeweb plus, for people to swab themselves. Material for SARS-CoV-2 is available. FG36 will send AL1/FG17 the instructions for taking samples as part of Grippeweb plus as a template.*	*FG17/* *AL1* *ZBS1* *Press*
7	**Clinical management/discharge management** • *Studies on therapy have not yet been completed. 3 drugs are available: Remdesivir, Kaletra and chloroquine. The BMG (Ref. 113) is checking stocks and reordering if necessary.*	*IBBS*
8	**Measures to protect against infection** • *In external communication, it must be made clear that the containment phase will flow smoothly into the mitigation phase and that the measures already initiated should be continued as far as possible. This also includes contact tracing, which should be continued even in the event of a major outbreak.* • *In order to support contact tracing in terms of personnel, the BMG's special contingent could be utilised. Both the federal states and the RKI itself*	*FG14* *all*

	could train MAs (e.g. students from relevant disciplines such as medicine or public health) and send them out to provide support. The work of these mobile teams could include conducting interviews or operating a hotline. At the AOLG next week, Mr Schaade will encourage the countries to set up mobile teams and train them with the help of the RKI. This can also be addressed in the AGI. • *If necessary, programmes such as SORMAS or GoData could be used. There is already a 2-day training workshop for GoData. FG32 is currently checking which of the two tools would also be compatible with SurvNet.* • *The Academy for Public Health could also be involved (especially for training).* *ToDo: Mr Eckmanns is to draw up a concept for the establishment and training of mobile teams. This will be coordinated with FG32, FG36, ZIG1 and ZV1 (regarding contract, occupational health and safety, etc.) and then presented to the BMG.* • *Communication on the continuation of the measures beyond the containment phase should take place in advance.* • *IBBS used to have a campaign on "presenteeism" (working despite illness).* *ToDo: IBBS will propose to the BMG that the materials from this campaign also be used for the current situation. If approved, the BZgA should take care of the implementation of the campaign.* • *BMG asks when mass events can be cancelled. This must be decided on a case-by-case basis; a list of criteria for assessment is drawn up by FG32 on the basis of a WHO document and a summary is sent to the BMG* *→ Important documents/decrees such as this should also be shared with the crisis team.* • *There is no information on the evidence of the effectiveness of quarantine measures (e.g. swabbing). Although a paper was published on Ebola fever in West Africa, the situation in Africa cannot be compared with that in Germany. The focus should be on contact tracing in order to break the chains of infection.*	
9	**Surveillance** • *Not discussed*	*FG32*
10	**Transport and border crossing points** • *Not discussed*	*FG32*
11	**International** • *Nothing to add*	*ZIG*
12	**Information from the situation centre** • *Not discussed*	*FG32*
13	**Other topics** • *Next meeting: Friday 28 February 2020, 13:00-14:00,*	

Situation centre of the RKI	*Situation centre meeting room*	*Agenda of the 2019nCoV-Lage-AG*	

WG meeting "Novel coronavirus (2019nCoV) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (nCoV), Wuhan, China*
Date:	*28.02.2020, 1 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth,*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silka Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Marieke Degen*
- *ZBS1*
  - *Marica Grossegesse*
- *INIG*
  - *Andreas Jansen*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *83,333 (+1,166) cases worldwide, including 2,855 (3.4%) Deaths (+57)* o *China (incl. Hong Kong, Taiwan and Macau) 78,920 (+292) cases, including 2,788 (3.5%) deaths (+44), 8,056 severe courses of disease (10.2%)* o *Hubei province 65,914 (+318) cases (83.4% of cases in China), including 2,682 (4.1%) deaths (++41), 7,633 severe cases (11.6%)* o *Internationally 52 countries with 4,413 (+874) cases,* ▪ *New cases in the following countries: Australia, Austria, Belarus, Canada, France, Germany, Georgia, Iran, Iraq, Israel, Italy, Japan, Kuwait, Lebanon, Lithuania, Netherlands, Nigeria, Norway, Oman, San Marino, Singapore, South Korea, Spain, Sweden, Switzerland, United Arab Emirates, UK)* ▪ *New countries with cases since yesterday: San Marino, Belarus, Lithuania, Netherlands, Nigeria* o *International 67 (1.5%) deaths (26 Iran, 13 South Korea, 17 Italy, 4 "Diamond Princess", 1 Philippines, 4 Japan, 2 France), 94 heavy Course of the disease (2.1%)* o *Europe (WHO region) 823 cases (+280), of which 19 (2.4%) deaths (+5), 21 serious illnesses (2,6%)* • *Trend analysis (slides here)* o *China: Beijing 10 new cases, measures on the ground apparently continue, trend in all provinces continues to decline, including Hong Kong (small number of cases)* o *100s of cases* ▪ *Italy: sharp increase, 650 (+252) cases, mainly Lombardy (7/11 provinces), Veneto (+40), Emilia Romagna (+50), export of 34 cases to 21 countries; quarantine in 11 towns, road closures, school closures in 10 municipalities in Lombardy* ▪ *South Korea: 2,022 cases, 0.6% deaths, increasing number of cases outside the original two Cluster, hospital cluster comes to rest, especially in the two regions (original clusters) strong increase* ▪ *Japan: 214 cases (+25), increasing number of cases with*	*ZIG1*

	unknown source of infection, primary schools closed until the end of March ▪ Iran: 245 cases (+44), Ghom most affected followed by Tehran; government cases cluster, Iran's ambassador to the Vatican died of COVID- 19, young national football player died, young nursing staff also died; Friday prayers in some places (including Ghom, Tehran) cancelled, exported cases, some densely populated areas not yet affected, WHO team flies there Sunday o Otherwise increasing trend in Japan, France, Kuwait, attention should be paid to Bahrain and Kuwait (individual cases from Iran) • Risk areas o Risk area extension RKI: Lombardy, Emilia Romagna technically desired, VPräs agrees this at crisis team meeting o Currently no need for other countries **National** • Cases: 53 (+) confirmed, changing rapidly o Baden-Württemberg +19-20 ▪ 3 cases in Breisgau and Freiburg City (business meeting in Munich at which a infected Italian was present) ▪ 1 case Böblingen, in connection with the existing cluster ex Italy ▪ 1 case Ludwigsburg, detected by virological surveillance (not AGI), 60 yrs, symptoms since 2 weeks, wife works in kindergarten, no epi-Link established yet ▪ 1 case Rhine-Neckar district, ex Italy (South Tyrol) ▪ 1 Rottweil, teacher from Piacenza ▪ Individual cases relating to Italy, accumulation Business meeting in Munich o North Rhine-Westphalia 19 new cases, 4 of which are pending in writing, all presumably in connection with the carnival events surrounding the infected couple o Bavaria ▪ 1 case in Erlangen , in connection with the business meeting in Munich (see above) ▪ Hamburg: Paediatrician UKE, ex Italy Skiing in the Dolomites (written communication) pending), had worked one day **NRW example** • 3 HCW have been infected through personal contact, also generally many contacts to nursing homes, CoNa is running and is very large, 700 known KP, many symptomatic KP currently have no access to testing	FG36 All

	• *Crisis team created, present today at crisis team meeting there, 3 RKI-MA on site, yesterday was told further need not necessary, there would be enough laboratories, information available to GA, other offices were called in to help, many people active, etc.* • *RKI cannot impose itself* • *Bundeswehr also discusses internal NRW support* • *The same event will also develop in other federal states, what is the situation in other federal states?* • *Alternative for procedures with KP that are symptomatic outside the system is necessary* **Procedure with KP** • *Possible approaches* ○ *If necessary, on-call service for doctors, telephone counselling as in England difficult to implement in Germany* ○ *Setting up centralised offices in large buildings? Various logistical problems* ○ *Italy has tents in front of the hospitals* ○ *Centralised contact points in large conurbations, on-call medical services in rural areas* ○ *Self-swab from influenza tissue plus experience a good option, already discussed with KV to overcome weak points of the mask shortage, but logistically not easy: how to get sets to patients, kits in short supply, how to get them to laboratories* ○ *Mobile teams (Bundeswehr, DRK, aid organisations), not necessarily doctors but trained personnel - topic for AGI, mutual support?* ○ *GA seen as part of the municipal administration, people moved in from other offices as reserve capacity* • *Care for corona patients* ○ *Should run separately to avoid nosocomial transmission, not in emergency rooms, not in surgeries* ○ *Countries to create crisis management structure* ○ *RKI basic principle: those who are not seriously ill stay at home until they are contacted → Recommendations for symptomatic KP at home, instructions for* *Self-swab was sent to the federal states, ÖGD of the federal states must decide and implement, request for support possible* *ToDo: FG37 Tim Eckmanns prepares outline of procedure with symptomatic CP by Monday evening/Tuesday* **Procedure with cases** • *How are hospitals structured? Preparation of beds/rooms, often unfortunately in oncology (because usually well ventilated)* • *Coronavirus different from influenza, influenza pandemic plan not*	*All* *All*

	but generally suitable for some aspects • *Example China (where this is possible): complete separation of coronavirus and residual system, fever clinics for testing, extra hospitals, everything separate* • *RKI recommendation: Separation of corona patients from others is the top priority (more important than for influenza), federal states decide, discuss with their hospitals,* *ToDo: FG37 Tim Eckmanns prepares outline of procedure for inpatient therapy (correct preparation, strict control of patient flows) by Monday evening/Tuesday*	
2	**Findings about pathogens** • *Pathogen profile was sent to BMG, no feedback yet, discussions may take place again on certain issues, e.g. "lethality"* • **RKI should no longer use the term *lethality* within the outbreak, it is only the death rate among reported cases** *ToDo: Terminology lethality no longer used in management report and communication*	*all*
3	**Current risk assessment** • *Still valid, no change*	*All*
4	**Communication** • *Press briefing: daily at 10 a.m. (twice), very good response so far, Monday Federal Press Conference at the BMG, Tuesday again at the RKI* • *Enquiries to the press can no longer be managed, solutions are being sought, already support from LZ and BZgA, a telephone pre-circuit to filter out citizens and individual doctors is being established (today or Monday), press comes with e-mail screening (filtering out important enquiries)* *not behind → Other RKI-MA could possibly still support the press?* • *Hotlines* ○ *RKI request for hotline numbers of federal states, KV-en, running, reference can then be made to transmitted hotlines* ○ *BMG hotline also overloaded, considering taking it off the net* ○ *BZgA cannot take it over either* ○ *External company necessary due to further increased demand* ○ *RKI must set up overflow for specialised enquiries*	*Press*

	(Task already assigned to LZ?) o *CTs must be held more accountable, have responsibility for care, increase pressure on them* • *Website:* o *FAQ, many adjustments and new documents, lethality in FAQ will be removed, link to science media centre factsheet* o *Presentation of current epidemiological data, press has many requests for this, should be presented online, incl. geographical presentation by reporting location, problem with repatriates will soon become obsolete, best before daily press briefing, e.g. data status 8 a.m., BMG also wants updates in the evening, soon only once a day?* **BZgA** • *Renewed advertising at the weekend, same and partly additional points, materials are being upgraded, flyers and posters for schools and businesses, not yet clear whether RKI has seen these materials, FG14 and press are investigating* **Management Report** • *BMG wants a representative table presentation of the situation report for the crisis team in the morning, but no more in the evening* • *Regional distribution, initially map with boxes (empty for healed discharged patients, full boxes for currently ill patients)* *ToDo: Integrate map into situation report, LZ, Michaela Diercke gladly with Kerstin Brahm* **Quarantine paper IBBS** • *AGI dissatisfied, positive feedback from the GA, currently circulating, ready by 11 a.m. tomorrow, then goes to GA and into print next week,* • *Cover comes on website with the text that this is only for use by GA*	*FG32* *IBBS*
5	**Documents** • *Paper from FG36 on the 3rd category of KP within the framework of KoNA, Silke Buda sent around last night (~10 pm), LZ should accept all changes, then to press office and on the net* *ToDo: finalise through LZ and to press/on website* **Flow chart** • *Part of the flowchart has been taken out of context and used in extracts, has been corrected by Mr*	*FG36/ LZ* *IBBS*

	Mielke fixed • *IBBS Bettina Ruehe makes 1-2 adjustments* • *Report WHO mission now available online here*	
6	**Laboratory diagnostics** • *BMI sent out a letter yesterday stating that all patients in healthcare institutions should be tested, including asymptomatic patients → Crisis team agrees that this should not be done.* *makes sense* • *Prioritisation of laboratory tests: technical recommendation from RKI (flow chart and accompanying document) is in place, implementation is subject to federal states, should also be communicated to AGI in this way* • *GHPP enquiry Test capacities in partner countries underway* • *40 samples received by AGI Sentinel, bad experience with contaminated primer, 4 weeks' supply of good primer, repeat or new order in progress* • *Virologist Streek (Bonn) in the morning programme on laboratory capacities: Difficult to replenish with suspected KP numbers* • *Ask ZIG to whom they may have sent primers*	*FG32* *all* *ZBS1* *FG17*
7	**Clinical management/discharge management** • *See also above under Location national* • *Surveillance of cases under HCW* ○ *Very important to see where infection was acquired* ○ *Is integrated into SurvNet as soon as they are tested positive (when completed)* ○ *Also included in the paper on 3rd category of KP (see above under documents), keep a diary, note if protection is not so adequate* ○ *To be handed over to the Association of Company Doctors* • *CT capacities: China 200/CT/day, currently certainly not possible here*	*IBBS/FG14*
8	**Measures to protect against infection** • *IBBS paper on outpatient care for sick people* ○ *Possible outpatient management of mildly symptomatic cases at home, but high attack rate among family members* ○ *Paper has been finalised, but will not be published immediately and has not yet been widely agreed, still awaited* • *Outpatient management of suspected cases before confirmation, is published, therein "Pregnancy represents immunosuppression", should not be understood as necessarily leading to a worse course, are not currently documented as a risk group, this is being*	*IBBS*

	removed to avoid misunderstandings • *Dealing with mass events (AGI topic): was sent to BMG yesterday with key points for decision-making, was very welcomed by BMG, AGI would also like to have draft, internally it can be shared* • *Hate calls from doctors due to lack of masks* ○ *Masks can only be provided with industry support* ○ *BMG together with Ministry of Labour in talks with industry* ○ *FG14 drafts FAQ where responsibilities and activities are explained* ○ *FAQ must be well thought out and coordinated with BMG* • *Hate calls from pharmacies to FG14: no more disinfectants, some produced by themselves, but raw materials are running out*	*Press FG14*
9	**Surveillance** • *Conversion of Section 12 transmissions to electronic procedure desirable, SurvNet lags 1-2 days behind; cannot be implemented quickly if case numbers rise sharply less relevant? currently only appeals and requests possible* • *Previously there was the option to click on §12 in SurvNet, now only the form with a lower level of detail, but age and gender have now been integrated*	*FG32*
10	**Transport and border crossing points** **Expansion of the planned measures at airports** • *Spahn announced yesterday that travellers from other countries must also fill out exit cards, the RKI FAQ still says China returnees, no order* • *Expert group IGV-named airports and RKI do not agree and are all of the professional opinion that this is not sensible from an infection epidemiological point of view and logistically not feasible, was announced in Tagesschau by Spahn*	*FG32*
11	**International** • *Strategy question: How do we provide international support, how do we prioritise the secondment of RKI-MA, RKI does not currently have enough people here, so secondments should be avoided with some exceptions* • *In the case of international deployments, a distinction may be made, e.g. Tim deployment in China, support for Iran* • *IBBS sends an employee to the Berlin Senate for 3 months to provide support*	*ZIG*

12	**Information from the situation centre** • *Collaboration between LZ and subcontractors should be made more efficient, e-mail distribution lists adapted, etc.* • *Problem: lack of continuity of positions in the centre, a few people take on many shifts, the rest do so selectively, leading to fluctuations, duplication of work and loss of efficiency* • *Training/inclusion of new employees in LZ is not worthwhile for a few shifts, consistency of staffing is very important* • *Many FGs underrepresented, some departments barely represented (86% Dept. 3, 10% ZIG, others in single figures)* • *Open shift lines, numerous positions not filled in advance/ sufficiently (e.g. liaison press, international communication)* • *Medical knowledge is not a prerequisite for LZ work* • *A request by the management of the secondment of certain employees for longer-term cooperation is necessary*	*FG32*
13	**Other topics** • *Next meeting: Monday, 02.03.2020, 11:00 a.m., Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.03.2020, 11 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* ○ *89,068 (+2,088) cases worldwide, thereof 3,049 (3.4%) Deaths (+70)* ○ *China (incl. Hong Kong, Taiwan and Macau) 80,170 (+204) cases, including 2,915 (3.5%) deaths (+42), 7,063 severe courses of disease* ○ *Hubei province 67,103 (+196) cases, thereof 2,803 (4.2%) Deaths (+42), 6,872 serious illnesses* ○ *Internationally 64 countries with 8,898 (+1,884) cases,* ▪ *New cases in: Algeria (2), Egypt (1), Armenia (1), Australia (4), Bahrain (6), Belgium (1), Brazil (1), Denmark (1), Germany (51), Dom. Rep. (1), Finland (3), France (30), Indonesia (2), Iraq (6), Iran (385), Iceland (2), Iraq (3), Italy (566), Japan (15), Canada (4), Qatar (2), Croatia (1), Kuwait (1), Lebanon (6), Malaysia (4), Mexico (1), Netherlands (3), Norway (4), Austria (5), San Marino (7), Sweden (1), Switzerland (6), Singapore (4), Spain (26), South Korea (686), Thailand (1), Czech Republic (3), USA (18), UAE (2), UK (13)* ○ *International 134 (1.5%) deaths: Australia (1), Cruise ship (6), France (2), Iran(54), Italy (34), Japan (6), Philippines (1), San Marino (1), South Korea (26), Thailand (1), USA (2)* ○ *At least 285 severe courses of disease* ○ *Europe (WHO region) 2,224 cases (+727), of which 37 (1.7%) deaths (+6), 158 serious illnesses* • *Trend analysis (slides here)* ○ *China: Hubei region (excluding Wuhan) has only 3-4 new cases. The risk areas are adjusted and the cities of Wenzhou, Hangzhou, Ningbo and Taizhou in Zhejiang province are removed from the RKI website.* ○ *South Korea: no change; risk areas remain* ○ *Italy: Since this morning, the Emilia Romagna region has also been listed as a risk area on the RKI website. Initially, only the province of Piacenza was affected in Emilia-Romagna; subsequently, cases were also reported from the provinces of Parma, Modena and Rimini. Cases from Italy were also exported to Malaysia and South Korea. In Liguria, there was a rapid increase in the number of cases →The The region will continue to be monitored more closely.*	*ZIG1*

	○ *USA: In the US state of Washington, the genetic sequences of the virus from two people were compared with each other. The genetic similarities between the first case, which was confirmed on 20 January, and a case that became known on 29 February, indicated that the more recent case was caused by the first case.* *and that the virus may have been spreading for 6* ➔ *The situation in the US state of Washington is therefore being further analysed.* *observed.* ○ *Iran: 978 (+385) cases; 54 (+11) deaths; mortality rate: 5.5%; Tehran (n=349) has more cases than Qom (n=139), Guilan (n=101) or Markazi (n=67). Andreas Jansen (ZIG1) is on his way to Iran. WHO Country Office confirms to ZIG the severity of the situation on the ground.* *ToDo: ZIG contacts the Federal Foreign Office to discuss the situation in Iran, especially Tehran, and to declare the latter a risk area if necessary.* ○ *Australia is the only country in the southern hemisphere where SARS-CoV-2 is circulating.* *→□□□□□□□ whether this occurs in other countries in the southern hemisphere.* **National** ○ *Cases: 150 confirmed (1 BE, 19 BW, 26 BY, 1 HB, 10 HE, 2 NI, 86 NW, 2 RP, 2 SH); exposure sites known for 140* ○ *49 counties, 10 federal states* ○ *Cases only partially in SurvNet* ○ *Heinsberg most affected (n=85). According to the district administrator, the district cannot function if everyone is in quarantine. Measures have therefore been cancelled, RKI MA withdrawn. Offer of support still stands.* ○ *As more than half of the cases come from the Heinsberg district and no quarantine measures are in place, it should be proposed to the BMG that the Heinsberg district be declared a risk area. Addendum: The BMG has refused to declare the district of Heinsberg a risk area!* ○ *There have been international enquiries about the situation in Germany. The current number of cases etc. is shared internationally.*	*FG36, FG32*
2	**Findings about pathogens** • *The pathogen profile has been sent to the BMG. The BMG is asking for the text to be revised and for figures to be specified. There are various figures in the literature and the RKI should commit to one figure. FG36 will endeavour to reduce the figures and - where appropriate - add an explanatory sentence to the figures. The pathogen profile should be published as quickly as*	*all*

	possible.	
	published as far as possible.	
3	**Current risk assessment** • *The press office has already written a more general text.* • *Further changes were made during the crisis team meeting. The risk to public health in Germany is assessed as moderate. There is no specific grading of the risk assessment with regard to certain regions/districts (e.g. Heinsberg). The BMG criticised the RKI for initially classifying the risk as too low. However, it should not be escalated too much in order to avoid panic etc.* • *The available studies already provide information on the severity of COVID-19, and the pathogen profile, which is due to be published soon, will provide further figures. The mission report of the WHO mission, in which Tim Eckmanns was involved, also provides data.* *ToDo: The press office will publish the risk assessment on the RKI Update website*	*All*

4	**Communication** • *The mission report of the WHO mission, in which Tim Eckmanns was involved, is to be published on the RKI website. Extracts from the mission report are to be published in the Ärzteblatt.* *ToDo: The Situation Centre writes an article for the Ärzteblatt from the 3-4 pages of the WHO Mission Report suggested by Tim Eckmanns.* *ToDo: The press office uploads the WHO Mission Report to the RKI website.* **BZgA:** • *A list of the hotlines for COVID-19 in the federal states is to be published on the website www.infektionsschutz.de.* • *Expansion of the range of information and media (e.g. information sheet for employers and also for employees on hygiene measures, for example).* • *As soon as the "Outpatient guidance" document has been completed, the BZgA will adapt it for the public so that there are instructions with specific behavioural advice. In general, the FAQs already contain information on behaviour in the event of a suspected COVID-19 infection.* **RKI** • *Please do not make the FAQs too detailed and detailed - especially in matters for which the RKI is not responsible. For example, there is information on Tropical Island but not on the carnival in Heinsberg.* • *The figures on the RKI website are used in the media (e.g. Tagesschau). Regular updating is therefore important.* • *Mr Wieler will attend the press briefing tomorrow at 10 am.*	*Press* *BZgA* *Press*
	• **Presentation of epidemiological data on the website:** *The data originates from §12 transmissions, press releases etc. and not exclusively from SurvNet. A switch from §12 transmissions to electronic procedures would be desirable. Cumulative data (age range, number of districts, etc.; no individual case descriptions!) should be published on the RKI website. In future, the data should also be available on SurvStat. SurvNet would also contain information on hospitalisation. However, as every confirmed case in Germany is currently hospitalised, this could give a false picture of the severity of the disease and should therefore not be published.* *ToDo: FG36 should draw up a proposal for a definition of a "serious case". This can be discussed with the ECDC during today's TC and presented to the crisis unit in a timely manner.* *become.*	*FG32*

5	**Documents** • **Flow chart - protective measures**: *A meeting between the KBV, IBBS, FG36, AL1 and Präs will take place today at 5 pm to revise the flow chart in view of the possible shortage of masks.* • **Flow chart - geographical reference:** *The reason for testing for SARS-CoV-2 may have to be independent of regions at some point. The flow chart is based on the case definition, which would therefore have to be adapted first.* *ToDo: FG36 is working with IBBS to consider how the case definition and the flow chart could be adapted. A proposal will be presented to the crisis team next Monday.* • **Outpatient management: This** *is closely linked to the change in the flow chart and will also be adapted by IBBS following the meeting with the KBV. There are currently two papers that are to be merged into a single document.* • **Social distancing:** *Document is sent to the AGI by FG36 in advance for information.* • **Discharge criteria:** *The document must be adapted. A value should be defined in the PCR as to when hospital treatment is no longer necessary. However, as it cannot be guaranteed that a patient is then no longer infectious, isolation at home should be recommended.* *ToDo: Adaptation of the discharge criteria by FG36 and IBBS. Discussion of these at the AGI TK tomorrow. Resubmission to the crisis team by Wednesday next week at the latest.* • **Self-sampling instructions:** *according to the instructions, those affected should take a nasopharyngeal swab. Previously, it was recommended to take both a nasopharyngeal and an oropharyngeal swab. Both a nasopharyngeal swab and an oropharyngeal swab are recommended.*	*FG36/ LZ* *IBBS*
	not easy for non-professionals and harbour a risk of injury. *ToDo: FG36 discusses the possibility of a swab from the nasal vestibule or an examination of the nasal lavage water as a method for SARS-CoV-2 diagnostics by self-sampling with the KL. In addition, it is checked which method is used for influenza web plus. If there is no adequate method, self-sampling will not be used.* • **Contact tracing:** *FG37 is in charge. BMG is to review the document today, then it will be discussed with the AGI tomorrow* *ToDo: Situation centre sends document on contact tracing to the BMG*	
6	**Laboratory diagnostics**	

	• *VOXCO query: The query should not only ask about the number of current tests etc., but also about capacities for testing. So far, only 11 laboratories have registered (invitation was sent a week ago Monday). Data on testing should also be collected in ARS. ARS has 80 laboratories and can draw attention to the VOXCO link to the laboratory enquiry.* • **Laboratory bottleneck:** *ZBS1 has enough capacity to provide support. Charité recently had 87 tests. But KL knows that the RKI can test.* *ToDo: ZBS1 and FG17 inform again that RKI has capacities for testing.* • **NRW laboratory:** *In NRW, laboratories have prioritised which samples are tested. As a result, some of the samples from symptomatic contacts were not processed. The AGI should draw the laboratories' attention to the RKI diagnostics paper, which states that "symptomatic contacts should be tested".* • **Asylum seekers:** *The Federal Ministry of the Interior has issued a decree ordering asylum seekers to be screened for SARS-CoV-19.* • **Diagnostic procedure:** *The check as to whether swaps have been taken off correctly has been over-checked. The protocols for this are shared.* • **Laboratories Europe:** *On 29 January 2020, there was already a survey in Europe on laboratory capacities for SARS-CoV-2 testing. This enquiry is to be repeated.* • **AGI Sentinel:** *over 140 samples so far, all negative. Nevertheless, surveillance by the AGI is an important pillar for identifying community transmission. It has yet to be decided when syndromic surveillance will be reported on in the RKI situation report.* • **Conamination:** *There were 2 companies that were affected. New batches are OK. The RKI was informed via the EVD-LabNet.* • **Shortages of test kits:** *Quiagen and Altona provide test kits worldwide. The kit from Altona was tested at the RKI.*	*FG32* *all* *ZBS1* *FG17*
	Compared to the in-house assays of the RKI, the test kits work well. Bottlenecks are not to be expected. The RKI can test 2,000 samples. The ZIG has also contacted international providers and they do not expect any bottlenecks. However, most laboratories work with in-house assays.	

7	**Clinical management/discharge management** • *FG32 is in contact with the "German Interdisciplinary Association for Intensive Care and Emergency Medicine" (DIVI), which maintains a database containing an overview of, for example, the existing isolation capability of hospitals. IBBS will discuss this in a TC and ask to what extent the network can be expanded.* • *Patient management: In organisational terms, COVID-19 patients in hospitals can be treated as cohorts. Countries should have plans in place - including regulations in pandemic plans.* *ToDo: Countries should be asked in the AGI whether there is a need for documents for patient management.*	*IBBS/FG14*
8	**Measures to protect against infection** • **Protective masks:** *The BMG has offers for protective masks from two manufacturers (1x Asian supplier, 1x German supplier) and is reviewing offers. Millions of masks can be ordered promptly, so that a bottleneck is not to be expected.* • **Disinfectant***: is sold out in pharmacies. FG 14 will emphasise the importance of hand washing.* • **Dealing with mass events:** *Document with criteria has been submitted to the BMG. Due to the increasing spread of the virus, consideration should be given to which regular events are held where large numbers of people come together.* *ToDo: FG36 will draw up a list of regular major events for internal use (in order to be able to speak). This will be presented to the crisis team tomorrow.* • **Events at the RKI:** *If possible, events should be held virtually.* • *It should be pointed out that greeting rituals (hugs, shaking hands) should be avoided as far as possible**.** The BZgA should also be informed about this.*	*IBBS* *Press FG14*
9	**Surveillance** • *Already discussed under Communication*	*FG32*
10	**Transport and border crossing points** • **Air travel:** *Lufthansa has no data protection-approved procedure for exchanging passenger data with health authorities. Request that RKI shares data with health authorities via Cryptshare. RKI will do this exceptionally for a certain period of time (1 week). However, Lufthansa should also adopt a procedure*	*FG32*

	such as Cryptshare. • **Air travel:** *Disembarkation cards are only to be completed for people returning from China and not for travellers returning from other risk areas such as Italy.* • **Train traffic:** *Federal police ordered (without consultation with BMG or others) that railway employees who show respiratory symptoms are to be removed after the previous whereabouts and hand them over to health authorities if COVID-19 is suspected.*	
11	**International** • *Andreas Jansen is on a WHO mission on his way to Iran. The situation in Iran is worrying and there are concerns that the virus could spread to neighbouring countries. Due to poor health care, this could lead to a humanitarian crisis. The 2 STAKOB MAs requested will not be deployed for the time being.* • *On Wednesday there will be a discussion with ZIG with colleagues from Singapore.* • *ZIG supports the WHO AFRO region together with the African CDC and Public Health England in emergency management training.*	*ZIG*
12	**Information from the situation centre** • *The BMG is expanding the capacity of its hotline. There may be an accumulation of enquiries from the specialised public. Andreas Bergholz (Dept. 3) is therefore reviewing the Possibilities of setting up a hotline for this at the RKI. The KV could also take on enquiries from the specialist public.*	*FG32*
13	**Other topics** • *Next meeting: Tuesday, 03.03.2020, 11:00 a.m., Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.03.2020, 11 a.m. - 1 p.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG 34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mr Harbaum (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *90,910 (+1,842) cases worldwide, including 3,123 (3.4%) Deaths (+74)* o *China (incl. Hong Kong, Taiwan and Macau) 80,285 (+115) cases, including 2,946 (3.7%) deaths (+31), 6,790 severe courses of disease* o *Hubei province 67,217 (+114) cases, thereof 2,834 (4.2%) Deaths (+31), 6,593 serious illnesses* o *Internationally 72 countries with 10,625 (+1,727) cases,* ▪ *New cases in: Algeria (2), Andorra (1), Australia (2), Bahrain (2), Belgium (6), Germany (35), Finland (1), France (61), India (2), Iraq (7), Iran (523), Iceland (6), Israel(2), Italy (342), Japan (18), Jordan (1), Canada (3), Qatar (4), Croatia (1), Kuwait (10), Latvia(1), Lebanon (3), Morocco (1), MS Diamond Princess (1), Netherlands (8), Norway (6), Austria (4), Pakistan (1), Portugal (2), Russia (1), Saudi Arabia (1), Sweden (1), Switzerland (6), Senegal (1), Singapore (2), Spain (36), South Korea (600), Czech Republic (1), Tunisia (1), USA (16), United Kingdom (4)* o *International 177 (1.7%) deaths: Australia (1), Cruise ship (6), France (3), Iran (66), Italy (52), Japan (6), Philippines (1), San Marino (1), South Korea (34), Thailand (1), USA (6)* o *At least 277 severe courses of disease* o *Europe (WHO region) 2,749 cases (+525), of which 56 (2.0%) deaths (+19), 157 serious illnesses* • *Trend analysis (slides here)* o *China: only 1 case outside the Hubei region* o *South Korea: 600 new cases, highest crisis alert level declared* o *Italy: new cases in Lombardy, Veneto, Emilia-Romagna, imported cases in 37 countries, no new measures* o *Japan: 18 new cases, three-week state of emergency declared on Hokkaido island* o *USA: 103 cases all in Washington, including 6 deaths, Mortality rate 5.8%. Due to the identical gene sequence of a case from 21.01. and a case from 28.02.*	*ZIG1*

	It is assumed that transmission has taken place in the state of Washington in the last 6 weeks, which could have led to several hundred cases. An increase in the number of cases is expected. CDC speaks of "community spread". *To do: W. Haas contacts CDC to clarify what is meant by "community spread".* ○ *Iran: 1,501 (+523) cases, the majority in Tehran; 66 (+12) deaths; death rate 4.4%; no plans to seal off areas* ○ *Egypt: 3 imported cases from Egypt, Egyptian authorities are informed, conducting investigations* ○ *Australia: all 33 cases are imported, generally hardly any cases in the southern hemisphere so far* **National** ○ *Cases: 188 confirmed in 13 federal states (3 BE, 26 BW, 36 BY, 1 BB, 1 HB, 1 HH, 10 HE, 2 NI, 101 NW, 2 RP, 1 SN, 2 SH, 1 TH)* ○ *Exposure sites or contact to confirmed case known for 167 cases (NW-Heinsberg, Italy, Iran, China)* ○ *Cases only partially in SurvNet* ○ *In BW 1 cluster in retirement home with 1 infected carer + 2 residents* ○ *NRW not able to provide information on EpiLag* ○ *As of 02.03.2020 evening: 79 cases in the district of Heinsberg, 22 more related to Heinsberg, 2 of them until yesterday, now 5 hospitalised, rest isolated at home* ○ *In LK Heinsberg, no consistent distinction is made between category 1 and 2 contact persons, with adapted measures in each case. No more quarantine measures with the aim of enabling the maintenance of basic medical care. County does not want any support. RKI sees this as very problematic.* *To do: The concerns of the RKI regarding the situation in Heinsberg should be written down (email) and sent to the BMG. (FG37)* ○ *What options are there for Heinsberg?* ○ *Needs enquiry to district administrator with specific questions; exchange with GA.* ○ *Evaluation by external experts, e.g. hospital hygienists, pneumologists would be useful; knowledge of the situation would be helpful; an expert group could be put together at state level with local experts.* ○ *If individual contact-reducing measures are not effective more, other measures should be proposed at the population level based on local knowledge.*	*FG36, FG32*

2	**Findings about pathogens** • *The pathogen profile should be published as soon as possible.*	*all*
3	**Current risk assessment** • *Still valid, no change*	*All*
4	**Communication** • *There were problems with the Twitter transmission.* • *COVID-19 page is being restructured, please contact the press if you have any requests in this regard.* • *Text on Italy should be removed, instead short text on the events in Heinsberg (abrupt increase, refer to the BL for further information)* *ToDo: Replace text Italy with text on Heinsberg on homepage (FG32)* • *BMG would like to receive reports by postcode for targeted information management in social media. (BBK has app to address regional media, WHO is preparing social risk communication)* *ToDo: Situation centre should clarify for what purpose the BMG needs the postcode.*	*Press* *FG32*
5	**Documents** **Flow chart (revised version)** • *Information on meetings with the KBV: The KBV's 116 117 hotline has a high capacity and a recorded text can be adapted to the situation at hand. Only people who have symptoms should visit a doctor's surgery. For doctors, there is a dilemma between the lack of protective clothing and the requirement in the flowchart to use it. Wearing protective clothing should be limited to procedures that involve high-risk handling (e.g. taking swabs). Occupational health and safety should also be involved. KBV is preparing its own papers.* • *Organisationally separate respiratory consultation makes sense, possibly also in an inpatient setting. Sampling with adequate protection necessary, KBV prepares own papers. Resource-conserving use of protective clothing in surgeries required.* • *Changes to the flow chart can be implemented. It is questionable whether the RKI should still provide the flow chart in future or only make recommendations and the KBV or hospital associations can create a chart themselves if required. Agreement that the RKI flow chart remains useful.* **Outpatient case management:** • *Problem, if mildly ill patients are isolated at home with other family members, this can lead to weeks of quarantine for family members. Therefore, no home quarantine for medical staff*	*IBBS* *IBBS*

	intended. • *Currently prioritising protection of medical staff and vulnerable groups.* **Risk profile of vulnerable groups** • *To be drawn up and sent to the BMG.* • *Questions: What are risk groups and what measures are recommended?* • *Measures that have been shown to be effective in China are are effective, could serve as recommendations/options for action be proposed.* *To do: Create document on vulnerable groups. (FG36)* • *Please always circulate pre-final documents in the crisis management team distribution list.* *To do: Create a crisis team email distribution list so that documents can be circulated before they are finalised. (FG32)* • *If documents are not yet fully harmonised, from* *However, due to time constraints, they have already been sent to the BMG they should be labelled as drafts.* **KoNa concept** • *Has been passed on to the federal states for comment.* **Offers Tools/Dashboard** • *Several meetings are planned to clarify what has already been is developed and could be useful.* • *There is internal controversy as to whether it makes sense to create a parallel system.* *SurvNet.*	*FG36* *FG37* *FG32*
6	**Laboratory diagnostics** • **Contamination:** *There are problems with suppliers of primers (controls are affected), at least 3 companies are affected by contamination. It is not generally known which companies are involved. The companies themselves are obliged to inform customers. No task RKI* • **AGI Sentinel:** *80 samples tested yesterday, all negative.*	*ZBS1* *FG17*
7	**Clinical management/discharge management** **Clinical criteria for hospitalisation of patients with laboratory-confirmed SARS-CoV-2 infection** • *No order, medical decision* **Transfer and cohorting COVID patients in the healthcare sector:** • *Draft framework concept was sent to the BMG.* **Sentinel Practices AGI:**	*IBBS/FG14/ FG37* *FG36*

	• *Positive findings no reason to close practices, mouth and nose protection when taking swabs as with all respiratory diseases*	
8	**Measures to protect against infection** • **Protective masks:** *The BMG will take care of the procurement of protective masks and refers to this on the website.*	*IBBS*
9	**Surveillance** • **Situation report***: Map to be added, currently only with cases. International section to be shortened.*	*FG32*
10	**Transport and border crossing points** • *No special features*	*FG32*
11	**International** • *Andreas Jansen is on a WHO mission in Iran. Full protective clothing is being used at the decision of the WHO.* • *Business trips that are not absolutely necessary should be avoided.*	*ZIG*
12	**Other topics** • *Next meeting: Wednesday, 04.03.2020, 11:00 a.m., Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.03.2020, 11 a.m. - 1 p.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG 34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
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RKI	*Patients with household members who have medical staff and, if necessary, an inpatient treatment should be treatment is preferable!* • *Currently protecting medical staff and vulnerable groups priority.* **Risk profile of vulnerable groups** • *To be drawn up and sent to the BMG.* • *Questions: What are risk groups and what measures are recommended?* • *Measures that have been shown to be effective in China are are effective, could serve as recommendations/options for action be proposed.* *To do: Create document on vulnerable groups. (FG36)* • *Please always send pre-final documents to the crisis management team distribution list. circulate.* *To do: Create a crisis team email distribution list to circulate documents before they are finalised. (FG32)* • *If documents are not yet fully harmonised, from However, due to time constraints, they have already been sent to the BMG they should be labelled as drafts.* **KoNa concept** • *Has been passed on to the federal states for comment.* **Offers Tools/Dashboard** • *Several meetings are planned to clarify what has already been is developed and could be useful.* • *There is internal controversy as to whether it makes sense to create a parallel system. SurvNet.*	*FG36* *FG37* *FG32*
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"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

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Date:	*04.03.2020, 11 a.m. - 1 p.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
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- *INIG*
  - *Sarah Esquen*
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	http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5351&area=nuovoCoronavirus&menu=vuoto domiciliare) ○ *South Korea: 516 new cases; 56.1% of cases belong to the Shincheonji Church cluster, occurring mainly in Daegu; more cases in women than in men, many cases in 20-29 year olds and in 50-59 year olds, deaths increase with age; measures and risk assessment not changed;* *Lack of protective masks* ○ *Iran: 835 new cases; concern about spread in prisons; no change in measures; according to information from Mr Jansen, only hospitalised cases are tested, there is no coNa and no isolation at home* ○ *Japan: few new cases (24)* ○ *USA: 128 new cases including 9 deaths; with cluster in senior residence (9 cases, 5 deaths); on the question of what CDC understands by "community spread", reference was initially made to the WHO definition; restrictions on testing were lifted* ○ *Spain: Numbers are rising, but epidata are only available for 30 cases so far* *Note the term mortality rate/"case fatality rate" (epidemiological proportion of deaths among reported cases)* **National** ○ *Cases: 240 confirmed in 15 federal states (75 counties) (1, BB, 6 BE, 43 BW, 48 BY, 2 HB, 12, HE, 2 HH, 3 MV, 4 NI, 111 NW, 2 RP, 2 SH, 1 SL, 1SN, 1 TH)* ○ *46% of cases can be traced back to the Heinsberg cluster* ○ *LK Freising have many contact persons to trace; will probably submit requests for administrative assistance* *ToDo: Put together a team for Freising for contact tracing* ○ *It is not yet known how many of the cases are HCW.* ○ *Incidence maps per district are planned* ○ *State offices also use press releases, request to use normal reporting channels from EpiLag* *ToDo: compare case figures (from media + reporting figures) with actual reporting figures in the management report* ○ *Quarantine of HCW who are grade 1 contacts can be a problem for the local health system.* ○ *Outlook for syndromic surveillance: The weekly influenza report shows a slight decline in influenza cases. The map cannot be displayed at a smaller scale.*	*FG32* *PAE*

	○ *The PI Camostat (Foipan®) appears to be very effective in cell culture, but no animal studies have yet been carried out. (Already authorised for other indications in Japan and the USA).*	
2	**Findings about pathogens** • *1st version of the pathogen profile is available and will be published online. "Will be continuously updated" is placed in front. Linguistic adjustments have been made at the request of the BMG.* • *Mr Wieler clarifies with BMG whether the document can be put online.*	*FG36*
3	**Current risk assessment** • *Currently no change* • *Request from the BMI crisis unit to formulate the criteria for the situation assessment/risk assessment at national level.* *ToDo: Specify criteria for situation assessment, formulate half a page on the rationale of the risk assessment and put it online*	*All* *FG32*
4	**Communication** • *Text on Heinsberg to be posted on the Internet; wording: We have no information on measures.* • *Management report will go online from 04/03/2020* • *Press office: The webmaster mailbox is supervised from 8 a.m. to 7 p.m.; mobile phone numbers are available under Situation Management/Orga, where press officers can be reached in urgent cases until 9 p.m.* • *There are currently many press enquiries about the quarantine of medical staff. Wording: Decisions by authorities are not commented on.* • *Include the topic of shaking hands in the FAQ under the point: Protection against infection (currently already available on the Internet under options for reducing contact).* • *Announcement for telephones is almost ready, list with specialist extension is required for the gate* *ToDo: Create a list with subject extension for the gate* • *BZgA question: Who collects the available telephone hotlines? At the moment, telephone hotlines are compiled once in the situation centre, the BZgA will take over this in future, the AP at the BMG is Ms Ziegelmann.* • *This list is also to be made available to the police so that they can refer to these numbers in the event of enquiries from citizens.* • *BZgA activities: information available on the website is being expanded; translation into other languages; YouTube videos are being expanded; information for schools and daycare centres has been published; a leaflet for employees/employers is being coordinated; a new information event is to be held at the weekend.*	*FG32* *Press* *AL3* *Press*

	Advertisements are placed in newspapers, nothing is in preparation for nursing homes • *BMG has received a postcode and will also make greater use of social media* • *The BMG TK reported that the new head of Department 6, Surgeon General Dr. H. Holtherm, is planning a situation centre in the BMG with the involvement of external experts* • *Mr Wieler conveys praise from Ms Merkel, who suggests finding another term for "cough etiquette"* *ToDo: Search for another term for "cough etiquette"*	
5	**Documents** **Framework concept** *(supplement to the national pandemic plan)* • *Has been circulated, comments from Mr Schaade incorporated and already sent to the countries. This afternoon it will be discussed at the GMK. If there are no objections, it can be be put online.* **Flow chart (revised version)** • *Sent to the BMG today. However, the document contains 2 Documents linked, which are still being finalised. Once these have also been finalised, it can go online (planned for 05.03.).* • *Creation of hygiene page: document on standard procedure "Sanitary paper" and document in the event of resource scarcity, in temporary measures for special situations be explained.* **Outpatient case management** • *Feedback please by close of business, should be online tomorrow be provided.* **Risk profile of vulnerable groups** • *To be published soon.* **Adaptation of contact person management** • *Concretisation for medical staff, was circulated and can be placed on the Internet.*	*FG36* *IBBS* *IBBS, FG14* *FG36* *FG36*
6	**Laboratory diagnostics** • *There are logistical problems with certain companies, e.g. test kits from Roche; shortage of reagents* • *The main risk for doctors arises when taking samples from patients. Self-testing by patients would therefore be helpful.* • *It should be evaluated in a suitable setting whether self-testing by means of a nasal swab by the patient is comparable to a swab by medical staff.* • *Scientific studies by Chinese colleagues suggest an equivalence of saliva samples compared to a throat swab. Mr Mielke has published literature on this subject*	*ZBS1* *FG17* *FG36/IBBS/ FG37*

	and sent to Mr Drosten. • *An assessment is requested from Mr Drosten as to whether self-sampling is likely to be successful.* *ToDo: IBBS arranges an appointment with Mr Drosten for TK.* • *ARS laboratory should also transmit tests carried out, positive and negative tests, and reference is also made to the VoxCo query; this is going well.* • *From May, data from KBV billing may also be available* • *The question was raised as to whether protective materials could be made available to AGI doctors, as these are part of virological surveillance. The topic will be addressed again tomorrow. However, the RKI does not have a reservoir of masks either.*	
7	**Clinical management/discharge management** • *There is a stockpiling strategy for experimental therapeutics, 3 STAKOB centres would be willing to participate in clinical trials.* • *There were questions about pregnant employees. No specific risk is assumed. ABAS does not see any responsibility, this lies with the Ministry of Family Affairs.* *ToDo: FG33 to contact the Ministry of Family Affairs* • *When HCWs become cases in highly specialised areas, other HCWs are often 1st degree contacts. Then either the area must be closed or pragmatic decisions must be made on a case-by-case basis. Options for action should be presented in an advisory capacity, decisions must be made locally. In general, however, there should be no deviation from the basic principles. These are individual cases under special conditions.* *ToDo: Consultancy and evaluation of the measures should be accompanied by FG37*	*IBBS/FG14/ FG37* *FG37*
8	**Measures to protect against infection** • *Protective masks are procured via BMG.* • *Bottlenecks change daily and should converge at the BMG. Information on which material is available when would be very helpful for the recommendations.* • *Quarantine flyer still not to be published on the Internet for the time being; however, many enquiries from doctors in private practice on this topic. Publication at a later date*	
9	**Surveillance** • **Dashboard**: *Mr Brockmann and Mr Schlosser have offered to create and update a map. The map must be integrated into SurvNet. FG31 and the signalling group*	*FG32, FG31*

	should get in touch with Mr Brockmann.	
10	**Transport and border crossing points** • *A lot of contact tracing when travelling by air; the question is: how long should this type of containment be pursued? Should be discussed at AGI, ECDC.*	*FG32*
11	**International** • *Andreas Jansen is in Tehran and will soon be travelling to Ghom.* • *AA brings personnel back from Iran.*	*ZIG*
12	**Information from the situation centre** **Relevance to the file***:* • *Managers should decide what is to be factored and label the documents accordingly. The factoring should be handled rather restrictively.* • *It would make sense to specify a file structure. Then e.g. IBBS can process the documents themselves.* • *Press should keep track of the status of every document that has been put online.*	*FG32*
13	**Other topics** • *Next meeting: Thursday, 05.03.2020, 11:00 a.m., Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*04.03.2020, 11 a.m. - 1 p.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
- *FG 34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Sarah Esquen*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *93,079 (+2,169) cases worldwide, thereof 3,203 (3.4%) Deaths (+74)* o *China (excluding Hong Kong, Taiwan and Macau) 80,249 (+116) cases, including 2,981 (3.7%) deaths (+38),* *6,391 severe courses of disease* o *Hubei province 67,332 (+115) cases, thereof 2,871 (4.3%) Deaths (+37), 6,593 serious illnesses* o *International 79 countries (incl. Hong Kong, Taiwan, Macau) with 12,830 (+2,205) cases,* ▪ *New cases in: Iran (835), South Korea (516), Italy (466), Hong Kong (101), Taiwan (41), Germany (38), Spain (31), United States (22), France (21), Japan (19), Sweden (15), United Kingdom (11), Macau (10), Norway (8), Malaysia (7), Switzerland (7), Austria (6), Canada (6), Denmark (6), Oman (6), Belgium (5), Iceland (5), Iraq (5), Netherlands (5), Australia (3), Singapore (2) and 1 new case each in Argentina, Chile, Czech Republic, Ireland, Liechtenstein, New Zealand, Romania, Ukraine* ▪ *Cases in newly added countries (Argentina, Chile, Liechtenstein, Ukraine, Poland) are all imported.* o *International 222 (1.7%) deaths: Italy (79), Iran (77), South Korea (33), United States (9), Japan (6), Diamond Princess (6), France (4), Hong Kong (2), Taiwan (1), Spain (1), Australia (1), Philippines (1), San Marino (1), Thailand (1)* o *At least 242 severe courses of disease* o *Europe (WHO region) 2,749 cases (+525), of which 56 (2.0%) deaths (+19), 157 serious illnesses* • *Trend analysis (slides here)* o *China: Decline in the number of cases, new cases mainly in Wuhan; except in Hubei and possibly in Zhejiang, traffic has resumed* o *Italy: continuing strong upward trend, Italy has the most deaths outside China; information from Mr Wieler on Italy: 2,999 cases, 51 deaths (median 80 years, many pre-existing conditions); on 02.03. a total of 927 people were in home isolation, 742 hospitalised and 166 in ITS* *(Source*	*ZIG1*

	http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5351&area=nuovoCoronavirus&menu=vuoto domiciliare) ○ *South Korea: 516 new cases; 56.1% of cases belong to the Shincheonji Church cluster, occurring mainly in Daegu; more cases in women than in men, many cases in 20-29 year olds and in 50-59 year olds, deaths increase with age; measures and risk assessment not changed;* *Lack of protective masks* ○ *Iran: 835 new cases; concern about spread in prisons; no change in measures; according to information from Mr Jansen, only hospitalised cases are tested, there is no coNa and no isolation at home* ○ *Japan: few new cases (24)* ○ *USA: 128 new cases including 9 deaths; with cluster in senior residence (9 cases, 5 deaths); on the question of what CDC understands by "community spread", reference was initially made to the WHO definition; restrictions on testing were lifted* ○ *Spain: Numbers are rising, but epidata are only available for 30 cases so far* *Note the term mortality rate/"case fatality rate" (epidemiological proportion of deaths among reported cases)* **National** ○ *Cases: 240 confirmed in 15 federal states (75 counties) (1, BB, 6 BE, 43 BW, 48 BY, 2 HB, 12, HE, 2 HH, 3 MV, 4 NI, 111 NW, 2 RP, 2 SH, 1 SL, 1SN, 1 TH)* ○ *46% of cases can be traced back to the Heinsberg cluster* ○ *LK Freising have many contact persons to trace; will probably submit requests for administrative assistance* *ToDo: Put together a team for Freising for contact tracing* ○ *It is not yet known how many of the cases are HCW.* ○ *Incidence maps per district are planned* ○ *State offices also use press releases, request to use normal reporting channels from EpiLag* *ToDo: compare case numbers (from media + reporting figures) with actual reporting figures in the management report* ○ *Quarantine of HCW who are grade 1 contacts can be a problem for the local health system.* ○ *Outlook for syndromic surveillance: The weekly influenza report shows a slight decline in influenza cases. The map cannot be displayed at a smaller scale.*	*FG32* *PAE*

	○ *The PI Camostat (Foipan®) appears to be very effective in cell culture, but no animal studies have yet been carried out. (Already authorised for other indications in Japan and the USA).*	
2	**Findings about pathogens** • *1st version of the pathogen profile is available and will be published online. "Will be continuously updated" is placed in front. Linguistic adjustments have been made at the request of the BMG.* • *Mr Wieler clarifies with BMG whether the document can be put online.*	*FG36*
3	**Current risk assessment** • *Currently no change* • *Request from the BMI crisis unit to formulate the criteria for the situation assessment/risk assessment at national level.* *ToDo: Specify criteria for situation assessment, formulate half a page on the rationale of the risk assessment and put it online*	*All* *FG32*
4	**Communication** • *Text on Heinsberg to be posted on the Internet; wording: We have no information on measures.* • *Management report will go online from 04/03/2020* • *Press office: The webmaster mailbox is supervised from 8 a.m. to 7 p.m.; mobile phone numbers are available under Situation Management/Orga, where press officers can be reached in urgent cases until 9 p.m.* • *There are currently many press enquiries about the quarantine of medical staff. Formulation: Decisions by authorities are not commented on.* • *Include the topic of shaking hands in the FAQ under the point: Protection against infection (currently already available on the Internet under options for reducing contact).* • *Announcement for telephones is almost ready, list with specialist extension is required for the gate* *ToDo: Create a list with subject extension for the gate* • *BZgA question: Who collects the available telephone hotlines? At the moment, telephone hotlines are compiled once in the situation centre, the BZgA will take over this in future, the AP at the BMG is Ms Ziegelmann.* • *This list is also to be made available to the police so that they can refer to these numbers in the event of enquiries from citizens.* • *BZgA activities: information available on the website is being expanded; translation into other languages; YouTube videos are being expanded; information for schools and daycare centres has been published; a leaflet for employees/employers is being coordinated; a new information event is to be held at the weekend.*	*FG32* *Press* *AL3* *Press*

	Advertisements are placed in newspapers, nothing is in preparation for nursing homes • *BMG has received a postcode and will also make greater use of social media* • *The BMG TK reported that the new head of Department 6, Surgeon General Dr. H. Holtherm, is planning a situation centre in the BMG with the involvement of external experts* • *Mr Wieler conveys praise from Ms Merkel, who suggests finding another term for "cough etiquette"* *ToDo: Search for another term for "cough etiquette"*	
5	**Documents** **Framework concept** *(supplement to the national pandemic plan)* • *Has been circulated, comments from Mr Schaade incorporated and already sent to the countries. This afternoon it will be discussed at the GMK. If there are no objections, it can be be put online.* **Flow chart (revised version)** • *Sent to the BMG today. However, the document contains 2 Documents linked, which are still being finalised. Once these have also been finalised, it can go online (planned for 05.03.).* • *Creation of hygiene page: document on standard procedure "Sanitary paper" and document in the event of resource scarcity, in temporary measures for special situations be explained.* **Outpatient case management** • *Feedback please by close of business, should be online tomorrow be provided.* **Risk profile of vulnerable groups** • *To be published soon.* **Adaptation of contact person management** • *Concretisation for medical staff, was circulated and can be placed on the Internet.*	*FG36* *IBBS* *IBBS, FG14* *FG36* *FG36*
6	**Laboratory diagnostics** • *There are logistical problems with certain companies, e.g. test kits from Roche; shortage of reagents* • *The main risk for doctors arises when taking samples from patients. Self-testing by patients would therefore be helpful.* • *It should be evaluated in a suitable setting whether self-testing by means of a nasal swab by the patient is comparable to a swab by medical staff.* • *Scientific studies by Chinese colleagues suggest that saliva samples are equivalent to throat swabs. Mr Mielke has published literature on this subject*	*ZBS1* *FG17* *FG36/IBBS/ FG37*

	and sent to Mr Drosten. • *An assessment is requested from Mr Drosten as to whether self-sampling is likely to be successful.* *ToDo: IBBS arranges an appointment with Mr Drosten for TK.* • *ARS laboratory should also transmit tests carried out, positive and negative tests, and reference is also made to the VoxCo query; is going well.* • *From May, data from KBV billing may also be available* • *The question was raised as to whether protective materials could be made available to AGI doctors, as these are part of virological surveillance. The topic will be addressed again tomorrow. However, the RKI does not have a reservoir of masks either.*	
7	**Clinical management/discharge management** **Transfer and cohorting COVID patients in the healthcare sector:** • *There is a stockpiling strategy for experimental therapeutics, 3 STAKOB centres would be willing to participate in clinical trials.* • *There were questions about pregnant employees. No specific risk is assumed. ABAS does not see any responsibility, this lies with the Ministry of Family Affairs.* *ToDo: FG33 to contact the Ministry of Family Affairs* • *When HCWs become cases in highly specialised areas, other HCWs are often 1st degree contacts. Then either the area must be closed or pragmatic decisions must be made on a case-by-case basis. Options for action should be presented in an advisory capacity, decisions must be made locally. In general, however, there should be no deviation from the basic principles. These are individual cases under special conditions.* *ToDo: Consultancy and evaluation of the measures should be accompanied by FG37*	*IBBS/FG14/ FG37* *FG37*
8	**Measures to protect against infection** • *Protective masks are procured via BMG.* • *Bottlenecks change daily and should converge at the BMG. Information on which material is available when would be very helpful for the recommendations.* • *Quarantine flyer still not to be published on the Internet for the time being; however, many enquiries from doctors in private practice on this topic. Publication at a later date*	
9	**Surveillance**	*FG32, FG31*

	• **Dashboard**: *Mr Brockmann and Mr Schlosser have offered to create and update a map. Map must be integrated into SurvNet. FG31 and the signalling group should get in touch with Mr Brockmann.*	
10	**Transport and border crossing points** • *A lot of contact tracing when travelling by air; the question is: how long should this type of containment be pursued? Should be discussed at AGI, ECDC.*	*FG32*
11	**International** • *Andreas Jansen is in Tehran and will soon be travelling to Ghom.* • *AA brings personnel back from Iran.*	*ZIG*
12	**Information from the situation centre** **Relevance to the file**: • *Managers should decide what is to be factored and label the documents accordingly. The factoring should be handled rather restrictively.* • *It would make sense to specify a file structure. Then e.g. IBBS can process the documents themselves.* • *Press should keep track of the status of every document that has been put online.*	*FG32*
13	**Other topics** • *Next meeting: Thursday, 05.03.2020, 11:00 a.m., Situation Centre meeting room*	

Crisis team meeting "Novel coronavirus (COVID-19) situation"

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.03.2020, 11 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
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  - *Osamah Hamouda*
- *FG14*
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  - *Sarah Esquevin*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 95413 (+2,334), of which 3,285 deaths (+82), Fatality rate 3.4%* o *China (incl. Hong Kong and Macau) 80,520 (+119) cases (84.4% of cases worldwide), thereof 3,014 (+30)* *Deaths, case fatality rate 3.7%, >5924 severe courses of disease (≥7.4%)* o *Hubei province 67,466 (+134) cases (83.8% of cases in China), 2,902 (+31) deaths, case fatality rate 4.3%, 5788 severe courses of disease (8.6%)* o *International (excluding China, with Taiwan) 80 countries with 14,893 (+2,215) cases, including 271 deaths, case fatality rate 1.8%, ≥419 severe cases (≥2.8%, no data for Iran)* ▪ *South Korea 5,766 (38.7%)* ▪ *Iran 2,922 (19.6%)* ▪ *"Diamond Princess" 706 (4.7%)* ▪ *Japan 331 (2.2%)* o *WHO EURO Region 4,354 cases (+976), of which 114 (+29)* *Fatalities, case fatality rate 2.6%, 324 serious Course of the disease (7.4%)* ▪ *Italy 3,089 (70.9%)* ▪ *France 285 (6.5%)* ▪ *Germany 262 (6.0%)* ▪ *Spain 202 (4.6%)* ▪ *United Kingdom 85 (1.9%)* ▪ *Switzerland 80 (1.8%)* *<u>Attention: Please do not list Taiwan under China anymore</u>* • *Trend analysis (slides here)* o *Miscellaneous info: Malaysia sudden increase due to a cluster; India sharp rise in cases, including 16 cases from Italy; Sweden and Norway cases linked to other countries (including Switzerland and Italy)* o *South Korea: further increase in cases, no change in areas, affected area = special care zone, communication with the population is intensified, there are drive-through test stations, no change in affected areas* o *Iran: many cases (including deaths) in the government circle, now 22 PCR laboratories rolled out nationwide by the Pasteur Institute (target is 41), 10,000 tests/day, no information to change risk area*	*ZIG1* *ZIG1*

	○ *Japan: no change in affected areas* ○ *Italy: situation remains dynamic, many cases and deaths; exported cases to 44 countries; ISS reports that many HCW are affected (more details not available); closure of schools and universities until mid-March; same regions affected* ○ *France: 6 clusters in total in 4 regions, north of Paris the largest, many measures including school closures there; in the south-east church event where Germans and Swiss were also present, alert level 3 (the highest) is currently being considered* ○ *Australia: possibly first autochthonous transmissions (3 under investigation)* ○ *US/California: Cruise ship "Grand Princess" in connection with death, including German passengers, tests underway today* • *International risk areas* ○ *What specific criteria should be used by RKI to define risk areas* ○ *Yesterday ECDC Advisory Forum TK: ECDC has adapted case definition incl. risk area to that of the WHO (countries where cases occur more frequently), resistance of numerous countries as this is difficult to interpret* ○ *Very many enquiries about South Tyrol as a risk area, RKI was asked to check; motivation risk area: increased testing of returnees and higher vigilance, this is already given; check how many of the cases in Germany had exposure in South Tyrol (decision aid)* • *National outbreak areas* ○ *Heinsberg must not be named as a risk area (BMG), many enquiries about this also from abroad* ○ *The UK uses "regions of high occurrence", as we call such areas in Germany (descriptive and unambiguous), also to take measures in response* ○ *It is possible that other countries will soon define (the whole of) Germany as a risk area* *ToDo: Clarification of criteria for defining risk areas, FG36/INIG* *ToDo: Number of cases in Germany with exposure in South Tyrol, FG32/LZ?* *ToDo: Email to BMG to clarify procedure for defining areas with high case incidence in Germany, technical and political, early statement important, terminology e.g. outbreak region?* **National** • *Cases* ○ *349 laboratory-confirmed, 15 federal states, 98 districts:*	*all* *AL3* *all* *all* *FG32*

	BB 1, BE 9, BW 65, BY 52, HB 3, HE 14, HH 3, MV 4, NI 10, NW 175, RP 7, SH 3, SL 1, SN 1, TH 1 o *New 87: 2 BE, 15 BW, 4 BY, 2HE, 3NI, 60 NW (thereof 50 Heinsberg), 1 SH; incidence 0.43/100,000 Germany, 1/100,000 NRW, 58/100,000 Heinsberg; national vs. international exposure of German cases: 200 (162 Heinsberg) vs. 76 (64 Italy); age 2-92 years, median and average 40 years, no deaths yet, no data on hospitalisations* o *Data collection insufficient, e.g. on hospitalisations; possible in SurvNet in the Extra-Infos section, would have to be filled in by GAs, not all GAs have time for this or use SurvNet, Infobrief gives as an alternative to SurvNet that it is done at state level, but these have even less* *Information → Other data collection option required* • *IBBS has clinical courses documented on the basis of WHO documents, but seems to be more complicated/time-consuming* • *Request for administrative assistance from Freising to the RKI: 3 Dept. 3 MA are on their way there. 2 PAE, 1 MA FG32* • *The German management report is also published on the website in a slimmed-down form, as is the English version* *ToDo: FG32 develops proposal for improving data transmission by Monday at the earliest* *ToDo: Situation reports (streamlined version) from today also in both languages on the RKI website*	
2	**Findings about pathogens** • *Pathogen profile: is in final coordination, approval by BMG is still pending, should go online this evening, if no feedback is received by 4 pm it will be discontinued, can be sent to the countries at the same time* • *New publication from Schenzen, China: documents increase in cases among children (from 2 to 13%), to be interpreted with caution, among other things because the number of tests has risen sharply in the period analysed*	*all* *INIG*
3	**Current risk assessment** **Risk assessment RKI** • *BMI/BMG crisis team wants to know rationale behind RKI risk assessment, text on this (based on pandemic plan) is in preparation, FG32 mark-up is being revised by FG36, publication will be decided after finalisation, text should be completed on Monday*	*All*
4	**Communication**	

	• *Questions from the press* ○ *Does risk assessment change if death occurs in Germany: no* ○ *How should deaths be presented on the website, also in a table (per federal state) or not? Not finally decided, but officially reported cases (in addition to those that become known to the RKI through all channels) should also be listed in the table* • *BZgA: nothing new to report* • *Bundeswehr: prepares dashboard to present own situation (soldiers in Germany as well as personnel deployed worldwide), also has MoU with INIG/ZIG, in which joint IT platform is also part, data from cases in German general population are not included*	*Press*
5	**Documents** • *Framework concept is now called "Supplement to the NPP" (BMG), p. 21 concerns entry from (foreign) risk areas, wording for German areas is being coordinated with BMG (see above)* • *Flow chart (revised version): online* • *Outpatient management of confirmed cases: online* • *Risk profile of vulnerable groups: Paper largely finalised* • *KoNA concept: online* • *Modelling for COVID-19 in Germany* ○ *Was prepared, well realised professional/scientific product* ○ *Interest and demand exists, numerous other RKI modelling studies have been published, BMG does not wish publication here* ○ *It would be good to put the BMG's ban (verbal instruction) in writing in some form* ○ *BMG crisis team will be set up today and headed by Mr Holtherm, modelling will be presented to him and publication discussed again* ○ *RKI prepares accompanying text (in German for EpiBull) for modelling to be further updated* *ToDo: Press should inform Holtherm, Rottmann, Kaup about publication of the framework concept and send attached documents*	*FG36* *all*
6	**Laboratory diagnostics** • *Altona kits generally have no shortages but high demand* • *ECDC rapid laboratory capacity assessment underway, incl. question of shortage of protective materials for laboratory sub-*	*ZBS1* *FG17*

	searches, hopefully soon an overview will be available at European level (from ECDC) • *180 laboratories have registered for ring tests* • *RKI offers federal states to support testing up to 200 tests per day, not yet much enthusiasm from the states*	*AL1* *VPresident*
7	**Clinical management/discharge management** • *Study: 3 STAKOB centres are taking part, Hamburg, Munich Düsseldorf, Hamburg has lead, approvals and ethics vote are currently being obtained, very accelerated* • *TK 1 p.m. with Mr Drosten: Discharge criteria, options for self-testing, free testing of specialist staff* • *Options for separating patients: single rooms are not feasible for larger patient volumes, then cohort isolation is sensible and technically clear, paper on separation (FF: FG37) is being coordinated with AGI today* • *Mobile Teams KoNa: GERN study running, AL2 reported Monday that participation is extremely low, the teams would be ideal here* *ToDo: FG37 talks to Mr Lampert (AL2) about this*	*IBBS*
8	**Measures to protect against infection** • *Testing of medical staff is a frequent topic, HCWs would theoretically have to be tested daily, but it would make more sense to* *an algorithm on how they can work effectively protected* • *Veterinarians have stock of protective materials, could be asked for support if necessary, agenda item on BMG TK (OHa)* • *Protective masks* o *BMG TK this morning: Purchase has not yet been finalised offers received from BMG Division 123* *do not comply with desired specifications, RKI-Specialist expert to provide further support with evaluation,* *Standards should not be lowered, Mr Thanheiser was already in contact with BMG, coordinated at BMG Mr Reischel this* o *BMG was asked to draft a text to be included in the Internet, however, will only be available after successful procurement* • *Centrally organised, regular mass events: according to pandemic plan part 2, measures should be taken earlier rather than later.* *be introduced late in order to maximise the positive* *have; possible agreement e.g. with DFB on procedure for Bundesliga matches - political issue, should be in BMG TK* *decision is subject to the DFB and the*	*AL1* *FG32/FG35* *FG32* *FG36*

	Federal states/local offices, but agreement on centralised level possible? Possibly also parishes (but less droplet production), criteria paper on mass events can be revised in this regard • *Pandemic phases* ○ *BMG would like to clarify this at European level, preferably moving to the next phase together; this was also discussed yesterday at the ECDC AF* ○ *Phase transition is not punctual but fluid, and is guided by local situation picture, common point in time not considered useful, therefore WHO phase model was rejected* ○ *Germany is a large country, currently highly diverse situation, common uniform situation may exist at some point, see pandemic plan chapter 4* ○ *It is primarily about the corresponding measures, usually several strategies have to be implemented in parallel* ○ *Containment currently also applies to Heinsberg, but there is also a need to protect vulnerable groups* ○ *The situation must be evaluated locally, priorities must be set and then action must be taken by strategically combining measures, which are managed regionally depending on the local situation* ○ *RKI makes situation picture and recommendations on possible countermeasures available, assumes that resources (beds, ICU) are known locally* ○ *Pandemic plan is not understood, explanation by RKI seems necessary, what is expected and when* *ToDo: Mr Schaade and Mr Haas read through the framework concept again with a view to situation-dependent measures (and phases)* *ToDo: FG36 prepares EpiBull article on the same topic, first Walter Haas contact point*	*Vpräs/ FG36/all*
9	**Surveillance** • *RKI Dashboard: discussed yesterday, signals group (agreed with Mr Brockmann) is in the process of developing something, proposal will be made early next week* • *Pres wishes number recovered in the management report: in discussion* • *In SurvStat daily released data on COVID-19 cases are available, should this also be done for other diseases? Must be discussed with AGI* • *ECDC TESSY and data protection: according to Mr Lekschas, transmission does not comply with data protection and is not acceptable, decision by management pending as to whether Germany will continue to transmit data for TESSY despite data protection concerns*	*FG32/Department 3*

RKI	• *Underreporting* ○ *Studies on possible underreporting of cases,*	
	Several approaches in progress ○ *Possible receipt of data from virological testing* ○ *Small case series study on diagnostics by Charité, also contains questions on basic immunity* ○ *Application by Gérard Krause with national cohort for serological testing (initial situation and retrospective actual infection rate), decision on RKI participation still pending* ○ *Heinsberg as a sample, e.g. how long does seroconversion take, how many confirmed PCR infections, how many were infected and in how many was it detected?* ○ *Important questions also due to resource requirements, probably there is currently no provision of serums* ○ *Results of the current outbreak situation could not be considered representative* ○ *→ Further consideration should be given to this, use of Heinsberg, FG37 discusses this with Charité Contact us*	
10	**Transport and border crossing points** • *New recommendations for coach travellers have been agreed*	*FG32*
11	**International** • *Iran: Report by Andreas Jansen that RKI donation is extremely helpful and has prevented an interruption of testing, very well trained doctors, 200 ECMO places, utilisation of the health system currently 80%, lack of PPE and medicines, epidemiologists are politically manipulated, crisis in leadership and planning*	*ZIG*

12	**Information from the situation centre** • *Relevance to the file - not discussed* • *YOUR Focal Point, EMOTET filter not discussed today*	*FG32*
13	**Other topics** • *A crisis team with only a few members was created: Verteiler-Krisenstab@rki.de* • *Next meeting: Friday, 06.03.2020, 13:00, Situation Centre meeting room*	

Crisis team meeting "Novel coronavirus (COVID-19) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

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Date:	*05.03.2020, 11 a.m.*
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Moderation: Lars Schaade

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- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 95413 (+2,334), of which 3,285 deaths (+82), Fatality rate 3.4%* o *China (incl. Hong Kong and Macau) 80,520 (+119) cases (84.4% of cases worldwide), thereof 3,014 (+30)* *Deaths, case fatality rate 3.7%, >5924 severe courses of disease (≥7.4%)* o *Hubei province 67,466 (+134) cases (83.8% of cases in China), 2,902 (+31) deaths, case fatality rate 4.3%, 5788 severe courses of disease (8.6%)* o *International (excluding China, including Taiwan) 80 countries with 14,893 (+2,215) cases, including 271 deaths, case fatality rate 1.8%, ≥419 severe cases (≥2.8%, no data for Iran)* ▪ *South Korea 5,766 (38.7%)* ▪ *Iran 2,922 (19.6%)* ▪ *"Diamond Princess" 706 (4.7%)* ▪ *Japan 331 (2.2%)* o *WHO EURO Region 4,354 cases (+976), of which 114 (+29)* *Fatalities, case fatality rate 2.6%, 324 serious Course of the disease (7.4%)* ▪ *Italy 3,089 (70.9%)* ▪ *France 285 (6.5%)* ▪ *Germany 262 (6.0%)* ▪ *Spain 202 (4.6%)* ▪ *United Kingdom 85 (1.9%)* ▪ *Switzerland 80 (1.8%)* *Attention: Please do not list Taiwan under China anymore* • *Trend analysis (slides here)* o *Miscellaneous info: Malaysia sudden increase due to a cluster; India sharp rise in cases, including 16 cases from Italy; Sweden and Norway cases linked to other countries (including Switzerland and Italy)* o *South Korea: further increase in cases, no change in areas, affected area = special care zone, communication with the population is intensified, there are drive-through test stations, no change in affected areas* o *Iran: many cases (including deaths) in the government circle, now 22 PCR laboratories rolled out nationwide by the Pasteur Institute (target is 41), 10,000 tests/day, no information to change risk area*	*ZIG1* *ZIG1*

	○ *Japan: no change in affected areas* ○ *Italy: situation remains dynamic, many cases and deaths; exported cases to 44 countries; ISS reports that many HCW are affected (more details not available); closure of schools and universities until mid-March; same regions affected* ○ *France: 6 clusters in total in 4 regions, north of Paris the largest, many measures including school closures there; in the south-east church event where Germans and Swiss were also present, alert level 3 (the highest) is currently being considered* ○ *Australia: possibly first autochthonous transmissions (3 under investigation)* ○ *US/California: Cruise ship "Grand Princess" in connection with death, including German passengers, tests underway today* • *International risk areas* ○ *What specific criteria should be used by RKI to define risk areas* ○ *Yesterday ECDC Advisory Forum TK: ECDC has adapted case definition incl. risk area to that of the WHO (countries where cases occur more frequently), resistance of numerous countries as this is difficult to interpret* ○ *Very many enquiries about South Tyrol as a risk area, RKI was asked to check; motivation risk area: increased testing of returnees and higher vigilance, this is already given; check how many of the cases in Germany had exposure in South Tyrol (decision aid)* • *National outbreak areas* ○ *Heinsberg must not be named as a risk area (BMG), many enquiries about this also from abroad* ○ *The UK uses "regions of high occurrence", as we call such areas in Germany (descriptive and unambiguous), also to take measures in response* ○ *It is possible that other countries will soon define (the whole of) Germany as a risk area* *ToDo: Clarification of criteria for defining risk areas, FG36/INIG* *ToDo: Number of cases in Germany with exposure in South Tyrol, FG32/LZ?* *ToDo: Email to BMG to clarify procedure for defining areas with high case numbers in Germany, technical and political, early statement important, terminology e.g. outbreak region?* **National** • *Cases* ○ *349 laboratory-confirmed, 15 federal states, 98 districts:*	*all* *AL3* *all* *all* *FG32*

	BB 1, BE 9, BW 65, BY 52, HB 3, HE 14, HH 3, MV 4, NI 10, NW 175, RP 7, SH 3, SL 1, SN 1, TH 1 ○ *New 87: 2 BE, 15 BW, 4 BY, 2HE, 3NI, 60 NW (thereof 50 Heinsberg), 1 SH; incidence 0.43/100,000 Germany, 1/100,000 NRW, 58/100,000 Heinsberg; national vs. international exposure of German cases: 200 (162 Heinsberg) vs. 76 (64 Italy); age 2-92 years, median and average 40 years, no deaths yet, no data on hospitalisations* ○ *Data collection insufficient, e.g. on hospitalisations; possible in SurvNet in the Extra-Infos section, would have to be filled in by GAs, not all GAs have time for this or use SurvNet, Infobrief gives as an alternative to SurvNet that it is done at state level, but these have even less* *Information → Other data collection option required* • *IBBS has clinical courses documented on the basis of WHO documents, but seems to be more complicated/time-consuming* • *Request for administrative assistance from Freising to the RKI: 3 Dept. 3 MA are on their way there. 2 PAE, 1 MA FG32* • *The German management report is also published on the website in a slimmed-down form, as is the English version* *ToDo: FG32 develops proposal for improving data transmission by Monday at the earliest* *ToDo: Situation reports (streamlined version) from today also in both languages on the RKI website*	
2	**Findings about pathogens** • *Pathogen profile: is in final coordination, approval by BMG is still pending, should go online this evening, if no feedback is received by 4 pm it will be discontinued, can be sent to the countries at the same time* • *New publication from Schenzen, China: more and more cases also in children*	*all* *INIG*
3	**Current risk assessment** **Risk assessment RKI** • *BMI/BMG crisis team wants to know rationale behind RKI risk assessment, text on this (based on pandemic plan) is in preparation, FG32 mark-up is being revised by FG36, publication will be decided after finalisation, text should be completed on Monday*	*All*
4	**Communication** • *Questions from the press*	

	○ *Does risk assessment change if death occurs in Germany: no* ○ *How should deaths be presented on the website, also in a table (per federal state) or not? Not finally decided, but officially reported cases (in addition to those that become known to the RKI through all channels) should also be listed in the table* • *BZgA: nothing new to report* • *Bundeswehr: prepares dashboard to present own situation (soldiers in Germany as well as personnel deployed worldwide), also has MoU with INIG/ZIG, in which joint IT platform is also part, data from cases in German general population are not included*	*Press*
5	**Documents** • *Framework concept is now called "Supplement to the NPP" (BMG), p. 21 concerns entry from (foreign) risk areas, wording for German areas is being coordinated with BMG (see above)* • *Flow chart (revised version): online* • *Outpatient management of confirmed cases: online* • *Risk profile of vulnerable groups: Paper largely finalised* • *KoNA concept: online* • *Modelling for COVID-19 in Germany* ○ *Was prepared, well realised professional/scientific product* ○ *Interest and demand exists, numerous other RKI modelling studies have been published, BMG does not wish publication here* ○ *It would be good to put the BMG's ban (verbal instruction) in writing in some form* ○ *BMG crisis team will be set up today and headed by Mr Holtherm, modelling will be presented to him and publication discussed again* ○ *RKI prepares accompanying text (in German for EpiBull) for modelling to be further updated* *ToDo: Press should inform Holtherm, Rottmann, Kaup about publication of the framework concept and send attached documents*	*FG36* *all*
6	**Laboratory diagnostics** • *Altona kits generally have no shortages but high demand* • *ECDC rapid laboratory capacity assessment underway, incl. question of shortage of protective materials for laboratory tests, hopefully overview available soon at European level (from ECDC)*	*ZBS1* *FG17* *AL1*

	• 180 laboratories have registered for ring tests • RKI offers federal states to support testing up to 200 tests per day, not yet much enthusiasm from the states	VPresident
7	**Clinical management/discharge management** • Study: 3 STAKOB centres are taking part, Hamburg, Munich Düsseldorf, Hamburg has lead, approvals and ethics vote are currently being obtained, very accelerated • TK 1 p.m. with Mr Drosten: Discharge criteria, options for self-testing, free testing of specialist staff • Options for separating patients: single rooms are not feasible for larger patient volumes, then cohort isolation is sensible and technically clear, paper on separation (FF: FG37) is being coordinated with AGI today • Mobile Teams KoNa: GERN study underway, AL2 reported Monday that participation is extremely low, the teams would be ideal here ToDo: FG37 talks to Mr Lampert (AL2) about this	IBBS
8	**Measures to protect against infection** • Testing of medical staff is a frequent topic, HCWs would theoretically have to be tested daily, but it would make more sense to an algorithm on how they can work effectively protected • Veterinarians have stock of protective materials, could be asked for support if necessary, agenda item on BMG TK (OHa) • Protective masks o BMG TK this morning: Purchase has not yet been finalised offers received from BMG Division 123 do not comply with desired specifications, RKI-Specialist expert to provide further support with evaluation, Standards should not be lowered, Mr Thanheiser was already in contact with BMG, coordinated at BMG Mr Reischel this o BMG was asked to draft a text to be included in the Internet, however, will only be available after successful procurement • Centrally organised, regular mass events: according to pandemic plan part 2, measures should be taken earlier rather than later. be introduced late in order to maximise the positive have; possible agreement e.g. with DFB on procedure for Bundesliga matches - political issue, should be in BMG TK decision is subject to the DFB and the Federal states/local offices, nevertheless agreement on centralised level possible? Possibly also parishes (but	AL1 FG32/FG35 FG32 FG36

	less droplet production), criteria paper to Mass events can be revised in this respect	
	become • Pandemic phases o BMG would like to clarify this at European level, preferably moving on to the next phase together; this was also discussed yesterday at the ECDC AF o Phase transition is not punctual but fluid, and is guided by local situation picture, common point in time not considered useful, therefore WHO phase model was rejected o Germany is a large country, currently highly diverse situation, common uniform situation may exist at some point, see pandemic plan chapter 4 o It is primarily about the corresponding measures, usually several strategies have to be implemented in parallel o Containment currently also applies to Heinsberg, but there is also a need to protect vulnerable groups o The situation must be evaluated locally, priorities must be set and then action must be taken by strategically combining measures, which are managed regionally depending on the local situation o RKI makes situation picture and recommendations on possible countermeasures available, assumes that resources (beds, ICU) are known locally o Pandemic plan is not understood, explanation by RKI seems necessary, what is expected and when ToDo: Mr Schaade and Mr Haas read through the framework concept again with a view to situation-dependent measures (and phases) ToDo: FG36 prepares EpiBull article on the same topic, first Walter Haas contact point	Vpräs/ FG36/all

9	**Surveillance** • *RKI Dashboard: discussed yesterday, signals group (agreed with Mr Brockmann) is in the process of developing something, proposal will be made early next week* • *Pres wishes number recovered in the management report: in discussion* • *In SurvStat, daily released data on COVID-19 cases are available, should this also be done for other diseases? Must be discussed with AGI* • *ECDC TESSY and data protection: according to Mr Lekschas, transmission does not comply with data protection and is not acceptable, decision by management pending as to whether Germany will continue to transmit data for TESSY despite data protection concerns* • *Underreporting* ○ *Studies on possible underreporting of cases, several approaches in progress* ○ *Possible receipt of data from virological testing*	*FG32/Department 3*
	○ *Small case series study on diagnostics by Charité, also contains questions on basic immunity* ○ *Application by Gérard Krause with national cohort for serological testing (initial situation and retrospective actual infection rate), decision on RKI participation still pending* ○ *Heinsberg as a sample, e.g. how long does seroconversion take, how many confirmed PCR infections, how many were infected and in how many was it detected?* ○ *Important questions also due to resource requirements, probably there is currently no provision of serums* ○ *Results of the current outbreak situation could not be considered representative* ○ *→ Further consideration should be given to this, use of Heinsberg, FG37 discusses this with Charité Contact us*	
10	**Transport and border crossing points** • *New recommendations for coach travellers have been agreed*	*FG32*

11	**International** • *Iran: Report by Andreas Jansen that RKI donation is extremely helpful and has prevented an interruption of testing, very well trained doctors, 200 ECMO places, utilisation of the health system currently 80%, lack of PPE and medicines, epidemiologists are politically manipulated, crisis in leadership and planning*	*ZIG*
12	**Information from the situation centre** • *Relevance to the file - not discussed* • *YOUR Focal Point, EMOTET Filter not discussed today*	*FG32*
13	**Other topics** • *A crisis team with only a few members was created: Verteiler-Krisenstab@rki.de* • *Next meeting: Friday, 06.03.2020, 13:00, Situation Centre meeting room*	

Crisis team meeting "Novel coronavirus (COVID-19) situation"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*06.03.2020, 13:00-15:00 hrs*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade, Lothar Wieler (by telephone)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
- *FG 32*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin, Niklas Willrich*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Maud Hennequin*
- *ZBS1*
  - *Janine Michel, Andreas Nitsche (by telephone)*
- *INIG*
  - *Basel chequered*
- *BZGA : Mr Ommen (by telephone)*

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1	**Current situation** **International** • *Cases* o *Worldwide 98,120 (+2,707), including 3,388 deaths (+103), drop mortality rate 3.5%* o *China (incl. Hong Kong and Macau) 80,667 (+147) cases, including 3,044 (+30) deaths, case fatality rate 3.8%,* *>5744 severe courses of disease* o *Hubei Province 67,592 (+126) cases, 2,931 (+29) Deaths, case fatality rate 4.3%, 5,588 serious illnesses* o *International (excluding China, with Taiwan) 80 countries with 14,893 (+2,215) cases, including 271 deaths, case fatality rate 1.8%, ≥419 severe cases* ▪ *More than 10 new cases in: Italy (+796), Iran (+591), South Korea (+518), France (+138), Germany (+138), USA (+64), Spain (+46), Netherlands (+44), Sweden (+38), United Kingdom (+31), Belgium (+27), Greece (+23), Japan (+19), Norway (+16), Canada (+14)* o *WHO EURO Region 4,354 cases (+976), of which 114 (+29)* *Deaths, case fatality rate 2.6%, 324 serious illnesses* • *Trend analysis (slides here)* o *Most cases outside China continue to be in South Korea, Italy and Iran.* o *South Korea: Case fatality rate is significantly higher in age groups 70-79: 4.1% and >80: 6.0%* o *Japan is still not considered a risk area.* o *Iran: Incidence highest in Ghom, no more precise information on imported cases* o *USA: Local transmissions in Washington and California; restrictions on testing have been lifted* o *Egypt: slightly more imported cases, officially only 2 cases in the country, to be monitored further* o *Italy: South Tyrol has only 7 reported cases, no other country except Germany has reported imported cases from South Tyrol; however, many cases from Germany with travel history South Tyrol, therefore South Tyrol was defined as a risk area* o *France: 105 cases (25%) in Oise; 140 confirmed cases in Grand Est region (eastern France), no more capacity for general CoNa there, focus on medical staff* o *France will continue to be monitored and is not yet*	*ZIG1*

	risk area, the same applies to Spain *o Risk areas should focus on regions with many cases not to entire countries.* *o Travellers returning from risk areas are treated as 2nd degree contacts treated: Recommendation social contacts, without illness no social contacts Quarantine measures necessary* *ToDo: Assistance for ÖGD: Recommended measures for entry from Revise risk areas (FG32 + AGI)* **National** • *Cases* *o 543 confirmed (+194), 15 BL and 126 LK affected, (1 BB, 15 BE, 91 BW, 79 BY, 3 HB, 15 HE, 8 HH, 5 MV, 18 NI, 281 NW, 8 RP, 7 SH, 1 SL, 1 SN, 1 TH))* *o Sharp rise in the number of cases, especially in NRW, BW, BY* *o Exposure sites: 439 cases are known to have been in contact with with a confirmed case or have been in a risk area; for 295, the place of exposure was nationally (mainly Heinsberg), at 121 internationally (mainly Italy)* *o > 100 clusters; FG36 will be a cluster description try* *o The containment strategy was abandoned in Heinsberg, The RKI's risk assessment for this was sent to the BMG communicated and is published in the management report* *o Data is now available in SurvStat, through the Delayed reporting, but with fewer cases than in the management report was communicated.* *o In the near future, the management report will also only reporting data are used, as the effort required for the research is too large. During the changeover, this could lead to lead to a one-off reduction in the number of cases.* *o Information on hospitalisation is available for 146, of which 52 are hospitalised; however, no information on severity of the disease is present. ToDo: Definition of "serious illness"* • *Epic curve should be considered without Heinsberg, is the KoNa a success without Heinsberg?* • *A presentation according to BL is planned. ToDo: Inclusion of epicurves by federal state in the management report* • *Decrease in blood donations: is the responsibility of the PEI.* • *Offer of support from the Bundeswehr ToDo: written clarification with the German Armed Forces, with the support of can be* • *On the website under COVID-19 risk areas, in addition to the risk areas, another box with "particularly affected territories" should be added. In this, under Germany*	*FG32* *FG36* *FG32*

	Heinsberg are listed.	
2	**Findings about pathogens** • *The pathogen profile has been released by the BMG and can be published.* *ToDo: The correct version of the pathogen profile should be sent to the press (FG36)* • *The PI Camostat (Foipan®) appears to be very effective in cell culture, but no animal studies have yet been carried out. (Already authorised for other indications in Japan and the USA).*	*FG36*
3	**Current risk assessment** • *Risk assessment "moderate" can remain for the time being and will be reconsidered on Monday. The proposal for the rationalisation of the risk assessment will also be discussed on Monday.* • *It would make sense to include the availability of protective and countermeasures in the risk assessment.*	*FG32/FG36*
4	**Communication** • *The situation reports are a special form of situation reports and can be found on the website under the heading Situation reports.* • *The press receives 150-200 emails per day, approx. 1/3 from the specialist public, enquiries from citizens are referred to the FAQs and the BZgA as standard.* • *A more suitable formulation for "cough etiquette" was "Coughing and sneezing rules"* *selected. ToDo: Implement language rules (press)* • *BZgA: new adverts will be placed at the weekend.*	*Press* *FG32*
5	**Documents** • *Risk profile of vulnerable groups: online* • *Recommendation for home quarantine* o *was sent to the AGI, as there were no objections, the link where these can be obtained can go online.* • *Paper on options for separating patients* o *is not a departure from the pandemic plan but a concretisation, an annex to the pandemic plan*	*FG36* *IBBS/Press* *FG37*

6	**Laboratory diagnostics** • *Options for self-testing: clinicians should be asked to provide material from symptomatic patients in whom a throat and nasal swab was performed in parallel; TK with Drosten (unable to attend) and Wölfel was yesterday; meeting with Charité outpatient diagnostic centre, possibly also approach Vivantes regarding self-testing*	*FG17* *ZBS1* *FG36*
	ToDo: Evaluation of self-swabs (FG36) • *AGI Sentinel: 213 samples tested yesterday, all negative* • *Serology has not yet been validated.* • *The ratio of replication-capable viruses to genomic RNA in the samples should be analysed.* • *Grippeweb: there are plans to set up an RKI on a voluntary basis. to establish an internal comparative collective.* • *ARS data: out of 500 samples tested in routine diagnostics, 8 were positive.* *ToDo: Merge ARS data with Voxco and RespiVir data (J. Seifried)*	*FG17* *FG36* *FG37* *Dept.3*
7	**Clinical management/discharge management** • *Measures when dealing with HCW as contact persons 1. Degree: to concept (options for action adapted to the The concrete situation with the university hospitals in Aachen and Cologne is Mr Drosten (Charite) would have been involved. desirable. These are individual decisions in the medical facilities, the company will continue to work on concept for KoNa.* • *Discharge management:* o *Discharge on the basis of clinical criteria from the Hospitalisation in home isolation is possible. It must decide when home isolation should be can be cancelled. A pragmatic solution after a certain period of time in the Favoured in comparison to "free testing".* o *To this end, it must be clarified how long the elimination period. Then a period and the patient can be treated after this without be released for further testing. (It is assumed that of 14-21 days with adherence to standard hygiene measures).* *ToDo: Lifting of home isolation (after define hospital discharge) (IBBS, Dept. 1, FG36)* • *Planning tool for predicting the required number of Hospital and intensive care beds for the next few weeks* o *Web-based tool for setting parameters estimates new cases, active cases, new cases, new Hospitalisations, occupied beds in normal wards,*	*FG37* *IBBS* *FG17* *FG36* *FG37*

	Incidence of intensive care unit, occupancy of intensive care beds ○ *Advantage of a web-based tool: Improvements can be be introduced continuously* ○ *External hosting is necessary* ○ *Access should be given to people who are planning care, be restricted (state ministries).* ○ *Has been validated by Chinese data, available Data from Italy could be utilised. Model should will be further developed and made available soon.*	
8	**Measures to protect against infection** • *KoNa concept: financing issue must be clarified; contact Mr Lampert about GERN teams* *ToDo: Mr Thelen should apply for funding from special BMG funds.* • *Update on mass events: There was an enquiry about medical congresses/trade fairs. Answer from the press office: organisers should decide for themselves with the local authorities. Note: other medical congresses have already been cancelled.* *ToDo: Forward the email to the press office (FG36)*	*FG37*
9	**Surveillance** • *ECDC TESSY and data protection: according to Mr Lekschas, data is transferred to the ECDC without a legal basis, BMG has not commented on this in writing.* *ToDo: Organise meeting with Mr Lekschas, Ms Mehlitz* • *Application by Gérard Krause with national cohort for serological testing (initial situation and retrospective actual infection rate) depends on validation of serology, assays are being worked on. There is interest, feedback from FG36.*	*FG32/AL3* *FG36/AL3*
10	**Transport and border crossing points** • *No special features*	*FG32*
11	**International** • *In Namibia and Côte d'Ivoire, training courses on preparedness/laboratory diagnostics are planned with African CDC.*	*ZIG*
12	**Information from the situation centre** • *IHR Focal Point, EMOTET Filter: RKI cannot receive international attachments.*	*FG32*
13	**Other topics** • *Next meeting: Monday, 09.03.2020, 13:00-14:30, Situation Centre meeting room*	

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	(Eastern France), no more capacity for general CoNa, focus on medical staff ▪ *France continues to be monitored and is not yet defined as a risk area; the same applies to Spain* ▪ *Risk areas should be limited to regions with many cases, not entire countries* ▪ *Travellers returning from risk areas are treated as grade 2 contacts, recommendation reduce social contacts, no quarantine measures necessary without illness* *ToDo: Assistance for ÖGD: Revise recommended measures for entry from risk areas (FG32 + AGI)* **National** o Cases: *543 confirmed (+194), 15 BL, 126 LK affected, (1 BB, 15 BE, 91 BW, 79 BY, 3 HB, 15 HE, 8 HH, 5 MV, 18 NI, 281 NW, 8 RP, 7 SH, 1 SL, 1 SN, 1 TH))* o *Particularly strong increase in NRW, BW, BY* o *Exposure locations: 439 cases are known to have had contact with a confirmed case or to have been in a risk area; 295 were exposed nationally (mainly Heinsberg), 121 internationally (mainly Italy)* o *> 100 clusters; FG36 will attempt a cluster description* o *In Heinsberg, the containment strategy was abandoned; the RKI's risk assessment was communicated to the BMG and is published in the situation report* o *Data is now available in SurvStat, but with fewer cases than communicated due to the reporting delay* o *In the near future, only reporting figures will be used, as the effort required for research is too great; this could lead to a one-off reduction in the number of cases if the changeover is made* o *Information on hospitalisation is available for 146, of which 52 are hospitalised; no information on severity of illness available* *ToDo: Definition of serious illness* o *Epicurve should be viewed without Heinsberg, is KoNa a success without Heinsberg?* o *A presentation according to BL is planned* *ToDo: Inclusion of epicurves by federal state in the management report* o *Decline in blood donations: PEI's responsibility* o *Offer of support from the Bundeswehr ToDo: Written clarification from the Bundeswehr*	*FG32*
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4	**Communication** • *The situation reports are a special form of situation reports and can be found on the website under the heading Situation reports.* • *The press receives 150-200 emails per day, approx. 1/3 from the specialist public, enquiries from citizens are referred to the FAQs and the BZGA as standard.* • *The wording chosen for "cough etiquette" was "cough and sneeze rules".* *ToDo: Implement language regulations (press)* • *BZGA: new adverts will be placed at the weekend.*	*Press* *FG32*
5	**Documents** • *Risk profile of vulnerable groups: online* • *Recommendation for home quarantine* ○ *was sent to the AGI, no objections, to be put online.* • *Separation of patient flows* ○ *is not a departure from the pandemic plan but a concretisation, annex to the pandemic plan* *ToDo:*	*FG36*
6	**Laboratory diagnostics** • *Options for self-testing: clinicians should be asked to provide material from symptomatic patients in whom a throat and nasal swab was performed in parallel; TK with Charite was yesterday, possibly also approach Vivantes* *ToDo: Evaluation of self-swabs (FG36)* • *Grippeweb: there are plans to establish an RKI internal comparative collective on a voluntary basis.* *ToDo:*	*FG17* *ZBS1* *FG36*

7	**Clinical management/discharge management** • *Measures for dealing with HCW as first-degree contacts: an alternative solution is being worked on with the university hospitals in Aachen and Cologne; it would be desirable to involve Mr Drosten (Charite); decisions are made on a case-by-case basis; the concept of CoNa is still being adhered to.* • *Discharge management:* o *Discharge from hospital is possible based on clinical criteria. It must be decided when patients are discharged from home isolation. A pragmatic solution is favoured for discharge after a certain period of time compared to negative tests.* o *To do this, it must be clarified how long the elimination period is. A period can then be determined and the patient can be discharged after this period without further testing. (This is assumed to be 14-21 days if standard hygiene measures are observed).* *ToDo: Define discharge criteria (IBBS, Dept. 1, FG36)* • *Planning tool for forecasting the number of hospital and intensive care beds required for the coming weeks* o	*IBBS/FG14*
8	**Measures to protect against infection** • *ToDo:*	
9	**Surveillance** • *ToDo:*	
10	**Transport and border crossing points** **Measures at airports** • *ToDo:*	*FG32*
11	**International** •	*ZIG*

	ToDo:	
12	**Information from the situation centre** • *ToDo:*	*FG32*
13	**Other topics** • *Next meeting: Day, DD.MM.2020, XX:00-YY:00, Situation Centre Meeting Room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.03.2020, 1 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
  - *Ute Rexroth*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mr Ommen (by telephone)*
- *German Armed Forces: -*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 110,014 (+11,894) cases, thereof 3,828 (3.5%) Deaths (+440)* o *China (incl. Hong Kong and Macau) 80,860 (+193) cases, including 3,121 (3.9%) deaths (+77), 5,115 severe cases of the disease* o *Internationally 80 countries (incl. Taiwan) with 29,154 (+11,701 since Friday) cases,* ▪ *new cases since Friday in Italy (+3517), Iran (+3053), South Korea (+1098), France (+786), Germany (+640), USA (+64), Spain (+426), USA (+325), Switzerland (252), Netherlands (+183),* *United Kingdom (+163), Belgium (+150), Japan (+147), Sweden (+113), Norway (+104), Austria (67), Egypt (52).* *All other countries have fewer than 50 new cases each.* o *International 707 (2.4%) deaths: Italy (366), Iran (194), South Korea (53), United States (22), France (19), Spain (17), Diamond Princess (7), Japan (7), Iraq (5), Australia (3), United Kingdom (3), Switzerland (2), Argentina (1), Egypt (1), Philippines (1), San Marino (1), Thailand (1) Taiwan (1))* o *At least 633 severe courses of disease* o *Europe (WHO region) 12,333 cases (+6,659), of which 411* *(3.3%) deaths (+250), 507 serious illnesses* • *Trend analysis (slides here) International:* • *General: Italy and Iran continue to be hotspots.* • **China:** *There are no new cases in the Zhejiang region. Overall, a decline in the number of reported cases can be seen in almost all regions in China. In regions with new cases, the number of cases is very low. It can be seen that containment has been successful in Hong Kong.* • **South Korea**: *The trend is downwards, there has been a drop in the epicruve rate, which can be attributed to the successful measures (e.g. increased contact tracing and monitoring). There are currently 7,382 (+69) cases, including 50 deaths (+3). The proportion of deaths is 0.7%. 79.4% of cases have epidemiological links; 62% belong to the cluster (Shincheonji Church), 20.6% are sporadic or under*	*ZIG1*

	Determination • **Russia:** *Has officially reported only 15 cases. It is not clear whether the number is correct. The country has strict controls at the airport.* • **Italy:** *The situation in Lombardy remains dramatic; 769 new cases and 113 new deaths in Lombardy alone. The entire region went into lockdown on 8 March 2020. There are a total of 7,375 (+1492) cases in Italy; 4189 (57%) of these in Lombardy and 1,180 (16%) in Emilia-Romagna. There are 366 (+133) Deaths (proportion of deceased 4.9%)* *Number of cases with probable place of infection South Tyrol is increasing. Italy states in EWRS Selective Echange that community transmission is taking place in South Tyrol.* *Italian press describes "northern Italy" as a risk area. The Italian government has extended the risk area itself to 14 provinces.* *ToDo: INIG first collates the Italian regions that are now affected by measures. Based on this, the new possible risk areas are proposed to the BMG.* • *Definition of "risk area" and "affected area": Areas outside Germany are referred to as "risk areas", while areas within Germany are referred to as "affected areas".* *ToDo: The responsible MAs should review their documents and replace the term "risk areas" with "particularly affected areas in Germany/international risk areas". Please send the new documents to webmaster@rki.de.* • **Iran:** *As there is an increase in new cases, the whole of Iran is now declared a risk area. New measures include restricting travel between major cities, keeping educational institutions and schools closed until April and encouraging the public to reduce the use of paper banknotes.* • **Egypt***: 55 cases, including 33 cases on a Nile cruise ship (index case from Taiwan). 1 death (German man, 60 years old).* • **France:** *There has been an increase in the number of cases, but there is no particular affected area. The cases are spread throughout France. France has no defined risk areas within the country. Measures include contact tracing, focusing on medical staff, closing schools and cancelling mass events.*	

	ToDo: INIG contacts the French colleagues to discuss what measures they have implemented. This can be a basis for effective measures. • **USA/California:** *California has declared a public health emergency. The CDC is assuming community transmission in the states of Oregon, Washington and California. The Federal Foreign Office is receiving enquiries about this from Germans in California. Last Wednesday, the case definition in the USA was changed. Until then, mainly severe cases were recorded and only a few tests were carried out. Now more tests are possible. The change in case definition and the higher number of tests may explain the increase in cases. This will continue to be monitored.* • **Measures against Germany:** *In future, INIG will also report on measures imposed on German travellers. So far it is known, among other things, that the countries Uganda, West and Central Africa have imposed voluntary quarantine or quarantine when symptoms occur. The AA also collects this information so that the RKI could receive the information in this way.* • **Query Ongoing Community Transmission Areas via EWRS:** *Each country should assess whether there are regions with community transmission within the country. The RKI will name Heinsberg.* **National** • *Cases: 1112 confirmed in 15 federal states (6 BB, 40 BE, 199 BW, 256 BY, 4 HB, 20 HE, 17 HH, 33 NI, 484 NW, 19 RP, 5 SN, 10 SH, 2 TH) (slides here)* • *Heinsberg 26% of all cases in Germany* • *There are 2 affected regions in Bavaria and Baden-Württemberg, but these are circumscribed clusters. There is no community transmission here, but rather traceable transmission chains* • *Evaluation at district level is only possible via SurvNet; however, only half of all cases are entered here, i.e. there are significantly fewer cases according to the electronic reporting system. In the long term, case transmission should be electronic, not manual. The federal states should send the cumulative cases once a day and an analysis by district, age, gender etc. should be carried out via SurvNet. The dashboard for entry could help and motivate.* • **Dashboard:** *A disclaimer is necessary here, e.g. "Only*	*FG36, FG32*

	cases reported under the IfSG, which may differ from the current number of cases". The BMG would like to see the dashboard once again, then it can be published. It can still be expanded/detailed. Michaela Diercke was named as the contact person for the Signals Team (developer of the dashboard) for technical/content-related questions and Osamah Hamouda for the release. • **Heinsberg:** *Report on Heinsberg from the RKI has arrived at the BMG. Question as to whether the RKI can find out what is being done in Heinsberg. The NRW epidemiological officer does not have good contact herself; an employee of the NRW Health Centre (LZG) is in contact with FG32. If necessary, a regular TC could formalise this exchange. There is a request for administrative assistance from the LZG and Heinsberg. A request from the NRW Ministry is expected. The BMG (W. Biederbick) is already providing support here. Support from the RKI will continue to be offered.* • *Another option would be to address the citizens of Heinsberg directly, for example to tell them what they can do themselves to prevent the spread of the virus (e.g. reduce contact)* • *Further requests for administrative assistance from Nuremberg. A TC is held here with the public health department and the state office to clarify objectives, tasks, etc.* • *There are already 3 employees on site in Freisingen. In Berlin, 1 employee is providing support; no one is on site in NRW,* • *In the Division 3 SFA meeting, it was decided to provide support where new information could be obtained or where particular (vulnerable) groups are affected.* • **Returnees Tel Aviv:** *Travel group (N=44) with contact to confirmed COVID-19 case in Bethlehem. 3 of 24 travel participants who have already returned are symptomatic and hospitalised. The results of the swabs are still pending.* • **Lidl Nile cruise:** *There were 70 other German travellers on the boat. The situation centre is trying to obtain the list of contacts in order to inform the health authorities* • *An expansion of the recording system is planned via the DIVI and DKG. The wish is to focus on patients and discharged patients. A letter is being prepared. There are 8 seriously ill patients in Heinsberg, 4 of whom are being treated with treated with experimental therapeutics.*	
2	**Findings about pathogens** • *The pathogen profile was successfully published. One*	*Press*

	Correction request (tenacity is given as 9 days; in Literature 6 days) is passed on to Heiko Jahn.	
3	**Current risk assessment** • *The current risk assessment has been updated. The new version will go online today and will be updated weekly.* • *A "Rational Risk Assessment" document was created by FG36. This will be shared with the crisis team for comment and then made available on the internet (including a link to the risk assessment).* • *In the future, consideration could be given to a "What's next" section on the website. The CDC has done a similar thing already made.*	*All*
4	**Communication** *<u>RKI</u>* • *There is a snapshot survey by the University of Erfurt on the perception of recommended protective measures and the RKI etc. The results are shared with the crisis team.* • *Request from the Press Office to INIG to check the country names (e.g. Palestine, Vatican City) in the international case numbers.* • *National case numbers: so far there is one German who has died in Egypt. This is not included in the list of German case numbers, but is included in the situation report.* • *In Italy it is said that there is too little testing in Germany. The question often arises (also internationally) about the number of tests.* *ToDo: Janna Seifried will provide the numbers of laboratory tests to the press on a weekly basis.* *<u>BZgA:</u>* • *Ongoing business. Work is continuing on expanding the range of information on offer. There are many enquiries from citizens.* *ToDo: The snapshot survey from the University of Erfurt shows a need for a "household advice guide" ("What do I do if my child has COVID-19"). The BZgA is checking whether something like this can be created.*	*Press, FG32* *BZgA*
5	**Documents** • **Assessment of severity:** *The document was sent to the crisis team this morning for comments. It will then be sent to the BMG (order came from the BMG) and can then be posted online. The categories are (A) confirmed hospital cases, (B) critical cases and (C) deaths.*	*FG36, FG14, IBBS*

	ToDo: FG36 applies the document to the cases already submitted. • **Information on the prevention and management of illnesses in retirement and nursing homes:** *There are many enquiries on this topic. To make the search easier, there is now a separate website for this. It is based on the paper "Risk groups" FG14 and FG36 to see if anything can be removed from it.* • **Flow chart:** *"International risk areas" is replaced by "Particularly affected areas in Germany" by IBBS and subsequently updated on the Internet. The "Information for travellers" document will be handled in the same way.*	
6	**Laboratory diagnostics** • **Rapid tests:** *There is an offer from a company for IGG/IGM rapid tests for SARS-CoV-2, but tests that only test the immune response are unsuitable as screening tests. It may improve the PCR in the clinical setting.* • **AGI Sentinel:** *Still without a positive SARS-CoV-2 result. ARS has been discontinued in Lower Saxony due to a lack of primers etc.*	*FG17*
7	**Clinical management/discharge management** • *There is an addendum to the hygiene paper on cohort isolation.* • *There is a 12-page paper on dealing with contact persons who are employed in critical infrastructures (including nuclear power plant employees, air traffic controllers and medical staff). The proposal in the document is to categorise them as category 2 contact persons. They may continue to work, but may not travel by public transport, should wear face masks and sit separately from others. The document does not differentiate between the closeness of the contact. However, according to RKI recommendations, closer contacts should fall under category 1 contacts. The document is shared with the crisis team.* • **Treatment instructions for COVID-19:** *Treatment instructions have been drawn up together with the STAKOB and shared with relevant professional associations. Size changes are expected from the DIVI if necessary. As therapy is the domain of the specialist societies, feedback from them is awaited first and then the document is shared with the crisis team. The finalised document will be published on the RKI website and shared with the specialist societies.* *become.*	*IBBS/FG14/ FG32*

8	**Measures to protect against infection** • **Cancellation of events:** *The federal states would like the RKI to comment on this. However, this is a political decision, so the RKI does not take a position. Reference can be made to the criteria regarding the cancellation of mass events by the RKI. This can also be used to assess events with fewer than 1000 participants. Impact assessment must be taken into account (e.g. medical congress).* • **3rd version of the strategy:** *Based on strategic decisions, the population must be told what they can do ("personal responsibility"). The 3rd version of the strategy moves away from individual contact tracing towards focussed tracing where support is particularly needed (vulnerable groups or outbreaks in certain areas such as hospitals or retirement homes). In such a situation, the citizens' own involvement is higher and an important part of the strategy. Families of sick people must be able to isolate themselves, etc.* • *The* **term "containment"** *is often misunderstood***.** *It refers to slowing down or slowing down the outbreak and gaining time* *ToDo: FG36 checks which term best corresponds to our strategy.*	
9	**Surveillance** • **Self-sampling studies***: Contact has already been established with the DRK and Charité. The project can start after final approval from data protection. All documents are ready. A nasal and cheek swab will be taken; a throat swab is optional. It is assumed that 60 positive results will be required for the study, which should be feasible in the foreseeable future.* • **"Proportion of deceased":** *The term "case-fatality rate" is not used! Instead, the term "proportion of deceased" should be used.* • *All software manufacturers can ensure that data is quickly available in SurvNet. Nevertheless, investigations by health authorities are necessary in order to have all data in SurvNet. The endpoints are difficult to record as they are not one-off but continuous data.* *survey and good co-operation with clinics*	*FG32*

	etc. are required. The local health authorities have these. The RKI could provide support in collecting the data. FG36 is looking at the cases in terms of severity today, which can be reflected in the next AGI TK. Endpoints are needed to assess the severity. This should be actively communicated to the countries.	
10	**Transport and border crossing points** • **Exit screening:** *Entry screening has been discussed for a long time. In view of the current situation, exit screening for Düsseldorf Airport can be discussed in the morgiegn TK with the health authorities at the airports.* • **Dealing with cruise ships from risk areas:** *Enquiry from Hamburg as to whether ships from e.g. Italy can be banned from entering the country. In principle, German citizens cannot be denied entry, but a quarantine can be ordered.* • **Public transport:** *There are repeated enquiries as to whether it makes sense to set up disinfectant dispensers or to disinfect buses and trains. The RKI's stance is to ensure good hand hygiene.*	*FG32*
11	**International** • *Andreas Jansen returns from his WHO mission on Thursday.*	*ZIG*
12	**Other topics** • *As the situation develops, consideration must be given to whether the crisis team meetings can take place virtually.* *ToDo: The LZ is looking into options (e.g. Vitero, GoToMetting). Possible from next Monday at the earliest.*	*VPresident*
	Next meeting: Tuesday, 10.03.2020, 11:00 a.m., Situation Centre meeting room	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*10.03.2020, 11 a.m. - 1 p.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 114,186 (+4,172) cases, thereof 4,179 (3.7%) Deaths (+351)* o *China (incl. Hong Kong and Macau) 80,880 (+20) cases (71% of cases worldwide), thereof 3,138 (3.9%) deaths (+17), 4,800 severe cases of the disease (5.9 %), 59,962 recovered* o *International (excluding China, incl. Taiwan) 100 countries with 33,306 (+4,159) cases, of which 881 (2.7%) deaths, 954 serious illnesses (2.7%), 4,014 recovered (no figures available for many countries), highest number of cases (% of all cases):* ▪ *Italy 9,172 (28%)* ▪ *South Korea 7,513 cases (23%)* ▪ *Iran 7,161 cases (22%)* ▪ *France 1,412 cases (4.2%)* ▪ *Spain 1,231 cases (3.7%)* ▪ *USA 702 cases (2.1%)* ▪ *Japan 522 cases (1.7%)* o *WHO EURO Region (48 countries) 15,454 cases (+3,124), of which 535 (3.5%) fatalities (+124), 825 serious Disease progression (5.3%), 796 recovered (no figures available for many countries)* ▪ *Italy 9,172 (+1,797) cases (59% of WHO EURO), of which 463 (+97) deaths* ▪ *France 1,412 (+203) cases (9.1%), of which 30 (+11) Deaths* ▪ *Germany 1,224 (+184) cases (7.9%)* ▪ *Spain 1,231 (+557) cases (7.8%), of which 30 (+13) Deaths* ▪ *Switzerland 374 (+42) cases (2.4%), including 2 (+0) deaths* ▪ *United Kingdom 319 (+41) cases (2.1%), thereof 3 (+0) deaths* • *Trend analysis (slides here)* o *China: Declining number of cases* o *Turkey: no known cases or case exports to date* o *South Korea: Case numbers declining, possibly as a result of the measures that were initiated early, 196,000 tests have been carried out* o *Japan: Movement restrictions, Educational institutions closed* o *Iran: Decline in numbers, no new measures but measures still in place, death penalty for*	*INIG*

RKI	*Hoarding of respiratory masks and supplies* ○ *Italy: Infection still centred in the north, >1000 new cases in Lombardy (60% of all cases), implemented measures may only show results in 5-6 days, on 9 March the whole of Italy was declared a restricted zone, part of the strategy to relieve the health system (e.g. with regard to intensive care needs)* ○ *France: 4 regions with case clusters, most affected province Haut Rhine in the Grand Est region, events >1000 cases cancelled, RKI received e-mail from France (via embassy and BMG) that there will be no more corona and no more isolation, neighbouring areas in Germany were warned, BW and Saarland have taken measures* ○ *USA: officially 423 cases in total, New York Times writes 729 cases, 19 deaths (NYT says 22), CDC has defined community transmission for 3 states, tests were not available for a while, are now more available again, clear increase in cases in exactly these 3 states* • *Risk areas* ○ *On the one hand, should not be defined on too small a scale (too frequent need for adjustment), on the other hand, definition of larger regions leads to implementation difficulties in Germany* ○ *New risk areas: Italy, Iran, Grand Est region in France, 3 USA states namely Washington, California, Oregon → Preliminary e-mail to BMG* • *Measures against Germany were circulated by INIG* **National** • *Changes in reporting* ○ *Case numbers updated online only once a day, in the morning with figures from the previous evening's situation report* ○ *Changeover of epidemiological evaluation: from §12 individual case reports to electronically transmitted SurvNet data (reporting data), for a transitional period the absolute case numbers are still requested daily from the federal states* ○ *Furthermore, additional information from press releases of the federal state authorities once a day (should increasingly correspond to the reporting data)* • *Cases: Case numbers and analysis here* ○ *Special news: 4 cases in Saxony-Anhalt (1 of them from the Bundeswehr), 2 deaths in NRW (Heinsberg, Essen), one of them lived in a nursing home and was infected by a carer* ○ *9 cases among returnees from Tel Aviv: hotel manager tested positive there, Israel has German on*	*FG32/FG36*

RKI	*Returned on scheduled flights, they were not informed and there were no measures or cohorting on board (although they are category 1 contact persons), also within the flight other contact persons, were received by local ÖGD in Frankfurt and Munich* ○ *Very important to analyse existing data, Epicurves for federal states are in preparation, RKI Dashboard also in preparation, still a few bugs to fix before it becomes available* ○ *This afternoon in AGI TK, parameters to be transmitted to record the severity of the disease are discussed, focus on cases and the medical care they require* ○ *Social distancing is a very effective population-based measure and should also be started early in Germany; it is also effective at an advanced stage, the earlier the more effective,* ○ *Availability of protective material has a significant impact, should sick people wear masks?* • *Support federal states* ○ *RKI teams provide support in Freising, from today also in Nuremberg, both have larger clusters* ○ *Support from RKI to be prioritised* ▪ *No longer first come first served* ▪ *Focus on greatest impact (e.g. NRW, where help is not so well received)* ▪ *Where can insights be gained through the use of epi expertise, e.g. through Studies on site* ▪ *Nosocomial outbreaks are a priority* ▪ *Documentary support not a priority* ○ *If the application for mobile teams were successful soon, a broader base would be available* ○ *NRW is now carrying out broad testing, necessity/usefulness should be determined at a higher level, strategic advice very important here*	
2	**Findings about pathogens** • *New study shows that the incidence of infection in children and adolescents is the same as in adults, only the symptoms are less severe, suggesting that school closures make sense in principle* • *Publication on incubation period by Mr Drosten will be evaluated by FG36, also whether it should lead to changes in our KoNa, maximum incubation period of 14 days has not changed internationally*	*FG36*
3	**Current risk assessment** • *No adjustment of the RKI risk assessment today*	

RKI	• *Finalisation document "Rational risk assessment" completed and sent to BMG, BMI was also interested*	*all*
4	**Communication** **RKI/Press** • *Terminology "international risk areas and particularly affected areas in Germany" should also be adapted in FAQs* • *It is very important that those responsible for the topics check whether existing documents coordinated by them are still valid in view of the development of the situation and adaptation of the recommendations or require adaptation* • *Proposal clear message for tomorrow's press conference Schaade: no testing of asymptomatic people* • *Chatpot in preparation: Q&A to pick out people who should be meaningfully tested* • *Vulnerable groups: many requests, should they stay at home? Should vulnerable people also socially distance themselves?* o *In any case, where cases occur frequently* o *People who are ill should not have any contact with vulnerable groups* o *Nobody with ARE should visit a nursing home* o *Mass events for vulnerable groups are not recommended* o *This also applies to influenza/other circulating diseases and regardless of existing vaccinations* o *Should be included in FAQ* o *As this may not reach the target group, it should also be communicated to BZgA* **BZgA** • *BZgA has material on hygiene behaviour (4 core tips), material for employers and employees as well as for schools and daycare centres is currently being coordinated* • *IBBS flow chart is often passed on to and used by non-specialist audiences, e.g. sports facilities* • *Ask BZgA whether they will develop a flow chart for citizens/target group wider public (e.g. community facilities), behavioural measures e.g. how to behave with symptomatic people, what to consider in case of illness →* *Mr Ommen takes proposal with him* • *Recommendations on social distancing have not yet been given in Germany, is easy to implement graphically, basic information for citizens would be important here, BZgA no longer present in this discussion* *→ Request to BZgA tomorrow before BMG for daily TC (OHa)* **German Armed Forces**	*all*

RKI	• *Thanks for the profile* • *Confirmation that the RKI dashboard will also be available to the general public, SurvStat is already available for queries on submitted cases (Link:)* **BMG** • *Now has 5-6 people on duty for social media; in the event of an outbreak, these can also be used specifically in affected districts* **Documents/Recommendations** • *FG14 Paper on care homes for the elderly, finalisation and publication on website, recommendations must also be included in the paper on vulnerable groups* • *FG36 has concept for case definition adjustment, still needs to be agreed, aim is to reduce the work of the offices without significant loss of information, prioritise vulnerable groups; rough case definition* o *Contact with a laboratory-confirmed case, or* o *Accumulation of respiratory cases in nursing home/ in vulnerable group* o *Should not change the diagnostic procedure* • *FG37 Paper on the separation of COVID and other patients, in coordination and finalisation with AGI, then publication soon, FG14 should also be informed* • *RKI paper with recommendations for GA on quarantine: much demand from the general public, several legal proceedings in the legal department as this was not posted online but only mentioned, merely referring to it causes legal problems, will be posted on website when hospital and outpatient paper by FG37 is finalised and published* • *Procedure with exposed, crisis-relevant personnel (employees of critical infrastructure), where quarantine may be difficult, these should practice social distancing in particular, awareness must be raised in these circles, document on mass events was also supplemented in this regard, should be discussed again with BMG* • *Doctors currently work with masks and are swabbed every other day, no RKI recommendation or publication on this yet, is currently being evaluated (RKI is involved), and then written down and published as a recommendation; the challenge remains the face mask resource problem* • *Paper on strategy change should include these points, medical staff is one of the two vulnerable groups, should be communicated offensively as soon as masks have been made available by BMG, as well as a clear message on social distancing; it should also define areas in which contact persons are informed, but monitoring by GA is no longer provided, prioritisation of nursing homes,*	

RKI	*Hospitals, further information on self-isolation* • *RKI recommendations are often not understood by the general professional public, may need comprehensible accompanying text, e.g. talking points from Präs at the weekend, simple and striking with core statements* *→ Use of press briefings to communicate 1-2 important points each day* • *Diagnostics* ○ *Much uncertainty about who should be tested (e.g. significance of a negative test during the incubation period), professional public overrun by citizens* ○ *Company medical service could be required to provide more support when questions arise* ○ *Separation of issues in the population and the professional public (KKH, care facilities)* ○ *Development of a recommendation to clarify the flow chart: in which cases is diagnostics groundbreaking, when is a test really important, why should it be carried out/when should it not be carried out, prioritisation of diagnostics for diseased patients, etc.* ○ *No definitive decision on this yet* **RKI work** • *Which activities should be deprioritised in the future? Consideration must now be given to what will be continued and how intensively; effort must be prioritised* • *CoNa in aircraft: currently still recommended internationally, no case of transmission in aircraft has yet been identified, yesterday a discussion on this was started in EWRS to determine whether countries with similar epidemiological situations would agree to discontinue the measure, this must be done in coordination with the others, not Germany on its own* • *General focus on COVID-19 cases, especially severity of cases* • *Deprioritisation of the validation of information on suspected cases and CoNa* • *Do not take over tasks from GA, e.g. with regard to recommendations* • *Priority must be given to further measures to slow down the process, transmission of information and documentation have a lower priority* • *RKI internal work: Thinking about ways to proceed with community transmission in Berlin, home office, moving LZ to lecture theatre for distancing, etc.* *→ Mrs Engelbert leads a working group on this topic*	
5	**Documents** • *Partly discussed under Communication*	

6	**Laboratory diagnostics** • *AGI Sentinel running, no cases identified yet* • *Many enquiries about the evaluation of rapid tests, FAQ on key points developed, forwarded to press and publications to prevent individual enquiries or to refer them to it* • *Here, too, all tests have been negative so far*	*FG17* *ZBS1*
7	**Clinical management/discharge management** • *BMG has Kaletra in stock even if this may no longer be used, currently a patient in Munich has received Favipiravir, Remdesivir was not possible, Favipiravir manufacturer has offered Stock, would also be indicated for the treatment of Bornavirus* • *BfArM is investigating the possibility of using interferon for PEP (post-exposure prophylaxis), data is being reviewed, not yet communicated, this may be useful for particularly exposed facilities, recommendation currently under development* • *Remdesivir: is not used as PEP and is not being investigated in ongoing studies in this sense, PEP would be an important option for medical staff; in Germany 20 Remdesivir treatments available via Gilead study per centre, strict guidelines for administration* • *Today, patient flow separations are finalised in the AGI TK*	*IBBS*
8	**Measures to protect against infection** • *Nothing special*	
9	**Surveillance** **Collection of information on progression forms and capacities** • *Capacity enquiry and progression forms important for planning and assessing the situation, WHO tool very cumbersome, currently two options* • *1. use of a survey of intensive care physicians (DIVI), supported by two major specialist societies, number of beds, ECMO, also survey on number and course of COVID patients possible (how many ventilated, on ECMO, remaining capacities), no detailed recording of disease progression* ○ *This week development of a possible tool for web query via Linus, then evaluation* ○ *IBBS has FF and develops questions together with clinics* ○ *FG36/FG32 included in evaluation/decision* • *2. network for nosocomial infections, in the event of past crises a surveillance system was set up via Charité, available again if required, hygiene officers record information in the hospital, COVID could be included as an addition*	*IBBS* *FG36/FG37*

RKI	• *Considerations for both: how widespread are they?* • *Priority: Do not overload the system/doctors (do not ask for the same information more than once), and ensure that information is sent to the GA, continue to record individual cases via SurvNet*	
10	**Transport and border crossing points** • *ECDC statement: entry screening is not effective*	*FG32*
11	**International** • *Nothing to report* • *Information from the Bundeswehr: Andreas Jansen is stuck in Tehran, not yet clear when and how he will return*	
12	**Other topics** • *Future organisation of crisis team meeting Objective(s)* o *Discussions, decisions, updates?* o *Separation of specialised topics and decision-making body?* o *More working groups for certain topics so that they do not take up too much time in crisis team meetings before they are at an advanced stage* o *Should crisis team meetings take place less frequently, e.g. Mon, Wed, Fri?* o *Consideration is being given to* • *Next meeting: Wednesday, 11.03.2020, 11:00 a.m., Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*11.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walter Haas*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
  - *Jantina Mandelkow*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mr Ommen (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* o *Worldwide 119,335 (+5,149), thereof 4,292 (3.6%) Deaths (+113)* o *China (incl. Hong Kong and Macau) 80,909 (+29) cases (67.8% of cases worldwide), of which 3,160 (3.9%, +22) deaths, > 4,400 severe cases (at least 5.6%)* o *International (excluding China, including Taiwan) 103 countries with 38,426 (+5,120) cases, thereof 1,132 (2.9%, +251) Deaths; >1,200 severe cases (at least 3.1%)* ▪ *Iran 8,042 (20.9%), 291 deaths* ▪ *South Korea 7,755 (20.2%), 60 deaths* ▪ *United States 1,010 (2.6%), 31 deaths* ▪ *Japan 581 (1.5%), 10 deaths* ▪ *Singapore 166 (0.43%), 0 deaths* o *WHO EURO Region 18,512 (+3,058) cases, of which 717 (3.5%, +182) deaths; >1,069 severe cases (min. 2.8%)* ▪ *Italy 10,149 (54.8%), 631 deaths* ▪ *France 1,784 (9.6%), 33 deaths* ▪ *Spain 1,695 (9.2%), 36 deaths* ▪ *Germany 1,565 (8.5%), 2 deaths* ▪ *Switzerland 491 (2.7%), 3 deaths* • *Trend analysis (slides here)* o *South Korea: Decline in cases, cases are younger (than in Italy, for example), 0.7% deceased, measures remain the same* o *Japan: Falling, 1.3% deceased* o *Iran: >500 new cases, 3.3% of all cases deceased* o *Italy: Increase in cases, highest number of cases outside China, almost 500 deaths (5.0%), insufficient ventilation capacity, triage criteria unknown* o *Spain: also local transmission says WHO, especially affected Madrid, La Rioja region, events with >1,000 people cancelled in some regions* o *USA: different case numbers CDC and New York Times, similar to the problem here, use of the CDC-Data from RKI* o *Egypt: few cases but 37 exported to the USA* o *Turkey: was officially a/first case yesterday* • *Risk areas* o *BMG has asked for time to consider naming France and the USA as risk areas* o *Potential new risk areas: Egypt (exported cases), Austria (ski holidaymakers), both are being tested*	*ZIG1*

RKI		*ZIG*
	AA • *AA asked for written justification for defining Grand Est as a risk area and received it from Mrs Hanefeld* • *Can no longer repatriate Germans stuck abroad* **German Armed Forces** • *Global Health Security Index is taken into account in decisions and definitions, e.g. collapse of the healthcare system in Lebanon, distinction between danger in the country and net residual risk* • *Not mentioned by Bundeswehr: Bundeswehr now uses GoData for KoNa, very important that cases in Germany continue to be recorded via GA*	*FG32*
	National • *Cases, incidences, epicurves by federal state (slides here)* o *All federal states, half of all districts affected* o *Discrepancy between reporting data and press, e.g. NRW cases (press) >700, reporting >480; incidence nationwide 1.6/100,000 inhabitants, NRW 2.7, Heinsberg 98 from reporting data, Heinsberg incidence (press data) 160/100,000* o *LK Heinsberg, Munich, Freising highest number of cases* o *Case exports from Germany to Spain and Poland* o *Cases 2-82 years, median 41 (carnival, ski returnees)* o *>159 clusters, in BW also clusters in retirement homes* o *Bus journey from South Tyrol to Wilhelmshaven, contact with RKI in advance, 11 returnees tested positive so far* o *Tel Aviv: Returnees on scheduled flights without informing airline and without cohorts on board, numerous (~12) tested positive* o *First case in virological AGI sentinel surveillance, sample from RP, 05.03. swab, travel history with stay in St. Anton, Austria* • *Requests for administrative assistance NRW, SK Munich, are discussed (see also below)*	*all*
	Overall assessment • *Little known about Heinsberg, many orders regarding quarantine of KP Cat 1, but are not implemented, KP partly go to work, it is observed that more cases are hospitalised* • *Delay of test results (4-6d)* • *Aachen and Charité are considering allowing KP Cat 1 to continue working* • *Hospital hygienists are in dialogue and are currently developing concepts so that staff can work, based on paper from Switzerland: mask, hand hygiene, then work, stay at home if symptoms occur, tests on day 7 and day 14;*	

RKI	*The aim is to publish recommendations promptly* • *Point of criticism: Why mask use only after contact (protection of others), and not from the beginning (self-protection), remains to be seen whether RKI receives figures/information* • *Meeting of AL1, FG14, FG37 on this topic tomorrow before crisis management meeting* • *ARE activity is currently increasing again, positive rate has risen minimally, may be due to more attention and awareness, possible shift in patient behaviour, does not allow any conclusions to be drawn about the influenza season* *ToDo: Also send slides on the German situation (like INIG slides) daily to the Bundeswehr/BZgA*	
2	**Findings about pathogens** • *Pathogen profile was updated yesterday* • *Does the publication on children mentioned on 10 March change anything? So far, the assessment that children are rather less affected or play a role in transmission, we still don't know, the strategy (see below) is also about schools* • *Effect of temperatures on pathogens: cannot be estimated, sudden end of the epidemic ruled out, statements on the effect of changes in temperature/humidity should be interpreted with caution*	*all*
3	**Current risk assessment** • *No need for adjustment*	*all*
4	**Communication** **Public relations** • *Many telephone enquiries due to case numbers* • *Enquiries about accessibility, website not accessible to all people → Suggestion live translation of PK into sign language? Target group is actually the press* • *FAQ: FG33 has added to vaccinations, which are recommended, which are in preparation* • *Chatpot: Order from BMG, external company develops an interactive tool to relieve hotlines, RKI should provide technical support (check for correctness), FF Mr Schmich from Dept. 2, press strongly advises against it, concerns should be written down and sent to Präs for possible note to BMG* **BZgA** • *Currently working on material on social distancing following yesterday's appeal by the RKI crisis team* • *Otherwise ongoing business, processing 100s of enquiries from citizens*	*Press*

RKI	• *BMG has mentioned PHE's paper on social distancing (here)* **German Armed Forces** • *Question: Are there any considerations regarding the psychosocial support of medical staff in the event of a situation like the one in northern Italy (triaging, etc.), who is the right organisation for this?* ○ *Also part of the employer's task/responsibility* ○ *BBK has a department for this, GA has a social-psychiatric service, possibly also employers' liability insurance associations?* ○ *Possible approaches: Peer systems, lay training* ○ *The Bundeswehr Psychotrauma Centre could also be contacted in this regard and provide support* ○ *IBBS contacts BBK, solution proposals from BBK are requested by Friday* • *Info on procedure in Austria: all events with over 100 participants indoors, all events with over 500 participants outdoors cancelled*	
5	**Documents** **Supplementary strategy paper (** *draft_COVID-Strategy-4-0)* • *Yesterday, too, in the State Secretaries' meeting, everyone was talking about a change of strategy; many people do not realise that mitigation ultimately (merely) means triaging, protecting vulnerable groups and continuing contact person management* • *FG36 has prepared a paper with the following key approaches:* ○ *Cases and KoNa at an individual level* ○ *Measures at population level* ○ *Protection of vulnerable groups* • *Deceleration is the central component, the phases mentioned represent the components and packages of measures, these work together, always applicable are* ○ *Reduce contacts* ○ *Protection of vulnerable groups* ○ *Relief for medical care structures* • *Contact person management is an essential component for slowing down the overall process right from the start* • *Population-based measures: Cancellation of major events as a matter of principle, school closures in particularly affected areas, reactive school closures in areas that are not particularly affected are not recommended* • *Paper also contains an appeal to citizens to get involved themselves* • *All recommendations are for immediate implementation, good communication is very important to avoid discontinuation of measures* • *Key players: employers, public institutions, society as a whole* • *FG36/LZ sends list of measures that can be discussed by state secretaries to the BMG by 15:30, on Thursday Prime Ministers' Conference* • *Strategy Supplement document is finalised and submitted to the*	*FG36*

RKI	*Knowledge sent to the BMG* • *Spahn has already mentioned all the points on Deutschlandfunk radio today, the message has already been received/accepted* *ToDo: Strategy supplement paper (existing task?) Finalisation and dispatch to BMG* **Adaptation of case definitions** • *In preparation, coordination between FG36/FG32, also exchange with IBBS* **Dealing with corpses** • *NRW reports need for recommendations on handling COVID-19 corpses, there have already been other requests* • *Mortuary affairs are normally entirely a matter for the federal states, do they have to be dealt with in this particular situation?* • *It is difficult to generalise recommendations in this regard, as there are different approaches in state law* • *RKI possibilities (already practised): Reference to CDC material, technical recommendations on infection hygiene aspects, reference to old papers on SARS-Corona* • *Implementation is a state matter* **Paper on the separation of patients** • *Yesterday voted on in the AGI, BMG comments will be integrated, then sent to the press for publication*	*FG36* *FG32/all* *FG37*
6	**Laboratory diagnostics** • *AGI Sentinel: 30% more samples? First positive case (see above)* • *Still all results negative, interest to obtain RNA sample of the AGI case of FG17* • *Not yet clear whether the contamination problem has been resolved as there have been no further deliveries yet* • *Test capacities and previous tests* ○ *Dept. 3 query in progress, results as of 10 March.* ▪ *54 laboratories submitted figures (32 VOXCO, 8 RespVir and 14 ARS)* ▪ *By 10 March 2020, a total of 24271 samples had been tested, 173 of which were positive (not all testing laboratories have participated)* ▪ *28 laboratories have provided information on maximum test capacities (VOXCO): in total 7115 tests can be performed per day* ○ *Test figures must be validated before they can be published on the website, this is very important due to overlaps* ○ *We do not know whether we have enough testing capacity, various enquiries are being made and numerous laboratories have registered for round robin tests*	*FG17* *ZBS1* *AL3* *all*

7	**Clinical management/discharge management** • *Not discussed separately*	*IBBS/FG14/ FG37*
8	**Measures to protect against infection** • *Uncertainty regarding schools/universities/local public transport was also discussed yesterday in the WGI question; measures for schools/daycare centres (but not specifically universities) are included in the strategy supplement, not those relating to local public transport, but these are indirectly included in the topic of social distancing (BZgA)* • *PSA* ○ *Info from AGI yesterday: Hamburg had ordered lorry with PPE, this was stopped at the border* ○ *BMG has ordered 100 million MNS and 40 million N95 masks, the contract is in place, it remains to be seen whether these will cross the border into the country* ○ *OUs should check whether there is a need for customisation (N95) in documents created*	*FG32*
9	**Surveillance** • *Not discussed separately*	
10	**Transport and border crossing points** **Cruise ships** • *MV Minister President wants a recommendation on how to proceed, AkKü (working group of the coastal states) is working on the task* • *There are economic concerns/consequences* • *BMG wants to know procedure if case occurs on cruise ship in Germany* • *US CDC has cancelled cruise ship trips, should Germany also go in this direction?* • *It would make sense to organise large/mass events, also refer to contact person management paper*	*FG32*
11	**International** • *There are further requests for support from partner countries, particularly in the area of diagnostics, which can no longer be met* • *Exchange with Africa CDC, WHO EMRO and AFRO, also considerations on deviations from global strategy, to what extent testing is a priority, should it be prioritised, many meetings and heated discussions* • *INIG data should now also be sent in the afternoon like the national data in order to harmonise*	*ZIG*
	Information from the situation centre • Decision that the case numbers will be reported in the management report as at 15:00. These figures will be published on	*FG32*

RKI	The data is uploaded to the Internet on the same day and is then used **the next day** for all further communication (press conferences, presentations etc. etc. etc.). • *Since today RKI liaison person in the BMG situation centre, Janina Straub from IBBS, she should also have a filter function* • *Request for administrative assistance from NRW: Muna can provide support, this has already been discussed several times before, initially tele-epidemiology will be carried out as travel should remain restricted, on-site support if necessary* • *Instructions to employees in the control centre and in Department 3 on self-protection and contact reduction have been issued* • *WHO delegation (Schwartländer) arrives today, Pres, VPräs and AL3 not available, Mrs Hanefeld and Mr Eckmanns are available for exchange*	
12	**Other topics** • *Virtual meetings: no clear strategy, probably use of Vitero* o *Documents can be shown and liked by participants* o *No longer possible to speak freely with each other, two moderators, requires more speech discipline* o *Headphones are necessary and were distributed by IBBS to those present* o *Familiarise yourself first, one-time registration, works from your workplace and from home* o *from next Tuesday, instructions will follow* • *Alternative GotoMeeting (BLAG uses this)?* • *Next meeting: Thursday, 12.03.2020, 11:00-13:00, Situation Centre meeting room*	*IBBS*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Josefine Negraßus*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mrs Lamers (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** - *Cases* o *Worldwide 121,672 (+7,486), thereof 4,292 (3.6%) Deaths (+81)* o *International (excluding China, with Taiwan) 103 countries with 40,763 (+7,457) cases, of which 1,213 (2.98%, +342) Deaths; >1,200 severe cases* o *WHO EURO Region 19,540 (+4,086) cases, of which 732 (3.7%, +197) deaths; >1,000 severe cases* - *Trend analysis (slides here)* o **South Korea:** *There is a slight increase in the number of cases in Seoul and from Gyeonggi. Measures implemented in South Korea include an aggressive and transparent information campaign (risk factors and useful measures), high-volume testing (more than 210,000 tests have been carried out, with up to 10,000 new tests carried out every day, drive-through test centres), quarantine, disinfection of contaminated environments, school closures and work-at-home policies.* o *Drive-through centres also exist in England. According to the AGI, all federal states have something similar. Sometimes in mobile form, sometimes in stationary form. These are run by medical students or the KV, for example. There is always a pre-selection (e.g. telephone conversation with the health authority). In Bavaria, there is a test centre in the Munich barracks. The LMU is planning another one on the Theresienwiese.* o *All countries that have been successful with their measures have some form of financial back-up for employers in the event of employee quarantine.* *ToDo: ZIG compiles measures from other countries with evaluation for the BMG* o **Japan:** *More cases. The majority of cases in Hokkaido (n=118), followed by Aichi (n=102), Osaka (n=80), Tokyo (n=67), and Kanagawa (n=44).* o **Iran:** *There are more than 9,000 cases. The same areas are still affected.* o **Italy:** *The figures for Italy are now also available for hospitalised patients are known: there are 5,838*	*ZIG1*

RKI	*Hospitalised with symptoms, 1,028 in intensive care (8%) and 1,045 have recovered. Question whether there is any information on the severity of the hospitalised cases, because in China, for example, everyone is hospitalised. The report is in Italian; Mr Haas will look at it.* ○ **France:** *There has been an increase in the number of cases across France. There are currently 578 cases in the Grand-Est risk area. There are many commuters between France and Baden-Württemberg, Saarland and North Rhine-Westphalia.* ○ **Spain:** *Madrid already has 1,024 cases and 31 deaths. With 31 deaths, it can be assumed that the number of cases in Madrid is much higher.* *Addendum. In SurvNet, 9 cases with probable exposure location Spain have been reported so far (in 7 cases the exposure location is not specified, in 2 cases the Canary Islands are indicated)* ○ **USA:** *Entry for EU citizens to the USA is prohibited; return journeys are still possible. For travellers returning from the USA, it would still make sense to declare the proposed states as risk areas in the USA. The US has more cases with probable place of exposure Egypt (n=40) than Italy (n=31). Based on verbal testimony, the US ran out of transport media for specimens yesterday and is conducting testing without a travel history. Atlanta also reportedly has community transmission. For Atlanta (Georgia), written information would be required; therefore, the 3 original states are initially considered as possible risk areas.* *ToDo: BMG should comment again on the proposal to declare the states of Washington, Oregon and California as risk areas.* ○ **Austria:** *Ischgl and increasingly also St. Anton are particularly affected. Many foreign citizens have been infected. Denmark reports that almost 1/3 of Danish COVID-19 cases have been infected in Austria. In areas with a high number of tourists, such as South Tyrol, the definition for community Transmission not only the indigenous population*	*ZIG*

RKI	*but also the cases among tourists. The possible export of COVID-19 cases to Denmark and other Scandinavian countries is also relevant for Germany.* **National** - *Cases, incidences, epicurves by federal state (slides here)* o *All federal states affected* o *Particularly affected are SK Stuttgart and LK Esslingen in Baden-Württemberg, SK Munich and SK Freising in Bavaria and LK Heinsberg in North Rhine-Westphalia.* ▪ *North Rhine-Westphalia: 262 cases, including 220 cases with Heinsberg as the site of exposure (in the whole of D.: 233 cases with exposure location Heinsberg);* ▪ *Bavaria: 89 cases, of which 36 cases with exposure location LK Freising, 10 SK Munich and 11 LK Starnberg (total in Germany: 42 with exposure location Freising, 11 SK Munich and 11 LK Starnberg)* ▪ *Baden-Württemberg: 33 cases, of which 5 in the Esslingen district (10 in the whole of Germany with exposure location LK Esslingen)* ▪ *Berlin: 90 cases, 29 of them in Berlin-Mitte (33 in the whole of Germany with exposure in Berlin-Mitte)* o *Rhineland-Palatinate, Thuringia, Bremen are already up to date with SurvNet transmissions compared to the cases transmitted in advance; others have more problems (e.g. Hamburg)* o *Health authorities want to change strategy so that they can focus their work from contact tracing to investigating confirmed cases and then transmitting them via SurvNet.* o *The Bundeswehr has tested the emergency numbers of the health authorities and reports a waiting time of 7 hours in some cases before someone can be reached. It has already been mentioned several times in the AGI that the health authorities employ staff from other offices in addition to their permanent staff.* *(e.g. public order office) could be involved. In Berlin, employees from other offices are already supporting the health authorities. The Bundeswehr also raised the issue at the last meeting of the BMI-BMG crisis team; however, no federal state level is represented there.* *ToDo: Mr Wieler can raise the issue at the upcoming Minister Presidents' Conference.*	*FG32*

RKI	**Supplementary evaluation (slides here) of cases transmitted and validated by SurvNet (data status: 11 March 2020, 11:00 a.m.)** ○ *Of all confirmed cases (1,089), information on symptoms was available for 737 (68%) confirmed cases (418 males, 319 females). Among the symptoms, there were also cases that only had rhinitis as a symptom.* ○ *In 159 confirmed cases, it was stated that they were hospitalised. This is 14.6% of all confirmed and validated cases to date (n = 1,089) and 22% of all cases for which information on hospitalisation status was available (n = 724). Information on ICU hospitalisation is not yet available in SurvNet. 75% of those over 80 years of age were hospitalised; 44.4% of children were hospitalised, but this also includes asymptomatic children (e.g. family in Bavaria). 12 pneumonias were reported.* ○ *The symptoms and indications of the severity of the course (pneumonia) are listed in the situation report. The number of pneumonia cases will not be reported in the next status report.* ○ *In 37 cases, medical facilities and in 34 cases medical professions are specified as potential exposure. In the case of medical facilities, however, there is no distinction between staff, patients or visitors.* ○ *CAVE: The evaluation is a snapshot of the data entered and it is not clear whether it has been updated after entry in SurvNet. It is therefore possible that patients are no longer hospitalised without this information having been transmitted.* **Request for administrative assistance:** ○ *General: The RKI has reported to the BMG TK that there are many enquiries that cannot all be dealt with.* ○ *Spree-Neiße district: the state level was not involved here. However, requests for administrative assistance are always submitted to the RKI via the highest state authority. The request was therefore initially forwarded to the state level.* ○ *NRW supports tele-epidemiological assistance via Ms Abu Sin and the Situation Centre* **Case numbers:** ○ *Transmission of case numbers to the BMG: It's okay,*	*FG36* *FG32*

RKI	*that the RKI is currently transmitting both the transmitted figures and the figures reported by the federal states to the BMG. The changeover to data transmitted only via SurvNet is to take place next Tuesday. The double column (transmitted cases and cases reported by the federal states), which appears in the situation report, is also to be placed on the RKI website. Mrs Degen has already prepared a language regulation for this.* o *The John Hopkins University site has different case numbers. They have one press screening team per country. In the long term, press screening is no longer expedient, as not all the numbers are available.* *be reported.*	
2	**Findings about pathogens** o *A publication on virus excretion has been circulated, which may be used for the paper on discharge management (see documents). However, it is difficult to link discharge to virus excretion.* o *Profile: An updated version has been circulated and will be published promptly.*	*all*
3	**Current risk assessment** o *The Rapid Risk Assessment of the ECDC has a similar categorisation of risk differentiation as the RKI.* o *The risk assessment has been supplemented by the information that the WHO has declared a pandemic. The adjusted risk assessment will be published online. Financially, practically etc. nothing changes. However, there are international funds (e.g. for pandemic preparedness) that are mobilised as a result.* *ToDo: Please adapt documents if necessary so that it now says "pandemic wave/pandemic" instead of outbreak or epidemic.*	*all*
4	**Communication** **Press office RKI** • *RKI Dashboard: You are asked when it will go online. It makes sense to wait until the figures have been converted, i.e. Tuesday. Until then, reference can be made to SurvStat. Mr Goltz is currently clarifying with the BMG where hosting would be possible (e.g. ITZ Bund). As no date has yet been set for the dashboard, there will be no announcement in the press release.* • *On the right-hand side of the RKI website, next to the heading "Updated documents", there is now also the heading* *"new documents".* • *The question of a communication strategy, why in NRW the*	*Press*

	numbers are not rising: The answer would be that these are the figures reported to the RKI. • *The BMG would like a sign language interpreter for the daily press conferences. Mr Kerstens can help with arranging contacts.* *ToDo: The press office will organise a sign language interpreter by next Monday at the latest.* **BZgA** • *There is nothing new to report. A paper on the topic of "keeping your distance" is currently being produced/agreed.* • *Ms Theiss from the BZgA reported at the BMG TK that the BZgA is preparing a paper for nursing homes and carers and another for employers. It would be desirable for the RKI to receive the papers for review before publication.* **German Armed Forces** • *No new information*	
5	**Documents** • **Discharge management:** *The proposal is that mildly ill people go into home isolation for 14 days from the onset of symptoms. For people receiving clinical treatment, the doctor first assesses whether the patient is clinically fit for discharge. If so, a PCR is carried out. If the PCR is negative twice (24 hours apart) and the patient is symptom-free for 48 hours, he/she is discharged without further measures. If the PCR is positive, the patient is isolated at home for 14 days after discharge, provided the home environment allows this (e.g. no vulnerable contacts in the household). Some patients (e.g. immunosuppressed persons or children) should be assessed on a case-by-case basis. The concept will be proposed orally to the AGI today.* • **Information for pharmacies on the preparation of hand sanitisers:** *Provides information on the legal basis for self-produced disinfectants. The EU directive has been repealed and in-house production is now possible. However, it is not clear, for example, which of the two formulations may be produced and whether they may be labelled as limited virucidal. FG14 (Mrs Schwebke) is dealing with these issues.* • **Resource-conserving use of MNS:** *There are two Change requests. The RKI has sent an annotated version to*	*IBBS, FG14, FG36*

RKI	*the ABAS with a request for approval.* • **New strategy:** *The new strategy was sent to the BMG by FG 36 for information and feedback is pending. Mr Wieler will explain the strategy to Mr Spahn.*	
6	**Laboratory diagnostics** • **AGI Sentinel Surveillance:** *no new case* • **EQA scheme for SARS-CoV-2:** *210 laboratories have registered.* • **Exchange of sera and viruses:** *Health Minister wants exchange of sera and viruses with other countries. The exchange of viruses works well via existing laboratory networks. Sera cannot be reproduced, which makes the exchange more difficult. For Germany, the consiliary laboratory would have the task of collecting materials.* *ToDo: Mr Mielke talks to the INSTAND proficiency testing laboratory; Ms Michel finds out whether sera are shared in EVAg.*	*FG17* *ZBS1*
7	**Clinical management/discharge management** • **HCW paper:** *Based on a paper by swissnoso (https://www.swissnoso.ch/fileadmin/swissnoso/Dokumente/5_Forschung_und_Entwicklung/6_Aktuelle_Erreignisse/200311_management_of_COVID-19_positive_HCW.pdf), FG14 and FG37 have drawn up a supplementary recommendation in the event of staff shortages. According to this, HCWs who have had contact with a person suffering from COVID-19 could work if they are asymptomatic, wear an MNS, test for SARS-CoV-2 every 2nd day, etc. The CDC has published similar recommendations. FG36 is still to be included in the preparation.* • **Flowchart criterion 3:** *Point 3 leads to many questions in the situation centre. According to criterion 3, anyone could be tested. The right-hand column of the flowchart is to be regarded as "optional" and the decision is left to the discretion of the attending physician. While specific measures should be carried out in the left-hand column, a differential diagnosis is required in the right-hand column. According to the KBV, payment is made for what is reasonable according to medical judgement. The link to the website with the affected regions initially only leads to the table with the case numbers of the federal states and only to the case numbers worldwide via a linked document at the bottom of the page. In future, this link should be placed before the German case numbers. The The flow chart itself is only changed again when the*	*IBBS/FG14/ FG36/FG37*

RKI	*case definition is changed.* *ToDo: The press office moves the link to the document with the international case numbers before the table with the case numbers for Germany.* • **Draft amendment to the case definition:** *The draft still needs to be reviewed by FG32.* *ToDo: Both the draft of the new case definition and the draft for a flow chart adapted to the case definition should be finalised by Tuesday (17 March).* • *Patient flows document: The document has been finalised and will be published on the Internet shortly.*	
8	**Measures to protect against infection** • **School closures:** *Bavaria and Saxony are considering nationwide school closures. Today, the Conference of Education Ministers is discussing the issue of school closures. The RKI believes that school closures only make sense in particularly affected areas. In Bavaria, the first Universities closed.*	*FG32*
9	**Surveillance** • *Not discussed separately*	
10	**Transport and border crossing points** • **Contact tracing for flights:** *There have been no known transmissions of SARS-CoV-2 on aeroplanes to date. As contact tracing of people on an aircraft with a sick passenger is very resource-intensive, other countries (e.g. Sweden) have already dispensed with it.* *ToDo: The BMG should be informed of the proposal that the RKI should also refrain from contact tracing on flights in future.* • **Cruise ships:** *Today there was a TC with the working group of the coastal states (AkKü). The cruise ship season (incl. river cruises) starts in approx. 2 weeks. The AkKÜ wants to ban the entry of cruise ships and is preparing a document with arguments for this (e.g. vulnerable groups of passengers, local health authorities are burdened with work on river cruises, etc.).*	*FG32*
11	**International** • *Mr Jansen is back from his WHO mission to Iran.*	*ZIG* *ZIG*

RKI	**Information from the situation centre** • *The employees who handle international communication and contact tracing are now based in the library.* • *In order to increase work efficiency and avoid parallel work, it is important that a clear lead is defined for tasks. Therefore, please define a primary contact person for tasks who will liaise with others.* • *There are many specialised enquiries on the same topics. Please continue to add to and use text modules from the Situation Centre. Before forwarding enquiries, the situation centre should* *check whether a similar enquiry has already been made or whether text modules already exist.*	*FG32, FG36*
12	**Next meeting** • *Next meeting: Friday, 13.03.2020, 13:00, Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*13.03.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Nadine Litzba (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Sarah McFarland*
- *BZgA :*
  - *Mr Ommen (by telephone)*
- *German Armed Forces:*
  - *Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** o **Cases** o *Worldwide 128,020 (+6,926), thereof 4,713 (3.7%) Deaths (+348)* o *International (excluding China, including Taiwan) >114 countries with 47,087 (+6,902) cases, including 1,542 (3.3%, +337) Deaths; >1,386 severe cases* o *WHO EURO Region 24,353 (+4,868) cases, of which 963 (3.9%, +237) deaths; >1,000 severe cases* o **Trend analysis** *(slides here)* o **China:** *There are 11 new cases in China. Outside of Wuhan, travel restrictions have been eased and work has resumed in the production facilities. But no easing in Wuhan. China is aware of the continuing high proportion of susceptible people in the population (outside Wuhan, but also in Wuhan itself) and dealing with a renewed increase in the number of cases was also a topic of discussion at the WHO mission. China is very attentive to new cases.* *There are a few new cases in Hong Kong. The measures in Hong Kong are more relaxed than in the rest of China.* o **South Korea:** *There has been a slight decline in the number of cases.* o **Australia:** *There is an increase in the number of cases in Australia and according to the WHO Situation Report there is local transmission in Australia.* o **Spain:** *According to the WHO Situation Report, there is also local transmission in Spain. There are 3 areas with a high cumulative incidence (Madrid, Pais Vasco, La Rioja) with probably around 2000 patients. In Catalonia there is an outbreak in a clinic and some places with approx. 70,000 people are under quarantine. School closures have also been ordered, among other things. Every member of the cabinet is tested after a positive case in cabinet. According to information from the Spanish national health authority, systematic testing was carried out very early on in Spain, as in Germany, and now the* *Protection measures ramped up. The national*	*ZIG1* *ZIG*

	Health authority offers a mutual exchange of information. ○ **Austria:** *There has been a sharp increase in the number of cases over the last few days. Most cases are in Tyrol, but no information on clusters. According to the WHO Situation Report, there is also local transmission in Austria. Half of the cases transmitted via §12 and also half of the cases in Denmark have been exposed in Ischgl. Some soldiers have also been infected in the Tyrolean ski resorts. All cable cars in Tyrol will be closed from Monday.* ○ **France:** *There continues to be a concentration of cases in the east of the country linked to what is happening in Haut-Rhine. France has a testing capacity of >1200 tests/day.* ○ **Turkey***: BMG crisis unit assumes that there are significantly more cases in Turkey, but this cannot be substantiated.* • **Adjustment of risk areas** ○ **Spain, Madrid:** *Madrid is declared a risk area.* ○ **Austria, Tyrol:** *Tyrol is declared a risk area.* ○ **France, Grand-Est region:** *The size of the risk area was criticised, as Bas-Rhin and Haut-Rhin are mainly affected and Grand-Est covers a much larger area. When deciding on the risk area, the situation in the two main areas affected was assessed, but it was also recognised that it may be a larger event. The decision was also based on the information that there is no longer any CoNa or isolation in the affected areas. The further course of events should be monitored before a decision is made to reduce the size of the area.* ○ **Egypt:** *The evaluation of Egypt is to be discussed on Monday* *ToDo: Prepare overview of Egypt and the Netherlands, INIG* ○ **China***: It will be observed whether the number of cases changes with the relaxation of the measures, then if necessary.* *Cancellation of Hubei as a risk area* ○ *The other risk areas remain in place.* ○ *At European level (ECDC/HSC), the plan is for each country to designate its own risk areas.* ○ *Extensions of the risk areas will be*	

RKI	*other departments in advance (2h).* *ToDo: The extension will be registered with the BMG and the other departments will be informed by the BMG, FG32/LZ* **National** • *Cases, incidences, epicurves by federal state (slides here)* ○ *All federal states affected, 302 districts have transmitted electronically (52% more than the previous day)* ○ *Particularly affected are SK Stuttgart and LK Esslingen in Baden-Württemberg, SK Freising, LK Starnberg and SK Munich in Bavaria, SK Mitte in Berlin and LK Heinsberg in North Rhine-Westphalia.* ▪ *North Rhine-Westphalia: 450 cases, including 265 in the district of Heinsberg, 73 in the city/region of Achen and 23 in the region of Achen.* *Cases LK Coesfeld* ▪ *Bavaria: 131 cases, of which 43 cases with exposure location LK Freising,* ▪ *Berlin: 101 cases, 43 of them in Berlin-Mitte* ▪ *Baden-Württemberg: 59 cases,* ○ *Export to other BL (12/03/2020):* ▪ *Of 233 cases with exposure location Heinsberg 17 cases exported to 4 BL* ▪ *Of 42 cases with exposure location LK Freising only one from another district* ▪ *Of 11 cases with exposure location SK Munich 6 cases exported to 5 BL* ▪ *Of 10 cases with exposure location LK Esslingen one exported to another district* ▪ *Of 29 cases with exposure location Beriln centre 2 exported to NRW* ○ *In the trend analysis, we calculate a diagnostic delay of approx. 5 days if no onset of symptoms is known.* ○ *As far as can be seen, there is no sustained community transmission in the affected cities (except Heinsberg), which may speak in favour of containment.* ○ *No change to the areas of particular concern necessary today based on this data. The LK Heinsberg is left as the only particularly affected area.* ○ *Younger people may believe that they themselves are not affected because the warnings are focussed on vulnerable groups.* ○ *As many affected returnees from South Tyrol in Bavaria do not get through to the various hotlines or are referred to them, it could be that there is an underreporting there.* *ToDo: In the AGI, the observation from Munich on the*	*FG32*

RKI	*Availability/reachability of the hotline can be shared. FG32* *ToDo: Website risk areas: The text needs to be clarified, FG32*	
2	**Findings about pathogens** **Role of children as transmitters** o *The AGI has asked the RKI for a statement on the role of children as carriers in the context of the planned school closures.* o *According to a publication from Italy, there is a particularly high level of replication in the throat area. However, the contents of the publication are not yet known to the crisis team.* o *In another publication (cited by Mr Drosten), the effectiveness of school closures was modelled, but the publication refers to influenza.* o *There is a publication according to which children and adolescents are infected just as frequently and are often asymptomatic; however, it does not contain any information on how frequently children and adolescents contribute to transmissions.* o *It is unclear what the consequence will be if the schools close for 4 weeks now, possibly there will be increased activity when reopening (both influenza and COVID- 19, 2009 has seen this)* o *The ECDC webinar also stated that there is currently no accurate data on children.* o *In general, a distinction should be made between entertainment activities and activities that serve to maintain the community, and a balance should be struck between anti-epidemic measures and the maintenance of critical infrastructure.* o *By analogy with influenza, the school closures make sense. During an influenza pandemic, this is an important factor in slowing down the outbreak.* o *However, it is important that this does not lead to increased contact between children and their parents and vulnerable groups.* o *Mr Spahn has ordered that a passage on school closures be added to the criteria for the risk assessment of major events.* *To Do: Include the passage in the risk assessment for major events, FG32* *To Do: Expert opinion on transmissibility by children, FG36*	*all*
3	**Current risk assessment** o *Current risk assessment remains unchanged*	*all*

4	**Communication** **Press office:** ○ *An article based on the situation report is being published today in the Epidemiological Bulletin.* ○ *The FG36 strategy paper is currently with Mr Spahn.* ○ *The discussions on the current measures (protection of vulnerable groups, personal responsibility, etc.) are in line with the content of the article* *ToDo: The current article will be laid out and finalised as far as possible so that it can be published at short notice, Press* **BZgA** ○ *Creation of information for the general public, FAQs are posted on the website today* ○ *Flyer on protective measures for the chronically ill is being prepared.* ○ *Information for behaviour in quarantine is created together with the BBK.* ○ *There are then 3 different flyers on quarantine: RKI, BBK and BZgA. You should consider which information gap needs to be closed.* ○ *The BZgA should focus more on children.* ○ *It should be noted that the RKI flyer has been closely coordinated with the federal states and that there should be no contradictory information. To avoid confusion, the federal states should also be involved if necessary.* ○ *Enquiry as to whether the BZgA is preparing anything on the Kanzerlin slogan. Advice on social distancing and basic rules, e.g. that sick people stay at home.* **RKI** ○ *The RKI is currently working on an information brochure on patients in isolation* ○ *The information for travellers should continue to be posted and distributed, even if the recommendations on it now apply to all citizens and are no longer linked to risk areas.*	*Press* *BZgA* *all*
5	**RKI Strategy Questions** **Basic questions on risk areas:** ○ *Question about the trigger for the transition from geographical criteria to a focus on vulnerable groups and to what extent the laboratories are prepared for testing without reference to risk areas.* ○ *The current advantage is that doctors receive a lot of information on cases from risk areas.* ○ *For community transmission in larger regions less energy into the diagnosis of well-founded suspected cases and more into the testing of vulnerable patients.*	*all*

RKI	*groups flow.* o *In principle, tests will only be carried out in the future if there is a medical implication (e.g. in hospitals and nursing homes).* o *This means that testing may be reduced in clinically milder cases. However, these are also very important for reasons of infection control.* o *For other populations, the principle of social distancing applies anyway* o *Basic strategy remains: No testing of asymptomatic persons, early testing of vulnerable groups and persons in contact with vulnerable groups. Early testing of vulnerable groups and of people who have contact with vulnerable groups.* o *In all likelihood, the spread will vary geographically.* o *Case definitions are being discussed today (draft available on Tuesday) and the flow chart will then be adapted. In the future, the reference to risk areas and particularly affected areas will be removed. However, we have not yet reached this point.* *To Do: Mr Mielke will include point in diagnostic paper.* *To Do: Topic for next week Tuesday: Who should be tested? LZ* **VIP testing:** o *A total of 14 people were tested.* o *The BMG/BMI crisis team has decided that the tests should take place in the Bundeswehr hospital and the RKI will only test when there is no more capacity available there.* **Activation of the dashboard/data sharing:** o *There are many requests to access the SurvStat data with automatic interfaces.* o *If desired by the BMG, it must issue a decree on this.* o *The RKI will provide its own dashboard. Since hosting at the RKI on the DMZ jeopardises SurvNet and mobile working, the ITZ Bund should do this. Mr Goltz should be contacted directly. He is in direct contact with the BMG* **Resources and measures:** o *BBK/GMLZ requests recording of measures from RKI, IfSG §12 should be the basis.* o *At best, the BBK could act as administrative assistance for the RKI if there is no legal basis of its own on the inside.*	*FG32, IBBS* *FG32* *FG32*

	be present. ○ *The enquiry would be resource-intensive and currently not feasible. Furthermore, measures are not the responsibility of the RKI, but of the federal states. The overview of measures (quarantine, event bans, school closures) should be the responsibility of the Ministry of the Interior. This should supplement the RKI's epidemiological picture of the situation with an up-to-date picture of the available resources/capacities and the measures taken.* ○ *BMI should have a better overview of the interior authorities of the federal states.* *ToDo: Overview of measures in Germany: Writing/report to BMG with implementation proposal to BMI, IBBS*	
6	**Documents** **Publication of the strategy supplement in the Epidemiological Bulletin:** ○ *see above.* **Adaptation of contact person management** ○ *Resources should be used in a targeted manner, more energy on Cat.I contact persons.* ○ *The document is adapted so that the Cat. I contact persons must actively report to the GA themselves (e.g. by e-mail)* ○ *Prioritisation is included. This includes stricter or more precise categorisation than Cat. I, strengthening the personal responsibility of contacts, prioritising the detection of illnesses in vulnerable Cat. I contacts and, in Cat. II, reducing social contacts, but not segregation as in Cat. I.* ○ *Cat. II measures should not sound like quarantine, but categorisation will be maintained for the time being.* *ToDo: Adaptation of the wording of the measures for Cat. II contact persons, FG36* ○ *The document on resource-conserving use has been finalised and agreed with ABAS and BMAS. We are still waiting for the authorisation to be extended.* ○ *Therapy recommendations for internal intensive care medicine online*	*all* *FG14* *IBBS*
7	**Laboratory diagnostics** ○ **ARS** *(slides here):* *Results from ARS: A total of 15,348 tests, of which 2.6% were positive, most from doctors' surgeries - where 12,000 patients tested, average age 42 years, 48 yrs at persons tested positive*	*FG37, Dept.1, FG17, ZBS1*

RKI	○ *Synlab Leverkusen and Labor Berlin will also be added; the system is to be systematically expanded so that 70% of the laboratories can be covered,* ○ *The KBV is also working on a system in parallel. There are already over 30,000 tests recorded. KMB is in close dialogue with the BMG (Korr). This is seen as a useful addition. The head of laboratory 28 works together with logistics companies and therefore has access to many laboratories and also to information on test capacities and delivery difficulties* ○ *However, university laboratories are not included in the KBV query, but are included in ARS - so the two complement each other quite well. They need to be merged.* ○ *Currently still underreported in both systems. Even if the positive rate is very interesting. For this reason, publication is currently being avoided. There should be a harmonised publication so that different figures are not available.* ○ *BMG has contact with KBV* *ToDo FG37 contacts BMG (Gerit Korr) about ARS, FG37* ○ *General information that 210 laboratories have registered for the EQA scheme.* ○ *No more SARS-CoV-2 positive samples have been detected since Tue* ○ *In the laboratory area of the RKI (FG17, ZBS1) major problem of missing employees due to school closures* ○ *ZBS1 will receive >100 samples from the Berlin laboratory next week (mainly from Berlin GÄ), work in shifts, various FGs have agreed to help, now capacity for 170 samples per day* ○ *Question about reinfection and serological testing* ○ *ZBS1 has the task of preparing serological testing, but positive controls are currently lacking* ○ *Study design of a cohorting of healthy individuals via STAKOB, question: Do we find reinfections here?* ○ *Cohort could also be integrated into Grippeweb (self-testing), for example.* ○ *Positive sera could be used to evaluate the tests and to analyse basic immunity (e.g. blood donors).* *ToDo: Epidemiological design of a serological study by Mr Wilking, Mr Haller and Ms Offergeld, ZBS1 to carry out testing*	
8	**Clinical management/discharge management** **ARDS/DIVI network** ○ *Database for querying ITS capacities, number of ventilation places and ECMO* ○ *The database is programmed by DIVI and linked to DKG coordinated. The tool has the DKG, RKI and DIVI logo. There is a cover letter from all three institutions involved, distributed*	*IBBS*

RKI	*via the DKG. Mr Spahn has also drafted a letter of support.* ○ *Unfortunately, the tool does not make it possible to assess the burden of COVID-19 patients on hospitals (how many, for how long?).* ○ *The tool is only about capacity measurement, it is not a load or severity indicator. The requirement was: 5 questions to be answered in 5 minutes* ○ *DGI has its own tool for clinical progression.* ○ *New tool from the RKI can be expanded if necessary. Clinic:* ○ *Favipiravir is stockpiled by the federal government, Remdesivir has strict requirements for use in studies (ventilation without the use of catecholamines)* *Masks:* ○ *Aachen University Hospital has hardly any reserves of masks left* ○ *Hospitals, especially university hospitals, should contact the federal states; NRW, for example, has ordered masks.* ○ *Mouth and nose protection (100 million) and masks (40 million) have been ordered by the federal government, but it is unclear whether they will be delivered. If they are delivered, they will be distributed by a logistics company.* ○ *In addition, ordering activities by the countries are also desired (smaller order therefore other contractors possible).*	
9	**Measures to protect against infection** **School closures - regulation:** ○ *Already discussed under agenda item 2.* ○ *Many employees are affected, question about official letter from RKI for employers of partners* *ToDo: A letter to this effect will be sent by Mr Schaade prepared*	*ZBS1*
10	**Surveillance** **Mortality surveillance** ○ *No new status*	
10	**Transport and border crossing points** **Decision on KoNa flight:** ○ *Decision rests with BMG* **Cruises***:* ○ *AIDA and some other cruise operators are cancelling their cruises until the beginning of April.* ○ *HSC is in favour of suspending cruises.*	*FG32*
11	**International** *Not discussed*	
12	**Information from the situation centre** *Not discussed*	
13	**Miscellaneous**	*Mrs Schaade*

RKI	○ *Order BMG to write a letter with a message for risk groups (Mrs Merkel will write a letter to all people 65+, this is to be pre-formulated).* *ToDo: A corresponding letter is being prepared, FG36*	
14	**Next meeting** ○ *Next meeting: Monday, 16.03.2020, 13:00, Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*13.03.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler (by telephone)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Nadine Litzba (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Sarah McFarland*
- *BZgA :*
  - *Mr Ommen (by telephone)*
- *German Armed Forces:*
  - *Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** o **Cases** o *Worldwide 128,020 (+6,926), thereof 4,713 (3.7%) Deaths (+348)* o *International (excluding China, including Taiwan) >114 countries with 47,087 (+6,902) cases, including 1,542 (3.3%, +337) Deaths; >1,386 severe cases* o *WHO EURO Region 24,353 (+4,868) cases, of which 963 (3.9%, +237) deaths; >1,000 severe cases* o **Trend analysis** *(slides here)* o **China:** *There are 11 new cases in China. Outside of Wuhan, travel restrictions have been eased and work in the production facilities has resumed. But no easing in Wuhan. China is aware of the continuing high proportion of susceptible people in the population (outside Wuhan, but also in Wuhan itself) and dealing with a renewed increase in the number of cases was also a topic of discussion at the WHO mission. China is very attentive to new cases.* *There are a few new cases in Hong Kong. The measures in Hong Kong are more relaxed than in the rest of China.* o **South Korea:** *There has been a slight decline in the number of cases.* o **Australia:** *There is an increase in the number of cases in Australia and according to the WHO Situation Report there is local transmission in Australia.* o **Spain:** *According to the WHO Situation Report, there is also local transmission in Spain. There are 3 areas with a high cumulative incidence (Madrid, Pais Vasco, La Rioja) with probably around 2000 patients. In Catalonia there is an outbreak in a clinic and some places with approx. 70,000 people are under quarantine. School closures have also been ordered, among other things. Every member of the cabinet is tested after a positive case in cabinet. According to information from the Spanish national health authority, systematic testing was carried out very early on in Spain, similar to DE, and now the* *Protection measures ramped up. The national*	*ZIG1* *ZIG*

	Health authority offers a mutual exchange of information. ○ **Austria:** *There has been a sharp increase in the number of cases over the last few days. Most cases are in Tyrol, but no information on clusters. According to the WHO Situation Report, there is also local transmission in Austria. Half of the cases transmitted via §12 and also half of the cases in Denmark have been exposed in Ischgl. Some soldiers have also been infected in the Tyrolean ski resorts. All cable cars in Tyrol will be closed from Monday.* ○ **France:** *There continues to be a concentration of cases in the east of the country linked to the events in Haut-Rhine. France has a testing capacity of >1200 tests/day.* ○ **Turkey***: BMG crisis unit assumes that there are significantly more cases in Turkey, but this cannot be substantiated.* **o Adjustment of risk areas** ○ **Spain, Madrid:** *Madrid is declared a risk area.* ○ **Austria, Tyrol:** *Tyrol is declared a risk area.* ○ **France, Grand-Est region:** *The size of the risk area was criticised, as Bas-Rhin and Haut-Rhin are mainly affected and Grand-Est covers a much larger area. When deciding on the risk area, the situation in the two main affected areas was assessed, but it was also recognised that it may be a larger event. The decision was also based on the information that there is no longer any CoNa or isolation in the affected areas. The further course of events should be monitored before a decision is made to reduce the size of the area.* ○ **Egypt:** *The evaluation of Egypt is to be discussed on Monday* *ToDo: Prepare overview of Egypt and the Netherlands, INIG* ○ **China***: It will be observed whether the number of cases changes with the relaxation of the measures, then if necessary* *Cancellation of Hubei as a risk area* ○ *The other risk areas remain in place.* ○ *At European level (ECDC/HSC), the plan is for each country to designate its own risk areas.* ○ *Extensions of the risk areas will be*	

	other departments in advance (2h). *ToDo: The extension will be registered with the BMG and the other departments will be informed by the BMG, FG32/LZ* **National** ○ *Cases, incidences, epicurves by federal state (slides here)* ○ *All federal states affected, 302 districts have transmitted electronically (52% more than the previous day)* ○ *Particularly affected are SK Stuttgart and LK Esslingen in Baden-Württemberg, SK Freising, LK Starnberg and SK Munich in Bavaria, SK Mitte in Berlin and LK Heinsberg in North Rhine-Westphalia.* ▪ *North Rhine-Westphalia: 450 cases, including 265 in the district of Heinsberg, 73 in the city/region of Achen and 23 in the region of Achen.* *Cases LK Coesfeld* ▪ *Bavaria: 131 cases, of which 43 cases with exposure location LK Freising,* ▪ *Berlin: 101 cases, 43 of them in Berlin-Mitte* ▪ *Baden-Württemberg: 59 cases,* ○ *Export to other BL (12/03/2020):* ▪ *Of 233 cases with exposure location Heinsberg 17 cases exported to 4 BL* ▪ *Of 42 cases with exposure location LK Freising only one from another district* ▪ *Of 11 cases with exposure location SK Munich 6 cases exported to 5 BL* ▪ *Of 10 cases with exposure location LK Esslingen one exported to another district* ▪ *Of 29 cases with exposure location Beriln centre 2 exported to NRW* ○ *In the trend analysis, we ~~calculate~~ a diagnostic delay of approx. 5 days if no onset of symptoms is known.* ○ *As far as can be seen, ~~containment~~ in the affected cities (except Heinsberg) is not a persistent community transmission, which may speak ~~in~~ favour of containment.* ○ *No change to the particularly affected ~~areasRisk~~ areas necessary today based on this data. The LK Heinsberg is left as the only particularly affected area.* ○ *Younger people may believe that they themselves are not affected because the warnings are focussed on vulnerable groups.* ○ *As many affected returnees from South Tyrol in Bavaria do not get through to the various hotlines or are referred to them, it could be that there is an underreporting there.* *ToDo: In the AGI, the observation from Munich on the*	*FG32*

	Availability/reachability of the hotline can be shared. FG32 *ToDo: Website risk areas: The text needs to be clarified, FG32*	
2	**Findings about pathogens** **Role of children as transmitters** ○ *The AGI has asked the RKI for a statement on the role of children as carriers in the context of the planned school closures.* ○ *According to a publication from Italy, there is a particularly high level of replication in the throat area. However, the contents of the publication are not yet known to the crisis team.* ○ *In another publication (cited by Mr Drosten), the effectiveness of school closures was modelled, but the publication refers to influenza.* ○ *There is a publication according to which children and adolescents are infected just as frequently and are often asymptomatic; however, it does not contain any information on how frequently children and adolescents contribute to transmissions.* ○ *It is unclear what the consequence will be if the schools close for 4 weeks now, possibly there will be increased activity when reopening (both influenza and COVID- 19, 2009 has seen this)* ○ *It was also stated in the ECDC webinar that there is currently no accurate data on children.* ○ *There should be a general distinction between entertainment activities and activities that serve the preservation of the community, and a balance should be struck between anti-epidemic measures and the preservation of critical ~~public~~ infrastructure.* ○ *By analogy with influenza, the school closures make sense. During an influenza pandemic, this is an important factor in slowing down the outbreak.* ○ *However, it is important that this does not lead to increased contact between children and their parents and vulnerable groups.* ○ *Mr Spahn has ordered that a passage on school closures be added to the criteria for the risk assessment of major events.* *To Do: Include the passage in the risk assessment for major events, FG32* *To Do: Expert opinion on transmissibility by children, FG36*	*all*
3	**Current risk assessment** ○ *Current risk assessment remains unchanged*	*all*

4	**Communication** **Press office:** ○ *An article based on the situation report is being published today in the Epidemiological Bulletin.* ○ *The FG36 strategy paper is currently with Mr Spahn.* ○ *The discussions on the current measures (protection of vulnerable groups, personal responsibility, etc.) are in line with the content of the article* *ToDo: The current article will be laid out and finalised as far as possible so that it can be published at short notice, Press* **BZgA** ○ *Creation of information for the general public, FAQs are posted on the website today* ○ *Flyer on protective measures for the chronically ill is being prepared.* ○ *Information for behaviour in quarantine is created together with the BBK.* ○ *There are then 3 different flyers on quarantine: RKI, BBK and BZgA. You should consider which information gap needs to be closed.* ○ *The BZgA should focus more on children.* ○ *It should be noted that the RKI flyer has been closely coordinated with the federal states and that there should be no contradictory information. To avoid confusion, the federal states should also be involved if necessary.* ○ *Enquiry as to whether the BZgA is preparing anything on the Kanzerlin slogan. Advice on social distancing and basic rules, e.g. that sick people stay at home.* **RKI** ○ *The RKI is currently working on an information brochure on patients in isolation* ○ *The information for travellers should continue to be posted and distributed, even if the recommendations on it now apply to all citizens and are no longer linked to risk areas.*	*Press* *BZgA* *all*
5	**RKI Strategy Questions** **Basic questions on risk areas:** ○ *Question about the trigger for the transition from geographical criteria to a focus on vulnerable groups and to what extent the laboratories are prepared for testing without reference to risk areas.* ○ *The current advantage is that doctors receive a lot of information on cases from risk areas.* ○ *For community transmission in larger regions less energy into the diagnosis of well-founded suspected cases and more into the testing of vulnerable patients.*	*all*

	groups flow. ○ *In principle, perspective testing ~~should~~ only be carried out if there is a medical implication (e.g. in hospitals and nursing homes).* ○ *This means that testing may be reduced in clinically milder cases. However, these are also very important for reasons of infection control.* ○ *For other populations, the principle of social distancing applies anyway* ○ *Basic strategy remains: No testing of asymptomatic persons, early testing of vulnerable groups and persons in contact with vulnerable groups. Early testing of vulnerable groups and of people who have contact with vulnerable groups.* ○ *In all likelihood, the spread will vary geographically.* ○ *Case definitions are being discussed today (draft available on Tuesday) and the flow chart will then be adapted. In the future, the reference to risk areas and particularly affected areas will be removed. However, we have not yet reached this point.*	*FG32, IBBS*
	To Do: Mr Mielke will include point in diagnostic paper. *To Do: Topic for next week Tuesday: Who should be tested? LZ*	*FG32*
	VIP testing: ○ *A total of 14 people were tested.* ○ *The BMG/BMI crisis team has decided that the tests should take place in the Bundeswehr hospital and the RKI will only test when there is no more capacity available there.*	
	Activation of the dashboard/data sharing: ○ *There are many ~~questions~~ about accessing SurvStat data with automatic interfaces.* ○ *If desired by the BMG, a decree will have ~~to~~ be ~~issued~~.* ○ *The RKI will provide its own dashboard. Since hosting at the RKI on ~~the~~ DMZ SurvNet and mobile working jeopardises this, the ITZ Bund should do this. Mr Goltz should be contacted directly. He is in direct contact with the BMG*	*FG32*
	Resources and measures: ○ *BBK/GMLZ requests recording of measures from RKI, IfSG §12 should be the basis.* ○ *At best, the BBK could provide administrative assistance to the RKI.*	

	if there is no separate legal basis on the inside. ○ *The enquiry would be resource-intensive and currently not feasible. Furthermore, measures are not the responsibility of the RKI, but of the federal states. The overview of measures (quarantine, event bans, school closures) should be the responsibility of the Ministry of the Interior. This should supplement the RKI's epidemiological picture of the situation with an up-to-date picture of the available resources/capacities and the measures taken.* ○ *BMI should have a better overview of the interior authorities of the federal states.* *ToDo: Written form/report to BMG with implementation proposal to BMI, IBBS*	
6	**Documents** **Publication of the strategy supplement in the Epidemiological Bulletin:** ○ *see above.* **Adaptation of contact person management** ○ *Resources should be used in a targeted manner, more energy on Cat.I contact persons.* ○ *The document is adapted so that the Cat. I contact persons must actively report to the GA themselves (e.g. by e-mail)* ○ *Prioritisation is included. This includes stricter or more precise categorisation than Cat. I, strengthening the personal responsibility of contacts, prioritising the detection of illnesses in vulnerable Cat. I contacts and, in Cat. II, reducing social contacts, but not segregation as in Cat. I.* ○ *Cat. II measures should not sound like quarantine, but categorisation will be maintained for the time being.* *ToDo: Adaptation of the wording of the measures for Cat. II contact persons, FG36* ○ *The document on resource-conserving use has been finalised and agreed with ABAS and BMAS. We are still waiting for the authorisation to be extended.* ○ *Therapy recommendations for internal intensive care medicine online*	*all* *FG14* *IBBS*
7	**Laboratory diagnostics** ○ **ARS** *(slides here):* *Results from ARS: A total of 15,348 tests, of which 2.6% were positive, most ~~from~~ doctors' surgeries - there 12,000 patients tested, average age 42 years, 48 yrs at persons tested positive*	*FG37, Dept.1, FG17, ZBS1*

RKI	○ *Synlab Leverkusen and Labor Berlin will also be added; the system is to be systematically expanded so that 70% of the laboratories can be covered,* ○ *The KBV is also working on a system in parallel. There are already over 30,000 tests recorded. KMB is in close dialogue with the BMG (Korr). This is seen as a useful addition. The head of laboratory 28 works together with logistics companies and therefore has access to many laboratories and also to information on test capacities and delivery difficulties* ○ *However, university laboratories are not included in the KBV query, but are included in ARS - so the two complement each other quite well. They need to be merged. .* ○ *Currently still underreported in both systems. Even if the positive rate is very interesting. For this reason, publication is currently being avoided. There should be a harmonised publication so that different figures are not available.* ○ *BMG has contact with KBV* *ToDo FG37 contacts BMG (Gerit Korr) about ARS, FG37* ○ *General information that 210 laboratories have registered for the EQA scheme.* ○ *No more SARS-CoV-2 positive samples have been detected since Tue* ○ *In the laboratory area of the RKI (FG17, ZBS1) major problem of missing employees due to school closures* ○ *ZBS1 will receive >100 samples from the Berlin laboratory next week (mainly from Berlin GÄ), work in shifts, various FGs have agreed to help, now capacity for 170 samples per day* ○ *Question about reinfection and serological testing* ○ *ZBS1 has the task of preparing serological testing, but positive controls are currently lacking* ○ *Study design of a cohorting of healthy individuals via STAKOB, question: Do we find reinfections here?* ○ *Cohort could also be integrated into Grippeweb (self-testing), for example.* ○ *Positive sera could be used to evaluate the tests and to analyse basic immunity (e.g. blood donors).* *ToDo: Epidemiological design of the study by Mr Wilking, Mr Haller and Ms Offergeld, ZBS1 to carry out testing*	
8	**Clinical management/discharge management** **ARDS/DIVI network** ○ *Database for querying capacities on ISTS, number of ventilation places and ECMO* ○ *The database is programmed by DIVI and linked to DKG coordinated. The tool has the DKG, RKI and DIVI logo. There is a cover letter from all three institutions involved, distributed*	*IBBS*

	via the DKG. Mr Spahn has also drafted a letter of support. ○ *Unfortunately, the tool does not make it possible to assess the burden of COVID-19 patients on hospitals (how many, for how long?).* ○ *The tool is only about recording capacity, it is not a load or severity indicator. The requirement was: 5 questions to be answered in 5 minutes* ○ *DGI has its own tool for clinical progression.* ○ *New tool from the RKI can be expanded if necessary. Clinic:* ○ *Favipiravir is stockpiled by the federal government, Remdesivir has strict requirements for use in studies (ventilation without the use of catecholamines)* *Masks:* ○ *Aachen University Hospital has hardly any reserves of masks left* ○ *Hospitals, especially university hospitals, should contact the federal states; NRW, for example, has ordered masks.* ○ *Mouth and nose protection (100 million) and masks (40 million) have been ordered by the federal government, but it is unclear whether they will be delivered. If they are delivered, they will be distributed by a logistics company.* ○ *In addition, ordering activities by the countries are also desired (smaller order therefore other contractors possible).*	
9	**Measures to protect against infection** **School closures - regulation:** ○ *Already discussed under agenda item 2.* ○ *Many employees are affected, question about official letter from RKI for employers of partners* *ToDo: A letter to this effect will be sent by Mr Schaade prepared*	*ZBS1*
10	**Surveillance** **Mortality surveillance** ○ *No new status*	
10	**Transport and border crossing points** **Decision on KoNa flight:** ○ *Decision rests with BMG* **Cruises***:* ○ *AIDA and some other cruise operators are cancelling their cruises until the beginning of April.* ○ *HSC is in favour of suspending cruises.*	*FG32*
11	**International** *Not discussed*	
12	**Information from the situation centre** *Not discussed*	
13	**Miscellaneous**	*Mrs Schaade*

RKI	○ *Order BMG to write a letter with a message for risk groups (Mrs Merkel will write a letter to all people 65+, this is to be pre-formulated).* *ToDo: A corresponding letter is being prepared, FG36*	
14	**Next meeting** ○ *Next meeting: Monday, 16.03.2020, 13:00, Situation Centre meeting room*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*16.03.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *AL3*
  - *Osamah Hamouda*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZV1*
  - *Silvia Schuckert*
- *INIG*
  - *Basel chequered*
- *BZGA : Mrs Seefeld (by telephone)*
- *Bundeswehr: Mrs Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases* ○ *Worldwide 157,044 (+9,587), thereof 5,839 (3.7%) Deaths (+257)* ○ *China (incl. HK, Macau) 80,996 (+25), of which 3,203 (4.0%) Deaths (+10)* ○ *International (excluding China, with Taiwan) 146 countries with 76,048 (+9,557) cases, of which 2,636 (3.%, +247) deaths; >3,200 severe cases* ○ *WHO EURO Region 47,248 (+8,333) cases, including 1,817 (3.8%, +223) deaths; >2,000 severe cases* ○ *Trend analysis (slides here)* ○ *China: Most new cases in China are imported cases (e.g. from South Korea, Italy)* ○ *UK: has a new strategy: so far, neither schools nor borders are closed. Anyone with respiratory symptoms should stay at home and not go to their GP or hospital. Only severe cases are to be hospitalised, i.e. only seriously ill people are being tested and recorded in the UK. For a complete picture of the situation, however, it is important to count the infected as well as the sick. The total number of cases in the UK is lower than in Germany, but the number of deaths is higher.* *ToDo: INIG should show per country (incidences etc.) as for China* ○ *France: So far, only the Grand Est region has been declared a risk area. However, there are other regions with high incidences (Bourgogne-Franche-Comté: 14.7/100,000). The term "risk area" should be used with caution. It should only be areas that have a higher incidence than particularly affected areas in Germany and from which a high number of returning travellers may be observed.* ○ *Spain: 2,000 new cases (7,753 cases in total, including 288 deaths; proportion of deaths 3.7%). Most affected are Madrid (3,544 cases, 213 deaths), País Vasco (630 cases, 23 deaths) and*	*ZIG1*

RKI	*Castilla La Mancha (401 cases, 10 deaths).* *ToDo: INIG will calculate the incidences for the individual Spanish provinces* ○ *Austria: The majority of cases in Austria come from Tyrol.* *Addendum: In SurvNet there are 348 cases with Tyrol, 14 cases with Vorarlberg, 7 cases with Salzburg, 3 cases with Upper Austria, 1 case with Lower Austria and 1 with Vienna as the probable place of exposure. There is no more precise information on the location of the remaining 527 cases with Austria as the place of exposure.* ○ *Switzerland: There are more than 1,300 cases in Switzerland, 30% of which come from Ticino. Special measures have been adopted here (e.g. only grocery shops and pharmacies are open; no more church services; funerals only in the closest family circle; cantonal administration counters closed; senior citizens should avoid public places and keep their distance when walking). Switzerland no longer tests slightly symptomatic contacts, but recommends that they stay at home. Addendum: In SurvNet there are 15 cases with a probable place of exposure Switzerland without further details of the location.* ○ *Italy: 22,512 cases, of which 2,026 HCW; 1,625 Deaths (proportion of deceased 7.2%); 6.7% symptomatic; 4% seriously ill* ○ *Egypt: There have been 110 cases in Egypt so far. Egypt seems to be a country where there is transmission despite the dry heat (also in South Africa). It is also possible that there is only transmission among tourists (ship, hotel).* *Addendum: Mr Ellerbrok (ZIG) is in contact with the laboratory in Egypt and will try to get an overview of the number of tests.* ○ **Risk areas: No changes** **National** ○ *Cases, incidences, epicurves by federal state (slides here)*	

RKI	○ *Changeover to SurvNet tomorrow will work without negative delta.* ○ *All federal states affected; soon all districts affected* ○ *Nationwide incidence is 5.5/100,000 inhabitants (lecture: 5.0/100,000 inhabitants)* ○ *BW, BY, NRW, BE and HH exponentially increasing trend; eastern federal states not yet as affected; incidences are:* ▪ *North Rhine-Westphalia: 8.6/100,000 p.e. (Heinsberg approx. 253.2/100,000 p.e.);* *Half of the cases come from Heinsberg.* ▪ *Bavaria: 7.4/100,000 p.e.* ▪ *Baden-Württemberg: approx. 9.6/100,000 p.e.* ▪ *Berlin: 8.0/100,000 p.e.* ▪ *Hamburg: 13.9/100,000 p.e.* ○ *Freising has a strategy of making immediate contact to be cancelled. Symptomatic patients are hospitalised immediately.* ○ *Austria has overtaken Italy as a possible place of exposure (Austria: 901, Italy 866).* *Addendum: In SurvNet there are 348 cases with Tyrol, 14 cases with Vorarlberg, 7 cases with Salzburg, 3 cases with Upper Austria, 1 case with Lower Austria and 1 with Vienna as the probable place of exposure.* ○ *There are 25 districts from which more than 10 cases have already been exported. The highest number of exports comes from the Heinsberg district (n=369), the Aachen district (n=152) and the Freising district (n=59) as well as from the Berlin Centre district (n=52).* *ToDo: Establish incidence and trend for German districts (selection of top 10) in order to identify particularly affected areas.* ○ *There are few documents specifically for measures in particularly affected regions (e.g. what should Heinsberg do). This is to be included in the flowchart, which will be discussed tomorrow at the crisis team meeting and posted online towards the end of the week.* ○ *Designation of affected risk areas: This is fundamentally important for the definition of*	*FG32*

	suspected cases and the associated probability of testing. The rationale would be that the aim is not to warn other districts/provinces about regions, but to encourage increased testing within the area. Criteria for selecting affected areas could be incidence, trend analysis, exported cases, etc. The incidence in Freisingen, for example, is high, but the trend analysis is not. Therefore, this would not be a particularly affected area. *ToDo: tomorrow's crisis team meeting will look at the incidences, trend analysis and exported cases for SK Aachen, SK Hamburg, SK Munich to decide which of these could be an affected region.* o *The reporting of suspected cases will be discontinued. This information was circulated via info letter.* o *<u>Situation in the health authorities:</u> There are many (including large) health authorities (e.g. Düsseldorf, Frankfurt) that are reaching the limits of their capacities. Contact tracing is often no longer possible and the concept of quarantine for medical staff can no longer be maintained. There is a request to adapt the documents/recommendations. However, reallocating resources is preferable to changing recommendations.* o *ZV has already received positive feedback from the BVA that it can take care of recruitment and contracts for the mobile teams. A job advertisement text is being prepared by the RKI.* **Request for administrative assistance:** o *There are still RKI staff in Berlin and Nuremberg to provide technical support. In Berlin, there is also good support from other authorities. Nuremberg is additionally supported by the RKI from Berlin in the telephone survey of contact persons.* **Case numbers:** o *There are a total of 12 deaths; the press reports*	*ZV* *FG32*

	already from 13. The deaths come from Baden-Württemberg, Bavaria and North Rhine-Westphalia ○ *As BNO News tends to focus on the Asian region, the case numbers from the WHO will be used for international reporting in future.* *related.*	
2	**Findings about pathogens** ○ *Nothing to report*	*all*
3	**Current risk assessment** ○ *A new risk assessment was prepared at the WE. It is to be scaled up this week. The risk assessment will be published as soon as Mr Schaade receives a signal to do so.* *gives.*	*VPresident*
4	**Communication** **Press office RKI** • *There are FAQs for the Ärzteblatt that will be published soon.* • *The RKI website does not yet contain a sentence on deaths in Germany. A sentence on this is to be added.* • *The task of organising a sign language interpreter for the daily press briefing at 10 a.m. was assigned to Mr Kersten. It should be a professional interpreter; costs will be borne by the BMG.* **BZgA** • *A leaflet on recommended behaviour will be coordinated with the Federal Office of Civil Protection and Disaster Assistance and published in the near future. Further leaflets are planned.* • *Request to the BZgA that all leaflets are sent to the RKI for review* • *There are already many recommendations, what is missing are recommendations on presenteeism (not going to work sick or using public transport). This is noted on the leaflets, but as it is a very important message to the population, there should be a separate campaign for this. There was already a major presenteeism campaign for the flu/pandemic, which can be adapted.* **German Armed Forces** • *No new information* **Other:**	*Press*

RKI	• *A tool ("chatbot") is being worked on, which is a digital solution for communicating with the population and reporting dangers in a low-threshold manner. The BZgA is informed about the tool. The tool will be published independently of the RKI. It will take another 2-3 days before the tool is finalised. A content review by the RKI and a structured test are still pending. The provider is a private company that also stores user data. Both the RKI and the BZgA have reviewed this in terms of data protection law. The BMG is to formulate a written assumption of responsibility, as the company was chosen for the project without a call for tenders. There are also other projects that Mr Schmich will be able to report on to the crisis team in the future.* • *The term "social distancing" has led to confusion. It is therefore better to say "keeping your distance and reducing contacts".*	*FG21* *FG32*
5	**RKI Strategy Questions** • *<u>Closure of schools and daycare centres - organisation at the RKI</u>: ZV1 initially appealed to the employees of the RKI to organise themselves, as not all needs can be covered. Kindergartens and schools offer emergency care for special groups of people. MAs can receive confirmation from ZV1 that they belong to a special group of people. In addition, the RKI can provide support for crisis-relevant personnel (taxi costs, childcare, shuttles if public transport is no longer available, supplies). ZV1 will plan an overall package. There are also templates from the printing company for people who do not have an ID card and have to identify themselves in the event of a curfew. Mobile working is also possible, but there are only a limited number of places for this, which are already in short supply.* *ToDo: ZV1 forms a working group with representatives from the departments in order to identify "church-relevant personnel".* • *<u>Support</u>: Mr Bergholz has a list of employees who have already left the company and who will be contacted for support. The 43 employees of the GERN study are to support the contact tracing (mobile teams). Mr Eckmanns will discuss this with Mr Lampert* • *<u>BMG Tweet</u>: There was a BMG tweet on 13/14 March about the*	*ZV1*

RKI	*Self-isolation of travellers returning from all over Austria, Switzerland and Italy. This also caused a stir in the BMG's communications team. It was a personal statement by Mr Spahn. The documents and assessments of the RKI will therefore not be adjusted.* • *The new strategy has been online since Friday. A key message is that the phases are interlinked and do not replace each other. The term "change of strategy" should therefore be avoided.* • *ECDC scenario on COVID-19: The ECDC presents recommended measures for a COVID-19 scenario, which is divided into 4 stages. Ms Rexroth analyses which measures are already being implemented by Germany. It turns out that many measures from scenario level 4 have already been implemented in Germany, but measures from the previous scenario levels have not. Measures in workplaces and public places in particular are still missing. The document has already been shared with the BMG and will also be sent to the federal states with the instruction to first establish the measures of the scenario that have not yet been implemented before radical measures (such as curfews) are imposed.* • *Serosurvey: The HZI (g. Krause) is already conducting a study with the DRK on the number of seroconverted persons. The RKI (FG36, FG37, FG35, AK Blut Vors) should nevertheless also conduct its planned study on serological testing, as the information becomes more valid with a higher number of data. It is particularly useful if different regions in Germany are covered. A neutralisation test would first be needed for the study. Positive sera from Aachen and Heinsberg could be used to validate the test.*	*FG32* *FG37 (for FG35)*
6	**Documents** • *The adaptation of the handout for travellers from risk areas regarding contact with the GA will be discussed with the AGI tomorrow.* • *"General principles and recommendations for government-imposed collective quarantine measures": Work is continuing on this. The aim is for the recommendations to become more specific, e.g. through certain criteria.* • *A proposal on the options for contact persons among medical staff was sent by FG37 to FG14. The*	*IBBS, FG14, FG32*

RKI	*Comments will be finalised today. IBBS will adapt the infographic based on the document.* • *The paper on the discharge criteria was sent to the AGI. There was only one response from Bavaria. The old version was replaced by the new one on the website.* • *A rationale for the school closures has been sent to the federal states. An article on this will follow in EpiBull.*	
7	**Laboratory diagnostics** • *There is an offer from Berlin scientific institutions for support with diagnostics. RKI supports contacting the Charité. There are probably even more scientific institutions outside Berlin that could be involved in testing. There is also capacity on the veterinary side (state testing centres)* *ToDo: Mr Schaade discusses with Mr Mielke how the integration of other scientific institutions and the billing of tests etc. can be achieved.* • *ZBS1: The first samples came in from the Berlin health authorities over the weekend. There were a total of 56 patient samples on Sunday (1-3 samples per patient), of which 5 people have tested positive so far. The public health department has so far used the sample submission form from the Berlin laboratory; an RKI sample submission form has been posted online and shared.* *ToDo: FG36 will liaise with ZBS1 to see how the data from the specimen information sheet (e.g. symptoms, contact persons) can be used.* • *ZBS1 has received feedback from various OUs for support so that capacities can be expanded. Material has also been ordered. The aim is to be able to analyse up to 1,000 samples a day.*	*VPresident* *ZBS1*
7	**Clinical management/discharge management** • *The tool for recording the capacities of intensive care units of the DIVI starts tomorrow.*	*IBBS*
8	**Measures to protect against infection** • *The importance of contact tracing was emphasised once again in the press briefing. The webinar this Wednesday will be used to present the mobile teams and to emphasise the importance of contact tracing. There should be less looking backwards in order to analyse transmission chains*	*FG32, IBBS, President, VPräs*

RKI	but in particular to inform people in a targeted manner. Ms Teichert has offered that the RKI can organise regular webinars with ÖGD (always on Wednesdays from 2 to 3 pm) • There are numerous enquiries from the federal states about modelling. Mr Wieler has already presented Mr an der Heiden's findings to the Chancellery. The ministries have been informed about the dimensions. The BMI is preparing its own modelling. Mr an der Heiden will meet tomorrow with the people working on this in the BMI to exchange ideas. Mr Wieler has been instructed to say something about the results of the modelling in tomorrow's press briefing. This will then be written up for publication and shared with the federal states. The need for more intensive care and respiratory beds was already communicated to the federal states last week at the ministerial conference. ToDo: FG37 and Mr an der Heiden will find out how many more beds are needed for tomorrow's press conference. • There are two approaches to crisis management: 1) planning with figures and scenarios; 2) increasing capacities as far as possible. For the second approach ("consequence management paragraph"), maximum care providers are asked what they can increase their staffing levels to. The federal government is providing support with materials and training. A proposal is to be made to the BMG to start with 5 maximum care providers (large hospitals that already have ECMO places). • The proposal to stop contact tracing for flights has been with the BMG since last week. There has been no feedback on this so far. To ease the burden on the health authorities, it has now been decided to stop contact tracing for flights. • FFP2 masks: There is said to be a large stock of FFP2 masks in the veterinary sector. The BMG has already been informed about this in a TK. ToDo: An e-mail should be sent to the LZ BMG (in cc: Mr Rottmann and Mr Holtmann) with a request to contact BMEL in this regard • After consultation with the countries, SORMAS should be deprioritised as a tool for contact tracing in the current situation, as it would tend to reduce the input in SurvNet.	

RKI	• *For 3 weeks, 25 people from the RKI, the BMI, the Heinrich Herz Institute, 3 other Fraunhofer Institutes, etc. have been developing a tool (CGA - Corona Health App) to track who a person has talked to for at least 15 minutes in the last few weeks. As soon as the funding is clarified, this can also be used*	
9	**Surveillance** • *Not discussed separately*	
10	**Transport and border crossing points** • *The health questions for travellers returning from China have not yet been abolished. The BMI-BMG crisis team has already discussed that this should no longer be done. As the number of cases in Germany increases, the focus should be less on travellers returning from China. Germany is now closing many borders. However, so far there is no recommendation that private Cancelling holiday trips.*	*FG32*
11	**International** • *Not discussed*	*ZIG*
	Information from the situation centre • *The Situation Centre is being given more space. From tomorrow there will be 4 more workstations in the LZ meeting room.* • *For the crisis team meetings, each FG should consider who is in 1st, 2nd, 3rd etc. position with regard to attendance. position with regard to participation in the meetings.* • *From tomorrow, the crisis unit meetings will take place via Vitero. The conference room will be available from 10.30 am.*	*FG32, IBBS*
12	**Next meeting** • *Next meeting: Tuesday, 17 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*17.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
  - *Juliane Seidel*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
  - *Zvonimir Kolobaric*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Marcia Grossegesse*
- *ZIG*
  - *Johanna Hanefeld*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*

- *BZGA : Mrs Thais (by telephone)*
- *German Armed Forces: -*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases* ○ *Worldwide 167,667 (+11,317), thereof 6,442 (3.8%) Deaths (+626)* ○ *China (incl. HK, Macau) 81,003 (+26)* ○ *International (excluding China, with Taiwan) 146 countries with 86,661 (+11,291) cases, of which 3,239 (3.7%, +616) deaths* ○ *WHO EURO Region 55,461 (+8,432) cases, of which 2,297 (4.1%, +482) deaths* ○ *Iran and Italy have large numbers of cases, Germany, France and Spain* ○ *Trend analysis (slides here)* ○ *France: The Bourgogne-Franche-Compté region has 18/100,000 cases and 6 deaths. To assess whether the region is also a risk area, the total number of cases and the relationship to Germany (e.g. commuter traffic) would have to be considered in addition to the incidence. There is also a lack of information on testing (e.g. is everyone tested?)* *ToDo: INIG will add missing information (e.g. total number of cases, statements on dynamics and relationship to Germany) tomorrow.* *The measures in France remain the same. From today there is a curfew (fine for offence)* ○ *The Offenburg health authority reports an increased number of COVID-19 cases. There is heavy border traffic with the Grand Est region in France, which has already been categorised as a risk area.* ○ *Spain: 1,438 new cases (total: 9,191 cases); Madrid continues to have a high number of cases (4,165 cases). There are other regions with high case numbers: Castilla-La Mancha (567), Navarra (274), País Vasco (630) and La Rioja (312). In addition to the number of cases and incidences, the number of cases exported to Germany has so far been taken into account as criteria for categorising risk areas. There is no information on this.*	*ZIG1*

ToDo: It is proposed to the BMG that La Rijoa and Pais Vasco be defined as risk areas.

- *Austria: Increase in the number of cases (total: 1,132 cases). Tyrol is particularly affected with an incidence of 36.2/100,000 inhabitants. The province of Vorarlberg in the west of Austria is also very affected with an incidence of 22.9/100,000 inhabitants.*

ToDo: It is proposed to the BMG that the federal state of Vorarlberg be defined as a risk area.

- *Switzerland: 2,200 cases (26 cases per 100,000 population). The incidence is highest in Ticino (74/100,000 inhabitants). Special measures are in place here, e.g. only food shops and pharmacies are open. The BMG is asking for a review of whether the whole of Switzerland can/should be defined as a risk area. The RKI's proposal is to designate only Ticino for the time being, as it is an important thoroughfare (commuter traffic) in addition to the high incidence.*

ToDo: It is proposed to the BMG that the canton of Ticino be defined as a risk area.

- *Netherlands: A total of 1,413 cases (24 deaths). Noord-Barbant is most affected with 554 cases. This is still being monitored.*
- *Egypt: 166 cases (4 deaths), including 8 cases associated with travelling to Saudi Arabia (pilgrimage). A study by the University of Toronto surmises that there are 19,310 cases in Egypt. There are exported cases to France (2), Canada (1), USA (45), Lebanon (1). Tourists should cancel their trip and travel back. ZIG made an enquiry yesterday via WHO EMRO to contact Egyptian laboratories to find out more about the number of cases. It should also be found out whether there are mainly cases among tourists (Nile cruise, hotel). As Egypt is a popular holiday destination, it makes sense to classify it as a risk area.*

ToDo: It is proposed to the BMG that Egypt be recognised as a risk area.

RKI	*define.* **Summary of proposed risk areas:** ○ **La Rijoa and Pais Vasco (Spain)** ○ **Vorarlberg (Austria)** ○ **Ticino (Switzerland)** ○ **Egypt** **National** ○ *Cases, incidences, epicurves by federal state (slides here)* ○ *As of today, only cases transmitted to SurvNet are displayed.* ○ *There are 5,433 cases reported in SurvNet; 13 deaths.* ○ *There are 359 districts affected.* ○ *A slide on the 3-day incidence is intended to identify hotspots.* ○ *The majority of people exposed in Germany were exposed in NRW (767), followed by Bavaria (259), Berlin (159) and Baden-Württemberg (159).* ○ *For foreign countries, Austria is indicated as the probable place of exposure for 901 cases (of which Tyrol for 348) and Italy for 866 cases (of which South Tyrol for 193).* ○ *5 criteria (incidence, number of cases, trend, location of exposure, measures) should help to determine what could be a particularly affected region in Germany. The suspected case diagnosis is linked to the definition of particularly affected areas. However, it is difficult to rank the rural and urban districts. Although there are many cases in SK Aachen, there are no cases that have been exported to other rural or urban districts. Exported cases reflect travelling activity. There are many exported cases that have indicated Berlin-Mitte as the probable place of exposure. These could be tourists, business travellers, students residing in their home district or Berliners from another district. A decision on the definition of particularly affected areas depends on the prioritisation of the criteria.* ○ *Irrespective of this, the messages on measures (e.g. good hand hygiene) should apply throughout Germany. Mentioning particularly affected areas could imply that certain measures (e.g. good hand hygiene) are mainly necessary in these areas.* **→ There is currently no indication of areas that**	*FG32*

RKI	**be declared a particularly affected area within Germany according to the criteria should.**	
2	**Findings about pathogens** ○ *Nothing to report*	*all*
3	**Current risk assessment** • *In today's press briefing, Mr Wieler provided information on the revised risk assessment. Due to the sharp increase in the number of cases, the health risk for the population is now categorised as "high".*	*VPresident*
4	**Communication** **BZgA** • *Many information sheets have been published on the website Infektiosnschutz.de. Behavioural recommendations for protection in everyday life and a leaflet for employees and employers follow.* • *Consideration is being given to how radio and TV stations can be included. If there are regional stations that are aimed at specific age groups, information can be shared there in a targeted manner* **RKI** • *As of today, there is a sign language interpreter for the daily press briefings* • *Documents are produced in plain language (e.g. What do we do in a crisis?). Department 2 supports the press office.* • *Feedback from the info mailbox: Doctors have problems with the risk areas and the flow chart.* • *Citizens should be addressed more. The outbreak is not just the outbreak of the RKI, ÖGD or BMG, but also of the population. The messages about personal responsibility have not yet been fully realised. The BZgA has already included many things in its leaflets (keeping your distance, no presenteeism), but what is still missing is advice on self-isolation. The BZgA is preparing materials that could possibly be broadcast before the news.*	*BZgA* *Press, FG37*
5	**Documents** • *<u>Case definition</u>* ○ *In a meeting last week between FG32 and FG36, a draft of the new case definitions was discussed. As planned, the case definitions have been standardised and simplified.* ○ *Risk areas should no longer play a role.* ○ *Laboratory diagnostics are further performed by PCR.* ○ *Suspicion of COVID-19 is justified if persons in the following constellations: Persons with acute respiratory symptoms of any severity*	*FG32, FG36, FG37*

	AND contact with a confirmed case of COVID-19 • *<u>Flow chart:</u>* o *Criterion 1 = Reasonably suspected case (symptomatic person with symptoms of any severity with contact to COVID-19 case)* o *Criterion 2 = not applicable* o *Criterion 3 = Acute respiratory symptoms of any severity plus member of a risk group (residents of nursing home, previously ill) or HCW* o *Criterion 4 = Patients with clinical or radiological evidence of viral pneumonia without alternative diagnosis + without detectable exposure risk.* *ToDo: FG36 and IBBS adjust flow chart. This will be discussed with the crisis team on Thursday and sent to the countries by Friday at the latest.* • *<u>Case counting:</u> In accordance with WHO and ECDC case definitions, only cases with laboratory diagnostic evidence (independent of the clinical picture) are currently counted. FG32 is in favour of retaining this procedure as long as laboratory diagnostic evidence is available. Counting cases on the basis of their epidemiological relationship and clinical presentation without laboratory diagnosis should only be considered if testing capacities are overstretched or in a circumscribed outbreak. In future, only cases that have laboratory confirmation will continue to be counted as cases that fulfil the reference definition.* • *<u>Regulatory framework:</u> The BMG wants to change the regulatory framework to allow Mr Spahn more powers. If there are to be strong rights of intervention for the BMG, then approval by the Federal Council and implementation will take time. Mrs Lerch (L1) should be approached to deal with this.* • *<u>Options for dealing with contact persons under HCW:</u> Both FG14 and FG36 have commented on the document created by FG37. The Swiss system was adopted with some adaptations. The order originally came from the BMG (Mr Spahn) with a request that the RKI (Mr Wieler) discuss this with the KBV. In addition to the options for dealing with contact persons under HCW, there was also a request to comment on the KBV enquiry about protective masks. This was not yet included in the paper, as the BMAS has not yet*	

	would have to be involved. *ToDo: FG37 sends the document on the options for dealing with contact persons under HCW to Mr Schaade, who forwards it to Mr Wieler with the note that the BMG's mandate has only been partially fulfilled.*	
6	**Laboratory diagnostics** • *Nothing discussed*	
7	**Clinical management/discharge management** • *Nothing discussed*	
8	**Measures to protect against infection** • *Nothing discussed*	
9	**Surveillance** • *Not discussed separately*	
10	**Transport and border crossing points** • *Not discussed*	
11	**International** • *Not discussed*	
	Information from the situation centre • *Not discussed*	
12	**Next meeting** • *Next meeting: Wednesday, 18 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

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Date:	*17.03.2020, 11:00 a.m.*
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- *BZGA : Mrs Thais (by telephone)*

- *German Armed Forces: -*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases* ○ *Worldwide 167,667 (+11,317), thereof 6,442 (3.8%) Deaths (+626)* ○ *China (incl. HK, Macau) 81,003 (+26)* ○ *International (excluding China, with Taiwan) 146 countries with 86,661 (+11,291) cases, of which 3,239 (3.7%, +616) deaths* ○ *WHO EURO region 55,461 (+8,432) cases, of which 2,297 (4.1%, +482) deaths* ○ *Iran and Italy have large numbers of cases, Germany, France and Spain* ○ *Trend analysis (slides here)* ○ *France: The Bourgogne-Franche-Compté region has 18/100,000 cases and 6 deaths. To assess whether the region is also a risk area, the total number of cases and the relationship to Germany (e.g. commuter traffic) would have to be considered in addition to the incidence. There is also a lack of information on testing (e.g. is everyone tested?)* *ToDo: INIG will add missing information (e.g. total number of cases, statements on dynamics and relationship to Germany) tomorrow.* *The measures in France remain the same. From today there is a curfew (fine for offence)* ○ *The Offenburg health authority reports an increased number of COVID-19 cases. There is heavy border traffic with the Grand Est region in France, which has already been categorised as a risk area.* ○ *Spain: 1,438 new cases (total: 9,191 cases); Madrid continues to have a high number of cases (4,165 cases). There are other regions with high case numbers: Castilla-La Mancha (567), Navarra (274), País Vasco (630) and La Rioja (312). In addition to the number of cases and incidences, the number of cases exported to Germany has so far been taken into account as criteria for categorising risk areas. There is no information on this.*	*ZIG1*

RKI	*ToDo: It is proposed to the BMG that La Rijoa and Pais Vasco be defined as risk areas.* o *<u>Austria:</u> Increase in the number of cases (total: 1,132 cases). Tyrol is particularly affected with an incidence of 36.2/100,000 inhabitants. The province of Vorarlberg in the west of Austria is also very affected with an incidence of 22.9/100,000 inhabitants.* *ToDo: It is proposed to the BMG that the federal state of Vorarlberg be defined as a risk area.* o *<u>Switzerland:</u> 2,200 cases (26 cases per 100,000 population). The incidence is highest in Ticino (74/100,000 inhabitants). Special measures are in place here, e.g. only food shops and pharmacies are open. The BMG is asking for a review of whether the whole of Switzerland can/should be defined as a risk area. The RKI's proposal is to designate only Ticino for the time being, as it is an important thoroughfare (commuter traffic) in addition to the high incidence.* *ToDo: It is proposed to the BMG that the canton of Ticino be defined as a risk area.* o *<u>Netherlands:</u> A total of 1,413 cases (24 deaths). Noord-Barbant is most affected with 554 cases. This is still being monitored.* o *<u>Egypt:</u> 166 cases (4 deaths), including 8 cases associated with travelling to Saudi Arabia (pilgrimage). A study by the University of Toronto surmises that there are 19,310 cases in Egypt. There are exported cases to France (2), Canada (1), USA (45), Lebanon (1). Tourists should cancel their trip and travel back. ZIG made an enquiry yesterday via WHO EMRO to contact Egyptian laboratories to find out more about the number of cases. It should also be found out whether there are mainly cases among tourists (Nile cruise, hotel). As Egypt is a popular holiday destination, it makes sense to classify it as a risk area.* *ToDo: It is proposed to the BMG to define Egypt as a risk area.*	

Summary of proposed risk areas:

- **La Rijoa and Pais Vasco (Spain)**
- **Vorarlberg (Austria)**
- **Ticino (Switzerland)**
- **Egypt**

National

- *Cases, incidences, epicurves by federal state (slides here)* *FG32*
- *As of today, only cases transmitted to SurvNet are displayed.*
- *There are 5,433 cases reported in SurvNet; 13 deaths.*
- *There are 359 districts affected.*
- *A slide on the 3-day incidence is intended to identify hotspots.*
- *The majority of people exposed in Germany were exposed in NRW (767), followed by Bavaria (259), Berlin (159) and Baden-Württemberg (159).*
- *For foreign countries, Austria is indicated as the probable place of exposure for 901 cases (of which Tyrol for 348) and Italy for 866 cases (of which South Tyrol for 193).*
- *5 criteria (incidence, number of cases, trend, location of exposure, measures) should help to determine what could be a particularly affected region in Germany. The suspected case diagnosis is linked to the definition of particularly affected areas. However, it is difficult to rank the rural and urban districts. Although there are many cases in SK Aachen, there are no cases that have been exported to other rural or urban districts. Exported cases reflect travelling activity. There are many exported cases that have indicated Berlin-Mitte as the probable place of exposure. These could be tourists, business travellers, students residing in their home district or Berliners from another district. A decision on the definition of particularly affected areas depends on the prioritisation of the criteria.*
- *Irrespective of this, the messages on measures (e.g. good hand hygiene) should apply throughout Germany. Mentioning particularly affected areas could imply that certain measures (e.g. good hand hygiene) are mainly necessary in these areas.*

  → There is currently no indication of areas that according to the criteria as a particularly affected

	area within Germany can be declared should.	
2	**Findings about pathogens** o *Nothing to report*	*all*
3	**Current risk assessment** • *In today's press briefing, Mr Wieler provided information on the revised risk assessment. Due to the sharp increase in the number of cases, the health risk for the population is now categorised as "high".*	*VPresident*
4	**Communication** **BZgA** • *Many information sheets have been published on the website Infektiosnschutz.de. Behavioural recommendations for protection in everyday life and a leaflet for employees and employers follow.* • *Consideration is being given to how radio and TV stations can be included. If there are regional stations that are aimed at specific age groups, information can be shared there in a targeted manner* **RKI** • *As of today, there is a sign language interpreter for the daily press briefings* • *Documents are produced in plain language (e.g. What do we do in a crisis?). Department 2 supports the press office.* • *Feedback from the info mailbox: Doctors have problems with the risk areas and the flow chart.* • *Citizens should be addressed more. The outbreak is not just the outbreak of the RKI, ÖGD or BMG, but also of the population. The messages about personal responsibility have not yet been fully realised. The BZgA has already included many things in its leaflets (keeping your distance, no presenteeism), but what is still missing is advice on self-segregation. The BZgA is preparing materials that could possibly be broadcast before the news.*	*BZgA* *Press, FG37*
5	**Documents** • *<u>Case definition</u>* o *In a meeting last week between FG32 and FG36, a draft of the new case definitions was discussed. As planned, the case definitions have been standardised and simplified.* o *Risk areas no longer play a role.* o *Laboratory diagnostics are further performed by PCR.* o *Suspicion of COVID-19 is justified if the following constellations are present in people: Persons with acute respiratory symptoms of any severity*	*FG32, FG36, FG37*

	AND contact with a confirmed case of COVID-19 • *Flow chart:* o *Criterion 1 = Reasonably suspected case (symptomatic person with symptoms of any severity with contact to COVID-19 case)* o *Criterion 2 = not applicable* o *Criterion 3 = Acute respiratory symptoms of any severity plus member of a risk group (residents of nursing home, previously ill) or HCW* o *Criterion 4 = patients with influenza-like-illness (ILI) and then patients with acute respiratory infections (ARI).* *ToDo: FG36 and IBBS adjust flow chart. This will be discussed with the crisis team on Thursday and sent to the countries by Friday at the latest.* • *Case counting: Currently, only cases with laboratory diagnostic evidence (independent of clinical picture) are counted. FG32 refrains from counting only cases based on their epidemiological relationship without laboratory diagnostics. In future, only cases that have laboratory confirmation will be counted as cases that fulfil the reference definition, unless they are cases that were reported as part of an outbreak.* • *The severity of the cases can be represented by the cases that require clinical treatment. The health authorities use the reporting system and can add new data if there are new data on the severity of the disease. The RKI can provide support if necessary.* • *Regulatory framework: The BMG wants to change the regulatory framework to allow Mr Spahn more powers. If there are to be strong rights of intervention for the BMG, then approval by the Federal Council and implementation will take time. Mrs Lerch (L1) should be approached to take care of this.* • *Options for dealing with contact persons under HCW: Both FG14 and FG36 have commented on the document created by FG37. The Swiss system was adopted with some adaptations. The order originally came from the BMG (Mr Spahn) with a request that the RKI (Mr Wieler) discuss this with the KBV. In addition to the options for dealing with contact persons under HCW, there was also a request for* *Statement on the KBV enquiry about protective masks. This was*	

	has not yet been included in the paper, as the BMAS would have to be involved here. *ToDo: The RKI is liaising with the BMAS regarding masks.* *ToDo: FG37 sends the document on the options for dealing with contact persons under HCW to Mr Schaade, who forwards it to Mr Wieler with the note that the BMG's mandate has only been partially fulfilled.*	
6	**Laboratory diagnostics** • *Nothing discussed*	
7	**Clinical management/discharge management** • *Nothing discussed*	
8	**Measures to protect against infection** • *Nothing discussed*	
9	**Surveillance** • *Not discussed separately*	
10	**Transport and border crossing points** • *Not discussed*	
11	**International** • *Not discussed*	
	Information from the situation centre • *Not discussed*	
12	**Next meeting** • *Next meeting: Wednesday, 18 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*18.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Rühe*
  - *Claudia Schulz-Weidhaas*
  - *Zvonimir Kolobaric*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *INIG*
  - *Andreas Jansen*
  - *Basel chequered*

- *BZGA : Mrs Thaiss, Mrs Münstermann*
- *Federal Armed Forces: Mrs Roßmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases* ○ *Worldwide 181,408 (+13,741), thereof 7,120 (3.9%) Deaths (+678)* ○ *China (incl. HK, Macau) 81,033 (+30), thereof 3,217 (4.0%) Deaths (+14)* • *Trend analysis (slides here)* • **France***:* ○ *Bourgogne-Franche-Comté: The incidence is 19.5; the region is already categorised as a risk area in Hong Kong. As general measures have been taken in France and the number of cases is rather low, the decision as to whether the region will be declared a risk area is still being postponed.* ○ *Ile-de-France with Paris; there are many cases here, but the incidence is not particularly high due to the large number of people living there, so we will wait and see. It does not make sense to look only at the incidence, as this also depends on testing behaviour.* • **Spain:** *there are many areas with a high incidence. So far, the AA has only given feedback that the definition of Egypt as a risk area should be postponed; there has been no feedback on Spain. Canary Islands: is there no information or no reported cases? There are cases, but not a high incidence.* *ToDo: Ask the AA whether the proposed risk areas (except Egypt) are approved.* • **Switzerland***: Incidence in Basel is high, will be reviewed tomorrow.* • **Belgium***: Brussels will continue to be monitored; only symptomatic patients will be tested.* • **Egypt***: 150 cases, but many imported cases from Egypt. Feedback from the AA: not yet categorised as a risk area, which could lead to a large wave of German citizens returning from Egypt; will be discussed first.*	*ZIG1*

RKI	postponed. **National** • Cases, incidences, epicurves by federal state (slides here) • Incidence of Hamburg is almost 20. If further affected areas are defined, Hamburg might have to be added. The suggestion is to wait a bit. It could also be a one-off outbreak that can be controlled. Concept of particularly affected areas has not yet been abandoned. Addendum: After consulting with colleagues on site, it became clear that the majority of the cases were imported. • Case numbers continue to rise in BW, BY, NRW, BE, HH, HE, RP; most cases are in Heinsberg, Hamburg, Cologne, Aachen, Borken. • Austria is most frequently named as an international exposure location. • Top 15 incidence with various criteria: Incidence, cases, exponential trend, exposure location (exposure location if not reporting location) • After weighing up the various criteria, Heinsberg still stands out from all the other LKs. • Aachen could possibly be considered as an affected area, but no exponential trend can be seen there. • The trend in Freising is very flat. • Exposure location, starting level and test capacities play a role in the trend. • Suggestion for exponential trend only yes-no, but then no ranking is possible. • How should criteria be prioritised? Incidence, exponential trend as the most important criteria. • Many Germans are currently returning from Egypt. • Request for assistance from Tirschenreuth, Bavaria: 40 cases after the strong beer festival; Michael Brandl and Sybille Rehmet were dispatched.	FG32
2	**Findings about pathogens** • 1. Clinical trials for vaccine with 45 people have started (dose finding, phase 1); over 70 trials have been registered but are still being planned. • Please involve IBBS in clinical studies. • The influence of ibuprofen is an interesting hypothesis: is there an assessment from the clinical side? Was addressed in the STAKOB; there are individual case reports of a slight deterioration in well-being; these should be treated with caution.	all

RKI	*enjoy.* • *There is a study that shows that very old people who died, died of myocarditis or endocarditis.* *ToDo: search for literature on this* • *How cases are ventilated? We should have a good picture tomorrow.* • *ICOSARI will soon provide information on when patients with the diagnosis first appeared in hospital, when they required intensive care and how long they were ventilated. The data must first be verified.* • *FG37 + Charite are planning to record ventilated cases: the tool is currently being programmed and will be rolled out next week.* • *There is a paper on the incubation period that argues in favour of retaining the 14 days.*	
3	**Current risk assessment** • *not discussed*	*VPresident*
4	**Communication** **BZgA** • *TV and radio are to be used. Up to now, communication has been very target group-orientated, but now the aim is to communicate much more broadly, including to the general public. Adverts will be placed in regional newspapers again next weekend.* **RKI** • *Press: nothing to report* • *The DGI records clinical courses. The tool from Charite + RKI, in which progress data on admission, transfer to the intensive care unit, ventilation and ECMO are recorded. This tool is available to all hospitals that wish to participate.* • *There are more and more studies in which the RKI is involved. ToDo: Collect all studies in which the RKI is involved at FO, this study overview should also be made available to the BZGA via the management; order from the situation centre*	*BZgA* *Press, FG37*
5	**RKI Strategy Questions** • *The definition of risk areas as an epidemiological instrument for finding cases should be abandoned. The case definition flowchart must be amended. Once it has been implemented, the definition of risk areas should be abandoned. This must be discussed with the BMG, after which document by document must be reviewed to see where changes are needed.*	

RKI	• *The question arises as to whether particularly affected areas and risk areas should be avoided at the same time, as this has different consequences.* • *It was discussed whether curfews actually reduce the risk of infection. There is more of a fear of negative consequences.* • *However, curfews are relevant in order to avoid group formation outside the household. Transfers then only take place within the family.* • *Any other means is better; appeals to keep your distance are a sensible measure. However, if compliance is poor, curfews are a last resort for politicians. The RKI should not actively position itself against this.* • *There are psycho-social counter-arguments, but no epidemiological ones.* • *Wouldn't a certain spread of the virus be better than a total stop at first and then a strong spread when the situation eases? At some point, risk groups could possibly be strictly isolated and public life could be resumed.* • **Concept for exit strategy (when should measures be eased)** ○ *When infections are reduced and measures are effective, consideration must be given to when social and economic life should be resumed.* ○ *Modelling a meaningful point in time makes sense.* ○ *4 weeks until after Easter would be a good perspective.* ○ *The concept of controlled infestation is rejected; the spread cannot be stopped.* ○ *The timing should be determined by the immunity situation of the population, information cornerstones should be defined.* ○ *At the moment, Germany is not yet at the community transmission stage. The question is what effect the measures will have on other respiratory diseases. Exit strategy should not only be linked to Covid 19.* ○ *The measures in KH could be maintained for much longer than in the population.* *ToDo: Basic considerations must be written down by 25 March: Lead ZIG Mrs Hanefeld in cooperation with FG36, FG37*	

	○ *In addition to social science aspects, medical and epidemiological influences must also be taken into account; the crisis team could repeatedly raise the issue and bring the pieces together.* ○ *External experts are to be named, ZIG approaches Mrs Rehfuß WHO to name people, Mr Drosten is to be approached.* ○ *Firstly, an internal meeting will be held in the near future to outline considerations, and only then will external experts be involved.* ○ *Angelina Taylor (FG37) is working on a paper that could be used in the group.* ○ *When will data on seroprevalence be available? Various studies are being carried out at the HZI, here at the centre using blood samples from blood donation services. A specific test is being developed in-house, but it is not yet sufficiently specific.* ○ *The WHO has commissioned rapid systematic reviews on the social acceptance of measures and their relaxation, but the deadline is not for another 2 weeks. ZIG is involved in the evidence search.*	
6	**Documents** • **Case definition:** ○ *Residence in a risk area no longer plays a role.* ○ *Suspected case: Unspecific clinical picture should be removed, epidemiological confirmation through contact with confirmed case should remain.* ○ *The accumulation of cases in hospitals and nursing homes should already be defined as a suspected case so that the GA can take action at an early stage.* ○ *For this reason, outbreaks of pneumonia in medical or care facilities should be included in the definition of the epidemiological link for the justified suspected case.* • **Flow chart:** ○ *If every retirement/nursing home with respiratory diseases were a suspected case, this would be too sensitive for reasonable suspicion. (However, this also depends on the timing. If community transmission*	*FG32, FG36, FG37*

RKI	*is high, the probability that respiratory diseases are also COVID-19 cases is not so low).* o *However, it is not about all respiratory diseases, but only about outbreaks in nursing/elderly people's homes with severe illnesses (pneumonia) or the involvement of employees. The focus should no longer be on investigating each individual case, but on responding quickly to outbreaks.* o *Examination of clinical-epidemiological criteria:* o *Point 1: remains; justified suspected case is supplemented by accumulation of pneumonia in hospitals or care facilities* o *Point 2: remains* o *Point 3: unspecific general symptoms are deleted. Respiratory symptoms + activity in a hospital or nursing home or belonging to a risk group or in individual cases without known risk factors only with sufficient test capacity, remains.* o *What about individual cases that do not meet the criteria? Should they continue to be tested depending on testing capacity? Deleting this point altogether would mean turning away from recognising Covid19 cases at an early stage in the population. Therefore, testing should also be carried out if there is sufficient testing capacity. The doctor in private practice can clarify with his laboratory whether testing capacity is available.* o *Stay in regions with Covid-19 cases is cancelled.* o *2nd page: Use of at least FFP2 masks has been agreed with the KBV and the Minister, has been approved and will not be changed.* o *The image on page 1 under Hygiene can be changed.* o *Notification of suspicion is still necessary, is currently still regulated by law.* *ToDo: Case definition and flow chart to be discussed tomorrow in the AGI.* • **Contact tracing:** o *Finished: Changes: Air travel is removed, the aim is to interrupt contact chains; naming of general principles,* *Contact persons cat. 1 have priority, priority is given to*	*IBBS*

	also vulnerable groups and medical staff. ○ *Category 1: must inform health authorities daily about health status and quarantine, contact persons are responsible.* ○ *Category 3: Medical personnel are only categorised in Cat. 1 or 3, depending on whether there was contact with aerosols. If there was no contact with aerosols, they are categorised in category 3.* ○ *Purging of cat. 2, strong focus on cat. 1* ○ *Important for order from KBV Aerosol formation record, for better differentiation of risks, observe paper on procedure for staff shortages.* *ToDo: Paper is approved and should be put online quickly.* • **Flow chart for KoNa** ○ *3 variants:* ○ *For non-medical personnel: categorisation into cat. 1 and 2* ○ *Medical staff with regular staff availability: Categorisation into cat. 1 and cat. 3* ○ *In case of relevant personnel shortage: categorisation into Cat. 1 and 3; Cat. 1 is further subdivided into 1a with high exposure risk and 1b with low exposure risk, aerosol is to be added.*	
7	**Laboratory diagnostics** • *The recording of how many tests are carried out should mainly be done via ARS, but only a small proportion of the laboratories queried are with ARS, and there is also the VOXCO query*	
8	**Clinical management/discharge management** • *There is a new tool for projecting the number of intensive care beds required in the future. This was already discussed yesterday in the AGI; there is interest from the countries but also the desire to be able to enter the initial data themselves.* • *It still needs to be clarified what data is stored; the tool is intended for the state level, not for the institutional level (individual hospitals).* *ToDo: Limit access to the planning tool and assign it to the countries make accessible*	
9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance**	

RKI	• *The first kits for GrippeWeb+ have been sent out.*	
11	**Transport and border crossing points** • *Not discussed*	
12	**International** • *Not discussed*	
13	**Information from the situation centre** • *Not discussed*	
14	**Next meeting** • *Next meeting: Thursday, 19 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants: *(various participants were unable to dial in for technical reasons)*

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZIG*
  - *Johanna Hanefeld*
- *INIG*
  - *Sarah Esquevin*
  - *Andreas Jansen*
- *BZGA : Mrs Thaiss*
- *Federal Armed Forces: Mrs Roßmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, severity, risk factors* o *Worldwide 196,109 (+14,679), thereof 7,893 (4.0%) Deaths (+777)* o *China (incl. HK, Macau) 81,058, thereof 3,230 (4.0%) Deaths* o *Europe (incl. Germany) 76,325, of which 3,380 (4.4%) deaths* • *Trend analysis (slides here)* o *France: Trend largely the same, mainly affected in the east, where there is heavy commuter traffic from/to Germany, in other affected areas there is no direct border; borders to Germany are closed except for commuter and freight traffic, France has been under curfew since 17 March, movement very reduced* o *Switzerland: continued rise in cases, hotspot Ticino, borders to neighbouring countries are closed, incidence of 35/100,000 one of the highest at national level, restrictions but no curfew yet, state of emergency in Ticino since 11.03.* o *Egypt: a few more cases every day, cases mainly Egyptian nationals, two cruise ship cases Cluster, many exported cases* o *Sweden: mainly imported cases, decreasing trend (as in other Scandinavian countries)* o *South Africa: close contact with ZIG due to request for support, 2,405 tests to date, 64 of them positive, high number of imported cases (also from Europe), observation of infection chains; strong private healthcare system, consideration of committing these private institutions to the public service* o *Qatar: no information, as far as focus primarily on countries with strong increase* o *Norway: Number of cases declining, incidence was high, exact measures not yet known* *ToDo: INIG informs itself about measures in Scandinavia in order to identify possible additional approaches established there that are promising for success* **National** • *Cases, incidences, epicurves (slides here)* o *SurvNet transmitted: 10,999 (+2,801), thereof 20 (0.2%) Deaths (+8)* o *Highest incidence in HH with 23.46/100,000, very high there.*	*ZIG1* *FG32*

RKI	*many travellers returning (and not primarily community transmission), test capacities were expanded, yesterday strong objection to designating them as particularly affected areas* o *Incidence trend rising, highest in LK Hohenlohekreis, LK Heinsberg, LK Tirschenreuth (on Czech border, connection with strong beer festival), SK Münster, LZ Alzey-Worms, LK Mayen-Koblenz, LK Borken, LK Rottal-Inn* o *In some cases (e.g. Aachen) no differentiation of the place of exposure in transmitted data* o *Development of age distribution of cases in the federal states, no clear (national) trend* • *Testing capacities are exhausted in many places, drive towards clinical case definitions* • *Federal states Trend analysis to be included in management report* **Surveillance results** *(from slide 15 here)* • *AGI Syndromic Surveillance* o *Positive rate primarily influenza, as well as some other respiratory viruses* o *No correlation between COVID-19 and ARE can (yet) be recognised from these data, COVID-19 positivity rate is currently too low, syndromic surveillance data must be interpreted in conjunction with virological NRZ data* • *AGI Virological Surveillance: 3 positive findings in Sentinel, 1 in a Berlin hospital* o *There is as yet no epidemiologically assessable representative overview; this will come when virological and syndromic data can be analysed in combination* • *ICOSARI: latest cases are not yet included in reporting, the cases are broken down by diagnosis, system has been expanded, as of today there is also data on hospitalised patients requiring intensive care and ventilation (incl. duration of ventilation, previous illnesses)* • *EURO Momo: System may not be sensitive enough and major reporting delays have to be taken into account, so probably nothing is visible here yet; ICD 10 codes are being evaluated, more information on this is expected soon* **Risk areas** • *Risk areas and "particularly affected areas" are expected to be abolished tomorrow, language is being prepared today, case definitions and other documents/recommendations must be adapted in this regard, change will be communicated in the RKI-PK tomorrow and via website*	*FG32/all* *VPresident/all*

	• *Roughly speaking, the fact that more and more countries within Europe and Germany are affected means that the focus is changing and case finding is now a priority* • *Further aspect: Case numbers in Europe and worldwide are increasing, better proactive than reactive approach, with a focus on necessary measures (Chapter 4 Pandemic plan), monitoring and, if necessary, adaptation/extension* • *Case numbers, map and trend in LK will be included in the situation report, dashboard will also follow, so information will be available, but naming is no longer expedient (and no longer provides support)* *ToDo: FG32 is already preparing formulation* **Management Report** • *Management report is now sent out earlier every day, focus on national figures and the situation in Germany, international figures may also be available in other ways, information on the German situation is important for external partners* • *In general, it is important that strategic considerations are also taken into account in external communication, e.g. response to Holtherm enquiry about different figures: Feedback was that reporting delays are primarily due to diagnostics, it would be important to also justify reporting delays due to different software in order to promote the introduction of standardised software, even if this cannot be converted during the crisis* • *The DIVI tool is to be used for steering, also steering of outpatient practices is desired in order to possibly define them as COVID practices, for this information is needed at LK level; hopefully soon also information from the dashboard*	*FG32/Präs/ all*
2	**Findings about pathogens** • *Preprint reports of ACE-2 receptor ISG (interferon-stimulated gene), possibly upregulates virus own receptor, this hypothesis could be tested in the laboratory* • *Study on tenacity in NEJM Letter: confirms results of earlier SARS virus*	*FG17*
3	**Current risk assessment** • *No need for adjustment*	*VPresident*
4	**Communication** **BZgA** • *Materials were announced in joint position TK* ○ *Dubbing of individual documents* ○ *Finalisation of behavioural recommendations for Nursing staff and patients in hospitals, and for employers and employees*	*BZgA*

RKI	○ *In preparation: "Quarantine leaflet"* ○ *"Social togetherness" for all audio channels in preparation, ,* ○ *In the pipeline: Stickers for public spaces for shops that are still open, reminders about behaviour* • *BBK already has documents on quarantine, there may still be a need to adapt to COVID-19, consultation with BZgA* • *Population penetration with central messages: In European neighbours >90% of the messages have been internalised, this is transferable to Germany, but there are very large regional differences, also depending on media dissemination, and high population heterogeneity, majority of the population accepts and implements, marginal groups are very resistant* **ChatBot** • *Decision still pending, Minister expects decision today by 3 p.m. on whether RKI will support and whether expertise from Dept. 3 will be incorporated* • *A lot of time and human resources have already been invested* • *There are offers from other providers that may not be able to offer the same quality, Präs considers the potential to be very high, and possible alternatives of poorer quality to be dangerous* • *BZgA has no contractual basis, cut between factual-technical information and doctor's decision must be clear* • *Commercial/financial interest is clearly recognisable and harbours the risk of undermining seriousness, important that commercial interest is not in the foreground* **Pres** • *Via BKAmt, Präs will conduct interviews with 3 influencers to bring the seriousness of the situation to this target group* **Press** • *Nothing new to report* • *Thank you to the numerous RKI-internal support for technical enquiries by e-mail*	*Pres/BZgA* *Pres* *Press*
5	**RKI Strategy Questions** • *Language regulation "no more risk areas", see above. National situation* • *How can strategy be expanded, two approaches:* ○ *Self-insulation* ▪ *Promote more strongly: if not healthy, better to go home, when to see a doctor* ▪ *Question also from AGI (BW), if necessary do not accommodate mildly ill people at home but elsewhere* ○ *Use of masks* ▪ *If there are more infected people, there are also more* *The topic is becoming more relevant and must be*	*VPräs/ FG14/FG36/ all*

RKI	*be considered again* ▪ *At the latest when masks are more readily available again, wearing them should be more widely publicised* ▪ *Question also comes from AGI, masks for vulnerable groups* ▪ *Clearly visible difference between Asian countries affected (e.g. Taiwan, China, South Korea, Singapore) and Europe is that people there are increasingly wearing masks* ▪ *Simple droplet transmission could have an important additional impact if prevented, RKI should develop a position on this* ▪ *The distance requirement and external protection strategy take centre stage; no additional Bottlenecks are created* ▪ *Textile masks are also a possible alternative, depending on the retention capacity of textiles for Droplets, textile manufacturers make offers in this direction, graduated procedure as a further measure under certain conditions, online instructions for production exist (e.g. Trigema)* ▪ *RKI has said from the beginning that masks can be useful for external protection, there should be no Recommendation for the total population* ▪ *Communication is very important to avoid a false sense of security and neglect of others. Measures to prevent* ▪ *Problem with CE marking: Masks may not be able to be used in the workplace due to a lack of CE marking. BAUA or BfArM responsible for certification, BMG should relax the regulation so that it does not represent a hurdle under the current circumstances* ▪ *First delivery of PPE has arrived* *ToDo: FG14 should prepare a concept proposal for the use of masks with the aim of protecting others, later also coordinate with BZgA, and involve the relevant authorities with regard to regulatory hurdles* *ToDo: IBBS should create/expand concept for self-isolation from the patient's perspective, I am ill, I feel bad, what do I have to do, include self-isolation; integrate into RKI concept*	
6	**Documents** **Target group-specific recommendations** • *Should further documents be created for specific target groups (dentists, physiotherapists, psychiatrists, dentists)?* • *There is already a flood of RKI documents that need to be maintained and updated, the centralised hygiene*	*FG32/AL1/ all*

RKI	*Recommendations should be translated or adapted by the respective specialist group/associations* • *Dentists: very close patient contact, Federal Chamber of Dentists has accepted the problem and responsibility and given recommendations, are optimistic that protection is sufficiently ensured with anamnesis and basic hygiene, symptomatic patients should only be treated with FFP2 masks, elective dental procedures should be delayed, etc.* • *RKI must refer to the responsibility of the expert groups* **Info President** • *If RKI needs beautiful visualisations, free help is available without any problems, should be kept in mind* • *New President of the Leopoldina gave compliments on RKI documents, praise also comes from other countries, but since everything is only in German, a Leopoldina team has translated RKI documents, are posted on the Leopoldina website with a link to the RKI website*	*Pres*
7	**Laboratory diagnostics** • *AGI Sentinel results already mentioned above (Lage National)* • *1 AGI sample also had a weak influenza signal, co-infection therefore also possible* • *Grippeweb Plus study has started, packs have been sent to participants and the first responses are expected soon, this should also be communicated externally* • *There are supply problems with diagnostic material, Roche has been mentioned repeatedly* • *Addendum: BE has testing bottleneck, ZBS1 (also state laboratory) now also tests for Berlin and takes over samples from the GA, other scientific institutions can also be involved and support, if necessary feed this into AGI so that they can also contact scientific institutions and use them as resources if necessary.* *ToDo: FG36 external communication that Grippeweb Plus has been launched*	*FG17* *VPresident*
8	**Clinical management/discharge management** • *Flowchart and new case definitions will be discussed in AGI today*	
9	**Measures to protect against infection** • *Self-isolation above under Strategy: Development of an algorithm that IBBS creates and then discusses* • *Number of recovered cases, task to date DS* ○ *There is great fear among the general population of mortality, it is important to emphasise that most cases*	*VPresident* *FG32/Präs/ all*

RKI	*survive even when data is blurred to prevent despair* o *Modelling of the estimated number of recovered patients based on data in the literature and case numbers,* *Severity and recovery periods → Severity and time periods must be clearly defined* o *Time factor is not a problem for outpatients, for whom calculation is relatively simple; this is not possible for hospitalised patients given the current data situation* o *SurvNet data on outcome/severity is not transmitted and cannot be implemented in the short term, hospitalisation is underestimated (DIVI suggests more than recorded), which is why data from SurvNet is not conclusive* o *Continue to encourage GA to enter and track data well, also encourage doctors to send more detailed data (hospitalisation, intensive care unit, ventilation) to GA* o *WHO mission China report: two weeks were calculated for mild courses to calculate recovered cases, for critical courses plus 3-6 weeks before they were automatically considered recovered* o *Johns Hopkins reports recovered figures, which are probably based on crawler data (compilation of various unconfirmed data)* o *Measurable activity in ICOSARI will soon provide information that can be used to correct the modelling to bring it closer to reality* o *DIVI has only been running for 2 days, too early to feed in these figures, primarily concerns utilisation of the stations* o *Decision: Minimum information based on literature, time periods and figures, rounding and explanation of the approximate information is acceptable, "due to lack of subsequent recording, figures are not available, estimation based on ..."*	
10	**Surveillance** • *See above under Location National* • *IfSG changes under discussion:* *§5, which grants the federal government powers, access by doctors,* *§56 Reimbursement, caution: keep an eye on implementation on site, as well as the meaningfulness of the changes, especially if/where local conditions are not known, Mr Wieler will talk to Mr Mehlitz about this again* • *Documents are changed and adapted as discussed above* • *Today AGI TK: coordination of flow chart and case definitions, query on test capacities and prioritisation of tests*	*FG32*

11	**Transport and border crossing points** • *Passenger tracking suspended as of today*	*FG32*
12	**International** • *Not discussed*	
13	**Information from the situation centre** • *Not discussed*	
14	**Next meeting** • *All participants should submit their points for the agenda, which will be prepared under the respective date in this folder (here: ..\2020-01-14_Lage_AG), either enter them directly yourself or send an e-mail to the LZ (nCoV-Lage@rki.de)* • *Next meeting: Friday, 20 March 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*20.03.2020, 1:00 pm*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *FG21*
  - *Patrick Schmich*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*

- INIG
  - Basel chequered
  - Andreas Jansen
- BZGA : Mrs Thaiss
- Federal Armed Forces: Mrs Roßmann

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • Trend analysis (slides here) ○ Iran: Report by Andreas Jansen/WHO Mission ▪ 18,407 cases (+1,046), thereof 1,284 (7.0%) Deaths (+149) ▪ Only severe cases are reported, with mild cases testing is only now beginning, of factor 10 is to be assumed with the reported number of cases, exponential increase now somewhat flattened, most cases not yet recorded ▪ Incidence of infection primarily in the north, Tehran and Ghom, fewer cases in the south (also more pronounced temperature difference) ▪ Modelling (see slide 2) based on the proportion of the population (%) that comes from the infection process is removed, and various types of isolation, e.g. - If 10% removed, mid-May, 2.5 million cases - At 40% (optimum), approx. 800,000 cases in mid-May (lowest curve) - Reality between 25-32% ▪ Extensive measures implemented, country has good Primary Healthcare System (PHC), Establishment of specialised COVID hospitals, 8 of them in Tehran (80% capacity utilisation), laboratory capacities increased from 200 to 5000 tests/day ▪ Mobile clinics and "recreation homes" (cohort isolation) to treat cases prematurely 48 hours after Discharging fever patients from hospitals without further tests (capacity problem) serves to relieve the burden and has worked well, hardly any people came back to hospital from there ▪ Expanded social distancing strategy, ban on Friday prayers, etc. ▪ Extensive risk communication, constant COVID thematisation with recommendations, lots of Mobilisation ▪ Use of artificial intelligence: screening app	ZIG1

RKI	*established, people enter symptoms, location and previous illnesses, algorithm calculates probability of COVID, thus reaching 4 million people, represents a pre-sorting, apparently few people who were classified as "negative" by the app were tested positive Tracking system: GPS, Bluetooth, QR codes* ▪ *Many cases were imported from other countries, currently no imports, but there will be* *If necessary, continue to export cases if the epidemic is not better controlled* ▪ *Direct flights from Tehran to Frankfurt and Hamburg resumed last week* • *At German airports: exit cards and compulsory registration, special vigilance for travellers from risk areas; is there a landing ban or is this being implemented coherently, EU borders are now actually closed, especially for non-EU citizens, Ms Singer (INIG) arrived yesterday with Quatar Air from Manila* *ToDo: LZ (together with FG32?) should clarify how scheduled flights from (still)* *risk areas at the airports* o *Qatar: 460 cases, no deaths, epicurve declining, suspected cases and contacts quarantined for 14 days in "guest houses", from 14 March entry only for nationals, who are then quarantined for 14 days* o *Norway: >800 cases abroad and >600 infected at home, border closed, various measures including home quarantine since 14 March (retroactive to 27 February) for all those coming from abroad (exception: Sweden, Finland)* • *Risk areas: will be cancelled from next Monday at the request of the BMG, should we recommend 14 days quarantine after entering Germany in view of the abolition?* o *Norway's decision has been heavily criticised and is not supported by everyone* o *Pro* ▪ *Risk areas are abolished because clear differentiation of high-risk areas is no longer possible.* *is possible* ▪ *Countries' recording systems are very different, we know less and less,* *which is really the situation* ▪ *If measures are strengthened internally, they can also be tightened up externally, RKI will* *must justify measures, e.g. also omitting risk areas* ▪ *Voluntary segregation of travellers* *possibly useful*	*VPresident/all*

RKI	▪ *We escalate due to modelling, we increasingly have to make compromises, it* *travel warnings exist* o *Contra* ▪ *Germany is a country of high incidence* ▪ *Risk is not the same in all countries, measure could be irritating and misleading* ▪ *Not every person who comes from abroad comes from an area with a risk of infection/potential risk of infection.* *Exposure, when entering from countries with low incidence, a 2-week quarantine is not appropriate, travellers may have a higher risk here in Germany* ▪ *Possible international consequences of such measures* o *Other points to consider* ▪ *Commuter problem* ▪ *Overload GA, but quarantine should be voluntary, without order/control, testing in* *Germany are quite sensitive, but this is clearly different in other countries* ▪ *Only for returnees from non-European countries* o *Vote against (9 against 2)* o *Proposal to the BMG for a recommendation on voluntary quarantine for non-European travellers, possibly now before a possible curfew* *ToDo: Question to BMG on voluntary domestic quarantine after entry from outside Europe (who?)* • *The imminent elimination of risk areas has changed what is needed from ZIG, now focus on measures* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 13,957 (+2,958), thereof 31 (0.2%) Deaths (+11)* o *Exponential rise in incidence increasingly clear* o *Incidence rates in the federal states: all > 5/100,000 inhabitants, BW (25) has not yet caught up with HH (32/100,000 inhabitants)* o *Geographical distribution (see slides): Maps with cumulative incidences (also in situation report) and daily incidences (3-, 5-, and 7-day)* o *LK Hohenlohekreis highest daily incidences followed by Heinsberg, Tirschenreuth* o *Exposure locations* ▪ *National: top Heinsberg followed by Aachen (here transmission of exposure location not*	*ZIG* *FG32*

RKI	*differentiated),* ▪ *International: almost 3,000 cases from Austria followed by Italy, hence resistance to* *Cancellation of risk areas* o *Indicators for defining particularly affected areas (slide 11): Heinsberg, Hohenlohekreis (hardly any exports), Tirschenreuth, Freiburg in 7th place (incidence), curfew there and throughout Bavaria* • *Very many clusters are tracked via international communication, flight-related tracking now discontinued, current AA retrieval actions, cruise ship and congresses held provide a lot of work* • *Request for administrative assistance* o *Very many, RKI cannot keep up, Nuremberg, Berlin, NRW, Tirschenreuth, Saarland (nosocomial outbreak), consultation carried out remotely, but little capacity for further support* o *Prioritisation of those where hospitals or care facilities are affected* **Registration data/Now-Casting** • *It is (still) unclear when measures will become visible in case numbers and how long the observation period should be* • *Pressure from the minister in favour of pragmatic solutions increases, e.g. desire to use Johns Hopkins figures* • *The German infection epidemiological reporting system collects valid and reliable data and the relevant information, which is quickly available and will allow measures to be mapped at an early stage; we need to invest (more) in the reporting system and its methods* • *Data that we do not know where it comes from and how it is collected is not meaningful and cannot be interpreted* • *Possibility of now-casting based on reporting figures: how many cases do we really have?* • *Report from Italy shows a slowdown in development with now-casting, possibly reductions are so good/early visible* *ToDo: Matthias an der Heiden should be in charge of now-casting with the support of Udo Buchholz* **BZgA** • *Number of likely recovered cases could increase acceptance of the measures (success/hope)* • *Recovery is not reportable, GA could transmit this immediately with enough resources, if enough resources it would be available immediately* • *Yesterday's estimate based on rough figures now shows approx. 1000 recovered cases (if no hospitalisation or pneumonia)* • *A system for estimating the recovered is to be established and*	*All*

RKI	*be modelled* *ToDo: Matthias an der Heiden should also carry out modelling on the number of recovered patients*	
2	**Findings about pathogens** **Blood group A: higher risk of becoming seriously ill?** • *Publication shows nothing tangible and only a trend* • *How could this be included in studies?* • *FG37 undertaking with Charité is a surveillance system for continuous data collection, blood groups cannot be accommodated here* • *An approach with a comparison group is necessary, e.g. outbreaks with infected and non-infected people, this could be discussed with Bavaria, IBBS, STAKOB, but blood groups of non-infected people would also have to be recorded*	*FG17/all*
3	**Current risk assessment** • *No need for adjustment*	*all*
4	**Communication** **BZgA** • *Today, endless loops of recommendations for employers and employees, coupled with general hygiene rules* • *Sheet on quarantine in pipeline, also relevant with regard to potential curfew* • *New strategic positioning including audio channels* **National campaign: social distancing** • *Paper on social distancing campaign at work to increase visibility, proposal sent to RKI crisis team, Tim Eckmanns also sends it to BZgA management* • *The BZgA is also prepared to put up posters nationwide, this is in preparation (together with an agency), including channels for special target groups, possibly electronic boards, social media for young target groups, consideration of what is received when people are at home, e.g. mailings and other possibilities, what can be sent to public service media, also removing other barriers (e.g. film crews = larger groups in the event of a curfew).* **COSMO study** • *Science Media Centre (Ms Betsch) collects data on the feelings of the population, how people feel about the situation, how informed they feel* • *BZgA was also involved, initially had reservations as the approach was very focussed on China, message requirements have changed, study conveys these are flash recordings and the approach should be as structured as possible*	*BZgA* *FG37* *Pres*

RKI	**RKI modelling** • *Is finished and should go online today, decision on superordinate category and title pending: Modelling propagation (and severity)?* • *Pres and VPräs make a decision after the meeting, original title of FG36 preferred, as it reflects that it is about (different) scenarios* **FAQ Masks** • *Adaptation in progress: FAQs will be extended to include the wearing of textile masks, is to be seen as a supplement to distancing measures* • *Please provide feedback from the colleagues contacted with approval or suggestions for improvement* • *FG14 also has a complete overview of statements on mask quality issues, Mr Thanheiser is in close contact with the BMG and BfArM* • *RKI will not say anything about self-assembly masks (no sewing groups during curfew), there are contributions from textile manufacturers, BMG coordination desirable* **Dashboard** • *Is now online and running after some teething troubles (Link)* • *Autoreply message has been cancelled for webmaster@rki.de, but incoming e-mails will still be processed*	*Press* *AL1/FG14* *Press*
5	**RKI Strategy Questions** **Exit strategy** • *Prepared with 3 areas: social acceptance of the measures, risk communication, clinical-epidemiological time points, Dept. 2 and FG37 are also involved* • *External enquiry has begun with countries in Asia that are in the de-escalation phase, technical experts were also interviewed (Drosten, Rehfuss)* • *Currently internal meeting, Monday finalisation, Tuesday BMG deadline* **Networks** • *Yesterday STAG-ICH TK, discussion on information needs/indicators in 4 areas: burden of disease, testing, planning of phases, international dimension* • *Also initiative of BMI State Secretary Kerber, together with economists and other disciplines (existing contact with Matthias an der Heiden)* • *RKI is represented in these groups by Pres, it is important to stay well informed and ensure RKI input* • *Communication "ARE/people with colds should stay at home" has begun and must be intensified and taken into account everywhere*	*ZIG* *Pres*

	Other departments • *BMI situation picture on overview of measures and resources, IBBS has contacted BMI and will enquire, see also under 9 (measures to protect against infection)* • *BMG roundtable on test capacities & mask availability: many discussions are currently going nowhere because this problem is not being resolved, this is a key aspect to be resolved and must also be addressed at EU level, hospital staff will soon no longer be able to work, BMG should hold elephant roundtable with manufacturers to secure test and production capacities, request from highest level to BMG, VPräs prepares two-liner and Präs sends this to Holtherm and ministers*	*all*
6	**Documents** **Flow chart and case definitions** • *Were presented to the AGI yesterday and discussed, initially approval, then confusion, no agreement among the countries, less affected still want risk areas, others want immediate abolition* • *AGI would like a paper that gives more guidance, this is difficult as clinic has to be decided locally* • *KBV would like to be involved in considerations at an early stage and agrees with RKI approach, information from flow chart should now be passed on to KBV so that they agree with RKI in their statement* • *AGI sentinel tests (being carried out anyway) are not mentioned here to avoid confusion* • *Decision* ○ *Numbers from the flow chart are deleted to prevent misunderstanding of prioritisation of testing* ○ *Country requests partially taken into account, adaptation of certain formulations (see e-mail Ute 20.30.2020, 12:17)* ○ *AL1 informs KBV*	*FG32/all*
7	**Laboratory diagnostics** • *AGI Sentinel still suggests no broad circulation, no positive samples in the last two days* • *ZBS1* ○ *Have tested 700 samples since last week, of which a total of 111 were positive, from DRK study (self-collectors) there were 112 samples with 9 positive results* ○ *Since yesterday, self-collector samples from the Charité have also been running, the initial diagnostics are being carried out by Labor Berlin, who are behind schedule, retesting is only planned for the positive ones* ○ *Daily processing of samples, works quite well* • *Test evaluation* ○ *Desirable: a) actual recording of the number of unreported cases, b) testing of HCW from patient care*	*FG17* *ZBS1* *VPresident/all*

RKI	○ *Serology for support would be important to determine when infection is over and whether antibodies are present* ○ *Mrs Niebank is in contact with Charité regarding the COVID study on pneumonia, Charité may also be able to provide serum for test validation with the sera in ZBS1* ○ *Study protocol for testing at blood donation services* ▪ *Being prepared by FG37, ZBS1 involvement* ▪ *Collection of sera on a weekly basis at 5 locations throughout Germany* ▪ *Later, larger cross-sectional population and more blood donation services planned for testing, to what extent the population is contaminated* ▪ *Protocol will be finalised next weekend* ▪ *Collection of blood samples from Monday* ▪ *Test validation with samples from Charité* ▪ *Contact with EuroImmun, further test validation whether it is specific for SARS-CoV-2* ○ *IgM rapid test not suitable for pathogen testing, but good for serology, for this purpose FG17 and ZBS1 exchange bilaterally* ○ *HZI Gérard Krause has asked whether a mini-KIGGS study with a serological question is possible; it is currently being examined under which conditions this would be possible and whether a concept can be created quickly* ○ *Complementary study design would be ideal: on the one hand blood bank data with always different patients and at the same time NAKO approach of serial testing of the same patients* ○ *But: NAKO study centres currently closed* • *RKI recommendation for diagnostics in state veterinary laboratories, these are happy to do so, but lack the authorisation to carry out these tests, has been forwarded to the BMG; in some countries this is already activated* • *The possibility of support from veterinary laboratories or laboratories of other research institutions was also discussed with AGI and will be included in the AGI protocol*	
8	**Clinical management/discharge management** • *Nothing discussed*	*IBBS*
9	**Measures to protect against infection** **Curfews** • *Increasingly imposed, in different ways and realisation* • *Note BMG: RKI should not say anything about curfews* • *Is (nevertheless) positioning of the RKI regarding the procedure in areas with curfews necessary? How must domestic quarantine be dealt with there, e.g. in China mildly ill people were also treated institutionally, does this have to be considered specifically for vulnerable people, is assistance necessary?*	*FG32/ VPräs/ IBBS/all*

RKI	*important and vulnerable groups must be able to access help in good time and have contact options (telephone support)* • *GMLZ should draw up a more comprehensive situation report on the organisation of the curfews, the official channels may need to be observed here, Christian Herzog is not sure whether he can/should request this from GMLZ/BMI* • *BMI/crisis staff* ○ *Medical care must be guaranteed* ○ *Exchange of expertise and mutual teaching very important* *ToDo: Inform BMG-BMI crisis team/BMI/GMLZ how curfews are organised, if necessary, then contact epidemic officers in BL where problems are foreseen* • *Prompt amendment of §5 IfSG: Federal government powers not only with regard to travel measures but also confiscation of resources and personnel, extension/extension of state rights, very far-reaching measures to be adopted next week; RKI is not mentioned here, concerns as individual measures will also be possible* • *Exit strategy paper also deals with these measures, and can provide evidence where appropriate* *ToDo: IBBS contact with BMI, please also provide a situation report on these measures, where they are established and how they are organised*	*FG32*
10	**Surveillance** • *Grippeweb plus is clarified* • *Now is the right time to roll out Grippeweb, this is being prepared and 1st part of the text on Grippeweb plus formulated as a call on COVID pages, organisational processes are being adapted, server can also cope with larger numbers of participants, FG36 ensures that FG31 clarifies this with ZV4*	*FG36*
11	**Transport and border crossing points** • *Drop-out cards: will be difficult if aircraft CoNa is cancelled, but will probably be retained for the time being, must be observed next week*	*FG32*
12	**International** • *Emergency Medical Teams (EMT) Italy: the BMI has received an enquiry from Italy about EMT, NFP (ZIG) will take this up and forward it to EMT; good opportunity for solidarity in Europe*	*ZIG/FG32*
13	**Studies** • *New technologies* ○ *ChatBot project cancelled due to major concerns,*	*FG21/Pres*

RKI	*Instead, Charité ChatBot is extended by RKI* ○ *Data donation wearables: temperature measurement via smartwatch, Patrick Schmich is still sending information, is already undergoing legal review (freehand award, letter of intent), company is ready, external communication very important and strategy in preparation together with Ms Glasmacher* ○ *Corona app via Bluetooth (similar to Iran, see above), pulse measurement, data transmission on a voluntary basis, can record data at half a metre, encrypted data can go to GA, collaboration with Oxford Group working on the same system, Chancellery and BMG support this, Donation from a Swiss company* ○ *Last point huge consortium on app wire to be implemented elsewhere in Germany, BFDI everything already in progress on solutions compliant with data protection, very extensive, RKI involved, data-donating ID card, towards the end of March, in 5 days app that is tested and can go into use, get a better grip on pulse measurement and the number of unreported cases* ○ *Mr Brockmann uses Telekom and Telefonica/O2 data* • *Job advertisement for students out and applications are already coming in, FG37 prepares talking points in coordination with the press for Pres for PK* • *Mr Wieler clarifies the timing of communication of these points with the Minister (risk areas have already been decided)*	
14	**Information from the situation centre** • *Attempts at further spatial equalisation, virtual handover* • *Closing shift plan gaps symptomatic MA* • *More and more interested RKI-MA, consistency/coherence is a challenge with a large pool* • *Difficult to maintain high quality of advice on the telephone hotline, focus on information on the Internet* • *AL2: great interest in support from MA, for some competences it is not yet clear how they can best be introduced, FGL will make suggestions for this at the beginning of next week*	*FG32*
15	**Other topics** • *Pres would like to send a new message to the house on Monday, Ute Rexroth and Barbara Buchberger should coordinate this so that all RKI-MA are informed again and immediately* • *Next meeting: Monday, 23 March 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*23.03.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote (minutes)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *L1*
  - *Helmut Fouquet*
  - *Joachim Mehlitz*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
- *INIG*

- *Basel chequered*
- *Andreas Jansen*

- *BZGA : Mrs Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis (slides here)* • *After consultation with the Federal Ministry of Health, the risk areas will only be abolished from tomorrow. It must first be clarified how the quarantine regulations for people who have already returned from risk areas will be handled. In NRW, people who have returned from risk areas do not have access to certain rooms. A meeting will be held today with heads of office from the State Chancellery to discuss how to deal with risk areas.* • *In future, INIG will focus on 3 areas:* 1. *Analysing the course of the disease worldwide:* • *Continuing to monitor the trend* • *Even if the risk areas are abolished, this concept may have to be revitalised if, for example, the figures flatten out.* 2. *Analysis of measures:* • *There are individual countries (China and South Korea) where it can be said that the epidemic is under control. Iran and Estonia also have levelling numbers, but need to be monitored further.* • *There are 4 groups of different curves and the extent to which these are related to the measures is analysed.* • *The analysis of measures focusses on 4 areas: social distancing, movement restrictions, public health measures and social and economic measures. Each area has several sub-areas. A catalogue of criteria is to be drawn up by the end of the week that can be applied to the countries.* • *Other countries have already had experience from the past (China with SARS, South Korea with MERS). Measures implemented there include, for example, early isolation of cases, widespread good risk communication (public shaming) as well as the separation of healthcare facilities (hospital for COVID-19 patients) and a state quarantine (not at home) for mild cases. There are penalties for the*	*ZIG1*

	Non-compliance. 3. *Determination of key performance indicators:* • *There are indicators such as the number of cases or the number of deaths that can be used to speak of success. Other indicators include test capacity (e.g. number of positive tests in relation to the total number of tests) and the utilisation of intensive care units. According to the WHO, a maximum of 8 indicators should be named. Please send further ideas to INIG by e-mail.* • *Test capacities: In Korea, approx. 3% of the tests carried out are positive, which speaks in favour of a large expansion of testing. In the USA, approx. 35% of the tests carried out are positive, which indicates that the test is still being carried out very selectively.* • *In addition to the laboratory findings, clinical courses should also be taken into account if possible. In general, the test strategy (e.g. also tests with/without reference to a risk area) should be taken into account.* **National** • *Case numbers, deaths, trend (slides here)* • *A lot of information is added by the health authorities (e.g. onset of illness)* • *The highest incidence is in Hamburg (51/100,000 population); the lowest in Saxony-Anhalt (10/100,000 population). However, there are only 212 cases here.* • *Heinsberg, Tirschenreuth, Hohenlohekreis, but also SK Munich are conspicuous for both the 3- and 5-day incidence.* • *There is increasingly more exposure at home than abroad. This will increase due to travel restrictions abroad.* • *Based on the clinical data of 22,672 confirmed COVID-19 cases submitted to the RKI in SurvNet, it is estimated that by 23 March 2020 approx.* *2,500 cases have now recovered.* • *If risk areas or affected areas are no longer mentioned in future, the public will be able to check the dashboard themselves to see where there are hotspots and where certain measures would therefore be justified. There are also plans to display the 3-day and 5-day incidence on the dashboard. There were already 2.5 million hits on the dashboard at the weekend.* **Request for administrative assistance** • *There are many enquiries. The RKI primarily tries to provide telephone support (e.g. Mrs Abu Sin*	*FG32*

	supports NRW, Mr Eckmanns supports Saarland). • *The focus should be on outbreaks in retirement homes, hospitals, doctors' surgeries, etc.* **Other:** • *Mortality surveillance: A question was raised on the Internet as to why EuroMOMO does not see a rash caused by COVID-19. There is now a disclaimer on the site stating that increased mortality, which may occur mainly at sub-national level or in smaller focus areas and/or concentrated in smaller age groups, may not be detected at the overall national level. This is all the more true in the pooled Europe-wide analysis when considering the large overall population denominator. In addition, there is always a delay of a few weeks in the registration and reporting of deaths. However, EuroMOMO is also planning a detailed survey of the countries.* • *Test capacities:* ▪ *Baden-Württemberg reports many samples that have not yet been analysed. You are in contact with ZBS1.* ▪ *In Berlin, testing is also possible at the RKI. So far, approx. 1,100 samples were tested by the RKI; 7% of these were positive. The Berlin State Laboratory would like to provide support, but still needs expert advice from ZBS1.* ▪ *In the AGI TK it was said that testing capacities are at their limits and that there are indicates a desire for the new version of the flow chart in order to prioritise testing.* ▪ *The situation centre also receives requests for testing from within Germany as well as from Abroad.* ▪ *It is currently not possible to treat all people with acute respiratory diseases. diseases or test request. Symptomatic contact persons also wait a long time for testing.* ▪ *There are also more and more support programmes from universities, companies and other laboratories. Ask who can bundle this and maintain an overview of free capacities ("traffic light system") (e.g. KBV or BMG).* ▪ *There is already the VOXCO query, but this*	*FG32* *FG32* *All*

	only asks about tests carried out and general test capacities, but is not a current demand enquiry. ▪ *The VOXCO query also looks for missing resources at the sample collection, transport and sample processing (e.g. protective clothing, supplies, swab sets).* *ToDo Mr Mielke will discuss today what an overview of free capacities could look like and then present this to the BMG if necessary.* *ToDo Ms Buda will discuss the positive rate with the RKI contact person for clinical virology (Ms Böttcher).*	
2	**Findings about pathogens** • *The New England Journal reported that SARS-CoV-2 remains in the air in the form of aerosols. Mr Drosten had already commented on this and pointed out that the virus is only in the air for a short time and that the focus in transmission should continue to be on droplets from person to person and possibly smear infections. This is a transmission route that is not the normal situation, but which may be relevant for dentists and doctors who perform bronchoscopies. It would therefore make sense to include this in the profile.* • *Little is known so far about immunological issues (e.g. basic immunity, relationship with human coronaviruses). There is no reliable data on cross-immunity* • *T-cell immunity: There are several therapeutic approaches that target T-cell immunity to prevent ARDS. T-cell in human coronaviruses is 2-3 years.* • *To monitor the drifts, good serological tests must first be established, which takes time. If necessary, the two human betacoronaviruses can be analysed to see how long they have been circulating in the population and whether they drift at a certain speed.* *ToDo: Mr Wolff finds a contact person within the RKI (possibly also outside the RKI) for topics relating to immunology, drifting, etc.* • *ACE as a risk: IBBS is working on it.*	*FG17/FG36/ all*
3	**Current risk assessment** • *No need for adjustment*	

RKI		
4	**Communication** **BZgA** • *There are many parallel processes within the BMG's department.* • *There is now a video "Keep your distance and stick together" on Infektionsschutz.de* • *Until now, the cognitive level (what happens) was combined with a conative element (behaviour). Now the affective level (trust in measures) is also served.* • *There is a campaign that is not aimed at social distancing, but at alertness (observing protective behaviour). Initially, open advertising spaces were considered as channels, but due to the restricted movement of people, this is less recognised. Therefore focus on the internet.* **Press office RKI** • *The press briefing now only takes place three times a week. Questions sent in by journalists were answered for the first time today. We are currently working on a technical option for calls from journalists. Realisation of whether calls from journalists are possible?* • *The modelling was published on the RKI website last week.* • *In consultation with FG 36 (Ms Buda), there may be a translated extract of a Eurosurveillance article in Epibull.* • *Recommendation of masks for the population: There is a tendency to recommend additional protection from others (especially if distancing is not possible, e.g. in retail). This would be a deviation from the previous recommendations and it must be taken into account whether there are enough masks. It may be that a mask as a protective object causes the wearer to neglect other measures such as social distancing. Studies have shown that people who wear an MNS are more likely to touch their face and neglect their hand hygiene. Especially with videos on self-sewing masks, the success in China, where many people wear masks, etc., it will be difficult to defend the position of not recommending masks. It could be included in the FAQs with the reference to protecting others - especially in view of the increase in the number of sick people. But beware of stigmatisation, so a good justification is necessary. Not an offensive recommendation.*	*BZgA* *Press, VPräs*
5	**RKI Strategy Questions**	

RKI	**Exit strategy** • *The section on social acceptance has been finalised and ZIG is in discussion with FG36. A first internal draft will be discussed tomorrow and finalised for the crisis team on Wednesday. External expertise has been obtained from Mr Drosten, Ms Rehfuss (Munich), other clinical epidemiologists from abroad, etc. The CDC in China informed us regarding their escalation policy that the regions themselves define their risk (low-middl-high) and that the gradual easing of measures is based on these classifications.* **legislation:** • *The new legal basis probably does not include individual mobile phone tracking or the forced recruitment of medical staff, but does include compensation for parents at the instigation of the ABAS. The bill is due to go before the Federal Council on Friday. The BMG assumes that it will be passed on Friday and that an "epidemic situation" will be declared. The RKI should prepare a draft justification in advance.*	*ZIG* *L1, FG32*
6	**Documents** • **KRITIS document:** *Similar to HCW, there should be a document with options for dealing with critical infrastructure personnel in situations with relevant staff shortages in the context of the COVID-19 pandemic. This document should state that this staff may continue to work under certain circumstances (protective measures) despite contact (Cat. 1) with a COVID-19 patient. However, as soon as an employee is symptomatic, he/she should stay at home. Only under absolutely exceptional circumstances, when everything breaks down, may a symptomatic employee work.* • **Options for HCW:** *In the inpatient area, it is very important that there is separate care for patients, but that staff are also separated! The paper has already been adopted and has already been discussed in the AGI. It can write another letter! Where such separation has not yet been established, the countries must adapt this accordingly.* *ToDo: Write medical journal article if necessary (FG37)* *ToDo: Discuss the importance of separating HCW in the AGI tomorrow. Afterwards, Mr Herzog will write a letter to the DKG (signature present) for the information of the DIVI. Attachment paper HCW.*	*FG37/all*
7	**Laboratory diagnostics** • **South Korea has an innovative test procedure:** *The*	

RKI	*Samples are taken within 10 minutes and the test result is sent by text message the next day.* • **Theft:** *ZBS1 reports that materials such as Sterillium have gone missing. In future, all materials (masks etc.) should be stored locked in one place. IBBS reports that there has already been a theft at ZV and that IBBS moved all PPE to a locked room two weeks ago.* • **AGI Sentinel:** *No SARS-CoV-2 positive samples in Sentinel.* • **Report ARS data:** *95,416 tests were carried out. 6% (5,706) were positive for SARS-CoV-2. The positive rate varies greatly between federal states. Age is increasing (median 49 years, top quartile 58 years). More men are affected. It is purely laboratory surveillance and there is no clinical information.*	*FG17, ZBS1, FG37*
8	**Clinical management/discharge management** • *Question as to how many intensive care beds are routinely occupied. Approx. 80% occupancy under normal conditions. Can be increased to 50% by postponing elective procedures. However, there are different data and the DIVI register should be awaited. The DIVI states how many beds they can free up in 24 hours.*	*IBBS*
9	**Measures to protect against infection** • **Handling of masks:** *There is a letter from Mrs Gastmeier (Charité) on the handling of masks, which also has consequences for the flow chart. While the RKI recommends FFP2 masks, she questions this. The discussion has been going on for some time, as neither the WHO nor the CDC recommend FFP2 masks for the diagnosis of COVID-19. One suggestion to adapt the flow chart would be to speak only of "respiratory protection" instead of FFP2 masks.* *ToDo: FG14 checks document and gives feedback to Mrs Gastmeier.*	*FG37/FG14*
10	**Surveillance** • *Grippeweb call is to be made as soon as FG36 has clarified final questions (e.g. data protection, ITZ).*	*FG36*
11	**Transport and border crossing points** • *Not discussed*	
12	**International** • *Not discussed separately*	
13	**Information from the situation centre** • **Software virtual meetings:** *Virtual meetings are increasingly being used at the RKI. Since Friday, shift handovers have also been taking place by telephone. The whole organisation needs to switch over. Ideas for*	*FG32*

RKI	*concepts/providers welcome*	
	the crisis team.	
14	**Other topics** • *MFS support: MFS offers support with interventions and epidemiology (e.g. also for groups such as homeless people who have special needs). MFS have excellent logisticians who can set up good structures and it would make sense to accept the offer; the question remains as to how the RKI will manage this.* *ToDo: As implementation would be at federal state level, the support offer should be addressed in the next AGI TK.* • *IBBS is building 2 networks on COVID-19: 1. on intensive care medicine (with DIVI) and 2. on infectiology (with DGI and STAKOK); specialist societies/expert groups are included in DGI and DIVI (e.g. pneumology)*	*FG32* *IBBS*
	• *Next meeting: Tuesday, 24 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*24.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mrs Thaiss*
- *German Armed Forces: -*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, incidences(slides here)* o *Heavily affected countries (>7,000 cases/last 7 days): France, Germany, Iran, Italy, Spain, USA* o *Less severely affected countries (1,400-7,000 cases/ last 7 days): Austria, Belgium, Brazil, Canada, Netherlands, Portugal, Switzerland, UK and now Turkey* o *Daily development of cumulative case numbers in countries since the 100th case (ECDC data), South Korea initially very strong then levelling off; Italy and Spain strong upward trend; Singapore, Japan very early strong measures with impact* • *Individual countries* o *Spain:* ▪ *Madrid defined as a risk area* ▪ *3 other regions also have incidences >100/100,000 inhabitants* ▪ *Curfew enforced* ▪ *Case fatality rate very high (6.6%)* o *Switzerland:* ▪ *Ticino defined as a risk area* ▪ *2 other areas very affected* o *Austria and France:* ▪ *Tyrol and the Grand Est region currently defined as risk areas* ▪ *Adjustment if necessary, INIG is preparing this for tomorrow* o *Turkey:* ▪ *Strongly increasing trend, only information on total incidence and regions with confirmed or suspected cases available, possible particularly affected regions unclear* • *LSHTM modelling (here): Proportion of reported symptomatic cases based on case-fatality ratio and time between hospitalisation and death; Germany is best placed after South Korea (recording between 50-95% of all cases); Italy, Spain and UK estimated to record only approx. 10%; difficult if risk area definition depends on possible testing capacities* • *Risk areas* o *Minister's decision: risk areas and particularly affected areas (national) will not be abolished before 5 April, all current regulations refer to these and should not come to nothing* o *Proposal to BMG to define the following additional risk areas:* ▪ *Spain: La Rioja, Pais Vasco, Navarra* ▪ *Switzerland: Vaud, Geneva*	*ZIG1*

RKI	○ Tomorrow Assessment of possible extension of risk areas in Austria and France ToDo: Proposal to BMG to define additional areas in Spain and Switzerland as risk areas ToDo: INIG prepares assessment of possible risk area extension for Austria and France **National** • Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 27,436 (+4,764), of which 114 (0.4%) deaths (+28), nationally 33/100,000 inhabitants. ○ Epic curve not easy to interpret due to the existing reporting delay ○ Highest incidences ▪ State level: HH, BW, BY ▪ SK or LK (3 or 5 days): Tirschenreuth, Miesbach, Rosenheim, Hohenlohe district ○ Trend analysis of the federal states: mainly by affected SK/LK, Heinsberg descending, generally good and fairly complete transmission ○ 5-day incidences are currently also included in the dashboard and in the management report, and will become more important at the latest when risk areas are abolished. Daily incidences used ○ Recovered cases: estimated approx. 3,200, also discussed in EpiLag, federal states confirm importance/necessity of this estimate ○ Cases are slowly getting older in most federal states (development of age distribution) • Exposure locations of reported cases, particularly affected areas ○ National: Heinsberg, Aachen (artefact?), Rosenheim, Essen, Borken, Freising, Tirschenreuth are particularly frequently mentioned exposure locations ○ Freising: many exposure sites and high incidence ○ International: Austria, Italy, Spain ○ Urban vs. rural ▪ Different dynamics in big cities, people are closer together, this could be an additional indicator; e.g. Hamburg: high number of cases, low incidence ▪ Definition of "particularly affected areas" can possibly reduce the rise in cases in these areas ▪ The aim of the definition is the decision to designate areas with community transmission; HH goes not from such a situation, they were primarily rice returnees ▪ When setting up particularly affected areas must be taken into consideration	FG32 FG36 VPräs All

RKI	*"do we believe that community transmission is taking place there?"* o *Expansion of particularly affected areas* ▪ *Prior coordination with the respective SK/LK* ▪ *LKs Freising, Tirschenreuth, Hohenlohekreis* *ToDo: Contact Freising, Tirschenreuth, Hohenlohekreis to coordinate definition as particularly affected areas (AGI?, FG32)* • *Reporting: still only laboratory-confirmed cases, or soon also clinical-epidemiological cases?* o *The primary goal now is to further expand testing capacities; it is important to know whether cases were positive, e.g. people who work in retirement homes* o *Laboratory confirmation is also important because of the consequences for the identification of contact persons,* *Laboratory capacities currently allow this* o *Validation of laboratory methods based on antibody testing still ongoing* o *Is there a criterion for deciding when the time has come for an adjustment? No, especially not at a national level* o *Expanding the reporting of non-lab-confirmed cases may become necessary at some point, but it is too early to do so at present* • *International Communication/KoNa* o *421 Activities* o *Very many travel clusters, this will decrease, currently also in connection with the repatriation of Germans stranded abroad* o *Increasingly affecting healthcare facilities (hospitals, nursing homes, rehabilitation clinics)* • *BMI: has understood that GA relief is necessary, plan is that GA responsible for airports get general decree that returnees can be sent home in home quarantine without monitoring, currently still being examined by BMI*	
2	**Findings about pathogens** • *Nothing new since yesterday, more information and research is needed on theories regarding imprinting*	*FG17/FG36*
3	**Current risk assessment** • *Classification of the assessment as high still applicable, FG32 should check daily whether further text amendments are necessary*	*FG32/all*
4	**Communication** **BZgA** • *Yesterday video of several messages on website*	

RKI	• *Connection to existing topics, e.g. "Know your alcohol limit", on certain channels, sensing the needs of the population* • *Exchange with BMG to avoid parallel products* **Press** • *Problem of the discrepancy in figures* ○ *Many enquiries/sometimes attacks as case numbers and curves in the management report and dashboard are different* ○ *Two problems* ▪ *Reporting delay* ▪ *Difference in the date used (notification date vs. date of illness)* ○ *Reporting data input should be briefly explained and the curve in the management report and dashboard should be the same* ○ *In the management report, the front of the table shows daily reports based on the date of transmission, while the back shows cases adjusted by date of illness* ○ *A grey bar at the right end of the curve is intended to indicate reporting delay areas that are uncertain and cannot yet be interpreted; the dashboard curve currently appears to be falling, which is misleading → Establishment of the grey bar important* ○ *Priority now: Standardisation of the curves* • *FAQs have been revised and adapted to the new case definition* **Case numbers RKI vs. Johns Hopkins** • *Many enquiries regarding the validity of this data, which is used by the Tagesschau, among others, and the difference to RKI data, Tagesspiegel and some other media have already explained it, but it is still not well understood* • *Opportunity to explain the reporting system and the importance of this data, which is much more reliable and meaningful* • *Also expressly desired by the federal states for EpiLag* • *Is first explained in layman's terms on our homepage in the FAQ, where does the respective data come from, why do they differ, quality of the data of the reporting system* • *Will be included again on the RKI-PK leaflet (Press)* • *Could subsequently also be explained in the DÄB, possibly development of a statement by IANPHI executive board members?* • *Reference by Sylvie Briand and Neil M Ferguson, acute numeritis(?) may also be useful here* *ToDo: FG32 drafts text that is generally understandable and is placed on the RKI website, then coordinate with IANPHI if necessary*	*Press* *All*
5	**RKI Strategy Questions** **Now-Casting** *(draft here)* • *Based on reporting data created by Matthias an der Heiden*	*FG32/FG34/*

RKI	• *Certain date values are still being checked, e.g. how long it takes for the doctor to transmit to the GA and the GA to the RKI* • *Figure 6 shows how Now-Casting changes over the days, different line types show the date of casting and changes compared to the previously calculated estimates* • *The estimated case numbers are now higher and are probably more realistic, and the first consequences of the measures may already be visible* • *Illustration of various BLs suggests a similar trend everywhere* • *Now-Casting can retrospectively project case numbers, past reporting behaviour and delays to today/near future based on past reports, only applies if the parameters do not change fundamentally* • *Curves are not (or no longer) rising steeply, but this should still be interpreted with caution due to the reporting delay (which is increasing)* • *No external use for the time being*	*FG36/all*
6	**Documents** **Dealing with corpses** • *IBBS has drawn up a document on this in consultation with FG14; it will be discussed with the AGI today* • *Also deals with minimum protection during aerosol-producing measures, full PPE must be worn during autopsies* • *After AGI approval it will be shared and published* **Flow chart, messages, explanations of messages** • *New versions are online*	*FG14/all*
7	**Laboratory diagnostics** **AGI Sentinel** • *Yesterday 1 positive sample out of 40* • *Virological results suggest that SARS-CoV-2 is not widely circulating* **Voxco survey** • *Results of Voxco, ARS, RespVir, ALM queries, as of CW12* ○ *Figures still subject to change* ○ *368,000 tests carried out, 26,590 positive (matches reporting figures)* ○ *Many laboratories report increased testing capacity, 127 laboratories report total capacity of 70,875 tests per day* ○ *40 laboratories report backlog of 26,538 samples to be processed from week 12* ○ *Capacities not yet well distributed, control mechanism necessary* ○ *Many laboratories report supply bottlenecks, especially in the*	*FG17* *AL3*

RKI	*from Roche, details have been listed, all components of the test are affected, including swabs* • *Test/positive ratio matches reporting data, indicating good use of testing and that recommendations are well followed (not too many tests of asymptomatic individuals)* • *Test capacity of 70,000 sounds large, but is probably a theoretical capacity without (currently existing) bottlenecks, with 4000 cases per day it does not seem so large again* **Communication on testing** • *Agreement on various laboratory-based activities between the OUs involved (FG15, FG17, FG36, etc.) is very important, e.g. the positive rate between networks cannot be compared, objectives and structure of the approaches are different (who is tested and why)* • *Virological surveillance AGI conveys the impression that there is no relevant SARS-CoV-2 circulation, while an impressive weekly positive rate is visible via the laboratory networks, this is difficult to communicate, uniform agreement would also be good with regard to subsequent external communication* • *Communication on the number of tests often desired externally, test capacity should not be communicated externally, number of tests carried out quite possible, important in which context this is placed* • *Internationally, Germany is accused of being unaware of something, there are doubts about the reported situation; it would therefore be good to communicate the number of tests transparently, also to prove that we are not missing (much)* • *Possible future government measures and confiscations have not yet been decided* • *AL3 and Janna Seifried prepare one-way communication, tests in Germany (number, positive rate) and how they are categorised in an international context* *ToDo: Task Janna and AL3 to design one-pagers for communicating the tests in Germany* **Minister talks on merging test capacities** • *Telephone call between Müller, Holtherm, AL1 and Minister* • *Reason Tenor* ○ *Number of tests also very good in an international context* ○ *Capacities well invested, especially in large laboratories* ○ *Not many laboratories with only a few tests block the test reagents* • *Only a few suppliers offer on a large scale and internationally at the same price, e.g. Roche, bulk buyers may be better placed, laboratory logistics collaboration makes sense* • *Adjusting screws of KBV to avoid bottlenecks: careful handling of test indication, therefore great interest in RKI-*	*AL1*

RKI	*Flow chart, test capacity is high but still limited, prioritisation of cases that can medically benefit from test result (quarantine deprioritised); sharpening of test indication, optimal use of laboratories and networks, working towards optimal utilisation* • *Test capacities good overall, there are bottlenecks with individual reagents, it would be useful to survey the stocks in the laboratories* • *Re-orientation of backed-up samples to laboratories with free capacity* ○ *Could perhaps be integrated into DIVI platform, each laboratory indicates free test capacities* ○ *This may be contract capacity that cannot be sold* ○ *AL1 enquires, contract capacity is not a key factor, there is good communication between laboratories and if they know about each other they can help each other* • *Further meetings also planned with BMG to centralise the topic, possibly discuss whether smaller laboratories should tie up test capacities/reagents* • *There is high capacity despite the bottlenecks, prioritisation may need to be considered: who should be tested best, where is the result most meaningful?* • *Testing capacity should be further expanded, especially if more virus circulation in the general population, strategy of expanding testing capacity needed* • *Integration of veterinary laboratories* ○ *often have enormously high capacities* ○ *Clarification of the legal basis for integration* ○ *Should also be discussed with AGI afterwards* *ToDo: Instructor should create a task for Mrs Kleymann-Hilmes to investigate the legal basis for the involvement of veterinary laboratories*	
8	**Clinical management/discharge management** **Estimation of bed requirements for the coming week** • *Hospitals are preparing, e.g. Schwabing is suspending elective measures, closing entire wards, only preparing for COVD-19, but there is no gap closure for the next 2-3 weeks* • *What is the extent of the expected need for intensive care, this would help to estimate possible additional capacities (e.g. for the admission of international patients, which probably take place and are not to be decided by RKI)* • *Concerns the whole of Germany, what capacity utilisation is roughly to be expected in order to estimate capacity requirements for the coming weeks and to plan at regional level* • *This is not possible at hospital level, but can be estimated for a catchment area, or on a city-by-city basis for residents*	*IBBS/FG37*

	related • *Increasingly, third-party models are appearing that may not be reliable or reputable* • *FG37 Planning tool* ○ *Is currently inactive and has not been further developed to avoid duplication* ○ *Originally, data on gravity categorisation was taken from the literature and plugged into the model* ○ *Possibly reactivatable, possibly in connection with now-casting, in order to achieve region-specific modelling and obtain more concrete figures* ○ *Tim takes over activity and brings people together, consultation with IBBS, Matthias an der Heiden* • *Estimates may also be available through the DIVI Intensive Care Registry, through which regional coordinator networks will be established* • *In general: the desire is to have separate COVID-19 and non-COVID institutions*	*IBBS*
	IBBS networks • *Together with specialist associations, two networks have been proposed: (1) intensive care physicians and (2) infectiologists; core groups will be formed from next week, which can then be used for coordination purposes* • *There is a need for information from hospitals on specific treatment issues, which should be covered by networks* • *Further questions are also raised via ÖGD, request for a webinar for clinics in which what is not addressed in the networks can be dealt with, e.g. resource-saving use of PPE, cohorting, contact with medical staff, contact person management, etc.* • *FG14, FG36, FG37 are willing to take on these topics and answer questions for 1 hour, IBBS organises this*	*VPräs/ IBBS/FG17*
	Study Marseille • *Request for an assessment of the Didier study from Marseille on the therapeutic use of hydroxychloroquine in combination with other drugs* • *Many ongoing clinical studies, IBBS is in contact with STAKOB and also BfArM regarding overview of publicly accessible studies, also to provide assessments, enquiries about experimental therapeutics are increasing, initial assessment by STAKOB will be made public in the course of the week* • *Chloroquine study was heavily criticised because control group did not seem appropriate (treatment group with deaths, no deaths in control group), this study alone does not enable any recommendations/decisions to be made* • *It remains a case-by-case decision and available evidence still*	*IBBS*

	not trend-setting **Discharge criteria** • *Frequent feedback of PCR-positive, mild cases even after 14 days, at the Charité there are several cases of this type who were hospitalised for social reasons although it was not medically necessary* • *Samples with very high CT, RNA is still present, but it is no longer infectious in the cell culture* • *To confirm that no infectious virus is excreted at these CT values, it would be useful for the RKI (ZBS1) to receive these samples for cultivation* • *Antibody tests* ○ *Will be evaluated soon when the serums arrive* ○ *Should antibody tests also play a role in discharge criteria?* ○ *Would be helpful, as the question of the deployment of hospital staff will be increasingly important* ○ *Sera are now collected, not only smear culture but also serum collection* • *IBBS talks to ZBS1, IBBS is happy to support sample procurement, but laboratory expertise required* • *No change to the discharge criteria for the time being; according to the Drosten study, this type of sample is no longer infectious*	
9	**Measures to protect against infection** **Topic** • *Not discussed*	
10	**Surveillance** • *Adjustment of presentation of management report and dashboard, see above* • *Tomorrow, DIVI results will be included in the presentation of the national situation, even if not yet complete/interpretable* *ToDo: Customisation of dashboard and management report, explanation of data used, bar for uncertain part of the curve, same curve in dashboard and management report*	*FG32/FG36*
11	**Transport and border crossing points** • *Not discussed*	*FG32*
12	**International** • *Not discussed*	*ZIG*

13	**Studies** **Update digital tools** • *Postponed*	*FG21*
14	**Information from the situation centre** **Think tank** • *Proposal of an additional distribution list for creative exchange* • *We are approaching a phase where it is difficult to predict what lies ahead* • *For people who are not overrun by day-to-day business but are still professionally involved, they need to be close enough to the situation to have noticed everything, but not be so intensively involved, is triggered* • *Considered a good idea, 4 people sitting down together* **External consultants** • *Was used by AL3 in the past* • *External experts available as consultants, specialist advice also from international experts* • *Would have to be discussed in advance with Präs, who has daily exchange with IANPHI, STAG-IH etc., not sure if more external advice is desired/necessary* **Requests for management data extracts to LZ position Management report** • *Bombarded with small requests from LZ for situation data, would like to think and contribute but capacities are (too) limited and these requests are not always a priority* • *Position Situation report in the management centre issues various reporting data to inquirers, but this should be evaluated and done by FG36/FG32, position Situation report should not independently issue situation data*	*FG32/IBBS* *FG36*
15	**Other topics** • *Next meeting: Wednesday, 25 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*25.03.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Linus Grabenhenrich*
  - *Nadine Litzba (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Julia Sasse*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *INIG*
  - *Basel chequered*
- *BZGA*

- *Mrs Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, incidences(slides here)* ○ *Heavily affected countries (>7,000 cases/last 7 days): France, Germany, Iran, Italy, Spain, Switzerland, USA* ○ *USA are recording a very strong increase.* ○ *Less severely affected countries (1,400-7,000 cases/ last 7 days): Australia, Austria, Belgium, Brazil, Canada, Israel, Netherlands, Portugal, Turkey and Switzerland* ○ *Israel is new to the group of less severely affected areas* • *Individual countries* ○ *France:* ▪ *Grand Est region still most affected with an incidence of 83* ▪ *Incidence in Ile-de-France 55 and in Bourgogne-Franche-Comté at 56* ▪ *In Hong Kong, French people from Grand Est and Bourgogne-Franche-Comte have to spend 14 days in centralised detention.* *Quarantine* ▪ *French risk area will not be changed* ○ *Austria:* ▪ *Highest incidence in Tyrol* ▪ *Voralberg is not declared a risk area due to the low number of cases (approx. 400 cases)* ○ *China:* ▪ *Hubei: no new cases for days* • *Presentation of paper on viral shedding (see TOP Findings on pathogen)* • *Risk areas* ○ *The FMA has approved the extension of the risk areas in Switzerland (cantons of Ticino, Geneva and Vaud) and Spain (La Rioja, Navarra, Pais Vasco), as well as the removal of Hubei as a risk area.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 31,554 (+4118), of which 149 (0.5 %) deaths (+35), nationally 38/100,000 inhabitants.* ○ *The epicurve showing the date of notification and onset of illness is to be included in the management report and on the dashboard.* ○ *You can see that the epicurve is slowly levelling off, but this should not yet be communicated in external communications due to compliance with the measures* ○ *Highest incidences*	*ZIG1* *FG32/all*

RKI	▪ *Federal state level: Hamburg, Baden-Würtemberg, Bavaria* ▪ *SK or LK:* • *3/5-day incidence with autochthonous cases: Tirschenreuth, Miesbach, Hohenlohe district* • *7-day incidence with autochthonous cases: Tirschenreuth, Hohenlohekreis, Miesbach, Rosenheim* ○ *7-day incidence more informative and stable, e.g. with regard to Weekend symptoms* ○ *Freising no longer so conspicuous, but Hohenlohe district higher incidence* ○ *Trend analysis of the federal states: NRW lower number of cases, BY shows strong increase, BW and B curve flattened* ○ *Trend analysis of the districts: Düsseldorf and Cologne have many cases, but these are not transmitted well, SK Munich and LK Rosenheim show very high increase, Heinsberg decreasing* • *Exposure locations of reported cases, particularly affected areas* ○ *National:* ▪ *NRW: Heinsberg, Aachen (they list themselves as the place of exposure), Essen, Borken* ▪ *BY: Rosenheim* ▪ *RP: Koblenz* ○ *International:* ▪ *Austria: Tyrol* ○ *There was demand for BL for Hohenlohekreis, Tischenreuth how many cases are without Epilink and what measures have been taken - no feedback yet* ○ *Hohenlohekreis and Tischenreuth should be shortlisted.* ○ *Problem if it takes a long time to define particularly affected areas, then often too late.* • *Recovered: estimated in consultation with all BLs according to specified criteria and rounded to 100s* • *Age and gender distribution: The age distribution is changing towards older infected people* • *Deaths: Currently 68% of deaths over 80 years old, but only 3% of cases are 80+, the youngest deceased was 42yrs old.* • *Boxplot: In BL with many cases, you can see that the affected population gets older and older from week to week.* • *The average age of deaths could be communicated more proactively. This could contribute to compliance with contact reduction.* • *Mr Wieler pointed this out in the press briefing and it should also be adapted in the profile.* • *The progression over time in the age groups would also be interesting. An increase can serve as a warning parameter.* • *It is planned that the age groups and pre-existing underlying illnesses for deaths will be shown in the management report. The progression by age group could also be shown*	

RKI	become: In the beginning, it was mainly younger travellers returning home, but now this is changing. ToDo: Ms Buda will present a proposal for presentation to the crisis team tomorrow. • Enquiry as to whether there is data on exposure in younger people - are these mainly nosocomial infections? • It is considered difficult to compare the percentage of recovered persons with the percentage of deceased persons, as the data on recovered persons is available with a very long delay. • It is known that there is a need: a working group has been formed on the subject: Udo Buchholz, Matthias an der Heiden and others, e.g. the figures of those released from the ECOSARI (?) system could be used • Question of gender dependence: men generally show earlier immunosensitisation. But the question of gender dependence is susceptible to confounding by other risk factors. <u>Movement patterns:</u> • According to data from Mr Brockmann (Telekom, Telefonica), mobility is declining by up to 40% • Great interest of the crisis management team in Mr Brockmann's analyses ToDo: Mrs Rexroth sends the further data of Mr Brockmann's analysis to the distribution list ToDo: Mr Schmich will present another system at the end of the week. • In general, healthcare facilities are increasingly affected, e.g. in Jena. In Jena, the COVID-19 patient was hospitalised for a long time and was not identified as COVID-19 - as a measure, the wearing of PPE in hospital was increased. • It is important that the time is now used to ramp up all PSA production capacities. • There is a recommendation from ABAS and BfArm for the preparation of MNS in dry heat • Note on this in the webinar from Italy: PPE reprocessing is not an option for KH, as it is worn and soaked for hours - but possible for the population • All repatriates receive a leaflet prepared by the BMG on the recommendation of the RKI, with the recommendation to self-isolate. • The RKI website lacks a clear message about repatriates, so the BMG leaflet should be posted on our website <u>AGI - Syndromic Surveillance</u> (Influenza weekly report here): • AGI - Syndromic Surveillance: The practice index has risen further and is currently at a high level of activity. However, the picture is distorted as the reference value, the number of practice contacts, is falling. • The consultation incidence in children is two weeks	FG36

RKI	have fallen one after the other - the school closures are making themselves felt here. Consultation incidence is rising among 35-59 year olds. Overall, it has risen slightly, but not to the level of the practice index. • The rates of ARE and ILI go down with fluweb. Fluweb is often one week before AGI. • Hospital sentinel: there are fewer cases in younger people (despite circulation of H1N1) - positivity rate has also gone down significantly • Population-related measures have an effect on ARE. • The results on ARE should be included in the management report and also given to Mr Wieler for the next press briefing: You don't see a decline for COVID data, but ARE data gives indications that the strategies are going in the right direction. But formulate carefully! • EUROMomo: You can see an upward change in Italy. DIVI emergency admission register: (slides here) • Daily updated recording of the actual capacities of intensive care beds and cases requiring intensive care • Active for 1 week, 634 hospitals are already participating (2/3 of all beds), some countries completely. Around 80 hospitals are added every day. • 3 disjoint categories: low care, high care (invasive ventilation), ECMO • There are currently 769 COVID patients in the participating clinics. Half of the patients are ventilated. • Currently the number of free beds/occupied beds is about the same, i.e. many beds have already been made free (normally proportion of free beds <10%) • Additional information on how many beds can be reoccupied/mobilised in the next 24 hours • If necessary, other diseases could also be recorded. • If the age group of those currently on ventilators is known, this could be an interesting message to the population regarding the concern of the younger generation • The current tool only records structural and aggregate data - no individual cases due to data protection. In the 2nd project phase, additional data is also to be recorded in the same IT infrastructure - but this depends on whether the doctors have the capacity to provide the data • A system for individual clinical cases is to be developed together with the DGI, LEOS (?) tool for the clinical course of patients; assessment based on modelling for future requirements - systems are to be merged • Modelling difficult according to Matthias an der Heiden • There is also a surveillance system with webcasts (?) - It deals with nosocomial infections, including the recording of personal data, is intended to relieve the burden on doctors by hygiene specialists.	FG32, FG37, IBBS

RKI	*happen* *ToDo: Exchange on the various systems by Mr Eckmanns, Mr Grabenhenrich, Mr Herzog* • *Wonder if you can visualise the increase in ICU beds over time - to see what the trend is*	
2	**Findings about pathogens** **Paper on viral shedding** *(slides here):* • *Presentation of a paper modelling viral shedding in terms of incubation period and transmissibility from the WHO Collaborating Centre for Infectious Disease Epidemiology and Control, University of Hong Kong* • *The incubation period was compared with the serial interval in pairs of infected and secondarily infected persons.* • *Result of the investigations - the authors assume transmissibility 2 days before symptoms in 44% of cases* • *Timely isolation of contact persons is therefore important* • *In China, 10% of the KPIs are said to have been infected, and 10% of the KPIs at Webasto also tested positive. In the mission report, the number was slightly lower: approx. 5%* • *It could be that fever was first categorised as a symptom, but not mild initial symptoms (cold, sore throat). That would make a big difference in the modelling.* • *The paper was then sent again by Mr Jansen to the Corona distribution list and the topic should be discussed again in the group if necessary.* • *The strategy (social distancing) should not be changed.*	*ZIG1, all*
3	**Current risk assessment** • *No need for action*	
4	**Communication** **BZgA** • *It is better not to formulate the trends for the time being, as otherwise it may be difficult to justify further measures.* • *The onset of infection before the onset of symptoms is important information for the social distancing document: This document will soon be available in 7 languages. The information will also be included in the other documents.* • *There is a BZgA telephone campaign that is to be continued until Easter. This will reach older, vulnerable people who do not (or cannot) use the internet, for example.* • *Data on homeless people would be good, as they belong to a high-risk group. It would be helpful to disseminate good practices. But basically difficult to reach the clientele.* • *Basic information on the course of the campaign: hygiene rules communicated first. In the 2nd phase, emotionality (social peace - needs) is now addressed. Multipliers are close to the different target groups*	*BZgA*

RKI	*On it - attempt to connect under BMG campaign "Together against Corona"* • *BBK is already involved in crisis communication* • *Enquiry as to whether the BZgA could provide translations of the patient management documents - there is a pool of translators available and the documents can be translated.* • *There is also a lot of information about COVID-19 in different languages on the website of the Federal Integration Commissioner.* **Press** • *The strategy is very reactive at the moment, but there are currently so many requests that it cannot be managed any other way.* • *Twitter account was hacked this morning, tweet with right-wing content sent, 7:15 a.m. the incident was noticed. An explanation was tweeted and the password was changed.* • *There was also a threat on the WE that the website would be hacked if the case numbers were not presented lower.* • *Please ensure that all things that are developed (documentation, results) are also communicated to the crisis management team.*	*Press*
5	**RKI Strategy Questions** **Non-abolition of risk areas by 5 April (BMG), RKI draft language is available:** • *BL have insisted that risk areas remain - There is a deadline of 5 April, then the concept of risk areas will be abandoned.* **Nowcast:** • *The results should be communicated cautiously or not yet communicated. This could contradict the current measures.* **Real-time recording of laboratory results:** • *ARS is a tool that now includes 40 laboratories. It includes daily information on pos/neg test results and whether the patient is being treated as an outpatient, on a normal ward or in an intensive care unit.* • *You are also welcome to provide data for the management report.* • *The laboratories in the VOXCO survey are to switch to ARS in the long term, but not all laboratories are currently involved.* • *The VOXCO survey also records capacities. This cannot be mapped in ARS.* • *There is an idea to develop a tool, similar to the DIVI intensive care bed query, which could be used to record the capacities of the laboratories and, if necessary, distribute samples to other laboratories.* • *The German Hospital Federation is regularly asked by the press for these figures and would be happy if the RKI were to develop such a tool.* • *Such a query would be helpful, but is probably difficult to keep up to date.*	*FG32/FG34/ FG36/all*

RKI	• *The vote on whether we need an instrument to determine the capacity of the laboratories and distribute the samples did not produce a clear result.* **Basic information on decision-making competences:** • *Postponed to next date* **Other - Overall strategy for public relations:** • *An overall strategy for communicating with the public would be important, especially for projects in the area of digitalisation - this should be followed up.*	
6	**Documents** **Status of patient flow chart** • *A patient flow chart is being developed by IBBS, it has an overlap with the Charité app and is aimed at the population (for the time when risk areas are dispensed with)* • *FG21 works together with Charité and BZgA, BMG is putting a lot of pressure on the app* • *IBBS and FG21 should coordinate with Mr Benzler on the patient flow chart.* **Contact person management flyer** • *A final infographic on contact person management created and shared this afternoon - please take another look.* **Video presentation of PSA application/removal** • *IBBS prepares small films for the use and reuse of PPE* **Further information** • *There is a letter to DIVI and DKG regarding the separate accommodation of infected/non-infected patients. The letter is to be circulated more widely, including the German Medical Association and other professional associations.* • *There was feedback from the KBV on the flow chart for clarifying suspected cases/measures - there are problems with the diagnosis of ARE - as test indication is linked to test capacities - data on test capacities should therefore be made available (see above real-time recording of laboratory results).*	*IBBS/FG37/ AL1/all*
7	**Laboratory diagnostics** **Topic self-swabbing** • *Results of the study on self-swabbing of 9 tests from the DRK clinics: The result of the nasal swab correlates well with medical swabs and the throat swab also shows a good correlation, the palate swab appears to be less sensitive. Presumably the nasal swab is easier to perform. However, there are still results from 30 tests from the Charité. The samples are currently being collected and the results will be available next week, possibly sooner. There is a good*	*FG36*

RKI	*Collaboration between FG36 (Mr Buchholz), FG37 (Ms Abu Sin) and ZBS1 (Mr Nitsche).*	
8	**Clinical management/discharge management** **Report from ABAS** • *The ABAS has formed an ad hoc working group (with many representatives from different areas). They hold 2 TCs every week and work very quickly in view of the fact that the members have many other tasks. In general, many compromises have to be made in terms of occupational health and safety, which is not always easy. Requests from the RKI are always prioritised.* • *The resource-conserving use of masks was highly debated - the ABAS has now agreed that masks should no longer be used on a patient-related basis, but rather on a disease-related basis. In addition, the document on dealing with the deceased has been agreed with the ABAS.*	
9	**Measures to protect against infection** • *There was a question from Mr Wieler about the number of infectious disease epidemiologists recommended by the WHO: 0.5 epidemiologists/100,000 inhabitants* • *The background to this is a TK between the Federal Chancellery and the state chancelleries. Each GA is to receive support. Initially, teams of 5 people were planned, but this is now to be based on the number of inhabitants.* • *Given the current situation, 5 people/100,000 were recommended.* • *In Iran, there were even two people per 500 - 1000 people as support* • *Since the GÄ have been reduced further and further, the support should not be too limited and the GÄ also have many other tasks.* • *If necessary, South Korea should also be used as an example* • *This information was initially needed quickly, but a more in-depth analysis will be provided later*	*AL3*
10	**Surveillance** • *see above.*	
11	**Transport and border crossing points** • *not discussed*	
12	**International** • *not discussed*	
13	**Studies** **Update on digital tools:** • *1st tool with Charité (coordination with Mr Benzler), very strong pressure from BMG,* *2. data donation app that uses fitness trackers to better monitor the spread of*	*FG21*

RKI	*can predict.* *3rd CGA (Corona contact tracing health app) project with Heinrich Hertz Institute for contact tracing* • *There are also other apps: GoData (WHO) and SORMAS (Mr Benzler knows all the discussions and should be contacted)* • *There is a great momentum of its own: 15 internat. Players in Europe, and an overview is urgently needed.* *ToDo: An appointment should be made as soon as possible with Mr Brockmann for the crisis team to clarify the current status and what the next steps are. - Mr Schmich.*	
14	**Information from the situation centre** • *Not discussed*	
15	**Other topics** • *Next meeting: Thursday, 26 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*25.03.2020, 11:00 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Nadine Litzba (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *INIG*
  - *Basel chequered*
- *BZGA : Mrs Thaiss*
- *German Armed Forces: -*

TOP	Contribution/Topic	contributed by

1	**Current situation** **International** • *Cases, incidences(slides here)* ○ *USA more than 7000 new cases* • *Individual countries* ○ *Israel is new to the group (slide 2)* ○ *France: 83 per 100,000 Grand est* ○ *Ile de France* ○ *Bourgogne Franche* ○ *In Hong Kong, French people from the areas have to quarantine* ○ *Austria: highest incidence in Tyrol* ○ *Voralberg (approx. 400 cases)* ○ *Green light for international risk areas* ○ *Voralberg was also on the list before, but not yet an o.k.* ○ *Extension to Swiss risk areas and Spain is o.k.* ○ *Osamah: Voralberg not on the list due to low number of cases* ○ *Belgium: was presented last time* ○ *Hubei: no new cases (since 3 days) - announced by e-mail BMG that Hubei will be taken out* ○ *Hubei is singled out* ○ *Andreas Jansen: preprint server* ○ *Paper course of viral sharing with regard to incubation period and transmissibility* ○ *WHO of modelling* ○ *Pairs of infected and secondarily infected persons* ○ *Comparison of incubation time with serial interval* ○ *If incubation period longer than serial interval, then transmission during incubation period (scenario 3) - transmission before person is symptomatic* ○ *Result of the examinations (very valid probable Jansen) - 2 days before symptoms, 44% before onset of first symptoms* ○ *It is therefore important to isolate contact persons in good time!* ○ *At least 10 KPIs have been infected in China.* ○ *Also at Webasto 10% of contacts pos* ○ *Mission Report: slightly lower 5%* ○ *Osamah: very interesting, goes in the direction we are propagating* ○ *Walter: Important to know paper, better to send in advance, which assumptions are u s e d in modelling, how is symptomtic defined (linked to fever?), SARS: with occurrence of fever* ○ *Walter: unclear, estimates so far in the 1-digit % range, half of the cases asymptomatic. Transmitted*	*ZIG1* *FG32* *FG36* *VPräs* *All*

become

- *Osamah: should be sent around sometimes, if there are differing assessments, then this should be discussed again in the round*
- *Maria: Commentary Bundeswehr, biggest risk from Symtomatics, better focus on it, don't change strategy*
- *Silke: like Maria, before the onset of symptoms at the beginning in large quantities, virus can be excreted, contact person management is difficult, better social distancing, as you cannot predict who will become a case, overall strategy good, even if it comes from Hong Kong worldwide ILI fanatics, mainly think of fever and believe in fever (correct for influenza), with modelling then big differences, good that Webasto cluster was there and also cold/neck scratching is also a symptom*
- *→ Risk areas Spain (3 areas), Switzerland (3 cantons), Austria not, Hubei out*
-

-

- *Risk areas*
  - *a*
  - *a*
    - *Spain: La Rioja, Pais Vasco, Navarra*
    - *Switzerland: Vaud, Geneva*
  - *a*

ToDo: Proposal to BMG to define additional areas in Spain and Switzerland as risk areas

ToDo: INIG prepares assessment of possible risk area extension for Austria and France

National

- *Case numbers, deaths, trend (slides here)*
  - *SurvNet transmitted: xxx (+4000), of which xx (15%) deaths (+xxx), national xxx/100,000 inhabitants.*
  -
  - *Highest incidences*
    - *Federal state level:*
    - *SK or LK (3- or 5-day):*
  - *Epicurve also on dashboard + situation report (start of disease epidemiological very important)*
  - *Dashboard disclaimer, this figure is also shown in the management report,*
  - *Insert the displayed figure as in Dashboard*
  - *Where we have the onset of the disease, there is a certain level*

	reached, case numbers after the onset of the disease no longer rise as high ○ *12/13 March there will probably not be as many late registrations* ○ *Into the outer comm. Careful,* ○ *Breakdown* ○ *Hamburg, BW, BY, Saxony-Anhalt has also caught up* ○ *Deaths, older age, youngest 42* ○ *Geographical distribution* ○ *3-day incidence with autochthonous cases* ○ *Heinsberg, high Luhr district, Tischenreut* ○ *Freising no longer involved* ○ *5-day incidence with autochthonous cases* ○ *Rosenheim is probably* ○ *7-day incidence perhaps also best due to weekend symptoms* ○ *Miesbach possibly new again* ○ *NRW no longer has a huge increase* ○ *D-dorf and Cologne have many cases, but not well transmitted* ○ *Bavaria is on a steep uphill climb* ○ *BW and B slightly flattened* ○ *Heinsberg no exp. increase* ○ *SK Munich and Rosenheim very high increase* ○ *Freising is no longer as strong* ○ *HH, Munich* • *Exposure locations of reported cases, particularly affected areas* ○ *National:* ○ *NRW, Heinsberg, Aachen (incorrectly specified), Essen, Borken* ○ *BY: Rosenheim* ○ *RP:Koblenz* ○ *International:* ○ *Expo locations Austria (Tyrol, others much later)* ○ *Uncertainty risk areas - Voralberg shows* • *Update field operations* • *Regions particularly affected* • • **Question Wieler***: 0.5 epidemiologists/100,000 inhabitants* • *Explanation Background: Federal Chancellery, State Chancelleries TK Each GA should have support troops. Teams of 5 people per GA* • *Now the idea of population* • *5/100,000 in the current discussion* • *Andreas: Iran 500 - 1000 people two people (i.e. significantly more)* • *Walter: don't under-calculate, as the GÄ have been reduced further and further, to set standards, also important for other tasks, other employees also needed, not just epidemiologists.*	

RKI	• *Chance to get people into GÄ so that they stay there* • *Christian: Take South Korea as an example* • *Wieler needs the info directly, but info will be delivered later in a more substantiated way* • *ToDo:* • *Particularly affected areas: Freising has been replaced by Miesbach, quite difficult, Hohenlohe district also has high incidence* • *Three first top 15 incidences are included with some distance* • *After cases: Tischenreuth much smaller, exponential trend cannot be read from list* • *Aachen would neglect them, as they always enter their own circle* • *Walter: 7-day incidence very informative, more stable than total cumulative incidence, link between incidence and export we start to discuss at 50-100 cases/100,000 (?)* • *Osamah: no longer a very strong expo trend anywhere,* • *Enquiry in BL: Hohenlohekreis, Tischenreuth - how many cases are without Epilink, what measures - no feedback yet* • *Hohenlohekreis and Tischenreuth were shortlisted, but* • *Walter: Problem with risk areas and particularly affected areas - they always lag behind - only has an influence if declared early, otherwise it is superfluous* • *Osamah: Concept will probably be abandoned at some point anyway - 5th April likely* • *Possibility to display this in the dashboard* • *Federal states have insisted that risk areas remain in place - Mr Spahn has given them 2 weeks* • *Recovered: estimated rounded to 100s (all BLs have spoken in favour)* • *Curve: more and more older people are being added* • *Of all cases only 3% over* • *Boxplot: increasingly older population from week to week - can be seen in BL with many cases* • *Christian: Should the average age of deaths be communicated more proactively? Could contribute to compliance /contact reduction.* • *Walter: Progression over time of the age groups would be interesting, increase as a warning parameter* • *Silke: Julia and Michaela discussed exactly this - show age groups for deaths in the situation report, pre-existing underlying disease, progression by age group could be shown well. The progression by age group could be shown well, at the beginning younger people = returning travellers, now this is changing - present tomorrow in the crisis team* • *Mielke: Objectify in the profile* • *Wenchel: Has Mr Wieler emphasised today that this will change* • *Thaiss: Exposure to younger - professional?* • *Thais: Recovered: Percentage rate 16.8% recovered - can you put it like that?*	

	say? • *Osamah: BMG also often asks about this - percentage figures are difficult* • *Silke: difficult, as the time delay is not seen in the population, those who have recovered are very much behind, there is a working group with Udo, Matthias, xxx? and Christin, e.g. ECOSARI system released - then you can also say something, but at the moment it is difficult because there is a lack of data, but we know that there is a need, basic immunosensitivity: Why do more men die, immune system ages faster in men, older men react immunologically worse, in addition other risk factors (smoking etc.) are also involved. Older men react worse immunologically, in addition other risk factors (smoking etc.).* • *Walter: Gender is very susceptible to confounding, but how exactly does gender dependence* • *Ute: Age in more affected districts - perhaps communicate this externally - for questions about deaths* • *Brockmann: Mobility is declining (Telekom, Vodaphone? Telefonica), 40% is going down* • *Measures are being implemented - to be reorganised* • *Schmich: another possibility has arisen, this will be presented at the end of the week* • *Osamah: more information in the crisis team about Mr Brockmann's projects - (Ute: Mr Brockmann said he was not an RKI employee)* • *Ute: Health restrictions increasingly affected. Jena, Freiburg - in hospital for a long time and not identified as COVID, no entry screening (was planned in Thuringia) - increased PSA wearing planned* • *Walter: all production capacities must be ramped up, time must be used to ramp up PSA's own production* • *Melanie: During ABAS and BfArm preparation of the PPE in dry heat* • *Walter: Emergency physician from Intalia in webinar: Emergency management is not an option - possible in the population, but not in hospital* • *Ute: Internat. Comm. Separation requirement at airports* • *Walter: Information that travellers are isolating themselves - RKI has recommended BMG - flyer (content not quite correct) is distributed to everyone - take it to our site? Clear message is missing there* • *Osamah: all travellers are given the note in their hand* • *Doc onRKI internal page* • *AGI: Syndromic surveillance: Silke: interpretation sharpened overnight - you can see that the practice index has risen further, currently in the area of strongly increased activity, number of practice contacts is falling (is reference value), distorted picture, consultation incidence: children fell two weeks in a row - school closure is noticeable here.*	

RKI	*For ARE - 35-59, there is a significant increase in consultation incidence, overall it increases slightly, but not to the level of the practice index ARE and ILI rates for fluweb have decreased significantly - for fluweb both rates are decreasing* • *Not only contacts go down (phone data) - flu web often a week before AGI - overall an effect that current respirator. Illnesses become fewer* • *Hospital sentinel: in younger people cases are going down - positivity rate has also gone down significantly - H1N1 can lead to severe cases in young adults, is clearly co-circulating* • *Population-related measures show effect* • *Osamah: in lag report, as important analyses, also for Mr Wieler for next press briefing - no decline for COVID data, but indications that strategies are going in the right direction,* • *Ute: but daring to establish causality - we are generally at the end of the flu season - careful formulation* • *Walter: otherwise rather trailing at the end - therefore he shares Silke's interpretation, in the sentinel are ?* • *EURO Momo: You can see jags upwards for Italy - not up to date* • *Linus: DIVI register: Recording of real cap. of intensive care beds, cases requiring intensive care - updated daily* • *634 clinics have joined (2/3 of all beds), some countries completely* • *1 week active* • *80 clinics added every day* • *Currently 769 and half ventilated (also in ECMO as a feature)* • *We are currently considering how to adjust the figures for those not yet participating.* • *High care invasive ventilation* • *Low Care: Niff?* • *ECMO:* • *3 disjoint categories* • *Technical equipment of the* • *Free beds and occupied beds in roughly equal numbers* • *Normally, every clinic has all beds occupied, but the clinic's controlling department has problems if 10% are not occupied* • *What can be occupied/mobilised in the next 24 hours)* • *Thaiss: Slide 4 What about other diseases? Is there activity there too?* • *Saarland: not exactly clear why so many beds available* • *Walter: 407 currently ventilated - age groups? Message regarding the younger generation being affected* • *ICU bed increase - can be visualised over time - to see how well it is used*	

RKI	• *Linus: only structural and aggregate data - no individual cases due to data protection, 2nd project phase additionally in the same IT infrastructure also other data, if doctors have the capacity to provide the data* • *Christian: supplement - together with DGI system for individual clinical cases, tomorrow put together LEOS tool for clinical course of patients; useful for 1-2 weeks an estimate based on modelling for future needs - Timm has taken on this, merge with Linus system* • *Timm: Surveillance with webcasts? - nosocomial infections, personalised recording, throughout the hospital, by hygiene specialists, consult again* • *Small group meeting Christian, Linus, Timm* • *Modelling difficult according to Matthias an der Heiden* • *Timm: BL moderately done, more is not possible, otherwise the number of cases is too low.* *ToDo:*	
2	**Findings about pathogens** • *No action*	
3	**Current risk assessment** • *No need for action*	*FG32/all*
4	**Communication** *Ute/Osamah were at TU? - Press office puts it all together* **BZgA** • *It is better not to formulate trends, otherwise it is difficult to justify measures* • *Infection onset before symptom onset important info: In 7 languages - available doc* • *Telephone campaigns - older vulnerable people took advantage of the opportunity to use shorter communication channels until Easter* • *Is there data on homeless people? High-risk group, dissemination of good practice* • *Osamah: targeted surveys difficult (also in Berlin)* • *O: how should the start of infection be communicated - press briefing - and BZgA includes it in all docs* • *Schmich: Questioning - std on reporting on Corona* • *Press enquiries: total comm. To the outside world is difficult* • *Overall strategy for communication with the public* • *Especially for projects involving digitalisation, more crisis-tested systems* • *Thaiss: Campaign - 1. hygiene rules, 2. emotionality (social peace - needs) What is being done: Multipliers and*	*Press*

	Different target groups are close - attempt to connect under BMG campaign Together against Corona • *BBK already involved* • *Agencies are involved, there are briefings* • *Christian: We receive many requests for translations on patient management - could we make these flyers available to BZgA?* • *Keep your distance - doc in 7 languages by the end of the week, pool of translators and framework contract* • *Ronja: there is now also a lot of information about COVID on the website of the Federal Integration Commissioner* **Press** o *To Mr Schmich: Very reactive, but also just overflowing, too many enquiries* o *Open for support* o *Twitter account was hacked 7:15 noticed* o *Explanation tweeted and password changed* o *Threat received at the WE - site would be hacked if case numbers were not displayed lower* o *Schmich: no reproach - in dialogue with Ms Glasmacher - general strategy would still be good* o *Walter: Please all things that are developed (doc., results) should also come to the crisis team. Would help for evaluation* **Case numbers RKI vs. Johns Hopkins** *ToDo:*	*All*
5	**RKI Strategy Questions** *BZgA and BW involved up to this point* **Now-Casting** • *:* • *Communicate cautiously or do not communicate yet, could contradict measures right now* • *Mr Schaae and Osamah pointed this out to Mr Wieler* • *Silke: ARE reduction? Should it be reported in the Influenza weekly report. Influenza abbreviated and ARE reduction* *Real-time recording of laboratory results* *Timm: ARS a tool (meanwhile 40 laboratories)* *neg/pos/intensive/outpatient/normal ward on a daily basis Extension to laboratories* *Gladly something for management report* *VOXCO survey - should switch to ARS as long as the labs in the VOXCO survey have not yet been completely discontinued* *But it is also about capacities* *Redistribution system - can laboratories recognise free capacity, similar to intensive care units*	*FG32/FG34/ FG36/all*

	Timm: Cannot be mapped by ARS *Mielke: it would be desirable to have a system comparable to Linuse's for the Schade if it is urgently needed from a technical point of view, then it should be done* *Ute: Sensible, Is someone else already doing it, Who is doing it?* *Conversation between Janna and Linus clarifying conversation* *Sasse: The German Hospital Federation asked because they are often asked by the press* *Timm: useful, very time-consuming, currently under discussion every day Walter: parallel activities that are not coordinated* *Osamah: Do we need an instrument that determines Kap in laboratories and can be viewed by other laboratories in order to analyse samples?* *Walter: other chapters on intensive care/testing - rather many tests at the beginning Wolff: such a system would be wonderful, but is difficult to record due to short-term changes* *Basic information on decision-making competences: Postponed to next date*	
6	**Documents** **Christian:** *Patient flow chart: overlap with Charite app, aimed at the general public O: When will it be ready? Not today - one more day to vote on contact person management (infographic): FG14 feedback incorporated - final version this afternoon - everyone should look at it again* *Mielke: Flowchart for clarification of suspicions/measures - feedback from KBV side - pressure regarding diagnosis of ARI - if we link test indication to test capacities, then this must also be made available* *Schmich: BMG already wants flow chart yesterday RKI, Charite, BZgA fear that doctors etc. will have to reckon with more waste* *Question for Christian: new recommendations?* *Christian: Flow chart - next phase, when no longer working with risk areas or particularly affected areas - addressing the population* *Timm: other point Letter to DIVI and DKG separate accommodation of patients - German Medical Association and other specialist societies Broad participation good, also shown by other countries* ➔ *pread more widely* *Walter: again patient flow diagram: see Benzler bridge from Mr Schmich and Chrisitan and others - FG36 discussed this with Justus yesterday* *Contact with Justus is established with Christian and Schmich finally agrees with*	*FG14/all*

	Walter: *Video presentation PSA: Julia: small films are being prepared, especially with regard to recycling* *Self-swabbing: 9 test persons, initial results from DRK clinics very good from feasibility, correlation with medical swabs, nasal swab (anterior nasal cavity, throat, palate) compared to medical throat swab* *Nasal swab correlates well, palate swab less sensitive, throat swab comparable but probably nasal swab easier to perform* *30 from Charite in addition* *When conoslidated results* *Charité study - samples are selected* *Next week - reflect back that as quickly as possible Good cooperation - Muna - ZBS1 - Udo Buchholz* *Clinical management: Julia: reports on how ABAS works - ad hoc working group (many representatives from different areas) 2 TCs every week, works very quickly by his standards, has to make a lot of compromises, which is difficult for him* *Requests from the RKI are always prioritised Resource-saving use highly discussed - in the meantime no patient reference, but disease-related, paper with deceased has been coordinated with ABAS* *Measures for infection* -	
7	**Laboratory diagnostics** - *ToDo:*	*FG17* *AL3*

		AL1
8	**Clinical management/discharge management** • *nothing*	*IBBS/FG37* *IBBS* *VPräs/ IBBS/FG17*

		IBBS
9	**Measures to protect against infection** -	
10	**Surveillance** - *discussed*	*FG32/FG36*
11	**Transport and border crossing points** -	*FG32*
12	**International** -	*ZIG*
13	**Studies** • *Schmich: update digital tools* • *The tool with Charité, coordination with Justus Benzler* • *Very strong pressure from the BMG* • • *Data donation: App that uses fitness trackers to better predict the spread.* • *Slot for Dirk Brockmann - from time to time slot where we stand and what the next steps are* • *Clarify with Dirk Brockmann when he will be available - date will be fixed bilaterally - date as soon as possible* *Other project CGA project with Heinrich-Herz-Institut. Wieler desired Contact tracing Corona contact tracing Health app Pan European contact tracing* *3 Projects under digitalisation* *GoData (WHO) and SORMAS also other apps (Benzler knows all discussions)* *Momentum of its own: 15 internat. Players in Europe, urgent need for an overview* *O: Basic problem - constantly new people who want to invent things that exist, but for good reasons do not*	*FG21*

14	**Information from the situation centre** -	*FG32/IBBS* *FG36*
15	**Other topics** - • *Next meeting: Wednesday, 25 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*26.03.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *ZBS1*
  - *Eva Krause*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *FG 34*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG35*
  - *Hendrik Wilking*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*

- *IBBS*
  - *Christian Herzog*

- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *INIG*
  - *Basel chequered*
- *BZGA*
  - *Mrs Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, incidences(slides here)* o *Heavily affected countries (1,400-7,000 cases/last 7 days): new are Brazil, Israel* o *USA:* ▪ *Particularly affected areas: New York (city and state), Washington, California, New Jersey; in New Jersey now also community transmission* ▪ *Many clusters in care homes/senior citizens' facilities, presumably therefore relatively high mortality rate* ▪ *young people in New York are also affected, 20% of hospitalised and 12% of ICU patients are between 20-44 years, no information about previous illnesses* *ToDo: Propose to BMG to declare New Jersey a risk area* o *Brazil:* ▪ *South-east region most affected: Sao Paulo, Rio de Janeiro, Ceará* ▪ *High number of deaths, but only serious suspected cases are tested; to be monitored further become* o *Israel:* ▪ *strong tendency, cases everywhere, also in West Bank, Gaza* ▪ *Measures: Closure of the country for entry; closure of schools, universities, markets, Meetings, home quarantine for contacts, tracking of cases and contacts; since 25 March 2020 "lock-down" for 7 days* o *France:* ▪ *Ile de France, Bourgogne-Franche-Comté were not defined as risk areas yesterday; reason: exponential trend, but not a very high incidence, therefore observe for the time being; Ile de France (with Paris) to be discussed again tomorrow*	*ZIG1*

RKI	*ToDo: Propose to BMG to declare Iles de France a risk area* ○ *Paper on impact of restrictions in China on cases: strong difference before and after measures, growth rates become negative after introduction; should be interpreted with caution, as there is no time lag between measures and decline in case numbers* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 36,508 (+4,954), including 198 deaths (+49)* ○ *2 curves: one with start of illness/alternative notification date and one with notification date.* ○ *In comparison with the data from Johns Hopkins University, the figures from the RKI do not appear to be up to date; moreover, unlike the RKI, the curve has not broken off, is being discussed today at the ministerial conference; delay caused by federal states. However, the difference is getting smaller.* ○ *The cumulative curve is also intended for the dashboard, but is technically not so easy to implement.* ○ *For communication: it is epidemiologically correct to report cumulative cases, but it is not always clear to the population that the number of cumulative cases does not mean the number of acutely ill people; a second curve for recovered people should perhaps be included. Only conservative estimates are possible here.* ○ *The estimate of recoveries is based on reported data, one suggestion would be to stop the curve 2 weeks before the current date.* *ToDo: Think about the representation of the recovered* *ToDo: Mr Wieler needs the estimated number of recoveries each weekday.* ○ *Incidences continue to rise.* ○ *Highest incidences* ▪ *State level: BW has almost caught up with HH, highest increase in incidence in BY, NRW due to reporting delay Munich and Hamburg did not report anything yesterday, but are primarily assuming infections from travellers returning home.* ▪ *Heinsberg: development rather positive* ▪ *SK or LK:* • *3/5-day incidence with autochthonous cases: Tirschenreuth, Tübingen and Miesbach, Heinsberg is no longer in the TOP 15* • *7-day incidence with autochthonous cases: Heinsberg is still in the lead here, Tirschenreuth at the top*	*FG32/all*

RKI	*Place* ○ *Trend analysis of the districts: Munich, Hamburg have the most cases, the incidence is highest in Heinsberg, Tirschenreuth and Hohenlohekreis, the 7-day incidence is highest in Tirschenreuth, Miesbach and Rosenheim.* ○ *Hohenlohekreis, Tirschenreuth, Freising should be defined as particularly affected areas: the federal states + BMG have not yet taken a position on this.* ○ *The question is, which criterion(s) should be used to decide which areas are defined as particularly affected? Although the concept of particularly affected areas is only to be pursued until 5 April, these areas are also relevant for the exit strategy.* ▪ *Proposal all areas with 7-day incidence >100 are particularly affected areas* • *Advantage: simple system, clear cut-off for justification makes sense, incidence is included in the management report* • *Disadvantage: frequent change of affected areas, as these are dropped again when the incidence falls; LK should not be removed from the list too quickly* ▪ *Question should other criteria, such as the tendency, be taken into account? Disadvantage: by considering of various criteria, there is a time delay.* ▪ *If the risk concept is abandoned, another term should be sought for these areas.* ○ *Experience from China: Incidence was only 1 criterion, the exit strategy was staggered spatially.* ○ *Other criteria should also be included in the exit strategy; it would make sense to categorise areas according to several criteria. However, this should not be too complicated, a clear system would be desirable, and further criteria could be added later if necessary.* ○ *A traffic light system or 4-point categorisation is envisaged, but at the moment a 7-day incidence > 100 is used as a basis.* *ToDo: Tirschenreut and Miesbach to be added to the particularly affected areas, deadline for states to comment by this evening* • *In terms of age-gender distribution, there has been a significant increase in the older age groups.* • *Many of the clusters are still attributable to international exposure, but healthcare facilities are also increasingly affected (hospitals, nursing homes, rehabilitation clinics).* • *Request for assistance from Saxony-Anhalt, Wittenberg district: Christina Frank, Marina Lewandowsky and Neil Saad were sent to support KoNa at a care home for the elderly. Also cases under*	

RKI	*HCW, PPE missing, panic among staff, care of residents not ensured, various support staff requested, very difficult situation. Note: Bertelsmann Foundation brings together offers from care staff with increased needs, Mrs Thaiss sends link.*	
2	**Findings about pathogens** • *Ferrets are not a good animal model, focus on pigs, could be relevant animal model.* • *Starting next week, intensive care physicians will be brought together; clinical studies on as yet unapproved drugs or off-label use are planned.* • *The CDC evaluation of cases in the USA should be viewed.*	*FG17, all*
3	**Current risk assessment** • *Should be set to "very high" for at-risk groups; people who work with vulnerable groups should be prioritised for testing.* *ToDo: Risk assessment for population high, for risk groups very high, to be changed on website this afternoon.*	*All*
4	**Communication** **BZgA** • *Exchange with municipal associations regarding homeless people; they are particularly at risk with regard to the loss of hygiene options and the spread of infections.* • *Quarantine in demarcation to the contact ban was discontinued today.* • *BMG campaign with various celebrities "Together against Corona" starts today: BZgA was only active in an advisory capacity. RKI and BZgA should become more visible. The contact person in the press office is Ms Wenchel.* • *Telephone campaigns have been expanded and are being prepared and followed up. Control with regard to hotspots would be possible. However, there should be no contradictions with GA on site and communication should not be too compartmentalised. Rather approach people proactively, messages could be spread more intensively.* **Press** • *FAQ on Johns Hopkins University figures is online; page with case numbers has been restructured.* • *There will be no press briefing tomorrow as there is a federal press conference with Mr Wieler this afternoon. The next press briefing will take place on Monday or Tuesday.* • *In the event of transmission difficulties, as recently in Hamburg, please inform the press.*	*BZgA* *Press*
5	**RKI Strategy Questions**	

	Serosurveys: • *Cross-sectional analyses of blood donor samples are planned for the coming months in collaboration with the HZI and RKI, coordinated by Gerard Krause from the HZI.* • *Some of the NAKO centres are planning cross-sectional and longitudinal surveys, epidemiologists in Bremen are in charge, NAKO infrastructure can be used, to be integrated into national cohort. NAKO concentrates on 3 regions, a survey combined with testing is planned for approx. 8000 people; representative of the population, questionnaires and consent forms will be sent out beforehand. This should take place relatively soon. The sampling procedure is currently being evaluated. NAKO has submitted its proposal to the BMWi and needs a letter of support from the RKI in the near future.* • *The vehicle fleet and staff of the GERN study could be deployed. Samples could be taken quickly and over several weeks in particularly affected regions. The previous projects must be coordinated with each other, also with the NAKO. RKI should be visible through leadership or coordination of sub-projects.* • *The University of Düsseldorf is planning a serosurvey in which samples from Heinsberg and Aachen are to be analysed.* • *Dept. 3 plans to analyse 500-700 samples per week at the RKI together with the Blood Donation Service West and others. The ZBS1 and the consiliary laboratory are endeavouring to adapt the EURO immunoassay so that good specificity can be expected.* • *The question is who could coordinate the activities. Dept. 2 takes on the cross-departmental coordination and plays a strong RKI role in the other initiatives in DE. Buses, locations, infrastructure and personnel are available at Dept. 2. The expertise of Dept. 3 is included. There is sufficient testing capacity at the RKI as soon as the ELISA is up and running* • *Representative surveys are only relevant in several months' time. Serosurveys in hotspots make sense, Dept. 2 could take over the coordination of serosurveys, but they would first have to gain an overview.* *ToDo: Prompt discussion of all relevant persons, where participation would be useful and where lead or coordination of the RKI could be considered, lead department 2, expertise department 3* **Modelling the effect of measures:** • *Since yesterday, participation in a slack platform with 54 people and other colleagues from the RKI to exchange methods. Enquiry as to whether RKI can provide data, e.g. cooperation for nowcasting. A limited data set that could be made available without major problems should also be made available. The RKI should be cooperative as long as the effort is not too great.*	*Dept.2/Dpt.3* *ZIG, FG37*

RKI	• *The RKI should prioritise its own analyses to assess the situation; others could also do this for the capacity of medical care. However, many enquiries also mean a lot of work, as data has to be explained.* • *Under no circumstances should the entire data set be passed on, as the expertise of FG36 and 32 is required for interpretation. Analyses by people who are unfamiliar with the subject can lead to erroneous conclusions and cause great damage. Instead, specific projects should be defined and decisions made on a case-by-case basis as to who receives which data.* • *Nevertheless, it makes sense to exchange ideas with people, collaborate on platforms and joint projects. Otherwise, problems of justification may arise later if the forecasts are not entirely correct.* • *A modelling group at the RKI should clarify which questions the RKI should take the lead on and which data could be given to which group. A clear definition of the objective is necessary: who needs what?* • *Deutsche Bahn would like to provide data on train journeys, which would be relevant for Mr Brockmann's group.* • *Tomorrow, Mr Brockmann and Dept. 2 will present their plans. Coordination should lie with Dept. 3:* *ToDo: Define a concept as to which data can be made available externally for modelling purposes and for whom and when, lead department 3* **Criteria for de-escalation:** • *There are clear clinical-epidemiological indicators as well as clear virological indicators (serosurvey on population immunity helpful).* • *In addition, criteria for social acceptance must be defined. Indicators should be established and monitored. Among other things, social media monitoring could take place here.* • *With regard to social distancing measures, a catalogue of different measures is to be drawn up. The various measures should be scaled regionally and for different population groups; which measures can remain and which can be dispensed with. A traffic light system should be defined for the entire population and also for specific population groups.* • *Measures could then be gradually lifted, step by step geographically, depending on the epidemiological and social progression. The measures should be adapted to the different population groups.* • *Economic pressure will increase, which is why the protection of particularly vulnerable population groups should be prioritised.* • *2 scenarios:*	

RKI	○ *1: Social distancing measures are lifted for all, containment at one level.* ○ *2: Certain population groups are particularly protected through further testing and contact tracing.* • *The concept of de-escalation is a flexible concept, always refers to individual measures and can be de- or re-escalated according to the situation in certain regions or for certain groups. The list of measures is a first draft of when which measure can be dispensed with.*	
6	**Documents** **Status of patient flow chart** • *In the new flow chart for patients, there are no longer any risk areas, only symptoms.* • *IBBS is still in the coordination process with FG36, then the draft is to be passed on to the graphics company and finalised by the end of the week.* • *Firstly, coordination with FG32 and FG36 is to take place, followed by further coordination, and tomorrow afternoon the version can be circulated.* • **Contact person management flyer** • *In final vote*	*IBBS*
7	**Laboratory diagnostics** **Topic self-swabbing** • *AGI Sentinel continues to run; number of samples is declining (90 samples, 1 positive)* • *Information from ZBS1: Shortages of certain laboratory utensils are foreseeable, a list of missing utensils is to be sent to the FG heads.* • *How many tests per week are possible throughout Germany is being clarified at the BMG Situation Centre.* • *ARS: Data is updated daily. Consideration should be given to which parameters could be included in the situation report. At the moment, 45 laboratories are participating, which carry out a third of the tests in Germany. In addition, there is also the data from the Voxco enquiry with slightly less depth of detail, but a larger number of participating laboratories.* • *Together, 174 laboratories can be surveyed. 210 laboratories have also registered for the round robin test.* • *Reports on the laboratory tests are published every Wednesday. The latest figure was 174 laboratories with a total of 375,000 tests.* • *The ARS data is a subset of the Voxco query data, but there is no overlap in the analysis. The ARS data is valuable because of the depth of detail.* • *A decree on concepts for optimising the use of laboratory capacity is currently expected.* *ToDo: Mr Mielke prepares an initial concept and sends it to the*	*FG36* *ZBS1*

RKI	*This will require a new working group to be set up at the RKI.* • *The intensive care bed tool could be used for free capacities, but this would involve considerable effort. The working group should first be established, if possible together with external parties.*	
8	**Clinical management/discharge management** • *Project application to the BMG for the promotion of telemedicine* • *Goal: connect more clinics to the DIVI tool, new interfaces must be created, IVENA interface is being planned.*	
9	**Measures to protect against infection** • *GrippeWeb+; the aim is to be able to say something about self-tests by the middle of next week*	*FG36*
10	**Surveillance** • *Severe cases: various variables are defined in the reporting system; follow-up surveillance is to be established with Charite; there are still data protection issues here* *ToDo: Mr Schaade needs more detailed information on the data protection problem*	*FG32, FG37*
11	**Transport and border crossing points** • *Not discussed*	
12	**International (Friday only)** • *Not discussed*	
13	**Update on digital tools** • *To be discussed on Friday.*	*FG21*
14	**Information from the situation centre** • *Not discussed*	
15	**Other topics** • *A letter to the BMG and all other third-party funding providers regarding research projects that have to be extended because employees are working at the Situation Centre is in preparation.* • *Next meeting: Friday, 27 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*27.03.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *ZBS1*
  - *Janine Michel*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *FG 34*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*

- *Bettina Ruehe*
- *Claudia Schulz-Weidhaas*

- *Press*
  - *Ronja Wenchel*
  - *Jamela Seedat*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, incidences (slides here)* o *France: 29,155 cases, 1,696 deaths, incidence: 37.7;* ▪ *Mainly affected regions: Grand Est, Ile de France with the second highest incidence, in Bourgogne Franche Comté and Hauts-de-France, the incidence is lower as they are not as densely populated. It is expected that the hospitals in Ile-de-France will soon reach their capacity limits.* ▪ *Diagnostics: the test capacity is increasing, but the proportion of positive tests is very high at 20%, which is in favour of a speaks for too little testing.* ▪ *Santé publique has declared all regions of France to be risk areas, since in all community transmission takes place. France advises its citizens living abroad not to return to France at the moment.* ▪ *The BMG has already been informed that Ile de France is to be defined as a risk area. Now it seems increasingly affected the whole of France.* ▪ *The question is, should the whole of France be declared a risk area? If so, what about Spain, Italy and UK? It is probably better to define the risk areas more broadly.* o *Spain: The main areas are Madrid and the Basque Country, but there are also regions where the incidence is almost zero. It makes a difference whether a country declares itself a risk area, which is not the case in Spain. What the individual countries define as community transmission differs, however. The development in Spain will continue to be monitored.* o *South Korea: the rumour that the number of cases is rising again is not true. Entry measures have been tightened: for*	*ZIG1*

RKI	*Entry registration in an app. South Korea assumes that infections are primarily caused by entering the country. There are still individual cases throughout the country; South Korea will continue to be monitored.* ○ *Iran: more testing is now taking place. The final report on the WHO mission to Iran with the involvement of A. Jansen will be made available today.* ○ *Austria, Turkey: will be reported on Monday; there is an increase in Turkey.* ○ *UK: According to EWRS news from the UK, "community transmission" is assumed and CoNa is no longer operated, mild cases are not tested.* ○ *Netherlands: 7,431 cases, 434 deaths, incidence: 11.9* ▪ *North Brabant has a high incidence: 66.1 and is experiencing an exponential increase in cases* ▪ *Low number of tests carried out, with prioritisation of risk groups, people with severe symptoms and HCW* ▪ *Measures: no curfew or comprehensive contact bans, schools and restaurants are closed closed. Although herd immunity is not the goal, it is a desired side effect of the strategy.* *ToDo: Proposal to the BMG to define the whole of France and the whole of the UK as well as the Dutch province of North Brabant as risk areas; if feedback from the BMG is positive, implementation on the homepage as early as the weekend* ○ *INIG analyses over 200 countries every day, taking into account reports and media.* ○ *Order from the Minister: clinical data from Italy is to be analysed by Monday: What data is available? The Bundeswehr has received data and can make it available.* ○ *Info from the BZGA at www.iss.it you can find figures from Italy.* *ToDo: Evaluation of clinical data from Italy, led by ZIG (A. Jansen)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 42,288 (+5,780), including 253 deaths (+55)* ○ *Increase is relatively stable, difference to the figures from Johns Hopkins University is approx. 5,000 cases, approx. 30 deaths.* ○ *Those who have recovered are estimated at around 7,600.* ○ *Highest incidences* ▪ *Federal state level: Hamburg is particularly affected, as are BW and BY. The transmission of reporting data of the major GAs in Hesse and NRW is not going so well. L. Schaade has therefore written to the Mayor of Cologne, he*	*FG32*

RKI	could also do this for other GAs. Mr Schaade would like to have the relevant GAs named if the transmission does not improve. ▪ SK or LK, 7-day incidence with autochthonous cases: also reported in the management report. Compared to yesterday, a much larger group is above an incidence of 100: Tirschenreuth and Miesbach were requested yesterday, now the criterion would also apply to Erding, Tübingen and Rosenheim (LK and SK). An incidence > 100 of autochthonous cases should continue to be the criterion for defining the particularly affected areas. ToDo: Tirschenreuth, Miesbach, SK+LK Rosenheim, Erding and Tübingen are to be proposed to the BMG; BMG approval will be obtained, BL will be informed in advance ○ Trend analysis of the districts: Munich and Hamburg are particularly affected. ○ The age distribution is shifting towards the older age groups, and this can be observed even more strongly in hospitalised cases. ○ Laboratory tests: an overview of the number of tests and the number of positive tests from 114 and 176 laboratories is available for the 11th and 12th calendar week. ▪ In some places, only very limited testing capacities are available, in others screening also takes place. Test materials are allocated according to a key that does not take epidemiological reasons into account. The exact test strategies should be communicated. ▪ The question arises as to why the testing capacity of laboratories from other BCs is not utilised. Normally, laboratory samples are also sent throughout the country for testing. Who is the best contact person in AGI for Mr Mielke's working group on laboratory testing? BL have different interests, TH and RP are the furthest apart. All 16 states in one working group makes little sense. AP from BY or BW would make sense. ToDo: Participation of M. Mielke at the next AGI TK on Tuesday ○ According to the RKI recommendation, asymptomatic people should not be tested, how can this be addressed more effectively? This rule does not apply in general; asymptomatic testing may well make sense in HCWs or in nursing homes. However, this should be reserved for special situations. Testing is based on a lack of understanding of the significance of the result; this could be communicated with instructions for testing. However, the wording should leave room for special situations. The BZgA should communicate that this is a result with deceptive certainty.	

RKI	*ToDo: Strengthen communication for targeted testing of symptomatic individuals in several places: in the new flowchart (IBBS), the FAQs (FG17), CovApp "Chatbot" (P. Schmich), in the Epid Bull* o *DIVI data, coverage of around 2/3 of all intensive care beds: at least 939 patients with COVID-19 require intensive care, of which 68% are ventilated, 238 have completed treatment.* o *Many clusters, almost 30 different cruise ships, in care homes and families, follow-up cases are increasingly no longer being tested.* o *There is a request for administrative assistance from Weiden in der Oberpfalz, which is currently being examined.* o *§12 Reports on suspected cases and individual cases or deaths are no longer requested; §12 should be reserved for special situations (major outbreaks). The dashboard has been updated and the cumulative curve has been included. The dashboard should contain the same curves as the management report; this has already been commissioned, but the technical implementation is difficult.* *ToDo: Review situation report from GMLZ to see where there is further information for the crisis unit. LZ should generously pass on reports to the crisis management team.*	
2	**Findings about pathogens** • *CDC study: Review of clinical cases in the USA will be commented on by FG36 on Monday.* • *FG36 has looked at a study on asymptomatic transmission, the information will be included in the update of the profile. Asymptomatic transmissions can account for a relevant proportion of transmissions. The data suggest that self-isolation is advisable even in the case of mild symptoms.* • *A Chinese modelling study assumes that transmissions occur 2-3 days before symptoms. No change necessary for KoNa, is left at 2 days.*	*All*
3	**Current risk assessment** • *No need for adjustment*	*All*
4	**Communication** **BZgA** • *The distance video has been added in 6 other languages.* • *BMG has launched umbrella campaign. BZgA will focus topic-specific programmes on corona.* **Press** • *Info mailbox from Dept. 2; coordination has started well, coordination between telephone calls and info mailbox is useful.* • *There are many requests for mask reuse.* • *The Epid Bull article can be posted online today.* • *From next week, the press conference will only be held on Tuesdays.*	*BZgA* *Press*

	and Fridays. • AÖGW: Podcasts for the ÖGD are produced by the Academy. It was suggested that the RKI should become more involved. The Academy leaves it up to the RKI to find suitable topics.	
5	**RKI Strategy Questions** **BMI concept/role of the RKI** • A group of modellers was formed by a BMI State Secretary. He approached Mr Wieler, who suggested Mr an der Heiden, for the RKI to participate. The group is working on models, including a de-escalation concept. A preliminary internal document has now been leaked to the press, which states that it has been agreed with the RKI. This was quoted by the Süddeutsche Zeitung and FAZ. The paper comes to different conclusions than current RKI recommendations and there was an enquiry from the BMG regarding this, where the document was not known. For the future: an involvement of the RKI may only be mentioned if the text has also been released. The paper is not officially published, but it was freely shared in the group. Mr Wieler and Mr an der Heiden will share the document with the crisis team.	FG32
	Concept for handling requests for modelling • There is a proposal for prioritising modelling requests. A set of variables is to be identified that can be shared. The RKI should have sovereignty of interpretation. It is already possible to obtain aggregated data via the dashboard and SurvStat. • On 25 March there was an enquiry from 2 specialist societies, as yet without a concrete objective. The question is whether the DGEpi has concrete ideas or whether the RKI has ideas. The professional societies would like to support the enquiry; a complete rejection of the enquiry would be difficult. ToDo: Request can go to situation centre, APs are already defined	FG32
	• Mr Krause's request is at FG36, W. Haas will send an answer, it is about a briefing for Anne Will on Sunday. • Mr Lampert was involved in a TK of the Public Health Future Forum, in which support was offered in the form of systematic reviews, including on psychosocial topics. RKI should report needs. • There are similar processes at WHO level: Collaboration in rapid evidence reviews. Topics can also be introduced here. ToDo: Think tank with candidates from each department, led by the Situation Centre, initially internally, possibly later with external expertise	Dept. 2, ZIG2
	De-escalation concept • The next version with 4 scenarios is being worked on. Mrs Hanefeld is in contact with Mr an der Heiden.	ZIG

6	**Documents** **Status of patient flow chart** • *COVID-19 guidance: Am I affected and what should I do? There are 5 end groups: from "people who should seek medical advice by telephone" to "no action required".* • *The overview is coordinated with the FG32 and Charité app and should be sent to the BZgA in advance for information. It would not make sense to rely solely on the app, especially with regard to older people.* • *Two situations are assumed, symptoms of illness (yes-no); do I need to worry about COVID-19 (yes-no).* • *Objection: early self-isolation is always desirable for cold symptoms. Whether infection with COVID-19 is likely is relevant for the testing strategy, but not for voluntary self-isolation. The aim is to signal to the population that self-isolation is always advisable in the event of cold symptoms (an important part of the strategy).* • *Ranking of symptoms should not lead from severe to mild symptoms, but vice versa.* *ToDo: concrete proposal from W. Haas on the scheme, to be published at the beginning of next week* **Status of contact tracing graphics** • *Latest status of the 3 graphics created for KoNa; final comments to date, no feedback received yet.* *ToDo: FG36 still has comments and will discuss this with FG37, then inform IBBS so that it can be published.* **KRITIS document**: *How far along is it? No signal or comments from the BMG so far. Minister wants it to be finalised. ToDo: should not be coordinated with BBK, but published directly (FG37)*	*IBBS, FG36, FG32*
7	**Laboratory diagnostics** • *AGI Sentinel***:** *declining, possible impact of school closures* • *ZBS1 testing: Neukölln and Pankow are now also sending in samples, all samples are passed, approx. 150-180 results per day, of approx. 1,700 tests, approx. 300 were positive.* • *GrippeWeb+: so far all tested negative for COVID-19.* • *A paper from Hong Kong is due to be published soon with the result that mouth and nose protection is also useful for self-protection. This will be discussed separately.*	*FG17,* *ZBS1* *FG36*

8	**Clinical management/discharge management** • *Not discussed*	*FG36, IBBS, FG32*
9	**Measures to protect against infection** **Outdoor contacts**: • *Request from AGI (HH): Limitation of "stay in the same place" to "in the same room". FG 36: Should not be adapted at the moment. Transmission in rooms is primarily relevant for aerosol transmission, for droplet infection the distance is primarily relevant, the closeness of contact is decisive. Can also be outdoors.*	*FG32, FG36*
10	**Surveillance** • **Clinical-epidemiological cases**: o *Prospective change to the reference definition with inclusion of clinically-epidemiologically confirmed cases necessary, as household contacts are increasingly not being tested.* • **Serostudies:** o *Mr Lampert is trying to bring together the different strands of serostudies. The RKI is planning testing in hotspots with buses, as well as random samples from the federal states. It is being clarified what is planned by other institutions, Mr Lampert and Mr Krause are in contact.* • **Nowcast**: o *The aim of the nowcast is to correct the delay in reporting and diagnosis and to provide a forecast of how many people in Germany have already fallen ill with SARS-CoV-2. A significant increase in case reports is still expected.* o *This is not a modelling of measures. The nowcast is based on case reports that have been received and on how long it takes for infected cases to be reported to the RKI. Measures are not included in the calculation. It is not known how many cases are not tested.* o *Changes in the test strategy that make it more or less sensitive usually lead to a shift in the delay distribution. In principle, these changes can be mapped in nowcasting, but this can be difficult if the test strategy changes significantly.* o *The forecast is subject to great uncertainty, which is why the confidence intervals could be extended in a publication.* o *If anything, the reporting delay is increasing. In view of the dynamics, much higher case numbers must be expected.* o *This has an impact on the exit strategy, i.e. when measures can be relaxed.* o *The topic is too complex for the management report, as it also includes*	*FG32, FG36, FG37*

RKI	*is read by a broad public.* ○ *Mr Brockmann's data is more optimistic, the data should be discussed with Mr Brockmann.* ○ *It will propose to prepare the nowcast together with real data and an interpretation of the data with regard to measures by the end of next week for a specialised publication.* ○ *The aim is to prepare the data quickly for a scientific publication. The information is rather difficult to use for the management report due to its complexity. Mr Wieler could address this in a discussion with the Minister. It needs to be clarified what the appropriate publication medium would be.*	
11	**Transport and border crossing points** • *Not discussed*	*FG32*
12	**International (Friday only)** • *Systematic review with WHO* • *ZIG1: Analysis of international measures*	*ZIG*
13	**Update on digital tools** • *To be discussed on Monday.*	*FG21,*
14	**Information from the situation centre** • *Not discussed*	*FG32*
15	**Other topics** • *Next meeting: Monday, 30 March 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.03.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Dirk Brockmann*
- *Press*

- *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis of international development, measures (slides here)* o *Countries with >7,000 new cases/day: in Italy and Switzerland the curves seem to be levelling off* o *Countries with 1,400-7,000 new cases/day:* ▪ *Rising trend everywhere, last week North Brabant (NL) was designated as a risk area* ▪ *Further monitoring of Austria and Switzerland* ▪ *Sweden and Norway different course: there the measures and the course of the curve are different, after a plateau (and initial imported cases) a further increase follows, now infection chains in the country* ▪ *Hong Kong and Singapore: also different development, epidemic is not over and Possible renewed increase is visible, both have high test capacity* ▪ *Taiwan: drop in case numbers, social distancing measures are more restrictive, high testing capacity* o *Spain:* ▪ *The number of cases is rising daily in all regions, and in addition to the risk areas already named Castilla La Mancha south of Madrid also has a high incidence and death rate* ▪ *Incidences are at least 47/100,000 everywhere except Ceuta* ▪ *Imported cases initially 51% of all, now <5%* ▪ *15% of cases = healthcare professionals* ▪ *7,596 tests/1 million inhabitants, a total of 355,000 tests, in comparison to other countries is not much, positive rate 15-20% (very high, sign of insufficient testing)* o *Turkey:* ▪ *Generally little information available, >9,000 cases, 1.4% deceased, almost all of Turkey appears to be*	*ZIG1*

RKI	*Affected, 65,446 tests with 14% positive rate (relatively high), number of laboratories increasing (18→36)* ▪ *Measures have been taken in the last few days tightened, curfew for the elderly and persons with pre-existing conditions, closure of schools, cafés and bars, no more mass prayers in mosques and mass events* ▪ *Not enough information yet to designate it as a risk area* ○ *France: now more deaths but fewer case reports, there are generally fewer and in the meantime only severe cases have been tested* ○ *ZIG1 collects information on the number of tests and positive rates in other countries* • *Risk areas* ○ *Austria: for some countries regions have been defined as risk areas, here the whole country, even if the risk of infection varies greatly in the regions and the measures here may be more effective than in some other heavily affected countries; Germany has >7,000 cases imported from there, and for 50% the specific place of exposure is not named; (all of) Austria is retained as a risk area* ○ *Last week, RKI proposed more regions (all of Spain, North Braband in NL) abroad as risk areas to the BMG, feedback is pending* ○ *New: Proposal to the BMG to define the whole of Spain as a risk area* *ToDo: All of Spain will be proposed to the BMG as a risk area, and feedback requested on the proposals sent last week* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 57,298 (+4,751), thereof 455 (0.8%) Deaths (+66)* ○ *There were also delays in the transmission of cases this weekend and cases will trickle in, so a moderate increase is not meaningful* ○ *All BLs now have fatalities* ○ *Approx. 13,500 recovered cases, these also appear at the top of the management report, will also be integrated into the dashboard* ○ *"Death on" and "Death with" are both counted* ○ *Incidences* ▪ *Post-weekend trend not (yet) analysable* ▪ *HH highest cumulative and 7-day incidence, data are currently being reviewed, therefore may be subject to change.* *further transmissions, followed by BY, BW* ▪ *LK/SK: 15 have incidence >100/100,000, above is*	*FG32* *FG36*

RKI	*Tirschenreuth followed by Rosenheim, Tübingen (7-daily incidence), 5-/3-T. incidence slightly different* o *Travel-associated exposure sites slowly declining* ▪ *International: Austria, Italy, Spain, France, Switzerland* ▪ *National: NRW, BY, BW* o *Age distribution: median 48, mean 47 years, Events are shifting towards older people, in relation to higher case numbers now increasingly older people; this is also visible in ARS, median of positive cases 49 years, in negative cases 42-43* o *Hospitalisations: older people increasingly affected (50% >60), age group 5-15 not visible here* o *Deaths: Median 82 years, range 28-100, 87% >70 years, 28-year-old lady had cardiovascular and pulmonary disease, 38-year-old also had cardiovascular disease. Pre-existing illness* o *Laboratory tests week 12: 348,619, 23,820 (7%) positive, 176 Laboratories* o *DIVI Intensive Care Register:* ▪ *1,218 cases currently in intensive care, 78% ventilated (rising trend)* ▪ *Number of new > Number of closed cases* ▪ *Relatively low occupancy rate is the result of endeavours to increase capacity, beds have been cleared where possible, normally 80% occupancy is the rule* ▪ *Currently 729 hospitals, target was to have ~1,000, all with intensive care beds* ▪ *DIVI asks hospitals to participate again this week, possible compulsion to do so was also discussed with BMG* ▪ *Many large hospital complexes work with a different system and have not yet connected, extrapolation alone does not necessarily reflect the reality of the beds* • *International communication: many clusters are still being analysed or tracked* • *Request for administrative assistance* o *Saxony-Anhalt: 3-member RKI team is on site* o *Nuremberg: Surveys still ongoing* o *NRW and Saarland: RKI provides support from Berlin* o *Doctors Without Borders (MSF) have offered GA support, mixed RKI/MSF teams are also conceivable, this was also communicated to the BMG, RKI cannot coordinate this (see donor coordination below).* • *Euro-Momo Surveillance: increased mortality is now visible in some countries, e.g. Italy* • *Regions particularly affected*	

	○ *Last week proposal to BMG: Tirschenreuth, Miesbach, Rosenheim, Erding, Tübingen, then request not to implement this at the weekend, status must be asked again today* ○ *New: all SK+LK with an incidence of over 100/100,000 inhabitants (principle agreed in the crisis team) are proposed, currently a total of 15, written down and sent to the BMG* *ToDo: the 15 SK+LK with incidences >100 are proposed to the BMG as particularly affected areas, and feedback on the proposals sent last week is requested*	
2	**Findings about pathogens** • *Pre-print of a large work on interaction study, investigation of viral and cellular proteins, many of them also in lung tissue, the activities of viral replication were investigated, long list of 67 molecules that could be used as antivirals in a repurposing approach, this forms a good basis for the development of further targeted inhibitors*	*FG17*
3	**Current risk assessment** • *No need for adjustment*	*all*
4	**Communication** **Campaigns** • *Umbrella campaign with BMG was widely publicised in the press, sub-campaign is measure-oriented with a focus on social media, BZgA still in discussions with agencies* • *New leaflet on quarantine, also in different languages* • *Last week, the RKI enquired about translations, whereupon BZgA provided the contacts of translation agencies.* *to deal with a misunderstanding → BZga can take care of the translation and also finance it* **Activities of the RKI press office** • *RKI press conference tomorrow* • *Please specify: Period for case duplication* ○ *Currently much in the media, numerous enquiries* ○ *FG36 has developed an internal proposal* ○ *Essence: many things need to be considered, doubling time alone is not enough to make a decision* ○ *Reactive text is to be prepared* *ToDo: FG36 Completion of a reactive text on the doubling time of cases*	*BZgA* *Press*

	• *Future handling of the mask issue* ○ *High-ranking publication by authors from Hong Kong (NEJM?) is pending, manuscript is known to RKI, when it will be published is not yet known* ○ *Paper concludes that MNS can be useful for self-protection* ○ *This was already discussed at the weekend and is a good opportunity to adapt the RKI position in written form in the FAQs* ○ *Request from BZgA: many players are waiting for this, good, coordinated communication is very important to avoid neglecting other measures* ○ *Hopefully more productions will start in 2 weeks, if the curfews are eased, this could well be paired with this, but only if publication does not come beforehand and there is not already pressure on RKI to comment beforehand* *ToDo: Communication MNS when publication is out, FG14 prepares RKI statement for this (FAQ)*	
5	**RKI Strategy Questions** **Dealing with numerous external offers** • *There are many well-intentioned offers of support from various sides, these should be evaluated to see where there is relevance and added value without wasting too much (pointless) energy* • *Colleagues at specialist level are already in dialogue in many respects, so far rather informally, coordination increasingly important and necessary* • *The above-mentioned MSF offer was also submitted to AGI, but donor cooperation cannot be organised or coordinated by RKI* • *Who should coordinate this? BKAmt, to be contacted directly by RKI or via BMG? Or should GMLZ or BMG/BMI situation centre take over coordination? BMG has already been asked about resource coordination, answer still pending* • *There were also enquiries from specialist communities, Dept. 2 would be happy to coordinate a working group on research issues in which specialist communities could be involved, also with regard to the overlap with members of the Future Forum, would be happy to support or take over cooperation with specialist communities* **Dealing with Freedom of Information Act requests** • *Many requests for detailed information are received, some of which resemble sabotage ("which specific person on which specific flight with which personal data" etc.), these types of requests are answered but not with*	*FG32/all* *AL2* *FG32*

RKI	*highest priority and level of detail* **Multisectoral de-escalation strategy** • *Is there any information on existing activities in other departments in this context?* • *If the health sector develops a strategy, this should also be linked to an innovative strategy for the care of the economy, vulnerable groups, etc. It would be good to know which group is working on this and who the contact persons are* • *ZIG is looking at existing strategies for the socio-medical area, many different players are currently working on this, e.g. the Ministry of Finance is working on an economically orientated strategy, coordination with us is desired; initial discussion will take place soon; coordination when RKI strategy is further advanced and accepted by the BMG, then this should also go to other departments* • *AGI epidemic officers had also requested reporting on this, but it is still too early, there is still no coordination between BMI and BMG (currently struggling for FF), from our point of view better coordination is necessary* • *Everyone is waiting for de-escalation on the part of the healthcare sector, but how can the situation be cushioned on the part of the economy? Concepts are missing or currently unknown, there is no working group at specialist level* • *Joint strategy would be desirable, but does not exist*	
6	**Documents** **Heavy** • *Document was finalised last week* **Flow chart for population** • *Outstanding document in preparation after extensive discussions by IBBS, complexity to be reduced as it is aimed at the population, will be presented tomorrow* • *When/with what intention should citizens report to the GA in future?* ○ *Symptomatic person: clear self-isolation (>contact minimisation, there is a nice CDC overview that shows this simply), especially if contact or belonging to vulnerable groups exists → inform GA and KoNa, this remains necessary in the context of de-escalation* ○ *Asymptomatic person: in the event of contact (professional or voluntary) with vulnerable groups or membership of such groups, this should also be reported to the GA* • *In general: Every person who has contact with risk groups is a separate target group; general citizens do not always have to report to the GA*	*FG32* *IBBS*

7	**Laboratory diagnostics** • *FG17: AGI Sentinel had 30 submissions, now decline in samples, may also have to do with increasing telemedicine, social distancing and closure of practices* • *WG on optimising diagnostics: tomorrow 15:30 TK will take place with among others FLI, KBV, BfR, accredited laboratories instead of reporting and, if necessary, extension, AL1 will also inform AGI about this activity tomorrow* • *ZBS1* o *A total of >2,000 samples processed, of which 354 (17%) were positive, fewer samples at weekends than during the week* o *4 sera received from Charité to perform planned or existing tests* o *Protocol for diagnostics approach drafted, this has been approved by VPräs and can now be shared* o *If you are interested in this or sending the protocol, please inform ZBS1 so that they know who to send updates to* • *AG accredited laboratories* o *Mr Müller from this AG undertakes press-effective communication* o *Only a subset of the laboratories that are part of the RKI network are represented in AG* o *Müller also passes on information and test figures to KV → Figures from BMG where these KV are quoted contradict RKI surveys* o *RKI surveys remain necessary as larger scope is included in the survey*	*FG17* *AL1* *ZBS1* *AL3*
8	**Clinical management/discharge management** • *Not discussed*	
9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance** **Transmission problems federal states** • *At the weekend again problems in the transmission, 8-10 days between testing, transmission etc. not only capacities at GA play a role, technical problems also play a role, conclusions about infection events cannot be drawn from this, these will only become visible over a longer period of time* • *Press: important to mention this on the RKI website to anticipate enquiries* • *Assigning blame not desired/meaningful* • *Visible in orange in the dashboard, in the table above... where there are no orange-coloured cases, no transmission took place*	*FG36*

	• *Is not a direct image of the infection process, technical problems possibly also on the RKI side*	
11	**Transport and border crossing points** • *Not discussed*	*FG32*
12	**International (Fridays)** • *Not discussed*	*ZIG/FG32*
13	**Update digital projects and tools (Mondays)** **Presentation** *(slides here)* • *CookApp* ○ *Intelligent questionnaire that takes up questions from the population* ○ *Last, final phone call today about the final version* ○ *after checking online on RKI, BZgA and BMG website* • *Voluntary pseudonymous data donation* ○ *Use of data from fitness trackers/wearables, collaboration with Berlin-based company Thrive(?), which also works with statutory health insurers* ○ *Data is made available to users themselves, who can download an app and provide data on resting heart rate and sleep patterns for analysis* ○ *Many citizens (approx. 10 million citizens, 1-10% of these as a sample) would provide signals on a daily (or more frequent) basis* ○ *Company uses algorithm to read out symptoms from signals, goal is not corona identification, but establishing a proxy signal for other established RKI surveillance systems, possible answering of other scientific questions* ○ *Data from individual information can be analysed in real time aggregated at LK level as signals, software, app, technology infrastructure is ready, question is to what extent this could be helpful in the current situation? E.g. correlation with reporting data, only intended as a supplement, low-threshold and then automated* ○ *A Lancet paper (here) reports how this has been used in other contexts as an adjunct to syndromic surveillance, but data are non-specific and not collected for this purpose, Interpretations difficult* ○ *The second stage of the expansion of the Grippeweb app will also include data from wearables, as this is developed in a target-specific manner, personal correlation is ensured*	*FG21/Pres*

RKI	• *Old title: Corona Health App (CGA), new title: Stop Corona Pan European Contact Tracing (PEPP CT)* ○ *Mr Schmich has sent around a factsheet and continues to provide regular information, please read it, as the situation is constantly evolving and new terms and players are emerging* ○ *Consortium now already >20 members, incl. GA* ○ *Directions* ▪ *1st GA discharge "digital GA", faster handling of information* ▪ *2. KoNa, currently still being tested* ○ *RKI is active in an accompanying capacity (also FG32 Mr Benzler, FG31 Mr Kirchner)* ○ *Highly complex undertaking with difficulties, who is the owner of the app, RKI may no longer be able to secure a larger role with only 4-5 people,* ○ *Timeline not yet clear until when it can be implemented* ○ *A lot of dialogue with BMG, on the one hand euphoria about technical breakthroughs, on the other hand questionable to what extent it can be helpful in the current situation* ○ *App continuously measures distance to other mobile phones, if owner falls ill and reports as a case, GA can read out who was >15 minutes away, then contacts can be informed afterwards* ○ *Parameters (e.g. incubation time) are still to be confirmed* ○ *Soon there will be a large number of contacts to register and a lot of noise will be generated; the ability to focus on relevant contacts is then important and should be evaluated beforehand, at least on a small scale, together with GA* • *Comment: there are numerous proposals from various groups, often with the aim of relieving the burden on the GA, but groups often lack insight into practice and reporting channels in Germany, which can lead to duplication of work if there is a lack of coupling* • *Mandatory "RKI software"?* ○ *We have heard from various sources that a decision was made in a BKAmt TK to use RKI software* ○ *It is not clear what it is about, there was also a discussion at state minister level, even after enquiry it remains unclear which software is involved, communication is a major problem* • *"Björn Steiger Foundation" software?* ○ *Separate procedure from the above-mentioned activities, there will be another telephone call today, evaluation of the overall project can then be better categorised*	

14	**Information from the situation centre** **Quality assurance, mutual information on RKI initiatives and approval** • *LZ is not well informed about some processes, more documents and information should be sent directly to the crisis team distribution list and not just to the LZ, especially all strategically relevant documents* • *More caution with release of RKI positions seems necessary, even if RKI is pluralistic/multidisciplinary, opinions should not be different/contradictory externally, uniform external position must be coordinated* **Secondment to the BMG** • *Another person will be seconded to the BMG to provide support; at the repeated, urgent request of the BMG, Iris Andernach (ZIG4) will supplement Janina Straub at the BMG Situation Centre*	*FG32*
15	**Other topics** • *Next meeting: Tuesday, 31 March 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*31.03.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Münstermann*
  - *Mrs Thaiss*

- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis of international development, measures (slides here)* o *Countries with >7,000 new cases/day* ▪ *Italy: decrease in case numbers after 3 weeks of quarantine* ▪ *Exploding case numbers in the USA* o *Success model countries: Hong Kong, Singapore, Taiwan* ▪ *Further increases in cases in Hong Kong and Singapore* ▪ *Logarithmic visualisation and projection based on available data (Brockmann) shows an expected increase in the absolute number of cases, especially for Hong Kong; for both Taiwan and South Korea, the projection shows a clear downward trend* ▪ *Hong Kong: 682 cases, 4 deaths; increase attributed to incoming students from Europe more details are not yet available, but therefore the measures were adjusted on 25.03: only residents are allowed to enter, arrivals from mainland China, Taiwan must comply with a compulsory quarantine, as part of an "enhanced laboratory surveillance programme" testing of asymptomatic arrivals from Europe, UK and USA is mandatory, renewed closure of public places and quarantine measures* ▪ *Singapore: 879 cases, 3 deaths; primarily imported cases from USA, EU, ASEAN, Turkey, India, UAE, from which many returnees are also expected in the coming weeks, measures have been tightened accordingly: 14d home quarantine for all travellers, partly in separate facilities, strict social distancing measures* ▪ *Taiwan: 306 cases, 5 deaths; successful prescription testing with a positive rate of 1%, number of cases tending towards zero, maintenance of non-pharmacological measures, including early availability of laboratory tests, no curfew in the sense or significant restriction of the population; early warning system in the form of a compulsory app for travellers, including tracking and*	*ZIG1*

RKI	*News, as well as the required "mobile health declaration pass"* o *Countries with 1,400-7,000 new cases/day* ▪ *Switzerland: 15,475 cases, 295 deaths; some cantons already designated as risk areas, Increase in cases in and around Basel, many commuters from Germany* ▪ *USA: 140,904 cases (most cases in the world), 2,405 deaths; incidence of events is skyrocketing 43/100,000 inhabitants, case-fatality rate 1.7%, incidence growing strongly in many states; Louisiana particularly dramatic with the fastest growth in cases, Mardi Gras took place in New Orleans at the end of February, blatant lack of ventilation facilities there, situation developing similarly in other large cities, e.g. Chicago and Detroit* • *Test capacities (slide 9)* o *ZIG1 shows numbers and positive rates of tests in Germany and other countries (FR, ES, GB, IT)* o *Germany is the leader in the total number up to and in CW12* o *Positive rate (indicator for estimating total case detection) is lowest in Germany (11%), 41% in France* o *This correlates well with other available information and the general assessment* • *Risk areas* o *UK has already been requested as a risk area by BMG* o *New proposal to BMG: Switzerland and USA* o *Risk areas may soon be abolished* *ToDo: Switzerland and the USA are proposed in their entirety to the BMG as risk areas* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 61,913 (+4,615, 7%), of which 583 (0.9%) Fatalities (+128), counties affected 412* o *Case reporting* ▪ *Only laboratory-confirmed cases are reported, this should be maintained for as long as possible → Broad testing should be carried out for as long as possible* ▪ *Clinical-epidemiological cases (without laboratory confirmation) may need to be considered in the future* ▪ *This would primarily lead to the recording of more serious cases and would not provide a true picture of the situation. present, laboratory diagnostics remain a priority* ▪ *Currently recorded, non-lab-confirmed COVID-19-Cases should be presented to see how*	

RKI	*they develop in relation to the laboratory-confirmed ones, if the former increase, this may be a sign that test capacities are no longer sufficient* *→ Difference must be kept in mind* ▪ *Clinical cases cannot be recorded as cases in all software, so the number is only limited resilience (there is no separate COVID-19 reporting category, in some cases a special category must be created); this is not a problem with SurvNet, FG31 supports offices in how such cases can be reported* ▪ *External communication on details of the cases (e.g. severity of illness) is important and required → Mr Haas will bring tables tomorrow that are too heavy* *and deaths, will also be regularly updated in the future* ▪ *Consideration (unresolved): Could imaging (CT or radiological image) be added to testing become?* o *Recovered ~16,100, should also be mapped in Dashboard and SurvNet, for data protection reasons (use of individual information) this is not so easy, as soon as this is clarified, the calculation basis will be adjusted and corrected.* o *Incidences/Nowcasting* ▪ *3 BL with cumulative incidence >100, BY, BW, HH* ▪ *Nowcasting, in contrast to Dashboard, probably shows a more realistic picture, but variance between the days is large and not easy to understand, it remains to be seen whether this will be regulated; currently it is too complicated for the general population, also because the presumed decline does not reflect the real situation; it would be good to make the information available to the specialist public, e.g. in specialist publications or EpiBull* ▪ *BE and BW do nowcasting modelling because they feel that reporting data does not reflect the situation.* *more accurate, results are sent to RKI* ▪ *Ms Hanefeld establishes contact between modellers from BY and RKI (request from BY)* ▪ *3-day incidence, Tirschenreuth, Neustadt* o *Exposure locations: no longer many travellers, only Many returnees from Egypt* o *Age distribution: increasingly older people and numerous nursing and retirement homes affected, including many deaths* • *DIVI Intensive Care Register, data as of yesterday* o *Bed numbers cannot simply be added together, as this is not structured clearly enough in the query tool.*	

RKI	*will be improved towards the end of this week* o *Number of hospitals contacted is 1,160, currently ~760, today 200 are added, large hospitals, e.g. Charité, report in several bundles* o *Total capacity of 28,000 beds is an estimate from 2017 for intensive care plan capacity and is based on funding received (some show more, others less than real capacity), DIVI people have the impression that real capacity is closer to 30,000* o *The tool will be updated at the end of the week, intensive care beds Actual status, growth and planned capacity should be transparent so that politicians and hospitals can take this into account.* o *Tool is promoted everywhere, system needs time and query should not be made too complicated, it is being discussed whether input should be mandatory* o *Is a bottleneck in rescue transport capacities foreseeable? For COVID-19 cases, RTW is sufficient (no IRTW necessary), this was included in the discussion list, setting up a Germany-wide network is in the process and a challenge, then questions will be addressed more specifically and additional work requested, shortage is not to be expected* o *Tool has grown quickly and represents profit, according to BKAmt wermachtwas strategy the FF lies with BMG(?)* • *International communication: international clusters are decreasing, cruise ships continue to represent a lot of work* • *Request for administrative assistance* o *Potsdam, large nosocomial outbreak, at least 4-5 hospitals affected, currently being investigated by FG37* o *Saxony-Anhalt, particularly affected with an incidence of 300/100,000, RKI team was on site and provided support* o *NRW and Saarland will continue to receive support* o *MSF's offer is ready, just give us a call* • *External data* o *Euro-MOMO dates are always on Thursdays* o *AGI data will be available in draft form on Wednesday* • *Particularly affected areas in Germany* o *New BMG directive: domestically affected areas are no longer to be designated as such* o *Internationally, the whole of Germany may be regarded as a risk area; clear reference should be made to the dashboard and management report, where BL and LK/SK incidences are shown* o *Section on RKI website to be deleted, it is not yet certain when/if international risk areas will be cancelled* o *Language regulation is necessary for this, reference to Sources where incidences are available,*	

RKI	*Terminology needed that is close to the citizen* *ToDo: Particularly affected areas in Germany should be removed from the RKI website* *ToDo: Language regulation on the elimination of particularly affected regions in Germany with reference to regional incidences*	
2	**Findings about pathogens** **Immunity after illness** • *Increased questions about immunity after illness* • *Current conclusions are based on findings from SARS or other coronaviruses* • *No information on SARS-CoV-2 known yet* • *This makes it difficult for sick medical staff to return to work* **Loss of sense of smell (anosmia) and taste** • *question from EpiLag on loss of smell and taste, are these to be assessed as specific effects or neurological consequences,* • *Anosmia is not suitable for the case definition but is a possible clinical marker, according to individual reports it also goes beyond the usual duration of the disease* • *There is no publication yet on short or medium-term long-term effects; this is being monitored and evaluated by FG36 with IBBS* • *Mr Streek from Cologne is planning a study on Heinsberg, anosmia was also increasingly detected there, study is currently still in preparation (according to Mr Wilking) and should include an evaluation of the antigen test, publication will take longer* • *Mr Wolff contacts Mr Streek regarding the study to find out what is planned and what the status is* **Data from Germany** • *Pathogen profile refers primarily to available international data; data from Germany should also be made available to the specialist public, but there is not yet much available* • *Clinical data that go beyond publication would be very interesting and should be forwarded so that they can be included in the profile* • *Those who have the most data do not necessarily have time to compile it in a timely manner*	*All*
3	**Current risk assessment** • *No need for adjustment*	*all*
4	**Communication** **Campaigns** • *Start BMG campaign in different waves, BZgA advises* • *BZgA aligns its existing campaigns with corona*	*BZgA*

RKI	*and records requirements including expert hearings in order to identify and address trends preventively* • *Research into where good practices exist that can be utilised or in-house development of material* **MNS protection** • *Always more in the media, city of Jena makes wearing MNS compulsory* • *RKI must develop a position, should it be recommended for everyone? Should people sew their own masks?* • *BZgA has prepared a draft in which self-sewn masks were advised against, RKI initially recommends restraint* • *WHO advises against wearing MNS in general* • *Pro* o *Infected persons show asymptomatic pre-clinical excretion, this has also been published, therefore there is a rather high probability that others can then also become infected, MNS can help to prevent or reduce further transmission, there is evidence for this* • *Contra/to be considered* o *MNS deficiency: MNS should not be taken away from those who need it in their everyday working life* o *Risk of neglecting other important measures → MNS wearing must be part of a package of measures, is not suitable as an individual recommendation. sensible* o *Wearing MNS by sick people who do so on recommendation (to protect others) can lead to stigmatisation, paper in the Lancet respiratory infections also mentions this* • *New publications are always incorporated into RKI-FAQ to show that RKI is dealing with them, data from Lancet paper refer to sick people → based on this study can general MNS wearing is not recommended based on evidence* • *Perhaps there are historical studies, as substance MNS was certainly used more frequently in the past, but attitude must be developed promptly so that RKI remains credible* • *Where no/lack of public health evidence is available, less hard evidence must also be used; language is important in order to be acceptable to the population* • *FG14 and FG36 prepare language on how we come to recommend general MNS; leading rationale: it serves to protect others, but argument that infection status may not be known; must not lead to a reduction in other hygiene measures* *ToDo: FG14 and FG36 prepare RKI statement on the general use of MNS* **RKI Press Office**	*Press*

RKI	• *Data donation from fitness trackers starts on Friday (presented yesterday by Mr Brockmann), press prepares everything for this*	
5	**RKI Strategy Questions** **RKI tasks in the Federal Government's resolution of 30 March "who does what?" BKAmt Paper** • *RKI tasks in the areas of monitoring, medicine, safety, economy* • *Daily: Number of infected persons, new infections, quarantine cases, deceased, cured [ensure use of digital RKI tool by all ÖGD, RKI]* ○ *Data on quarantine cases cannot be guaranteed by RKI, was also discussed in AGI, BL do not have this data either* ○ *Theoretically, these could be mapped for GAs that use SurvNet, but in reality they are utopian and impossible* ○ *There is currently great potential for support, even DEMIS could possibly be launched more quickly, SurvNet should be strengthened first* ○ *There is no technical problem and no need for other/new tools, GAs are not able to collect and enter this data due to fundamental limitations (nothing can be read in, sometimes only an administrator/GA, only pdf versions can be received, etc.), these problems cannot be solved centrally* ○ *In addition to outdated technology, GAs have no staff, centralised solution not possible if no one in the GA can install the software* ○ *This is also often discussed in Dept. 3, software and especially DEMIS is the highest priority, if resources can be provided, other IT tools should also be put on the back burner and everything should be primarily focussed on SurvNet and DEMIS; GA and BL should also be held to this* ○ *Pres discusses this with political actors* • *Use of the digital RKI tools (a) to report COVID-19 case numbers and (b) to process contact tracing by all public health services. Ensure reporting also on weekends and Easter holidays. [Länder, GesMinKo]* ○ *SurvNet, not other/diverse tools must be prioritised, which IT tools are meant here will be discussed with Antina Ziegelmann this afternoon* ○ *KoNa Bluetooth mobile phone tracking app does not provide data on requested items* • *Regular adaptation of the RKI recommendations on diagnostic tests [RKI]* ○ *Is saved continuously*	*VPräs all*

RKI	• *Regular adaptation of the RKI recommendations for protection against infections in personal areas and in companies and critical infrastructures [RKI].* ○ *E.g. probably KoNa recommendations and their adaptation* ○ *Much of the document is not entirely clear and can only be surmised* ○ *RKI continues to adapt technical recommendations as necessary and awaits possible further requirements, which will certainly come if desired* • *Measures to interrupt chains of infection were assigned to BKAmt, BMF, BMG, this afternoon TK on exit strategy, together with de-escalation working group* • *Quarantine regime after the end of risk area designation is assigned to BMI, AA, BMVi and BMG, RKI will be asked about this, we will stick to voluntary domestic quarantine, BMI prefers instructions* • *Task area medicine (page 3), activities to optimise therapy were assigned to BMBF, these are actually topics in which the specialist societies must be involved* • *Science (page 5), studies to improve therapy, register severe courses, improve specificity of antibody tests and much more were assigned to BMBF, RKI must also be involved here* • *BMBF will tend to be responsible for funding and coordination, RKI must ensure our involvement at an early stage, not least so that existing definitions can be applied to other registries* • *Christian asks BMG for contact persons at BMBF before they start elsewhere*	
6	**Documents** **Outbreaks in nursing and retirement homes** • *Growing problem: outbreaks in nursing and retirement homes with many serious cases and deaths* • *Specific material for geriatric care facilities is to be prepared from existing documents* • *FG36 has sent around an MMWR publication on retirement homes with lessons identified* • *If cases are identified among staff or residents in this setting, many more people are usually already infected* • *Asymptomatic people should therefore be screened here to prevent outbreaks and further spread through transfer and care* • *In addition, specific information should be sent to the facilities as a recommendation for preventive measures, including graphic processing and active, timely distribution to mailing lists of professional associations, also so that situations like the one in Nuremberg can be prevented* • *Existing material must be evaluated and adapted, with*	*FG36*

RKI	*Focus on prevention of outbreaks/spread* • *Experience of outbreak teams (Jessen, Christina Frank & Co.) should be incorporated, there are published results* • *Graphic processing by IBBS can be completed within one day if the content is available* • *FG36 sends existing evaluation to FG14 and FG37 to take over the task, IBBS does graphic processing, should be ready in a week next Tuesday at the latest* • *First draft of the scheme next Monday* *ToDo: Task for FG14 and FG37 to create content on recommendations for this setting, IBBS then makes graphic representation* **"Mental Health"** • *Mental health (keywords: curfew, quarantine, pandemic) is currently a major topic in G7 countries, PHE has developed recommendations on this, this would also be a topic that could be accompanied by scientific content from Dept. 2* • *BZgA is also in contact with various organisations in this regard, and accompanies activities at specialist level together with the BMG, hotline with triaging and trained psychotherapists is under discussion, as well as website development, collection of information on existing activities and resources*	*IBBS*
7	**Laboratory diagnostics** • *FG17: yesterday 30 samples of which one was positive, curious symptoms: case had headache, sore throat and muscle pain and no fever, questionable why doctor was consulted? Perhaps many "normal" cases do not go to the doctor?* **Serological testing/antibody detection** • *Various activities were discussed with Mr Krause (HZI) in initial talks to harmonise efforts, the latter is initiating studies via DZIF, further talks are planned* • *Sampling is planned in various study regions (e.g. Bremen, Düsseldorf, etc.) as part of various Leibniz Institute projects* • *Sampling to investigate immunity in the population (via antibody tests) fits well with the nationwide RKI project, this provides for 150 sample points and use of the GERN structure, sampling is to take place in 4 particularly affected locations using the GERN buses* • *NAKO structure could be used for studies in particularly affected areas* • *Concept for RKI study with blood donation services (Offergeld and Wilking) has been developed, large nationwide coverage, sampling (depending on test availability) will start soon, Mr Krause is planning something similar, if not carried out together then possibly data consolidation and joint evaluation afterwards*	*FG17* *AL2*

RKI	• *Serological tests are not easy to standardise and a uniform system would be useful, will be discussed further at working level* • *Prioritise measures that are ready for launch in the near future* • *Must also be communicated on the RKI side, Dept. 2 should prepare text* *ToDo: AL2 should prepare text on these studies for the RKI website*	
8	**Clinical management/discharge management** **Discharge management criteria** • *Discharge management in Germany refers to time* • *Chinese consider PCR negativity important, how do other European countries do it?* • *Mrs Ruehe compared German procedures with several other countries, we were the safest compared to others (details not discussed)* • *Differentiation between hospitalisation and outpatient settings is important* • *The topic of outpatient discharge was critically discussed in today's EpiLag, in BW 1/3 of the cases that were tested after 2 weeks are still positive* • *Charité had partially positive PCR results after 14 days in cases hospitalised for social reasons, cultivation of these samples in the KL is ongoing to see whether live virus still exists* • *This type of data for cases in the outpatient sector should be analysed to understand the pathogen (virus cultivation)* • *Mrs Rexroth forwards information to IBBS, ZBS1 or KL are consulted for technical content evaluation*	*IBBS/FG32/ all*
9	**Measures to protect against infection** •	
10	**Surveillance** •	*FG36*
11	**Transport and border crossing points** **Orders in accordance with the law for the protection of the population of national importance** • *Postponed until tomorrow*	*FG32*
12	**International (Fridays only)** •	*ZIG/FG32*
13	**Update digital projects (Mondays only)** •	*FG21/Pres*

14	**Information from the situation centre** •	*FG32*
15	**Other topics** • *Next meeting: Wednesday, 01.04.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*31.03.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Münstermann*
  - *Mrs Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis of international development, measures (slides here)* o *Countries with >7,000 new cases/day* ▪ *Italy: decrease in case numbers after 3 weeks of quarantine* ▪ *Exploding case numbers in the USA* o *Success model countries: Hong Kong, Singapore, Taiwan* ▪ *Further increases in cases in Hong Kong and Singapore* ▪ *Logarithmic visualisation and projection based on available data (Brockmann) shows an expected increase in the absolute number of cases, especially for Hong Kong; for both Taiwan and South Korea, the projection shows a clear downward trend* ▪ *Hong Kong: 682 cases, 4 deaths; increase attributed to incoming students from Europe more details are not yet available, but therefore the measures were adjusted on 25.03: only residents are allowed to enter, arrivals from mainland China, Taiwan must comply with a compulsory quarantine, as part of an "enhanced laboratory surveillance programme" testing of asymptomatic arrivals from Europe, UK and USA is mandatory, renewed closure of public places and quarantine measures* ▪ *Singapore: 879 cases, 3 deaths; primarily imported cases from USA, EU, ASEAN, Turkey, India, UAE, from which many returnees are also expected in the coming weeks, measures have been tightened accordingly: 14d home quarantine for all travellers, partly in separate facilities, strict social distancing measures* ▪ *Taiwan: 306 cases, 5 deaths; successful prescription testing with a positive rate of 1%, number of cases tending towards zero, maintenance of non-pharmacological measures, including early availability of laboratory tests, no curfew in the sense or significant restriction of the population; early warning system in the form of a compulsory app for travellers, including tracking and messages, as well as the required "mobile health declaration pass"*	*ZIG1*

- *Countries with 1,400-7,000 new cases/day*
  - *Switzerland: 15,475 cases, 295 deaths; some cantons already designated as risk areas, Increase in cases in and around Basel, many commuters from Germany*
  - *USA: 140,904 cases (most cases in the world), 2,405 deaths; incidence of events is skyrocketing 43/100,000 inhabitants, case-fatality rate 1.7%, incidence growing strongly in many states; Louisiana particularly dramatic with the fastest growth in cases, Mardi Gras took place in New Orleans at the end of February, blatant lack of ventilation facilities there, situation developing similarly in other large cities, e.g. Chicago and Detroit*

- *Test capacities (slide 9)*
  - *ZIG1 shows numbers and positive rates of tests in Germany and other countries (FR, ES, GB, IT)*
  - *Germany is the leader in the total number up to and in CW12*
  - *Positive rate (indicator for estimating total case detection) is lowest in Germany (11%), 41% in France*
  - *This correlates well with other available information and the general assessment*
- *Risk areas*
  - *UK has already been requested as a risk area by BMG*
  - *New proposal to BMG: Switzerland and USA*
  - *Risk areas may soon be abolished*

ToDo: Switzerland and the USA are proposed in their entirety to the BMG as risk areas

National

- *Case numbers, deaths, trend (slides here)*
  - *SurvNet transmitted: 61,913 (+4,615, 7%), of which 583 (0.9%) Fatalities (+128), counties affected 412*
  - *Case reporting*
    - *Only laboratory-confirmed cases are reported, this should be maintained for as long as possible → Broad testing should be carried out for as long as possible*
    - *Clinical-epidemiological cases (without laboratory confirmation) may need to be considered in the future*
    - *This would primarily lead to the recording of more serious cases and would not provide a true picture of the situation. present, laboratory diagnostics remain a priority*
    - *Currently recorded, non-lab-confirmed COVID-19 cases should be presented to see how they develop in relation to the laboratory-confirmed ones, if the former increase, this may be a*

	Sign that test capacities are no longer sufficient *→ Difference must be kept in mind* ▪ *Clinical cases cannot be recorded as cases in all software, so the number is only limited resilience (there is no separate COVID-19 reporting category); this is possible with SurvNet, FG31 supports offices in how such cases can be reported* ▪ *External communication on details of the cases (e.g. severity of illness) is important and required → Mr Haas will bring tables tomorrow that are too heavy and deaths, will also be regularly updated in the future* ▪ *Consideration (unresolved): Could imaging (CT or radiological image) be added to testing become?* o *Recovered ~16,100, should also be mapped in Dashboard and SurvNet, for data protection reasons (use of individual information) this is not so easy, as soon as this is clarified, the calculation basis will be adjusted and corrected.* o *Incidences/Nowcasting* ▪ *3 BL with cumulative incidence >100, BY, BW, HH* ▪ *Nowcasting, in contrast to Dashboard, probably shows a more realistic picture, but variance between the days is large and not easy to understand, it remains to be seen whether this will be regulated; currently it is too complicated for the general population, also because the presumed decline does not reflect the real situation; it would be good to make the information available to the specialist public, e.g. in specialist publications or EpiBull* ▪ *BE and BW do nowcasting modelling because they feel that reporting data does not reflect the situation. more accurate, results are sent to RKI* ▪ *Ms Hanefeld establishes contact between modellers from BY and RKI (request from BY)* ▪ *3-day incidence, Tirschenreuth, Neustadt* o *Exposure locations: no longer many travellers, fewer increase, only many returnees from Egypt* o *Age distribution: increasingly older people and numerous nursing and retirement homes affected, including many deaths there* • *DIVI Intensive Care Register, data as of yesterday* o *Bed numbers cannot simply be added up, as this was not set up clearly enough in the query tool, will be improved towards the end of this week* o *The number of hospitals contacted is 1,160, currently there are ~730, today 200 will be added, large*	

	Houses, e.g. Charité, report in several bundles o *Total capacity of 28,000 beds is an estimate from 2017 for intensive care plan capacity and is based on funding received from the federal states (some currently show more, others less than real capacity), DIVI people have the impression that real capacity is closer to 30,000* o *The tool will be updated at the end of the week, intensive care beds Actual status, growth and planned capacity should be transparent so that politicians and hospitals can take this into account.* o *Tool is promoted everywhere, system needs time and query should not be made too complicated, it is being discussed whether input should be mandatory* o *Is a bottleneck in rescue transport capacities foreseeable? RTW is sufficient for COVID-19 cases (no IRTW necessary), this was included in the discussion list, setting up a Germany-wide network is in the process and a challenge, then questions will be addressed more specifically and additional work requested, shortage is not to be expected* o *Tool has grown quickly and represents profit, according to BKAmt "wermachtwas" strategy the FF lies with BMG* • *International communication: international clusters are decreasing, cruise ships continue to represent a lot of work* • *Request for administrative assistance* o *Potsdam, large nosocomial outbreak, at least 4-5 departments in the Ernst-von-Bergmann Hospital affected, support is currently being reviewed by FG37* o *In Saxony-Anhalt, LK Wittenberg, the village of "Jessen" particularly affected with an incidence of 300/100,000,* *RKI team was on site and supported* o *NRW and Saarland will continue to receive support* o *MSF's offer is ready, just give us a call* • *External data* o *Euro-MOMO dates are always on Thursdays* o *AGI data will be available in draft form on Wednesday* • *Particularly affected areas in Germany* o *New BMG directive: domestically affected areas are no longer to be designated as such* o *Internationally, the whole of Germany may be regarded as a risk area; clear reference should be made to the dashboard and management report, where BL and LK/SK incidences are shown* o *Section on RKI website to be deleted, it is not yet certain when/if international risk areas will be cancelled* o *Language regulation is necessary for this, reference to sources where incidences are available,*	

RKI	*Terminology needed that is close to the citizen* *ToDo: Particularly affected areas in Germany should be removed from the RKI website* *ToDo: Language regulation on the elimination of particularly affected regions in Germany with reference to regional incidences*	
2	**Findings about pathogens** **Immunity after illness** • *Increased questions about immunity after illness* • *Current conclusions are based on findings from SARS or other coronaviruses* • *No information on SARS-CoV-2 known yet* • *This makes it difficult for sick medical staff to return to work* **Loss of sense of smell (anosmia) and taste** • *question from EpiLag on loss of smell and taste, are these to be assessed as specific effects or neurological consequences,* • *Anosmia is not suitable for the case definition but is a possible clinical marker, according to individual reports it also goes beyond the usual duration of the disease* • *There is no publication yet on short or medium-term long-term effects; this is being monitored and evaluated by FG36 with IBBS* • *Mr Streek from Cologne is planning a study on Heinsberg, anosmia was also increasingly detected there, study is currently still in preparation (according to Mr Wilking) and should include an evaluation of the antigen test, publication will take longer* • *Mr Wolff contacts Mr Streek regarding the study to find out what is planned and what the status is* **Data from Germany** • *Pathogen profile refers primarily to available international data; data from Germany should also be made available to the specialist public, but there is not yet much available* • *Clinical data that go beyond publication would be very interesting and should be forwarded so that they can be included in the profile* • *Those who have the most data do not necessarily have time to compile it in a timely manner*	*All*
3	**Current risk assessment** • *No need for adjustment*	*all*
4	**Communication** **Campaigns** • *Start BMG campaign in different waves, BZgA advises* • *BZgA aligns its existing campaigns with corona*	*BZgA*

RKI	*and records requirements including expert hearings in order to identify and address trends preventively* • *Research into where good practices exist that can be utilised or in-house development of material* **MNS protection** • *Always more in the media, city of Jena makes wearing MNS compulsory* • *RKI must develop an attitude, should it be recommended for everyone? Should people sew their own masks?* • *BZgA has prepared a draft in which self-sewn masks were advised against, RKI initially recommends restraint* • *WHO advises against wearing MNS in general* • *Pro* o *Infected persons show asymptomatic pre-clinical excretion, this has also been published, therefore there is a rather high probability that others can then also become infected, MNS can help to prevent or reduce further transmission, there is evidence for this* • *Contra/to be considered* o *MNS deficiency: MNS should not be taken away from those who need it in their everyday working life* o *Risk of neglecting other important measures → MNS wearing must be part of a package of measures, is not suitable as an individual recommendation.* *sensible* o *Wearing MNS by sick people who do so on recommendation (to protect others) can lead to stigmatisation, paper in the Lancet respiratory infections also mentions this* • *New publications are always included in RKI-FAQ to show that RKI is dealing with them, data from Lancet* *Paper refers to sick people → Based on this study, general MNS wearing cannot be recommended based on evidence* • *Perhaps there are historical studies, as substance MNS was certainly used more frequently in the past, but attitude must be developed promptly so that RKI remains credible* • *Where no/lack of public health evidence is available, less hard evidence must also be used; language is important in order to be acceptable to the population* • *FG14 and FG36 prepare language on how we come to recommend general MNS; leading rationale: it serves to protect others, but argument that infection status may not be known; must not lead to a reduction in other hygiene measures* *ToDo: FG14 and FG36 prepare RKI statement on the general use of MNS* **RKI Press Office**	*Press*

	• *Data donation from fitness trackers starts on Friday (presented yesterday by Mr Brockmann), press prepares everything for this*	
5	**RKI Strategy Questions** **RKI tasks in the Federal Government's resolution of 30 March "who does what?" BKAmt Paper** • *RKI tasks in the areas of monitoring, medicine, safety, economy* • *Daily: Number of infected persons, new infections, quarantine cases, deceased, cured [ensure use of digital RKI tool by all ÖGD, RKI]* ○ *Data on quarantine cases cannot be guaranteed by RKI, was also discussed in AGI, BL do not have this data either* ○ *Theoretically, these could be mapped for GAs that use SurvNet, but in reality they are utopian and impossible* ○ *There is currently great potential for support, even DEMIS could possibly be launched more quickly, SurvNet should be strengthened first* ○ *There is no technical problem and no need for other/new tools, GAs are not able to collect and enter this data due to fundamental limitations (nothing can be read in, sometimes only an administrator/GA, only pdf versions can be received, etc.), these problems cannot be solved centrally* ○ *In addition to outdated technology, GAs have no staff, centralised solution not possible if no one in the GA can install the software* ○ *This is also often discussed in Dept. 3, software and especially DEMIS is the highest priority, if resources can be provided, other IT tools should also be put on the back burner and everything should be primarily focussed on SurvNet and DEMIS; GA and BL should also be held to this* ○ *Pres discusses this with political actors* • *Use of the digital RKI tools (a) to report COVID-19 case numbers and (b) to process contact tracing by all public health services. Ensure reporting also on weekends and Easter holidays. [Länder, GesMinKo]* ○ *SurvNet, not other/diverse tools must be prioritised, which IT tools are meant here will be discussed with Antina Ziegelmann this afternoon* ○ *KoNa Bluetooth mobile phone tracking app does not provide data on numbers* • *Regular adaptation of the RKI recommendations on diagnostic tests [RKI]* ○ *Is saved continuously*	*VPräs all*

	• *Regular adaptation of the RKI recommendations for protection against infections in personal areas and in companies and critical infrastructures [RKI].* ○ *E.g. probably KoNa recommendations and their adaptation* ○ *Much of the document is not entirely clear and can only be surmised* ○ *RKI continues to adapt technical recommendations as necessary and awaits possible further requirements, which will certainly come if desired* • *Measures to interrupt chains of infection were assigned to BKAmt, BMF, BMG, this afternoon TK on exit strategy, together with de-escalation working group* • *Quarantine regime after the end of risk area designation is assigned to BMI, AA, BMVi and BMG, RKI will be asked about this, we will stick to voluntary domestic quarantine, BMI prefers instructions* • *Task area medicine (page 3), activities to optimise therapy were assigned to BMBF, these are actually topics in which the specialist societies must be involved* • *Science (page 5), studies to improve therapy, register severe courses, improve specificity of antibody tests and much more were assigned to BMBF, RKI must also be involved here* • *BMBF will tend to be responsible for funding and coordination, RKI must ensure our involvement at an early stage, not least so that existing definitions can be applied to other registries* *ToDo: Christian asks the BMG to contact the BMBF before they start to establish co-operations elsewhere without taking the RKI into account.*	
6	**Documents** **Outbreaks in nursing and retirement homes** • *Growing problem: outbreaks in nursing and retirement homes with many serious cases and deaths* • *Specific material for geriatric care facilities is to be prepared from existing documents* • *FG36 has sent around an MMWR publication on retirement homes with lessons identified* • *If cases are identified among staff or residents in this setting, many more people are usually already infected* • *Asymptomatic people should therefore be screened here to prevent outbreaks and further spread through transfer and care* • *In addition, specific information should be sent to the facilities as a recommendation for preventive measures, including graphic processing and active, timely dispatch to distributors of professional associations, also so that situations such as those in*	*FG36*

	Nuremberg could be prevented • *Existing material must be evaluated and adapted, with a focus on preventing outbreaks/spread* • *Experience of outbreak teams (Jessen, Christina Frank & Co.) should be incorporated, there are published results* • *Graphic processing by IBBS can be completed within one day if the content is available* • *FG36 sends existing evaluation to FG14 and FG37 to take over the task, IBBS does graphic processing, should be ready in a week next Tuesday at the latest* • *First draft of the scheme next Monday* *ToDo: Task for FG14 and FG37 to create content on recommendations for this setting, IBBS then makes graphic representation* **"Mental Health"** • *Mental health (keywords: curfew, quarantine, pandemic) is currently a major topic in G7 countries, PHE has developed recommendations on this, this would also be a topic that could be accompanied by scientific content from Dept. 2* • *BZgA is also in contact with various organisations in this regard, and accompanies activities at specialist level together with the BMG, hotline with triaging and trained psychotherapists is under discussion, as well as website development, collection of information on existing activities and resources*	*IBBS*
7	**Laboratory diagnostics** • *FG17: yesterday 30 samples of which one was positive, curious symptoms: case had headache, sore throat and muscle pain and no fever, questionable why a doctor was consulted at all? Perhaps many "normal" cases do not go to the doctor?* **Serological testing/antibody detection** • *Various activities were discussed with Mr Krause (HZI) in initial talks to harmonise efforts, the latter is initiating studies via DZIF, further talks are planned* • *Sampling is planned in various study regions (e.g. Bremen, Düsseldorf, etc.) as part of various Leibniz Institute projects* • *Sampling to investigate immunity in the population (via antibody tests) fits well with the nationwide RKI project, this provides for 150 sample points and use of the GERN structure, sampling is to take place in 4 particularly affected locations using the GERN buses* • *NAKO structure could be used for studies in particularly affected areas* • *Concept for RKI study with blood donation services (Offergeld and Wilking) has been developed, large nationwide coverage, sampling (depending on test availability) will start soon, Mr Krause is planning*	*FG17* *AL2*

	similar, if not carried out together then possibly data consolidation and joint evaluation afterwards • *Serological tests are not easy to standardise and a uniform system would be useful, will be discussed further at working level* • *Prioritise measures that are ready for launch in the near future* • *Must also be communicated on the RKI side, Dept. 2 should prepare text* *ToDo: AL2 should prepare text on these studies for the RKI website*	
8	**Clinical management/discharge management** **Discharge management criteria** • *Discharge management for outpatient cases in Germany refers to time,* • *Chinese consider PCR negativity important, how do other European countries do it?* • *Mrs Ruehe compared German procedures with several other countries, we were the safest compared to others (details not discussed)* • *Differentiation between hospitalisation and outpatient settings is important* • *The topic of outpatient discharge was critically discussed in today's EpiLag, in BW 1/3 of the cases that were tested after 2 weeks are still positive* • *Charité had partially positive PCR results after 14 days in cases hospitalised for social reasons, cultivation of these samples in the KL is ongoing to see whether live virus still exists* • *This type of data for outpatient cases should be analysed to understand the pathogen (virus cultivation)* • *Mrs Rexroth forwards information to IBBS, ZBS1 or KL are consulted for technical content evaluation*	*IBBS/FG32/ all*
9	**Measures to protect against infection** •	
10	**Surveillance** • *See above (reference definition of clinical-epidemiological cases)*	*FG36*
11	**Transport and border crossing points** **Orders in accordance with the law for the protection of the population of national importance** • *Postponed until tomorrow*	*FG32*
12	**International (Fridays only)** •	*ZIG/FG32*

13	**Update digital projects (Mondays only)** •	*FG21/Pres*
14	**Information from the situation centre** •	*FG32*
15	**Other topics** • *Next meeting: Wednesday, 01.04.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

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Date:	*01.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
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  - Basel chequered
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  - Mrs Thaiss

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • Trend analysis of international development, measures (slides here) o Countries with >7,000 new cases/day ▪ In Italy, the downward trend is continuing and the measures appear to be slowly reducing the number of cases. to reflect this. o Countries with 1,400-7,000 new cases/day ▪ No major changes in Austria and Switzerland: Is the decline in the number of new infections due to changes in surveillance or testing strategy, or is it actually a decrease in the number of cases? ▪ The charts show the number of new cases per day, and shows the moving average of the last few years. (6?) days as a curve. o Scandinavia ▪ Increase in Scandinavia as a whole, majority of cases in Sweden, Norway and Denmark. 1. Peak due to imported cases; 2nd wave are autochthonous cases. o Norway ▪ 4,447 cases, 28 deaths (case fatality rate: 0.6%); Hospitalised cases: 318 (ICU: 97); incidence: 83.7 ▪ Number of tests is very high, positive rate: 4.8% ▪ Yesterday, a study was launched in which a representative number of people from across the Norway is tested without symptoms. Based on the "Iceland model": 6,163 Icelanders without symptoms were tested: 0.8% of the samples were positive. ▪ Measures: similar to those in Germany Social distancing measures: shops are still open, public facilities have been closed. Entry ban and closure of borders: 14-day home quarantine for travellers from abroad. From today, use of a tracing app based on bluetooth technology. Also travel restrictions within the country.	ZIG1

RKI	○ *Sweden* ▪ *Similar number of cases as in Norway: 4,435 cases, 180 deaths (proportion of deceased 4.1%); 358 Intensive care cases; incidence: 44* ▪ *Southern Sweden / Greater Stockholm area is most affected, as this is where the majority of the Population.* ▪ *Only half as many tests were carried out as in Norway, with approximately twice the population. The The positive rate is also higher at approx. 12%.* ▪ *For 2 weeks testing has also been carried out within the influenza sentinel: 6% positive are positive (approx. 150 samples/week)* ▪ *Surveillance planned with self-swabbing* ▪ *Community transmission is accepted in most regions* ▪ *Measures are very much focussed on people's own responsibility, few restrictive measures, rely on the rapid development of herd immunity.* ▪ *ECDC, comparison of age structures: in Sweden, the highest number of positive tests is found in older age groups. Age groups to be found; looks like mainly older people are tested; mainly people are tested, in hospitals.* ▪ *Presumably rather underreporting of cases; whether Sweden will become a risk area is to be decided tomorrow. be decided.* ○ *Denmark:* ▪ *2,815 cases, 90 deaths (case fatality rate: 3.2%); 533 cases hospitalised; incidence: 48.3* ▪ *Mainly affected area around Copenhagen.* ▪ *Few tests carried out with a positive rate of 12%.* ▪ *Measures rather restrictive: ban on activities with more than 10 people, closed Shopping centres; border controls.* ▪ *Diagram of the test strategy with number of tests per day: Test strategy was divided into 2 phases: Containment testing for cases imported by travelling and containment testing for autochthonous cases. In the centre, testing has collapsed, which is due to a lack of material for DNA extraction.* ○ *A chart showing the daily tests and positive rate would also be useful for Germany in order to describe the transition from testing due to residence in risk areas to testing due to symptoms and severity. However, there are only weekly test figures. For some of the laboratories daily test figures available in ARS. One*	

RKI	*Visualisation would be welcome; would also be of great interest internationally. At the moment, 3 weeks of results are available. A visualisation could be supplemented with daily reports from the ARS laboratories from the beginning of January.* *ToDo: A mapping at BL level and for the whole of Germany is to be prepared by tomorrow, with positive rates and conversion of the test scheme* ○ *TK of the modellers: Mr Brockmann models a short-term forecast for a few days using different methods than Mr an der Heiden's nowcasting. Both assume R0 around 1. Both models are published in a short summary with a description of the uncertainties. The estimates are useful as a trigger point for easing measures. Both assessments are based on reporting figures; other surveillance systems, such as syndromic surveillance, should also be included.* ○ *Data from the syndromic surveillance systems should also be included in the overall view of the situation and discussion of the trigger points* ○ *A text based on the results of GrippeWeb and AGI data is in preparation, as the effect of the measures on the suppression of ARE activity can be read sensitively* *ToDo: FG36 writes a text on the results of syndromic surveillance, Mr. an der Heiden and Mr. Brockmann write on modelling* ○ *The interpretation should not be that the situation is completely under control.* ○ *Flights from Iran were banned.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 67,366 (+5,453, 8%), thereof 732 Deaths (+149), affected counties 412* ○ *Development of case increase, % increase compared to previous day* ▪ *All growth rates are shown at a glance, with the exception of weekends: today 8% Increase compared to the previous day. % increase is a poor measure because the denominator is always increasing, and should not be presented in this way; only the trend should be interpreted.* ○ *The importance of international exposure locations is decreasing.* ○ *3 BCs with cumulative incidence >100: BY, HH, BW; all BCs show a declining or constant trend.* ○ *7-day incidence to be included in the dashboard is still dependent on data protection approval.*	*FG32*

RKI	○ 7-day incidence: 17 LK with incidence > 100 ○ 5-day incidence: 7 LK with incidence > 100 ○ 3-day incidence: 1 LK with incidence > 100; 5 LK with 51-100 cases/100,000 inhabitants ○ Comparison of incidence with previous week: increase seen in current week ○ Trend analysis of the districts with the most cases: Rosenheim and Tirschenreuth districts still on the rise ○ Age continues to increase ○ Mutual assistance investigations: report from LK Wittenberg soon ○ On Sunday, 5 April at midnight, risk areas will be avoided. ToDo: Monday, 8 a.m. the risk areas are to be removed from the website, press. • DIVI Intensive Care Register, data as of yesterday ○ There are now 912 reporting clinics/departments: 1876 people currently receiving intensive care treatment. ○ Further table with information on currently undergoing treatment, ventilated, deceased, free and occupied; total and by BL. Subdivided into low care and high care, and how many additional beds can be provided. Result: there is still capacity available in Germany. ○ Does the BMG receive the DIVI data? Yes, it is distributed internally. ○ Information on the average length of stay of patients would be helpful; DIVI only records a few factors. ○ More comprehensive data is available via other tools; Surveillance of hospitalised and intensive care cases in the FG37 hospital is about to be released for data protection and can provide more information, including duration. However, data will not be available for several weeks. ○ ICOSARI can also provide data on the duration of ventilation. ○ Number of laboratory tests are included in the management report once a week. • AGI syndromic surveillance: significant decrease in ILI rates in the last week, affecting all age groups and is direct evidence of the impact of the measures. • Virological surveillance: the positive rate of influenza viruses is falling sharply and the influenza season is coming to an end. The rate of decline is greater than in previous years. • FluWeb: febrile and acute respiratory illnesses are on the decline. • COVID cases should become visible at some point. At Grippeweb+ with around 100 self-tests, no case has yet been detected.	FG37

	found. • Only individual cases tested positive in the AGI Sentinel; no increase in rates yet. • If there are only so few cases and the current peak has already been reached, does this mean that the disease is not so serious for the healthcare system after all? Are the measures then adequate? It is not yet possible to say that the peak in the increase in cases has already been passed. The measures have slowed down the exponential growth, there is still linear growth. There are also still many entries in vulnerable groups, e.g. old people's homes. The number of deaths is clearly lagging behind. • Severe cases (information from data on the severity of reported cases): o Table 2: ▪ Proportion with ILI case definition (fever and cough) is the same in all age groups, from 60 years onwards the proportion with fever decreases. COVID then presents itself as ARE and not as ILI. ▪ Pneumonia: tick the box; if the box is not ticked, it is not clear whether no pneumonia is present. pneumonia was present or the information is missing. ▪ Hospitalisation: information on hospitalisation is found more frequently in older age groups. Among 80 year olds and older, 58% are hospitalised, and significantly less in younger age groups. ▪ Deaths: mainly affects the oldest age groups. o Table 6, Risk factors for deceased persons (deceased persons in the last 14 days are not considered): ▪ 3 deceased cases < 59, no data on risk factors yet available, in over 60s risk factors play a role. Data completeness is not very good - room for improvement o This data is relevant in terms of risk stratification and exit strategy. Who are vulnerable groups and how can they be protected, how should this be publicised? ToDo: Should be made available as quickly as possible and updated regularly. Information is also included in the profile.	
2	**Findings about pathogens** • Not discussed	All
3	**Current risk assessment** • No need for adjustment	All
4	**Communication**	

RKI	**Campaigns** • *Discussion about MNS protection: #Mask, is prominently advertised. An official statement on this was only issued at the beginning of the week. BZgA uses BfArM publication for wording. Problem Masks should be available to the professional system, must be well communicated.* • *A revised draft is shared by FG14. "Community masks" (a better German word should be found for this) should be used as long as there is a shortage of medical products.* • *ABBAS has drawn up an overview of who should use which masks. It will be circulated as soon as it has been published.* • *BZgA is unhappy that plasma donation is already being advertised so prominently, although much still seems unclear. Is antibody testing valid; how is recovery defined; are there capacities; are the requirements for plasma donation met?* • *The clarification of these points is in the hands of the PEI. The RKI has a working group on blood (AP Fr Offergeld), which is responsible for blood donation safety. A working group on plasma donation is not known.* **RKI Press Office** • *Particularly affected areas have been removed from the website.* • *Info mailbox: there are many helpers from Dept. 2; Mr Leendertz is approached about participating. Masks are currently a big issue: use in care homes, in outpatient settings, recycling.* • *Everyone is flooded with enquiries, not all enquiries can be answered individually, not even those from the specialist public, which is too slowing. A language regulation with thanks and standard answers makes sense and is already being implemented.* • *There is a document on the reuse of masks, and a document on decontamination is still being finalised.*	*BZgA* *FG14* *Press* *FG14*
5	**RKI Strategy Questions** **De-escalation strategy** • *4 scenarios:* o *"Hammer and Dance": The epidemic has been pushed so far through massive measures over a relatively short period of time that the epidemic can be brought under control through targeted case and contact tracing.* o *Swing: Epidemic is suppressed by massive measures over a short period of time; measures are cancelled and reintroduced if there is another wave of disease.* o *Shield: Measures are lifted for the general population, risk groups are protected, while further infection of the population is prevented.* *takes place.*	*ZIG* *All*

RKI	○ *Hammer - Dance - Stepwise + Shield: Existing measures are being gradually withdrawn according to clinical and epidemiological parameters and in relation to economic and social consequences. Risk groups are protected by targeted measures.* • *Should all transmission be prevented or not? This depends on how vulnerable groups are dealt with and when vulnerable groups can go out in public again. Is infection of the population desirable? Should CoNa be continued?* • *The fourth scenario is the most realistic; an acute respiratory illness cannot be stopped in the long term. The effort involved would be very great and would be accompanied by major restrictions on public life. A limited spread would be tolerable.* • *KoNa is in the foreground to control the speed of spread. Maximum effort should be made to detect infected persons at an early stage. Entry from neighbouring countries cannot be completely ruled out. The spread in the population should be kept as low as possible, i.e. virus circulation should be minimised until other measures are available.* • *As elimination is probably unrealistic, a decision must be made as to what rates of increase are tolerable. A daily minimisation of the number of new cases would be desirable.* • *The aim should not be to infest the population. The solution for society as a whole cannot be to isolate older people alone. Older people cannot be permanently socially isolated.* • *Scenario 4 is favoured: a gradual withdrawal of the measures with a simultaneous massive expansion of testing and CoNa as well as early isolation and consistent quarantine.* • *GAs must be better positioned for this; DEMIS should be rolled out as quickly as possible, possibly initially only in one LK or BL. Other new developments in the area of digital projects are also on the back burner for this.* • *The point at which the suspension of measures begins is a matter for policymakers. The RKI can specify clear criteria and provide values for indicators. Politicians will decide what is realistic. All options should be presented to the BMG, the decision will be made in the Chancellery.* • *The strategy should be tested in advance to see how it is received.* • *Wearing MNS could be an essential component as extended standard hygiene.* • *If FFP2 masks were to become available again and everyone for whom it would make sense to wear them, this could greatly slow down the spread.*	

RKI	• *An important indicator is the number of unreported cases and their development. Can we wait with the strategy until the results of the first studies are available? The first figures from Heinsberg will be available soon, and the RKI will also be starting some studies soon.* • *Mr Wolff has not yet been able to reach Mr Streek by telephone, but will continue to try. Mr Streek has been reporting a loss of taste for weeks. In such a case, please approach people with information quickly and in a low-threshold manner. Even if they are not official bodies, they can be actively contacted.* • *KoNa with SORMAS is to be put on the agenda of the AGI, but not yet this week. First, the legal data protection review must be finalised. Only then will Sormas be presented. The programme is only one of several possibilities. There is no clear statement from the BMG as to when the decision will be made. The primary aim is to simplify the reporting system for cases.* *ToDo: Put the key points in the written communication with Gerard Krause in writing, everything should be easy to understand.*	
6	**Documents** **Status document - Handling of corpses** *Is in the process of being harmonised; at the request of the countries, a new category "Activities without secretion" added. However, this category requires the experience of the undertaker. In the end, a decision will be made as to whether the RKI is behind this.* **Options separate patient care outpatient** • *Not discussed* **Status flowchart for citizens** • *Not discussed*	*IBBS*
7	**Laboratory diagnostics** **AG Laboratory Diagnostics** • *The WG consists of 3 groups: internally, with BMG and sister institutes and with interested parties from the group of epidemiologists.*	*FG17/ZBS1 AL1*
8	**Clinical management/discharge management** **Discharge criteria - outpatient area** • *Not discussed*	*IBBS/FG32/ all*
9	**Measures to protect against infection** • **Mask requirement***: discussed during communication*	
10	**Surveillance**	

RKI	• **Update on various severity monitoring tools** *discussed in the current situation*	*FG36*
11	**Transport and border crossing points** **Orders in accordance with the law for the protection of the population of national importance** • *Not discussed* **BMG enquiry: RKI statement against reduction of frequencies in public transport?** • *It is hoped that the RKI will speak out more vehemently on the densification of local transport.* *ToDo: Mrs Rexroth sends a text on this to Mr Wieler via the press office* • *The press briefing should also include a text by Mr Eckmanns on the separate care of COVID-19 positive and negative patients in hospitals.* • *Harvest workers: how should they be dealt with? Mr Haas supports BMI and BMEL in developing a concept, TK at 2 pm. The line of the house is a voluntary quarantine for 14 days as a starting point. Is that realistic? How should cases of illness be dealt with?* **AKKÜ asks federal government for central coordination regarding cruise ships** • *For information: Coastal countries are visited by many cruise ships that want to remain anchored until cruise operations resume. International crew have no right to enter Germany to travel home. AKKÜ is coordinating and expects help from the federal government.*	*FG32*
12	**International (Fridays only)**	*ZIG/FG32*
13	**Update digital projects (Mondays only)**	*FG21/Pres*
14	**Information from the situation centre** • *Not discussed*	*FG32*
15	**Other topics** • *Next meeting: Thursday, 02.04.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.04.2020, 11 a.m. - 1 p.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 2 Management*
  - *Thomas Lampert*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Anette Mankertz*
- *FG14*
  - *Mardjan Avand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Nadine Litzba (protocol)*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*

- *BZGA: Mrs Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis of international development, measures (slides here)* o *Countries with >7,000 new cases/day* ▪ *The trend in Italy is continuing.* ▪ *The number of cases in the USA continues to rise sharply.* o *Countries with 1,400-7,000 new cases/day* ▪ *No significant changes* o *Methodology for displaying the curve:* ▪ *This is not the representation of a centred moving average, with a centred moving average over 7 days, the current 3 days are not displayed. As the current week is relevant, this has been omitted. Evaluation created by FG31.* o *Mr. Rottmann expressly requested in the TK with the BMG that the RKI not send any more risk areas to the BMG, as risk areas are to be dispensed with from next week (documented in notes-TK-BMG 02.04.2020, Ms Thaiss confirmed).* *Most recently GB, Northern Ireland and USA included in order/NOTAM* o *Sweden:* ▪ *Since yesterday 10% more cases, case mortality 4.8%, 393 cases on ITS, cases very spread over the country, Stockholm highest, 36,900 tests carried out (positive rate approx. 12%), increasing criticism of Swedish PH Institute, measures in Stockholm are seen as negative by other regions,* ▪ *Transport connections: Domestic travel is limited, ferry traffic: PAX limited to 299, mainly freight traffic, borders open for car traffic, air traffic restricted.* ▪ *Closure of only some ski areas (3 of 6)* o *Austria:* ▪ *Overall, the curve appears to be levelling off, with Tyrol, Voralberg and Salzburg showing the highest incidences.* ▪ *0.1% of the population tested positive (18% positive rate), doubling time is getting longer: yesterday 6.4 days and today 7.4 days* ▪ *Sampling tests are carried out: a representative collective is sampled in order to draw conclusions about* *To obtain underreporting* ▪ *Reef progression: in mid-March it was 4, currently 1.2*	*ZIG1*

RKI	▪ *Enquiry about the Reff curve: Why is the confidence interval decreasing with the current data?* *while it is larger at the beginning of the curve - in D due to reporting delays etc. the conference interval is larger for more recent data, clarifies ZIG1* ○ *Canada:* ▪ *strong increase, very differently distributed in the country, overall testing positive rate 3.5%, age profile mainly* *Younger, older people not yet as badly affected - explains lower case fatality rate (1.1%)* ▪ *Canada has strong measures in place, but currently still too early to assess what the trajectory is.* ○ *Comparability of positive rates: Indicator for testing strategy - a high positive rate means that mainly severe cases are tested* ○ *Studies with PCR spot tests:* ▪ *In the press, some people ask why PCR random tests are not also carried out in Germany, including Mr Antes* *of Cochrane Germany has recommended that corresponding large-scale studies be initiated.* ▪ *Current virological surveillance is relatively insensitive.* ▪ *A large study collective would be necessary (single cross-section at different points in time) and* *does not appear to make sense due to the relatively short time of detectability and would tie up a lot of test capacity.* ▪ *In the diagnostics working group, the aim is to focus diagnostics on the tests that are directly related to the Derive measures. If the question is more specific, it could be useful: e.g. PCR testing of HCW in order to adapt appropriate measures.* ▪ *In principle, many people are already being tested by PCR and there is no gain from a PCR test.* *Sampling seen.* ▪ *It seems better to concentrate on serological surveillance.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 73,522 (+ 6,156, 8%), of which deaths 872(+140)* ○ *Recovered: 21,400, but the algorithm is currently being changed* ○ *Epidemiological curve in Germany: For a relatively large number of cases, the disease data are only added later* ○ *International exposure sites: many more international exposure sites, mainly due to repatriated persons* ○ *National exposure locations: BY, BW and HH have incidence*	*All* *FG32*

RKI	>130 o Trend analysis BL: All BL shown show a downward trend o Geographical distribution: focus visible in BW, BY and NRW o 7-day incidence: ▪ Currently 80 LK 51-100 cases/100,000 inhabitants and 20 >100 cases/100,000 inhabitants ▪ However, the media take up and disseminate the story o 3-day/5-day incidence: decrease is visible o Comparison with previous week: The incidences are even higher in the current map compared to the previous week. o Trend analysis circles: ▪ Decrease in HH and Munich, overall stable decreasing trend for most, consolidating, but could also indicate limitations of the test o Age and gender distribution: Incidence was also included in the dashboard. o Age and gender distribution of deaths: lags behind somewhat, as many are currently still in the ITS o DIVI Intensive Care Register: ▪ Currently 975 clinics/departments o Number of laboratory tests: has not increased further, Participating laboratories remained constant, but only 143 reported their testing capacity in CW13, there is a backlog of 24-25,000 samples o Request for administrative assistance: Saxony-Anhalt has submitted a request for administrative assistance due to an outbreak in an initial reception centre in the Harz Mountains, possibly also support from Doctors Without Borders o EuroMOMO (slides here) • Analysis of the age development of outbreaks and special materials for care homes for the elderly o Task has been assigned to FG14 and FG37 - FG37 has FF o Documents on hygiene management, personnel management (IBBS is putting this into a suitable graphic form), the surveillance system and outbreaks (by Mr Haller, Mr Kramer) are in progress and are all to be compiled o Enquiry from the BMG (Janina Straube and Gerit Korr) to FG37 for an exchange on this topic o BZgA: prepares information for practice, protection of carers - this should be coordinated with the RKI materials and, if possible, bundled into one document o Staff who have to deal with care recipients should generally	FG37, BZgA, all

RKI	Wear MNS ○ Important Point Masks with valve should be included and clarified in the documents • Report by Christina Frank from Jessen (slides here): ○ Breakout support in Jessen, Saxony-Anhalt, breakout team consisting of: Christina Frank, Marina Lewandowsky, Neil Saad ○ Jessen and the suburb of Schweinitz had been cordoned off before the RKI team arrived, people with system-relevant jobs (e.g. medical staff) were allowed out, and LKs travelling to businesses were allowed in ○ Outbreak mainly in retirement and nursing homes: currently 19 infected patients. Residents (5 hospitalised, 1 death), 11 infected nursing staff ○ 25% of residents are male, 75% female, median age 86, infected residents are significantly older on average (>90) ○ On arrival of the RKI team, all isolated in the rooms with assigned nursing staff, positive tested nursing staff are not deployed ○ Also on the recommendation of the team, all people were tested, including in the other living areas, where there were also infected people ○ New cohorting: 2 living areas with infected residents with assigned carers ○ After that, only one resident has tested positive so far ○ Epidemic curve: date of illness largely unknown, especially in the home, few cases with unclear attribution, repeated travel-associated cases or cases from other groups ○ The outbreak originated from 3 travellers returning from Salzburg (not a risk area at the time) who infected family members and colleagues. ○ One of the 3 cases caused an outbreak in the nursing home: He first infected his wife, who works in the nursing home. The wife had chills one night, but was fine in the morning and worked for 2 more days, after which her husband tested positive, she only fell ill in quarantine; MNS would have helped if worn consistently. ○ As a rule, as soon as a case became known, there was only one other case among the contacts. ○ Medical officer with experience in infection control, e.g. in Africa, was previously absent; but very motivated staff (increased by >12 veterinary staff, among others), were able to end infection chains well overall ○ Good crisis team: tested by the Elbe floods ○ Problems with information management in the GA (a lot of information was sent out), an Excel table was needed for cases and controls to look up new, fresh findings, To recognise and track correlations, work was partly done with faxed lists or PDF lists, some of which were	FG35

RKI	*had to be typed in. Difficulty synchronising data.* o *Traditional outbreak containment tools have worked, but a prerequisite for bringing such an outbreak under control is high testing capacity* o *GA was grateful for RKI documents* o *Outpatient care services and other care homes in the district were informed and were asked to carry out low-threshold tests for respiratory symptoms. Symptoms test* • *ARS (slides here):* o *Plotted mean value of the number of days between acceptance and testing in the laboratory and test date, additional information number of tests (size of points)* o *Time between acceptance and testing increases - on average 2 - 3 days - Delay shows that the workload in laboratories is greater* o *Red line = new flow chart → It is not apparent that more tests were carried out as a result* o *Especially in BY you can see a continuous increase in the time between Acceptance and testing* o *In Berlin, after the introduction of the new flow chart, initially shorter time between acceptance and testing* o *Positive share for D is relatively stable, down slightly after 24 March.* o *BL: Positive share in BY over 15%, only where there are fewer cases is it stable* o *20-25% of the tests performed are recorded at ARS - more every day* o *For individual samples, sometimes 6-7 days between acceptance and testing, but delay until reporting cannot be represented in the system* o *Important feedback mechanism for laboratories* o *ARS participation in Saxony more or less obligatory (best practice), presentation today in TC with federal states, perhaps more can be gained as a result* *ToDo: ARS data together with the other laboratory data once a week in the situation report, FG37, LZ*	*FG37*
2	**Findings about pathogens** **Relevance asymptomat. Persons in the outbreak** • *Question of whether this is a relevant group for transfers, new publication from China* • *It was about discharge criteria for patients who are asymptomatic but were tested positive by chance, possibly recommendation for permanent wearing of MNS.* • *According to the WHO report from China, no major role, but current assessment may be different*	*IBBS, all*

RKI	• *It is difficult to estimate the role of people with no symptoms at all; the size of the proportion is unclear* • *In some cases there are reports of completely asymptomatic people. People who have infected others (e.g. Saarland cluster: doctor who infected 8 people)* • *One could use the outbreak in the initial reception centre to investigate the question (21 tested positive, asymptomatic at the time).* • *It may also be possible to clarify the question in the population-based studies in Scandinavia - if the environment of those tested positive is also tested* • *Hospitals currently screen every patient who is newly admitted - leads to 3 division in all facilities* • *Recommendations for vulnerable groups are based on this assumption: Hence the recommendation to work with MNS all the time.* • *In outbreaks investigated by the CDC in nursing homes for the elderly, a large proportion of residents were asymptomatically infected, i.e. on discharge to the nursing home - same criteria as for hospitals: 2x negative tests* • *The answer will come from the results of the studies of the outbreak teams and the internat. investigations.* • *FG36 should be provided with the relevant data for the profile* • *ZIG1 will look at the international situation regarding the frequency and significance of completely asymptomatic infections. ZIG1 will look at the international situation regarding the frequency and significance of completely asymptomatic infections and has already contacted CDC China, for example, regarding newly reported asymptomatic cases. cases* **Risk stratification** • *Is there an increase in AK with positive tests? Protective AK? Questions about the list of plasma donors* • *Follow-up studies show: IgM increases after 3-4 days, IgG after 1 week*	*BZgA*
3	**Current risk assessment** • *No need for change*	
4	**Communication** **BZgA** • *Info from PEI: clinical trial, will receive approval tomorrow.* • *The calls for plasma donations from the blood donation services are uncorrdinated, as are frequent enquiries from the press to the BZgA.* • *Tomorrow the BZgA will issue a recommendation sheet for masks (diff. compared to the use of masks for HCW) There is a BfARM statement for community masks There is a #Mask campaign - BZgA positions itself on this* • *Additional material on masks for care services (see above)*	*BZgA*

	Press • *COVID-19 page has been restructured: Items Reporting and Contact Person Management have been added*	*Press*
5	**RKI Strategy Questions** **Modernisation push for the administration (e.g. also health authorities) Cf. minutes of the BMG-BMI crisis team (dated 26.3.20)** • *Opportunity should be utilised to upgrade the IT systems of SurvNet and DEMIS* • *If necessary, 1-2 BLs that can lead the way as "best practice"* • *It would be better to make SurvNet ready to receive reports from laboratories, i.e. to incorporate functions that are intended for DEMIS into SurvNet now. This would be available to over 200 GÄ and would relieve the burden on the offices.* • *In addition, you should use the current opportunity to clarify the hosting issue.* • *Difficult to persuade other doctors to switch to SurvNet during the crisis.* • *The federal states provide additional personnel and funds for the IT resources of the GÄ.* • *Political decision for uniform specifications for the programme currently at the Chancellery and BMG.* • *Topic should be introduced in AGI.* *ToDo: FG32 and AL3 bring the topic to AGI.*	*Pres/FG32*
6	**Documents** **Amendment to the title of the document "Handling of corpses"** • *Mr Trost's suggested title (Dealing with corpses infected with SARS-CoV-2) can be used in this way.*	
7	**Laboratory diagnostics** **Flu season** • *End of the flu season* • *11,100 samples tested since February, of which 0.8% SARS-CoV-2 positive* • *Generally, COVID patients are not strongly represented among ILI patients* **RKI internal laboratory group** • *Question from Mrs Marcic for AGI about laboratory tests* • *AGI TC interferes temporally with TC with laboratory group in which these questions are to be discussed technically* • *Specificity of the Euroimmun test is not yet entirely clear*	*FG17* *AL1*

RKI	• *Currently still a vague database and not yet so certain that anything can be said about it in AGI* • *Gladly in the next AGI TK if questions are clarified* *ToDo: Mrs Rexroth informs in AGI TK* **Change in the diagnostic strategy:** • *Proposal by Mr Drosten, as too few reagents available, reduction to risk groups, severe cases and hospitals (provided that MNS is also increasingly worn)* • *Laboratory diagnostics working group: attempts are currently being made to implement the flow chart with the support of veterinary medicine* • *As far as known, Qiagen increases production* • *In the case of the outbreak in Jessen, this would have meant that the outbreak would have got completely out of control and other countries with this strategy are currently experiencing major problems* • *To date, the testing strategy used has also been rated as good by virologists and the prerequisite for the current strategy of measures is that a lot of testing is carried out.* • *Currently linear development and possibly falling case numbers and thus less testing, but should be taken into account in the further course if necessary*	*VPresident/all*
8	**Clinical management/discharge management** **Discharge criteria - outpatient area /New version** • *Question from Mr Drosten as to whether de-isolation after 7 days is possible in mild cases* • *Discussed internally in IBBS, would like to remain at 14 days, among other things due to acceptance by the population. The new dates are not fundamentally different and the system is not currently overloaded* • *BL tend to favour longer insulation and would not carry this with them* • *Discharge criteria for asymptomat. Persons: 14 days from available PCR test, but no free test* *Further discussion above under findings on pathogens* **Recording clinical progression through the DZIF's LEOSS register** • *BMG has asked IBBS for its position on programmes that collect clinical outcome data* • *LEOSS is recommended if other systems are not already in use, diversity of systems is not a problem* • *Question about support from medical students (employed via RKI work contracts) who support clinics and collect data near the hospitals* • *RKI would then also have access to data and could also record it and would have the additional advantage of the possibility of syndrome-based surveillance* *ToDo: IBBS organises support for input by*	*VPräs/ IBBS/all* *IBBS/all*

RKI	*Medical students* **ITCU project: Telemedicine to strengthen intensive care units** *(slides here)* • *Mr Zacher has developed a tool with the modelling group, based on Nowcasting, could be made available to BL* • *Dotted lines are intervention times* • *Forecast of the number of patients requiring intensive care beds* • *Nowcasting is very sensitive to changes in the figures the day before and predicts the next few days* • *It should be clearly communicated that this is the result of the current measures and can change quickly if measures are modified.* • *Also depends very much on the groups that fall ill and can vary greatly from region to region - but age can be built into nowcasting* • *Can be issued to countries (not to the public) but with a clear CAVE (see above)* **Telemedicine** • *Project Hub at the Charité, which enables overburdened ITS in Germany to receive specialist expertise via telemedicine*	*FG37/all* *IBBS*
9	**Measures to protect against infection** **Dealing with SARS-CoV-2-pos. medical personnel who continue to have positive findings after the end of the 14-day isolation period and at least 48 hours of symptom freedom** • *Not discussed.* **Dealing with "cured" Covid-19 cases if they have had contact with acutely ill people again. Renewed 14-day quarantine or presumed immunity without further measures?** • *Not discussed.*	
9	**Surveillance** • *Not discussed*	
10	**Transport and border crossing points** • *Not discussed*	
11	**International** • *Not discussed*	
12	**Dates** • *This afternoon TK to serolog. symptoms* • *This afternoon: TK on Non-Pharmaceutical Methods: Ms Buda takes part*	*FG36*

13	**Other topics** **Study project page** • *Should RKI projects be presented together on one website?* • *In discussion with FO who have database on projects* • *Projects should be presented on a common page* • *Project title and project editor useful information so that others can orientate themselves* *ToDo: FO should summarise projects suitable for publication and coordinate with the press* **Next meeting** • *03.04.2020, 13:00, Viteroconference*	*FG37/all*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.04.2020, 13-14:30 h*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1 Management*
- *Dept. 2 Management*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Anette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Inessa Markus (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *ZBS 1*
  - *Janine Michel*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA:*

- *Mrs Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis of international development, measures (slides here)* o *Countries with >7,000 new cases/day* ▪ *The downward trend is continuing in Italy and Spain, with the number of cases levelling off.* ▪ *The number of cases in the USA continues to rise sharply.* o *Countries with 1,400-7,000 new cases/day No significant changes* *Feedback from the BMG that risk areas will be procured from Monday 06.04.2020 00 o'clock* o *Norway* ▪ *The second peak in the curve of COVID-19 case numbers flattens out. The possible explanation for this is still unclear and will be submitted next week.* o *India (1.4 billion inhabitants)* ▪ *Absolute number of cases (2 088/ 56 deaths; case fatality rate: 2.7%) relatively low, but There is a strong increase. The incidence is 0.2 per 100,000 inhabitants. An underreporting is assumed and a further increase is assumed in projections. Young population structure is included in this modelling. High TB prevalence and pulmonary diseases due to air pollution should be taken into consideration.* ▪ *The first imported cases from China were already recorded on 31 January 2020.* ▪ *The largest cluster currently comprises 50 cases in connection with a religious event on 30.03.3030 in Delhi. In the last few days, there have been increasing reports of individual cases from the very densely populated (1 million inhabitants per 5 km²) Dharavi slum in Mumbai.* ▪ *Few and unselective tests (tests: 47,951 in total (positive rate 5.2%))* ▪ *Medical infrastructure: Isolation beds: 37,618 (1/84,000 inhabitants); Intensive care beds: 9,512; ventilation places: 8,432* ▪ *Current measures include a 21-day nationwide lockdown since 24 March 2020, including Closure of public places, closure of borders*	*ZIG1* *VPresident* *ZIG1*

RKI	*between Indian states, a nationwide curfew, closure of borders to the outside world.* ▪ *These measures have caused a wave of migrant labourers to flee from urban to rural areas.* *triggered. Reports of very drastic implementation and measures that are questionable in terms of their scientific basis (disinfection of entire groups with chlorine solution).* ▪ *Increased capacity in the healthcare sector (increased production of PPE, masks and ventilators) primarily in large cities. The lockdown strategy will remain in place until the number of cases falls; containment and contact tracing do not appear to be relevant and/or feasible at present.* ▪ *In the absence of effective measures, 180 million cases and 5 million deaths are predicted in 2020.* o *<u>SEARO/EMRO Region</u>* ▪ *The geographical proximity of India with the developments/measures have similar effects.* *Reactions (migratory movements) in the EMRO region especially neighbouring countries, e.g. Pakistan.* ▪ *WHO Ministerial Conference of EMRO countries: Orientation/adoption of the Chinese approach:* *Containment (early detection, early testing, early isolation of all cases, early treatment) and mitigation (physical distancing, restriction of movement) should be implemented in parallel. Isolation at home is not considered feasible in the regions.* ▪ *Iran is currently the only country with sustainable testing in the EMRO region* o *<u>Feasibility of domestic isolation in Germany</u>* ▪ *Described in the paper on outpatient care/management* ▪ *Is strongly dependent on the life structure and feasible in Germany, as compliance in the population is high* ▪ *Other approaches are not feasible* ▪ *A hospital is currently being developed in Berlin to treat only COVID sufferers* ▪ *Vulnerable population groups (homeless people, accommodation for asylum seekers) must not be ignored.* *be left. Holiday flats can offer a solution.* ▪ *Non-compliance is known in isolated cases and is accepted to a certain extent* **National** • *Case numbers, deaths, trend (slides here)*	*All*

RKI	○ *SurvNet transmitted: 76,696 (+ 6,174, 8%), of which deaths 1.017(+145)* ○ *Recovered: 23,800 (If no date of onset of illness is known, the date of notification is used to calculate recovery)* ○ *Epidemiological curve by onset of illness in Germany could not yet be integrated into the dashboard due to technical problems.* ○ *A projection by Brockmann for Germany is available.* ○ *International exposure locations:* *Austria remains the most frequent place of exposure (8,823 cases cited)* ○ *Trend analysis BL: All BL shown show a downward trend* ○ *Geographical distribution: focus visible in BW, BY and NRW* ○ *7-day incidence:* • *New category/colour > 500- ≤ 1,000 introduced for Tirschenreuth/BY; incidence 548.9/100,000* • *Currently 73 LK 51-100 cases/100,000 inhabitants and 21 >100 cases/100,000 inhabitants* ○ *3-day/5-day incidence: slight decrease* ○ *Location in Tirschenreuth:* • *Commuters (medical staff/nursing staff) find it difficult to cross the Czech border and are missing from patient care. Possible export and extent of illnesses to neighbouring districts and the Czech Republic is unclear. The current situation (bed occupancy and capacity) is currently unclear.* ○ *Trend analysis circles:* ▪ *Trend in Heinsberg unchanged, numerous late registrations from Cologne, rising trend in Rosenheim* ○ *Age and gender distribution: visible increase in older men.* ○ *DIVI Intensive Care Register:* ▪ *Currently 1,052 clinics/departments; much uncertainty and target value is much higher* ▪ *Varying regional distribution of occupancy, many regions without COVID patients in intensive care* ○ *HSC-TK: France carries out many intensive care transfers at national level; many thanks to Germany for taking over patients requiring intensive care* ○ *Prof Busse reports/calculates capacities at European level* ○ *Laboratory tests: constant* ○ *Euro-MOMO: unchanged* ○ *Request for administrative assistance: ZAST Halberstadt (ST)* *Outbreak in a central initial reception centre in the*	*FG32*

RKI	*Harz, currently a team on site and will work together with MSF if necessary; no serious illnesses* ○ *Request for administrative assistance: EvB Potsdam (BB)* • *Current FG 37 (Tim Eckmanns, Muna Abu Sin, Felix Moek/PAE) on site* • *Over 50 cases with some fatalities* • *The state and the GA were not satisfied with the measures implemented and an inspection is taking place today* • *Control of the outbreak proves difficult due to lack of rapid testing capacity and lack of protective equipment* • *Further updates at the beginning of next week* ○ *Request for administrative assistance: Accident Hospital Marzahn-Hellersdorf (BE)* • *Large clinic with two COVID wards (intensive care and normal ward) with 25 cases among the staff (3 nosocomial infections)* • *The time delay in testing is problematic (results are only available two/three days later / capacity problems at the Berlin laboratory)* • *Urgent testing/screening of personnel (approx. 2000 people) necessary to control the outbreak* • *Another problem is the lack of equipment, especially MNS is not available for all staff* ○ *Test capacities laboratory at the RKI* • *~~Currently~~ initially targeted maximum capacity (200 samples/day) achieved at the RKI (including 164 samples from Reinickendorf), laboratory receives more than 200 samples per day, fewer on weekends, further increase to the desired 1000 samples/day possible* • *Restrictions due to delivery difficulties* • *Manual extraction by more personnel possible in principle and a selected number of samples could be taken in this way (acceptance of 2,000 samples not possible)* ○ *Challenges in dealing with outbreaks* • *Only adequate physical separation and screening of staff/testing of healthy people allow control over the outbreak situation* • *Internationally, there are examples of loan options/redistribution for equipment* • *Mobile laboratories/test hubs for nosocomial outbreaks would be one way of carrying out additional rapid testing*	*FG37* *~~ZBS1ALL~~* *FG 37/all*

RKI	*There is a central office at the BMG that checks offers for protective equipment from manufacturers, for example* *TODO:* *FG 32 and Linus Grabenhenrich (MF) look at Prof Busse's publications on the European situation* *ZBS1: Check possibilities of an offer of assistance from the laboratory at the RKI for the collection of samples from the Berlin laboratory* *Dept. 1 / Mr Mielke: Adaptation of the test strategy* *FG 32: Introduce the topic of "Voluntary resource equalisation for PSA" as a possible redistribution mechanism to the AGI and discuss it with the BMG Situation Centre to pass on the suggestion to call for donations of MNS from the population*	*BZgA*
2	**Findings about pathogens** **Susceptibility pets** • *Infection of and transmission by cats described by veterinarians/FLI* • *The FAQs are to be adapted in consultation with the FLI and the press. Amended FAQs are available to the Situation Centre.* **New findings on asymptomatic infections** • *Literature is currently being compiled (15 publications); evaluation will take place over the weekend* • *Support can be provided by the library* **Studies on recovered COVID-19 patients** • *Recording of recovered COVID-19 cases at the RKI is not yet systematically possible* • *The RKI has received offers from individuals (2 patients from Cottbus)* • *One possibility would be to approach patients via clinical networks* • *Call for recovered people to donate plasma is postponed to 8 April 2020* • *A cohort study would be useful and is desired; this has already been suggested in the crisis team and assigned as a task* *TODO:* *FG 35 and the press check and adapt the FAQ regarding transmission by cats* *Situation centre should identify the task of planning a cohort and the responsible department in old crisis team protocols* *FG36/IBBS clarifies the possibility of setting up a clinical register*	*Pres* *ZIG 1/VPräs* *VPräs/ all*

	with the aim of building a cohort	
3	**Current risk assessment** • *No need for change*	
4	**Communication** **BZgA** • *BMG call for plasma donations for clinical trial postponed to 8 April 2020* • *The comprehensive designation of mouth-nose mask/protection presents legal challenges, as only products with certain standards may bear this designation; in order to circumvent this, mouth-nose coverings are to be used from now on.* *TODO: Adopt and adapt press wording accordingly* **Press** • *Two publications published in EpiBull on the recording of testing and laboratory-based surveillance* • *Need for clarification/definitions of the following terms: Risk group, vulnerable group, risk of severe course necessary. There are already some definitions in the RKI glossary.* • *Increased enquiries about equipment and IPC in facilities for the disabled, clear categorisation depending on basic situation, type of care, etc.* • *A lot of enquiries about criteria for cancelling contact restrictions. A suggestion for the wording would be very helpful. Case numbers and R0 play an important role from an epidemiological perspective. The question cannot currently be answered, as numerous factors (not only of an epidemiological nature) play a role* *TODO:* *Proposed definition of "risk group, vulnerable group, risk of severe progression" created by FG 36 using the RKI glossary and agreed with BZgA/Presse* *Press: Contact will be made with the Association for Facilities for the Disabled and clarify the question of its own categorisation in order to better answer enquiries*	*BZgA* *Press*
5	**Strategy** **Major strategic issues** ○ **Update de-escalation strategy** *There are many different partners and the work is very varied.*	*LZIG/all*

RKI	*productive. Four scenarios were developed as proposals. The "hammer dance with shield" scenario (case number curve decreases, measures are gradually withdrawn with certain conditions, protection of vulnerable groups) is favoured. Trigger points/values at which measures are withdrawn are determined by numerous factors (R0, case numbers, containment, bed utilisation, test capacities, contact tracing in the context of outbreaks/clusters). Before the scenarios are shared with the BMG, the trigger points/measurement factors are specified and differentiated, as these are potentially used as indicators to prevent misunderstandings. The colouring (currently red in all scenarios for the older population) and names of the scenarios should be adapted so that they are suitable for external political communication. Many working groups in different ministries, with overlapping personnel and topics, are working on this. The proposals will be brought together in a ministerial round table, the first meeting of which took place today. The process should be completed next week on Friday (10 April 2020).* *TODO: ZIG incorporates the discussed changes and definitions into the strategy and shares the document with the BMG.* • **BMG request: Epidemiological assessment of the potential of the contact tracing app** *Experience from Asian countries and modelling can be used for assessment. Technical implementation is expected to be completed in April.* *Feasibility study/piloting with the Bundeswehr is planned. Participation is voluntary, so it should be unproblematic from a data protection perspective. It would have the potential to speed up the work of the health authorities; the significance of the data collected and the resulting consequences/possible actions should be critically assessed.* *ToDo: Justus Benzler and Göran Kirchner with the support of AL3 answer the enquiry.* **RKI-internal strategic questions** • **Dealing with extra requests regarding evaluation (BMI, Antes, Krause, ...)** *There are numerous requests for data queries and analyses that are not handled via the dashboard and SurvNet. On the one hand, this is difficult and time-consuming in terms of data protection. A standard data set that is somewhat more detailed than is already available could offer a solution. A generalised solution is difficult and requests should continue to be checked individually.*	*AL3, all*

	• **Proposal USA: "Weekly Chief Advisors Call" (DE BMBF)** *Not discussed* • **Enquiry IHME Covid-19 projections on healthcare capacity and utilization for the EEA/EU member countries and the UK** *IHME would like to publish analyses on the capacity and use of the healthcare system for the EEA/EU member states and the UK and has asked Sebastian Haller and Thomas Ziese to collaborate on the publication. The type of participation or content-related contribution has not yet been finalised. If participation in the content is possible, this would be a good opportunity. Bilateral dialogue between ZIG and FG37 should take place for this purpose.* *ToDo: FG37 and ZIG exchange information and explore the possibilities of participation and decide on possible participation.* • **Publication requests: Decision and approval** *Publication approvals come in at very short notice and require content review. This should continue to be done via the usual official channels (in exceptional cases by e-mail).* • **Modernisation push for the administration (e.g. also health authorities) Cf. minutes of the BMG-BMI crisis team (dated 26.3.20)** *The minister's proposal to make 50,000 euros available to each GA for upgrading can be helpful to implement the missing IT infrastructure and to drive forward digitalisation (e.g. implementation of the laboratory module in SurvNet). This will not solve the profound problems of the ÖGD (lack of personnel). Countries are occasionally asked whether this is considered useful.* *TODO: FG32 asks in individual BLs.*	
6	**Documents** **Options for separate care of suspected COVID-19 cases and other patients in outpatient and pre-hospital settings (document here)** *Queries from the KBV were addressed and discussed with FG14/ABT1* *harmonised. There is a separation between outpatient and inpatient care. After consultation with IBBS, a*	*FG37*

RKI	*Publication on the homepage.* *TODO: FG37 shares the draft with IBBS.*	
7	**Laboratory diagnostics** **RKI internal laboratory group** • *Approx. 3000 samples analysed, of which approx. 500 samples were positive* • *Support is generally good, but not equally from all FGs in the building; additional support must be recruited and shifts adapted if the number of samples increases* • *Increasing number of requests for serological testing/individual samples from the GA with questions about past infections. Detection with EUROIMMUN has worked well so far (4 serum samples). Samples from asymptomatic persons available to date may also be tested.* • *PEI is working on the evaluation of serological tests. Duplications should be avoided.* *TODO: ZBS1 contact PEI to discuss collaboration on serological testing.* • *Self-acceptance study:* *Samples from the DRK have arrived at the RKI. Labor Berlin/KL Corona does not forward the samples from the self-sampling study. The study consists of two samples: 1. medical collection at the Charité, analysed in the Berlin laboratory/2. self-swabs went directly to the RKI. FG 36 provides support with the difficult communication.* *TODO: Mrs ~~Michels~~ shares a draft request (e-mail) with Mr Wieler and Mr Schaade* **Flu season/Sentinell** • *Sporadic detections with decreasing sample numbers* • *CW 14: 57 samples and no detection* • *Possible reason is the decrease in ARE overall*	*~~ZBS1AL1~~* *FG17*
8	**Clinical management/discharge management** **Forecasting for bed requirements in intensive care units** • *The projections were shared within the AGI. After clarification with FG 37, the analyses are to be shared with DIVI.* • *Email to correct the figures from Dr Gerald Gaß (German Hospital Federation) to be shared with everyone again.*	*VP/President/ all*
9	**Measures to protect against infection**	

RKI	• *Not discussed*	
10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** **Dealing with returnees/dealing with repatriates (cruise ships)** • *On Monday, the BMG will decide on how to deal with returning travellers. German tourists are to go into voluntary quarantine for 14 days after returning home. Foreigners travelling to Germany are not covered by this regulation. This procedure is considered incomplete and inadequate.* • *BMI will draw up an entry regime.* • *Travellers/returnees are included in the de-escalation strategy.* **Major events** • *Documents relating to major events are to be adapted.*	*VPräs/ FG32/all* *FG 32*
12	**International (Fridays only)** **AA: BKA TK with South Korea** • *7 TCs on different topics with South Korea "Lessons learnt", for example dealing with travellers returning home or obligation/compulsion to quarantine, planned by the AA. Documents are collected and shared by ZIG.* **Exchange Singapore** • *An exchange with the PH Institute Singapore took place on Tuesdays. Documents are being processed in ministries.* • *Increasing interest in German strategy and measures abroad.* **Requests for assistance from abroad** • *Increase in requests for help from abroad. Current requests come from Venezuela, Kazakhstan, Kyrgyzstan, Armenia and Yemen. The content of the requests and the urgency and sustainability are increasingly changing (at the beginning*	*LZIG*

RKI	*especially diagnostics) and we are heading towards a humanitarian crisis. ZIG is in dialogue with BMZ on critical issues.*	
13	**Digital projects update (Mondays only)**	
14	**Important dates** *Please enter in the agenda yourself*	*FG 32*
15	**Information from the situation centre**	
16	**Other topics** • *Next meeting: Monday 06.04.2020, 13:00-14:30*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date, time:	*06.04.2020, 13-15:30 h*
Venue:	***RKI**, Virtual Conference Room Vitero*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 2 Management*
  - *Thomas Lampert*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG 21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Meike Schöll (minutes)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*

- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Andreas Jansen*
- *BZgA : Heidrun Thaiss*
- *Bundeswehr: Katalynn Roßmann (by telephone)*

TOP	Contribution/Topic	contributed by
1	**Current international situation** • *Trend analysis of international development, measures (slides here)* ○ *Countries with > 7,000 new COVID-19 cases/day in the last 7 days: The downward trend continues in Italy and Spain.* ○ *Countries with 1,400-7,000 new COVID-19 cases/day: South American countries such as Brazil and Peru are increasingly affected, a TC with Venezuelan experts will take place on 7 April 2020, an update on the number of cases in South America is planned for 7 April 2020.* • *France: A sharp increase in cases is being observed. Following the change in the surveillance strategy (entry into phase 3, medication phase on 28 March 2020), data from nursing homes is also included in the case numbers; a further increase in the number of cases is to be expected in view of the nursing homes affected. Almost 200,000 tests were carried out in CW13, with a high positive rate of 27% compared to the rest of Europe.* • *Spain: A downward trend is recorded, which is most likely to be interpreted as an effect of the measures of 14 March 2020 (nationwide state of emergency with curfew). This shows an effect of the measures after 3 weeks. At around 15,000 tests per day, relatively few tests are being carried out.* • *Italy: The downward trend has been continuing for some time. The establishment of a lockdown zone on 11 March 2020 appears to be decisive. As in Spain, there was a sustained drop in the number of cases around 3 weeks after the drastic measures were introduced. By 4 April 2020, around 650,000 tests had been carried out (positive rate of 18.9%). Since 26 February 2020, only symptomatic people have been tested.* • *China: Since 1 April 2020, asymptomatic cases have been reported daily (approx. 45-60 per day, partly autochthonous, partly travel-associated). There are currently 1,024 cases under observation. This data is based on the screening of 1st-degree contacts and travellers returning home. The asymptomatic cases account for 18 to 31% of the*	*ZIG1*

RKI	*Total infections, although it is difficult to distinguish them from pre-symptomatic cases.* • *Various studies are being conducted in China with regard to asymptomatic cases. A study from the Ningbo Centre (Zhejiang Province) with 191 COVID-19-patients and 2,147 close contacts shows that both asymptomatic and symptomatic cases can infect others to roughly the same extent. In contrast, according to a study from southern China, only very few asymptomatic cases became infected. However, the data source of the first study appears to be more reliable. In addition, it has been observed that 3 to 10% of patients tested positive for SARS-CoV-2 again after discharge from hospital (after testing negative twice). However, the type of sample collection and handling as well as test quality and other sources of bias must be taken into account.* *To date, there is no reliable data on the use of serology.* *ToDo: Presentation on India / Sweden / Canada as possible new risk areas planned for 07.04.2020. (ZIG 1)* **National** • *Case numbers, deaths, trends (slides here)* o *SurvNet transmitted: 95,391 (+3,677, +4%), including 1,434 deaths (+92, +7%). The case numbers are lower after the weekend due to reporting delays.* o *Incidences: BY, BW, HH and SL have relatively high incidences, while the incidences in the north-east BL are lower. Most deaths occur in BY, BW and NRW.* o *The representation of the epicurve according to Due to technical difficulties, the date of illness/reporting date in a combined curve has not yet been implemented.* o *The median age of the total cases is 49 years. The proportion of >70-year-olds is 15% (86% of deaths). Both genders each account for 50% of the total cases, whereas men account for the majority of deaths (64%). A new chart shows the proportion of deaths per age group and gender.* o *The estimate of those who have recovered is currently being revised and will then be transferred to the dashboard.* o *Austria continues to lead the way in terms of international exposure, although bilateral processing is of great interest.* o *In terms of 7-day incidence, 30 districts have 101 to 500 cases/100,000 inhabitants, 85 districts with 51 to 100 cases/100,000 inhabitants.*	*FG32*

RKI	*cases/100,000 inhabitants. In terms of 5-day incidence, there are 11 districts with 101 to 500 cases/100,000 inhabitants,* *while 58 districts are reported with 51 to 100 cases/100,000 inhabitants. With regard to the 3-day incidence, districts south of Munich and Tirschenreuth stand out. Compared to the previous week, there are no major differences in the geographical distribution.* ○ *DIVI Intensive Care Register: There were technical problems when switching to a new page. The number of COVID-19 patients and intensive care bed availability are shown per BL.* • *Request for administrative assistance* ○ *EvB Potsdam (BB): Last week, 63 employees and 99 patients were affected, including several deaths. In the meantime, management has improved by setting up three areas (COVID-19 area, suspected case area, non-COVID area) and by stopping transfers and admissions. This approach has been best established in oncology so far, with weekly swabs taken by all employees. By the end of the week, 450 tests per day are to be carried out. For the RKI, the order is completed with the reporting.* ○ *Marzahn-Hellersdorf Accident Hospital (BE): So far, 25 employees (spread across the entire hospital) and 3 patients have tested positive, although not all of them have been cancelled. Further tests are currently being carried out. According to the Marzahn accident hospital, the necessary testing capacities are available at Labor Berlin, but consultation is still pending.* ○ *ZAST Halberstadt (ST): In a central reception centre, 21 people tested positive; cohorting and quarantine measures were taken. However, there was a lack of language mediators and people were insufficiently questioned about their symptoms. Médecins Sans Frontières has offered support, which is supported by the public health officer and the state Ministry of Health, but has not yet been endorsed by the state Ministry of the Interior.* *ToDo: In the report to the BMG, the support offered by Médecins Sans Frontières should be mentioned and endorsed. (Feldtaem)*	*FG37* *FG32*
2	**Findings about pathogens** • *Findings on asymptomatic infections: see above under TOP1 ZIG*	*ZIG*
3	**Current risk assessment**	

RKI	• *The lifting of the risk areas will be postponed until Easter for the time being due to necessary changes to the legal ordinances of the BL according to the order of the BMG (the crisis management team favours a change as of 13.04.2020 0:00). The RKI website should draw attention to the risk of infection that exists on all sides before the risk areas are named.* *ToDo: Ute Rexroth / Situation Centre creates a draft text for the website that an infection risk must currently be assumed in all countries of the world, with (currently still existing) naming of the risk areas afterwards. As long as no quarantine has been ordered for travellers returning home, voluntary home quarantine should be recommended.* • *There is currently no need to discuss the risk assessment.*	*All*
4	**Communication** • *A request is made to show the number of recovered patients over time or as an incidence. In addition, the need for standardised wording for mouth and nose coverage is pointed out.* • *Number of recovered patients: The indication of an incidence or information per district suggests a stronger resilience of the data, which is not available in view of the rough estimate. The number of recovered patients per BL will be shown on the dashboard shortly. The breakdown of the number of recovered patients by age group is possible in principle, but has not yet been implemented.* *ToDo: Diercke/FG32 At the next EpiLag, it must be clarified whether the BCs wish to differentiate the number of recovered patients at BC level.* • *This week's press briefing will take place on Maundy Thursday due to the public holiday. One of the topics for tomorrow's press briefing will be the coronavirus data donation. A call-in for journalists will take place for the first time. The wording on face masks has already been implemented on the website and in the relevant documents.*	*BZgA* *All* *Press*
5	**Big strategy questions** • *De-escalation strategy / criteria* o *The first draft of the de-escalation strategy was sent to the BMG on 4 April 2020, the Corona Cabinet is meeting today, the BMG has asked for input for its own paper this week. An exchange with the BMG is planned for 07.04.2020. The question currently arises as to which values or points are decisive for the withdrawal of the measures (e.g. reproduction rates, case numbers, etc.). The aim is that*	*ZIG*

	new infections remain in clusters and no community transmission occurs. Criteria will soon be defined with Matthias an der Heiden in order to carry out initial calculations. *ToDo: Ms Hanefeld / Mr an der Heiden are to finalise the existing short presentation by Thursday, including justification and initial calculations.* • *In parallel to the de-escalation strategy, the strategy should be supplemented by further measures such as a clear statement on covering the mouth and nose. FAQs have already been modified, but the recommendation for face masks has not yet been propagated actively enough among the population. The issue should be addressed in such a way that additional measures appear sensible in view of the increasing number of cases according to NowCast, even if there is still a lack of evidence in favour of mask wearing in the population as a whole, but it makes sense for reasons of plausibility and in view of the number of cases in countries that use this measure.* *ToDo: FG36 in coordination with FG 14 develops paper by Maundy Thursday on the recommendation of wearing masks in confined spaces as a further non-pharmacological measure and sends a draft to BZgA.* *ToDo: ZIG should also include mouth-nose cover in de-escalation strategy.* • *NowCasting/R0 (Web-Site)* o *Nowcasting shows increasing case numbers with a certain degree of uncertainty. It is unclear whether and in what form the nowcasting will be passed on to the BMG, the BL and others. So far, the results have been subject to major fluctuations. The ITS estimate is based on nowcasting, but only the former is communicated externally. More reliable data is available if the last few days are excluded from the presentation.* o *In view of the uncertainties, it is proposed to present various models in a simplified form several times a week in a joint paper, including nowcasting and the models of Dirk Brockmann and Sebastian Funk.* o *Dealing with the politically desired doubling figures is difficult.* o *A different forecast every day in nowcasting is difficult to convey to political decision-makers. As soon as the nowcasting has been shown once, an expectation arises that must be met in the course of time. The model must be politically decision-makers.*	

- *At the same time, it is becoming apparent that the number of cases is continuing to rise with a shift to higher, more vulnerable age groups with the risk of intensive care capacities being utilised/overloaded, which makes it necessary to communicate the risk appropriately to the outside world.*
- *Not showing the last few days in NowCasting would stabilise the data situation, but would also make the increase in the number of cases less visible.*
- *It is important to know whether the cases are increasing, remaining the same or decreasing. The uncertainties could be visualised more clearly (confidence interval as a band).*
- *The English model comes to a similar R0 estimate as the NowCasting by Matthias an der Heiden. Based on this, it can be formulated that R0 has not fallen below 1 despite the measures, which it should. In addition, older population groups are increasingly affected and nosocomial outbreaks and outbreaks in care homes are occurring. It should be communicated that even an R0 of 1 is not enough.*
- *In the media, a positive trend is being conveyed with reference to an extension of the doubling time, which is not shared by experts.*
- *The general question is whether the number of cases is currently rising due to increased testing. An increase in testing can create an artificial increase without changing the epidemiological course, but we lack reliable data on this. Testing has indeed increased, while the proportion of positives has fallen from 13 to 8.5%.*
- *The measures from 23 March 2020 have been in place for less than three weeks, meaning that their effect on the number of cases cannot yet be conclusively assessed.*
- *The decision on forwarding the NowCasting results externally is postponed.*

ToDo: Matthias an der Heiden prepares the nowcasting with tomorrow's figures and includes other methods in the report if necessary.

RKI-internal strategic questions

- *Implementation of BMG instructions*
  - *It is important that the RKI regularly identifies the orders of the BMG as such in order to make it clear when these are political decisions and not scientifically based decisions.*

ToDo: Note to the situation centre when sending e-mails to others

RKI	*The Federal Ministry of Health has commissioned the actors to carefully examine this mandate and make it visible as such to the external partners.* • *Strategy paper (Krause G. et al.)* ○ *Concerns have been expressed that the task forces will undermine existing public health service structures.* ○ *However, expert committees are regularly convened on other issues, even if structures already exist.* ○ *As advisory bodies, the task forces could take the focus off the RKI and channel criticism in other directions if necessary.* ○ *A commentary or assessment by the RKI does not currently appear necessary.*	
6	**Documents** • *Autopsy (see e-mail Mr Wieler, Fri 03/04/2020 18:36) -> Adaptation document?* ○ *The paper is currently being harmonised with the AGI. The Charité aims to carry out an autopsy on every deceased person; particular attention is paid to cardiological involvement - there are reports on the American side of deaths from arrhythmia refractory to therapy - and histology. The Charité sees a need for research and does not see itself hindered by paper.* ○ *With regard to the citizen flow chart, the question arises as to any changes in the test regime that might require adjustments to the flow chart.* ○ *The involvement of veterinary laboratories is not welcomed by all BCs; the RKI and blood donation services act as a back-up. Mr Drosten considers an expansion of diagnostics to be problematic. Close coordination within the organisation with regard to the flow chart makes sense.* ○ *There is currently no need to change the test strategy; the flowchart is intended to illustrate the current strategy.* *ToDo: IBBS should coordinate the paper closely with the diagnostics working group.*	*IBBS*
7	**Laboratory diagnostics** • *Material for approx. 2000 samples is currently available. The samples for the proficiency test have arrived. There are many offers for sera. Many enquiries are aimed at the evaluation of tests, which is time-consuming. Individual enquiries can be answered with reference to the existing statement.* *ToDo: Please check whether the answer regarding the self-tests has been sent to Mr Drosten. Evaluation of serological tests should be bundled in the working group for a general statement, PEI is involved. (ZBS1)*	*ZBS1*

RKI	• *Sample numbers are stabilising at a low level, today 1 positive SARS-CoV-2 case. Influenza is almost no longer detectable in the sentinel. The instant ring test was received today and will be processed in the next few days. Further information will be provided later.*	*FG17*
8	**Clinical management/discharge management** • *Management of COVID-19 outbreaks in the healthcare sector* o *The paper is currently being circulated for comment and is to be finalised tomorrow.* o *It is pointed out that prevention aspects should also be included.* o *Multiple screening would be desirable, but is difficult to realise due to a lack of laboratory capacity; pooling also poses problems for many laboratories. It is still unclear, as in response to the enquiry from Berlin, whether it is necessary to test positives twice before de-isolation. In China, South Korea and Singapore, 2 negative tests are required before isolation.* *ToDo: FG36 will forward paper to FG14.*	*FG37*
9	**Measures to protect against infection** • *WHO recommendation/assessment FG14* o *The WHO recommendation addresses the establishment of hand sanitising stations or hand washing stations in front of public buildings in low- to middle-income countries. In view of the target group of the recommendation, the general availability of public and private toilets in DEU and the theft problem with disinfectant dispensers, the RKI sees no need for action from the WHO recommendation. Recommendation.*	*FG14*
10	**Surveillance** • *Not discussed.*	
11	**Transport and border crossing points** • *Not discussed.*	*FG32*
12	**International (Fridays only)** • *Not discussed.*	
13	**Digital projects update (Mondays only)** • *The launch of the data donation app is planned for 7 April 2020, for which all media channels will be used.* • *Web applications with Charité are to be improved.* • *The role of the RKI in the pan-European consortium is still unclear. There are some external expectations that the RKI will launch the app, place it in the app store and be responsible for maintenance. Given the scarce resources for customer service, this is hardly feasible; at the same time, it is desirable for the RKI to provide input. The RKI working group should*	*FG21* *FG21/AL3*

RKI	*functionality of the app; in view of the great media attention on this topic, the statement must be formulated with appropriate caution.* • *Mr Brockmann's map on the development of mobility on a daily basis in conjunction with the data report may be useful for the exit strategy.* • *If necessary, an alternative solution could be found for the person responsible for the app, comparable to the STIKO app, in which the RKI has a visible role, but programming and maintenance of the app are the responsibility of a publisher.* • *A tracking app is already in use in Singapore, but in a TC held today, no information could be provided on the number of people identified with a positive test result.* • *In a TC on 3 April 2020, the acceleration of DEMIS was discussed, with electronic laboratory reporting to GÄ considered a major milestone. Feedback on further resources for the implementation of DEMIS is required.* *ToDo: Resubmission of a proposal for an obligation to report negative test results to the BMG (FG 32)*	*FG32*
14	**Important dates** • *On Thursday, 9 April 2020, Osamah Hamouda will take over the moderation of the crisis unit.* • *An additional crisis team has been scheduled for Saturday, 11 April 2020 at 11 a.m. Each participant should check whether access via Vitero is prepared for the case of home office.* *ToDo: Situation centre sends out invitation email for crisis team meeting.*	*VPresident*
15	**Information from the situation centre** • *A crisis team meeting is to take place at 11.00 a.m. on Easter Saturday*	
16	**Other topics** • *Next meeting: Tuesday, 07.04.2020, 11 a.m. via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*07.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis (slides here)* o *Countries with >7,000 new cases/day: most of them have already been reported in the past few days, as well as the reason for the peak in France (see minutes of 6 April 2020)* o *Countries with 1,400-7,000 new cases/day: no particular anomalies, also many already discussed* o *ZIG1 is currently trying to obtain information and documents on de-escalation strategies from Austria, Italy and Spain, particularly in order to familiarise itself with their indicators for decision-making* o *Tomorrow focus on South America, today also TK with Ministry of Health from Venezuela* o *Countries with special development (possible new risk areas)* ▪ *Sweden: relatively high incidence (~70/100,000), case fatality rate 1.8%, cases mainly in and south of Stockholm; testing until end of 13th week ~320,000,* **positive rate 12%**, *also testing as part of Influenza Sentinel, positive rate 7% (relatively high), doubling of cases in the last 5 days, increased outbreaks in nursing homes,* **75% of cases acquired in Sweden (community transmission)**; *currently considering tightening the previous measures (more relaxed compared to other countries)* ▪ *Canada: Incidence ~42/100,000, 280 deaths and case fatality 1.8%, %, mostly affected Regions in the east of the country (Quebec, Ontario, Alberta, British Columbia), until 05.04. in total 323,000 tests, positive rate 4.5%, according to the government* **>72% of cases** *are* **not associated with travel abroad or imported cases**, **for 80% of autochthonous cases there is no traceable exposure**; *large proportion (35%) of cases are 40-59 years old, hospitalised cases mostly >60; measures relatively relaxed (between those of Germany and Sweden), no general curfew, but schools etc. closed* ▪ *India: Increase in cases (>700 and 20% more since yesterday) and deaths, incidence very low (huge population),* **81% of states report cases**, *most in areas with large cities (Maharashtra, Tamil Nadu and Delhi),* **98% of**	*ZIG1*

RKI	**Cases of Indian nationality**, *government speaks of local (majority of cases imported or clusters associated with imported cases) and not community transmission; measures since 24.03. nationwide lockdown, travel restrictions also between states in the country; almost 90,000 tests, positive rate 4%;* **Brockmann projection (graphic) signals further increase; generally no transparent communication**; *WHO SEARO assumes unreported cases by a factor of 50, there are already outbreaks in slums (no official statement) exponential increase to be assumed, rather yes,* ▪ *Belgium:* **high incidence 172/100,000**, *case mortality rate 7.8%; Brussels and Flanders are Hotspots; start at the end of February,* **cases in all provinces** *since the end of March; measures relatively moderate, shops open on weekdays, many commuters to neighbouring countries, schools still partially open,* **testing strategy: only severe cases and medical staff with fever**, *total ~68,000 tests,* **positive rate 28%, 0.2% of the population tested positive**; *Brockmann projection not clear to interpret, no reduction in case numbers* • *Risk areas* o *Should probably remain in place until Good Friday, no final clarification or certainty yet* o *Based on the above explanations and since the RKI regularly assesses the international situation, the following (entire) countries are designated as risk areas:* ▪ *Sweden* ▪ *Canada* ▪ *India* ▪ *Belgium* *ToDo: The above 4 countries are to be proposed to the BMG today as new risk areas* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 99,225 (+3,834), thereof 1,607 (1.6%) Deaths (+173), incidence 119/100,000, approx. 33,300 recovered* o *Highest BL incidences: BY, BW, HH, SL, NW* o *No major changes in the developments (epicurve, age/gender distribution)* o *Recovered: implementation of the new algorithm tomorrow* ▪ *Cases for which information on onset of illness have not been taken into account so far*	*VPresident/all* *FG32 All*

- Now, for all reported cases (hospitalised, non-hospitalised, without indication of onset of disease or hospitalisation) an algorithm based on available literature data is applied
- All algorithms used are conservative and do not overestimate the number of recovered patients
- This will nevertheless lead to a strong increase in the number of recovered (~10,000?)
- Declaration is communicated

  - Geographical distribution
    - 7-day incidence: 31 districts >101/100,000, 92 districts 50- 100/100,000, Tirschenreuth district highest affected (~500/100,000)
    - Incidence not easy to interpret after the weekend
  - Trend analysis
    - Unchanged since yesterday
    - BL trend analysis will soon also be performed separately for deaths
    - Since yesterday largest increase in deaths/day (170) although reporting activities were rather weak, possibly Renewed increase before the public holidays if BL re-registers ("tidy up")
    - Deaths generally lag behind, even if overall figures fall
    - Trends currently difficult to assess as late registrations are expected
  - International exposure locations
    - No longer as many or as relevant, should be shown as proportion of autochthonous vs. imported cases become
    - Rösner(?) from Kiel believes that the decline in the number of cases in Germany is involved in the AA's retrieval campaign from abroad
    - In some cases, there were also symptomatic cases and not only asymptomatic cases as promised. people among them, but probably not thousands
  - DIVI figures not yet available but hopefully tomorrow, one can assume an underreporting

- Request for administrative assistance Halberstadt
  - RKI team travelled there again as there were numerous (30?) new cases in the facility
  - None of the RKI recommendations could be implemented or were implemented (e.g. cohorting vulnerable groups), there were no language mediators, MSF was not consulted despite offer, further procedure unclear
  - There are offers from hotels to accommodate people

RKI	○ *RKI report will be sent to the BMG ToDo:* *Send RKI report on Halberstadt to the BMG (LZ?)*	
2	**Findings about pathogens** **DÄB Article** • *Clinical evaluation of the first 50 cases from Heinsberg in the German Medical Journal (link here), conclusion: ARDS patients have increased respiratory pre-existing conditions and obesity and are characterised by persistently elevated inflammatory markers; COVID-19 patients without ARDS may require longer hospitalisation due to persistently elevated inflammation levels with concomitant oxygen dependency* **Sequencing** • *How is it decided what is sequenced at the RKI? Existing sequencing capacity should be utilised sensibly, random sequencing is desirable* • *There are only a few positive samples from AGI Sentinel, these could be supplemented by* ○ *Grippeweb Plus samples* ○ *Samples from the hospital network virological surveillance tested by FG17* • *Existing collaborations and approaches at the RKI* ○ *Concept of molecular surveillance, Stefan Kröger (FG36) takes care of this, ZBS1 is not involved so far, should it be expanded?* ○ *Existing cooperation between FG17 and MF2 (Andrea Thürmer), ZBS1 and epidemiologist (e.g. Udo Buchholz) should also be involved in SARS-CoV-2 sequencing* ○ *Those present do not know whether there is an agreement between ZBS1 and MF2* • *Structuring of the sequencing procedure is necessary ToDo:* *Silke Buda asks Stefan Kröger to take on the topic* **Virus excretion before the onset of symptoms** • *Already taken into account in the pathogen profile, need for adaptation should be checked again in all RKI documents* *ToDo: all lead OUs should analyse this for their documents/recommendations and adapt if necessary*	*VPresident* *FG37/all* *VPresident*
3	**Current risk assessment** • *No need for adjustment*	*all*

4	**Communication** **BZgA** • *With regard to plasma donations, the following definition of recovered patients is applied nationwide: 14 days after discharge and symptom-free (not only time-controlled), in hospitalised cases two negative PCR tests and after discharge another 14 days of home isolation(?)* • *Audio content on the BZgA website is updated* • *On Maundy Thursday, all 18,000 pharmacies will offer 1.8 million flyers on specific programmes for families and older people at Easter* • *Hotline for mental health problems in preparation* • *Irritation on the part of BZGA about RKI information in plain language* ○ *Who should be the target group, this is actually BZgA responsibility* ○ *Request was made to RKI (also in the context of the PK sign language interpreter), RKI was not well positioned in this regard and also wanted to meet requirements on the website* ○ *BZgA requests that these matters be coordinated in order to avoid parallel processes, will be taken into account by the RKI in future*	*BZgA*
	Press • *Today's PK: Presentation of the data donation app, journalists dial-in worked well, a lot of attention to PK, external website for the data donation app has collapsed, work is being done on it* • *Paper on mass events has been removed from the website as it is no longer up to date, link to this has also been removed from other places* • *Yesterday's agreed sentence on risk areas was posted on the website today*	*Press*
	Translation of RKI documents • *Translation of various documents, e.g. flyer quarantine is planned and BZgA had offered support, but it was announced that this may take 2-3 weeks, in which case RKI must look for translation independently* • *Mrs Thaiss is surprised that this is taking so long, she follows up so that it can be speeded up*	*IBBS/BZgA*
	Modi-SARS 2012 • *Scenario was written in 2012 on behalf of the BMI and published in 2013, there has been some attention on this in recent days, according to the motto that many things were foreseen and insufficient consequences were drawn* • *BBK boss has commented on this and RKI may also have to take a stand* • *FAQ draft has been developed but not yet published to*	*IBBS/All*

RKI	*not to cause a stir, as there have not yet been many enquiries* • *A harmonised, uniform opinion between the RKI and other authorities involved would be useful; this should be coordinated with other departments* • *IBBS (Julia Sasse) was involved in FAQ* • *It must be determined whether there is a surcharge or an announcement from the BBK in this regard* *ToDo: IBBS informs itself about BBK announcement/surcharge in order to obtain possible coordination* **Risk areas** • *As soon as these are cancelled (Good Friday or later, will be confirmed by the BMG), the "Assistance for the ÖGD on travellers from risk areas" under Travel on the RKI website should also be removed* *ToDo: LZ/Presse must remember to take the paper off the website then*	*VPresident*
5	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Extra paper for initial reception centres?* o *Suggestion from the team in Halberstadt to develop a paper as there are many initial reception centres with similar problems and general recommendations for these are difficult to implement* o *Should be addressed and coordinated with BAMF, clarification first:* *1. Does something like this already exist?* *2. Development under close coordination* • *Translation of existing BZgA material* o *In addition, would it be good if the BZgA print material were made available in the relevant languages for initial reception centres?* o *Communication with residents is not difficult, there is nothing in their language, if BZgA could quickly organise something like this for all first admissions (analogous to flyers for pharmacies, see above) (possibly different language focus), this would be very useful so that residents have access to information* *ToDo: Letter to BZgA from the LZ on translation of material for initial reception centres*	*FG32* *FG36*

6	**Documents** **Status of the population flow chart "COVID-19: Am I affected and what should I do? Orientation guide for citizens"** • *Draft has been finalised and all comments have been incorporated as well as possible* • *Paper refers to general cold symptoms (any person with respiratory symptoms should seclude themselves)* • *Who is to be tested is not included, as population is target group, contact with doctor is necessary for testing (who should use flowchart for doctors)* • *If symptoms increase, it is recommended to call a doctor and be persistent* • *Scheme should also include link to home isolation flyer* • *Will also be presented and finalised in AGI today* *ToDo: IBBS integrates reference to insulation paper into the scheme and then it is published on the website after AGI approval* **Discharge criteria** • *Have been revised and further categories added* • *Previously, two negative swabs were required 24 hours apart after hospital discharge; after consultation with ZBS1, simultaneous collection of both samples is possible and sufficient* • *Innovation is also relevant for nursing homes for the elderly Paper, but sample interval is less problematic than general test capacity (employees are also re-admitted without tests)* • *New (but similar/same criteria) Dismissal of* ○ *III Recovered medical personnel* ○ *IV Residents of nursing homes for the elderly* ○ *V continuously asymptomatic SARS-CoV-2 infected persons* • *Hospital or nursing home staff* ○ *Re-authorisation criteria for HCW: the "free test" will be retained for the time being* ○ *In some clinics, there is a requirement to regularly cross off all employees* ○ *Test capacity may not be sufficient for those who were ill* ○ *This is also being discussed in the laboratory diagnostics working group: the hygiene paper recommends that employees should always work with MNS, regular monitoring of hospital staff has not yet been completed, negative tests are questionable as re-exposure occurs regularly* ○ *EpiLag question: can recovered cases fall ill again or become category 1 CP and have to be isolated? There is no evidence on this yet, but we initially assume that once the disease has passed*	*IBBS* *IBBS*

RKI	*from immunity* o *However, it is not yet clear exactly what re-exposure immunity means; this needs to be researched closely by observing the people tested, there is nothing in the literature on this yet* o *Hospitals currently have testing capacities, this is more of a problem in the outpatient sector, where employees may not be able to get into rapid sampling and testing via the hospital, in the outpatient system this may take much longer* o *The same criteria should apply to non-medical staff working with vulnerable groups (e.g. food delivery, etc.) as to medical staff* • *Discharge of nursing home residents (sensitive facilities)* o *For these, double negative testing was also proposed before the person in need of care is "discharged back into routine condition" after their illness* o *"Free testing" before transferring elderly people back to a nursing home is problematic (also known from MRSA and other pathogens), nursing homes may refuse admission* o *It is important to make it clear in the paper that these are preliminary recommendations that will (have to) be adapted on the basis of practical experience* o *What discharge criteria apply if elderly people from nursing homes (to be specially protected) are hospitalised for reasons other than COVID-19, testing or immediate recommendation of a basic 14-day quarantine?* *This must be covered by the FG37 paper, IBBS paper focusses only on COVID-19 sufferers* • *Update Discharge criteria also go to AGI and are then published* *ToDo: Finalisation and publication of the updated discharge criteria by IBBS* **Paper care facilities** • *Order paper on care facilities with deadline tonight, should go to Minister Spahn, therefore postponement impossible* • *Paper is currently being revised and will be sent to FG14 this afternoon, despite a very short deadline, a meaningful result is foreseeable by this evening* • *Paper from the joint association should be taken into account* • *Request from AL1: due to lack of coordination possibilities, statements on test strategies should not be too detailed, because medical staff/staff in nursing homes are also included in the diagnostic strategy, please do not include anything that may have to be counteracted afterwards*	*FG37*

RKI	• *BZgA is also working on a paper on care facilities*	
7	**Laboratory diagnostics** **Antibody tests** • *Andreas Nitsche (ZBS1) is available for questions about quality* • *PCR testing is the confirmatory test and currently remains crucial for the classification of acute infections, but antibody testing is already used in some primary care laboratories* • *Currently, a single antibody test cannot be seen as proof of acute infection; this would be possible via repeated tests, but these are unlikely to be carried out* • *Antibody test is most important in the context of series tests, less so for acute care in the event of illness* • *Reliability of antibody tests and interpretation of titer increase and seroconversion is currently still unclear* • *Serological results should also be recorded via ARS* • *RKI internal group is in close dialogue on this, more information is needed before public statement* • *Speaking note for ministers regarding testing and testing capacities is in coordination in a small group (Janna Seifried, Andreas Nitsche etc.), deadline tomorrow* • *Obligation to report is in the law: according to the IfSG regulation, indirect detections of acute infection must also be reported* • *A statement from the RKI is urgently needed as reports or enquiries about this are received daily* *ToDo: Create a text for the RKI website to clarify the need to report serologically tested cases (who?)*	*AL1/FG32/ all*
8	**Clinical management/discharge management** **Support offer China - Medical personnel** • *Offer from China to send personnel and PPE, this is difficult due to the mandatory 14 days in quarantine, among other things, could be passed on to STAKOB or AGI* • *Superordinate resource management of such offers would make sense; the question of how to proceed should be addressed to the BMG* *ToDo: LZ/Ute Rexroth check where the offer came from (rule out that it came from the BMG itself) and forward it to the BMG* **Recovered/discharge criteria** • *In response to enquiries about PCR-positive geneses that are outside the discharge criteria, there were just under 10 responses from the BCs, serial sampling is no longer possible, therefore samples received from ZBS1 are now analysed and cultured, verification of discharge criteria no longer possible* • *IBBS suggestion: as this cannot be organised via ÖGD, the*	*FG32* *IBBS*

	Possibilities via contacts with medical staff, where RKI counselling also took place • *Thus, a small study can be designed and further swabs can be taken and cultured* • *FG37 believe this can be arranged, hospitals with which contact exists are asked whether they will participate* • *ZBS1 would do laboratory analyses*	
9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance** **Dealing with clinically epidemiologically confirmed cases** • *Postponed or cancelled?*	*FG32*
11	**Transport and border crossing points** **Quarantine obligation for travellers entering the country** • *Corona cabinet decision: from Friday, everyone entering the country from abroad (including EU countries) is to be subject to mandatory quarantine, implementation and legal justification still questionable* **BMI/BMEL concept for harvest workers** • *Concept also raises concerns in IGV airport group and EpiLag, farmers must initiate medical examination of incoming harvest workers at the airport, implementation of which is questionable*	*FG32*
12	**International (Fridays only)** • *Not discussed*	
13	**Studies (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Other topics** • *Important dates: AGI, State Chancellery and State Secretaries* • *Streamlining the crisis team meetings: Proposals for this will be sent to the crisis unit (Dept. 3)* • *Thinktank e-mail address not yet finalised, AL3 and VPräs are still finalising the discussion* • *Next meeting: Wednesday, 8 April 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*08.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG21*
  - *Patrick Schmich*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >7,000 new cases/day: nothing new to report, downward trend in Spain and Italy* o *Countries with 1,400-7,000 new cases/day: no major trend reversals either, drop in cases already reported in Austria and Switzerland* ▪ *Norway: Relaxation of measures (e.g. reopening of schools) planned, report to Crisis team when more information on de-escalation criteria used for decision-making is known* o *South America Focus* ▪ *Brazil: currently frequently in the media, ~12,000 cases, incidence (~6/100,000), case fatality rate 4.6%; all states are affected, 58% of cases in the southeast where the largest cities are located (Sao Paolo, Rio de Janeiro, Espirito Santo, Minas Gerais); ~55,000 tests only from severe cases, 29 laboratories accredited, positive 14.4%; 1st case from businessman returning from Italy; according to the ministry, community transmission throughout the country, further increase in cases expected; measures adapted to the respective state health systems were already established in mid-March. Case: businessman returning from Italy; according to the ministry, community transmission throughout the country, further increase in cases is expected; measures adapted to the respective state health systems were already established in mid-March, which are different in each state (state policy is guiding), borders with neighbouring states have been closed; could be considered as a risk area* ▪ *Venezuela: yesterday 3h TC with 35 Venezuelan TN; <200 cases, 7 deaths, case fatality 4.2%, Incidence ~0.6/100,000; cases mainly in Caracas and Miranda; initially there was only talk of imported cases, since 24 March of local transmission; testing ~1,800, up to 200 tests/day in 1 laboratory, positive 9.3%, hardly any capacity but kits received from China and Russia; nationwide there are only 200-400 ICU beds; Brockmann projection suggests declining curve but is based on small numbers; due to isolated political situation, influx may be low. situation is difficult to interpret; TK participants did not show panic, preparations are underway and system does not appear to be overloaded, Venezuela is a PAHO focus country alongside Haiti (high*	*ZIG1*

	vulnerability); health emergency already in place	

RKI	*declared on 12 March, nationwide non-heterogeneous partial lockdown, travel restrictions, school closures* ▪ *Russia: tomorrow TK it with local partners, case numbers still limited, measures very pronounced, no suspicion of major underreporting, good laboratory capacity* ○ *Nature Medicine publication: 1st publication on the effect of masks on SARS-CoV-2, use of an apparatus to measure virus particles in droplets and aerosol, surgical masks can prevent transmission from symptomatic people* ○ *Mandatory mask evaluation: out of 97 countries, 10 have various types of mandatory masks, throughout Asia there is no mask requirement, only recommendation, but compliance is still very high, issue will continue to be monitored* ▪ *6 European regions: Slovakia, Czech Republic, Austria, Slovenia, Ukraine, Uzbekistan, Israel* ▪ *2 Africa: Equatorial Guinea, Ivory Coast* ▪ *1 Western Pacific: Vietnam* ▪ *1 America: Venezuela* • *Risk areas* ○ *On Friday 10 April, the risk areas will probably be abolished and a 14-day mandatory quarantine of all travellers will be established* ○ *Reference to country-specific incidences, and observation of the relationship between imported and autochthonous cases in Germany* ○ *If the containment strategy is successful, the issue of imported cases will become more relevant again* ○ *There is no consensus in the AGI on the abolition of risk areas and no consensus on the mandatory quarantine to be ordered* ○ *Legal situation regarding quarantine not fully clarified, refers to persons "suspected of being infected", where is suspicion of infection greater?* ○ *Possibly IfSG should be adapted?* ○ *Proposal: better to speak of "suspension" of the designation of risk areas* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 103,228 (+4,003), thereof 1,861 (1.8%) deaths (+254), incidence 124/100,000 inhabitants, approx. 46,300 recovered patients, R=1.3 (1.0-1.6)* ○ *Incidences: BY (211/100,000), then BW, HH, SL, LK Tirschenreuth most affected* ○ *Deaths: Median age 82 years, 62% men* ○ *Recovered: Language regulation for the changeover today in the*	*FG32*

RKI	*Connection to crisis team to be clarified* ○ *Exposure locations: new presentation by import/ autochthonous, strong decrease in imported cases, but many (45%) without indication of exposure location* ○ *Laboratory tests CW14 ~362,000, positive 9%, increase since CW12 (15-20%), this should also be taken into account in nowcasting (agreed with Matthias an der Heiden), but these figures cannot be broken down by BL* • *Request for administrative assistance: not discussed* • *Modelling* ○ *s. Slides on nowcasting and trend analysis Brockmann* ○ *Nowcasting will be published tomorrow, today still adjustments and integration of the latest data, must be communicated clearly* ○ *IHME (Institute for Health Metrics & Evaluation, Link)* • *Sentinel surveillance* ○ *GrippeWeb and AGInfluenza ARE* ▪ *Preliminary weekly report in preparation* ▪ *ILI rates at a low level compared to previous years* ▪ *ARE consultation incidence also fell in all age groups, drastic drop in younger groups* ▪ *Flu season officially over (based on positive rate in week 12)* ▪ *EpiBull article on this in coordination* ▪ *Flu epidemic probably ended early due to COVID measures* ▪ *AGI positive rate low at 1.1% in sentinel samples, slightly higher at 3% due to late notifications in week 13 → No signs of Comprehensive community transmission in the General population* ▪ *COVID positive rate not visible in graph, it is a logistical problem as it is a different denominator is (if patients do not consent on the correct form, samples cannot be tested for COVID, is rarely a problem)* ○ *ICOSARI* ▪ *Daily data delivery for hospitalised cases* ▪ *All ICD diagnoses from influenza (JXX) onwards taken into account* ▪ *Decline in numbers among younger people, increase among 35-50 year olds (unlike in previous years)* ▪ *Proportion of ICOSARI with COVID laboratory confirmation: Children (<15 yrs) not affected, but share of 7% (CW12) increased to 24% (CW13) and 37% (CW14),* ○ *Influenza weekly report will be maintained, and all COVID-specific results will be published once a week in*	*FG36*

RKI	*the RKI COVID-19 situation report integrated (Wed or Thu)* o *FG36 also receives data from Helios, Kristin Tolksdorf works with FG31 on automation* o *Question from Präs: Could a service provider support FG36 and speed up these processes?* o *Not foreseeable in the short term as it is a complex database that is handled well by the responsible employees, but the possibility will be kept in mind and optimisation potential discussed with FG31* o *FluWeb app to run soon and increase disease surveillance* • *Data donation app* o *Started yesterday, very great interest, more clarity on utilisation and situation at the end of the week* o *Could it be integrated into shown syndromic surveillance?* o *All comparative values of syndromic surveillance are adjusted to ILI (not COVID-19), therefore a lot of work is still necessary, potentials are great, but interpretation is currently very difficult* • *DIVI figures are not available, changeover of the portal has led to collapse, MF4 is working on rectification, new clinics are participating but figures not yet available*	*FG21/FG36* *FG32*
2	**Findings about pathogens** • *Study on masks see above.*	
3	**Current risk assessment** • *No need for adjustment: case numbers are still rising, adjustment may be necessary soon, daily evaluation is important* • *The situation of the intensive care units is also relevant for the evaluation; these figures should also be evaluated daily*	*All*
4	**Communication** **BZgA** • *Question: Are there any studies on exposure proximity and duration with regard to medical personnel? Currently nothing available on COVID-19, use of PPE does not mean that no exposure is possible* • *Duration of foreign language translation of RKI recommendations: Coordination at technical level, delivery expected Easter Tuesday 14 April.* • *Information in plain language: agreement at technical level between RKI and BZgA, creation of complementary processes* • *Definition/terminology of risk and vulnerable groups* o *BZgA vulnerable groups: Risk of psychological difficulties/problems* o *RKI risk group medical, risk of a serious illness*	*BZgA*

RKI	*Course of infection, RKI vulnerable group e.g. also medical staff* o *Clarification/clear definition of terms or separation of groups would be desirable* • *Upcoming communication measures: Topics MNS, Easter Programme adjustment "Making children strong" Employment programmes for children and family, instructions for older people "How to stay in touch", to go online tomorrow* **Press** • *Many requests for the dashboard this morning, now running again* • *EpiBull on respiratory diseases decline is online since last week* • *Coordinated sentence on risk areas (interpretation) is online* • *From Thursday to Friday, the risk areas and everything that goes with them will be abolished, i.e. from Friday 10 April, risk areas will no longer be designated, but this will be closely monitored in advance in case there are any changes.* • *From 10 April, quarantine is to be ordered for persons arriving from abroad in accordance with the Travel Ordinance, is still in final coordination (BMI, BL), implementation is a matter for the federal states, and individual BL will probably implement this differently, RKI should point this out on its website, please keep this in mind and, if necessary, point it out at the appropriate place* • *Language regulation for changing the calculation of recovered persons (see also minutes 07.04.) has not yet gone to the press, will be reported tomorrow PK, this receives enormous attention, language regulation important* *ToDo: Preparation of the abolition of risk areas and related recommendations (press)* *ToDo: Preparation of the website for quarantine regulations for travellers from abroad (Press)* *ToDo: Language regulation for changing the calculation of recovered persons for PK and website to press (FG36, FG32, Dept.3?)*	*Press*
5	**RKI Strategy Questions** **a) General** • *De-escalation: Not discussed* **b) RKI-internal** • *Communication De-escalation criteria* o *RKI has specified possible criteria and will have to provide figures to quantify them* o *RKI has submitted documents to the BMG, BMG has not authorised RKI to comment on them* o *Government is in the process of coordination, decision is subject to political decision-makers*	*FG32/All*

RKI	○ *Possibly clarification again that the ball is in BMG's court* ○ *RKI is to develop criteria by Thursday, these will be sent to the BMG and not published* • *Communication Modelling* ○ *Nowcasting goes online this week* ○ *Brockmann Forecast with short-term forecasts is not linked on our website (but bears the RKI logo)* ○ *Publication of the model accepted in Science* ○ *Assumptions are artificial, e.g. assume static quarantine, real disease pattern is not taken into account and shifts in it are not included* ○ *Explanation of the visualisation and the assumptions underlying the model is very important, but must be seen in contrast to nowcasting, which is based on current figures and parameters* ○ *Assumptions must be clearly explained before linking to the RKI website* *ToDo: Dirk Brockmann should put the clearly formulated assumptions for his model on his website so that the RKI website can refer to them*	*VPräs/ FG36/all*
6	**Documents** • *Not discussed*	
7	**Laboratory diagnostics** **AGI Sentinel** • *Very low sample intake, drop in practice index, last positive sample (from calendar week 14) on Monday* • *Time freed up currently used for process optimisation, e.g. integration of corona PCR into multiplex PCR* • *Proficiency test was received on Monday, further proficiency tests are in the pipeline* • *As patients with ARE symptoms are likely to become rarer, a letter of encouragement should be sent to practices so that further systematic cancellations are made, FG36 and FG17 coordinate on this, possibly also inclusion in the weekly report* *ToDo: Encouragement to cut back by FG17 and FG36 in preparation*	*FG17/FG36*
8	**Clinical management/discharge management** **Studies** • *IBBS sees a great need for clarification regarding the clinical approach of HCWs, e.g. invasive or non-invasive ventilation, also in terms of occupational health and safety.*	*IBBS/FG36*

RKI	*decisions are not only made with the patient in mind* • *It is unclear whether there is already existing data on this; each university hospital can conduct its own studies based on its own data* • *Scenario: HCW who are positive bring in virus and then many transmissions follow, sometimes 70% infection, e.g. report from small house in Saarland where 13-14 HCW (but no patient) were positive* • *Affects mainly medical staff, less the patients, which confirms the external protection by MNS* • *SurvNet is an additional data source, but the query is not differentiated enough for this objective (objective=surveillance)* • *FG37 webkess Hospital surveillance of severe cases is ready to start, the RKI still has to conclude a contract for data protection reasons according to §26, this is not necessary for the Charité, therefore pilot phase is starting and contract will be signed in parallel* • *Pres reports: Head of department of BMBF reported on change in law for clinical studies, vote of one (and not all BL) data protection officers is sufficient, RKI-L has the task of identifying/establishing possible process optimisations from the current crisis experience* *→ All employees are invited to record potential improvements that can be implemented permanently if necessary* **Experiences from clinical practice** • *The above-mentioned need for practical and updated therapy instructions for HCW should be implemented in a low-threshold manner and at short intervals to reflect current experience* • *STAKOB-coordinated recommendations alone do not meet the need; with additional patients requiring intensive care, more recommendations are necessary, as patients do not correspond to the typical clinical picture of other pathogens* • *Revision of documents by professional associations often lengthy (10 days)* • *A regular "Report from the field" focussing on intensive medical care is planned; it will not claim to be a guideline and will be based on experience rather than evidence* • *A small, select group of named infectiologists and intensive care physicians (from STAKOB, DGI, DIVI) should produce an ongoing, weekly updated document, which will be made available to a broad specialist public and, if desired, commented on.* • *Procedure harbours potential for conflict but needs should be covered, clear communication that RKI does not provide therapy recommendations but merely offers a platform* • *Format is currently still under consideration and is still being discussed with various stakeholders (e.g. DÄB)*	*FG36*

9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** • *Not discussed*	
12	**International** • *Not discussed*	
13	**Studies** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Wednesday 08.04.* ○ *HSC-TK: ZIG-L* ○ *PHE - Test strategies* ○ *ÖGD webinar: FG32, FG36* • *Thursday 09.04.* ○ *EpiLag: FG32* ○ *AGI-TK: FG32 (among others?)* ○ *AG Flughafen-TK: FG32* • *Numerous discussions about cruise ships in general*	*FG32/ all*
16	**Other topics** • *Streamlining crisis team meeting: not every topic every day* • *Mutual information on findings and activities remains very important (before official reports are issued)* • *Update on the current status of AG Diagnostics by AL1 - Tuesday 14 April.* • *Next meeting: Thursday, 09.04.2020, 11:00 a.m., via Vitero*	*All*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda

Participants:

- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG 34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Mrs Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >7,000 new cases/day: downward trend continues; case numbers continue to rise in Turkey, UK and USA* o *Countries with 1,400-7,000 new cases/day: no major changes* o *Russia: 8,672 cases, 63 deaths; low case fatality rate: 0.7%; low incidence: 6/100,000 population; most cases in Moscow* ▪ *On 31 January two imported cases from China, on 02.03. First case with travel history Italy* ▪ *Early border closure with China, border crossing generally restricted since 30 March* ▪ *Further, relatively restrictive measures since the end of March: curfews in almost all districts,* *Closure of schools, meeting places, shops* ▪ *Extensive contact tracing* ▪ *Testing strategy: mass testing on a commercial basis or by prescription, testing by mobile teams; positive rate: 1%* ▪ *Hospital capacities: hospital density similar to that in Germany; specialised* *Hospitals in Moscow, construction of a new hospital near Moscow, deployment of military hospital ships to relieve the hospitals* ▪ *"Observator" wards with 30,452 beds with no possibility of self-isolation: at* *Quarantine or mild course* ▪ *International support: delivery of relief supplies to numerous neighbouring countries and the USA* ▪ *Note: high number of homeless people, high prevalence of TB and HIV, poor charitable organisations* *Supply: no information available on the extent to which tests have already been carried out here* ▪ *Note: low case mortality: so far mainly 40-60 year olds affected, >65 years too* *15-20% affected; medical care in large cities still good at the moment* o *Kazakhstan: still few cases: 709, low incidence: 3.9/100,000 population; most cases in the capital Nur-Sultan* ▪ *Enquiry to the RKI for telephone support* ▪ *First cases imported from Germany (13.03.)*	*ZIG1*

RKI	▪ *Measures: national state of emergency since 16 March, entry and exit restrictions, temperature controls, closure of public places, quarantine measures* ▪ *Testing strategy: Symptomatic individuals with a history of travel or contact with confirmed Cases; positive share: 2.3%* • *New publication, systematic review on the effectiveness of school closures:* o *Result: no hard data available on the contribution of school closures to transmission control. Modelling predicts that school closures can only prevent 2-4% of deaths. One week earlier, a study from Norway came to the conclusion that no data could be found.* • *Are there recommendations for self-quarantine for Germans travelling to Germany in other countries? Many countries send travellers from Germany into quarantine for 2 weeks. Bundeswehr: Some soldiers go into quarantine in Germany before entering the country or on site in the country for 2 weeks, depending on the entry regulations of the countries.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 108,202 (+4,974), thereof 2,107 (1.9%) Deaths (+246), incidence 130/100,000 inhabitants, approx. 49,900 recovered* o *Incidences: BY (220/100,000), then BW, HH, SL* o *Age & gender distribution: Incidence is highest in >80 year old men; older age groups are increasingly affected* o *Deaths: Median age 82 years, 62% men* o *7-day incidence: Tirschenreuth continues to be the most severely affected, the whole of Bavaria heavily burdened; partly perhaps also due to generous testing in Bavaria; number of districts with 7-day incidence >100 is declining* o *Medical care capacities: no bottlenecks, Distribution also to neighbouring districts* o *Proposal for free bed capacity: Admission of patients from other countries would be possible. It is questionable whether this development will continue; there is currently no good basis for decision-making. Offers of help and the management of scarce resources must be decided by politicians. Signalling support is very important, political decision-makers should be made aware of this. The admission of patients or local support has added value over a long period of time. Nowcast, data from Sentinel on ventilation times can provide an assessment of the situation*	*FG32*

	support. ○ *Number of laboratory tests has increased further, proportion of positive results has also risen slightly. Capacities are not yet fully utilised, some regional bottlenecks; however, testing is also limited by cost factors.* ○ *There are currently various instruments for requesting tests: via Voxco, more detailed information via ARS on approx. 40% of the tests, but no information from GA or state offices. The question of who commissions the testing cannot be answered. Information on where and how much testing is carried out is possible via ARS.* ○ *European mortality surveillance (bulletin here): Excess mortality is increasing sharply, even in middle age groups. The question is to what extent other causes of death contribute to this, secondary morbidity that no longer receives treatment. Hospitals report that patients are hospitalised far too late. Collateral damage is not systematically recorded. Overall burden of disease should be estimated and compared with all-cause mortality.* ○ *Request for administrative assistance received from Bremen, vulnerable groups (hospitals, retirement homes) are still at risk. FG37 will take care of this.*	*FG37*
2	**Findings about pathogens** • *Report from FG33 on the status of the vaccination planned soon*	
3	**Current risk assessment** • *Risk areas will be removed from the website at midnight today.* • *Instead, there will be a model ordinance for entry into Germany with the principle of 14 days of self-quarantine at home after entry, with many exceptions. The regulation will be implemented at state level.*	*All*
4	**Communication** **BZgA** • *All FAQs and materials are revised with regard to risk areas.* • *Cooperation with RKI works very well.* • *The flowchart for the general population is very text-heavy. There are requests from GP practices for information material for the older population (very heterogeneous group). Similar enquiries can be forwarded to the BZgA. The GP association is currently being asked where there is a need. The aim would be to create needs-orientated information material in close cooperation with the RKI.*	*BZgA*

RKI	• *Suggestion Offer flow chart not only in A3 format.* • *Information sheet on outpatient care is currently being revised. BZgA is waiting for feedback from care associations regarding the practicability of the recommendations.* • *There is a relatively comprehensive paper from FG37 on retirement and nursing homes, which is currently with the BMG. The BZgA information sheet is aimed more at outpatient care and is therefore complementary.* *ToDo: Documents should be exchanged at working level.* **Press** • *Press briefing did not take place today, as Mr Wieler will be attending the Federal Press Conference today.* • *Is there already a paper on quarantine? There will be a model ordinance on the entry regime, the implementation is the responsibility of the federal states. As soon as these are available, they will be placed on the RKI website.* • *The revision of the profile and the release criteria will be posted on the website today. No new documents are expected to be available over Easter.*	*FG37* *Press*
5	**RKI Strategy Questions** • *Concept for improved technical equipment for health authorities* ○ *Order from Mr Wieler to be completed by this evening: Creation of a concept to support the health authorities with 100,000 euros to speed up reporting channels (expenditure on technical equipment)* ○ *Only very general recommendations can be made, as there are very different local needs. Although there was a DEMIS evaluation, it was focussed on personnel requirements and not on technical requirements.* *ToDo: Anyone with ideas is welcome to contribute them.* • *Wearing of face masks in the general population: 1st draft was circulated in a small group (FG36, FG14), to be sent to the crisis team with a request for comments. Could be a building block in the de-escalation concept.* • *WHO enquiry about serosurveys via Mr Wieler: First results from Heinsberg are expected today. The blood donation survey starts after Easter.*	*FG32/All* *FG36/FG14*
6	**Documents** • *Not discussed*	
7	**Laboratory diagnostics**	

RKI	• *Membership of the laboratory diagnostics working group is now complete, with internal and external experts as well as representatives from the countries. The working group is operational, TCs with the 3 groups will take place on Tue, Wed and Thu next week.* • *The Berlin Medical Society will be organising a virtual symposium on diagnostics and therapy in Wuhan on 15 April from 12:00 to 14:00.* • *More than 220 laboratories will take part in the round robin test, which is a good basis for laboratory capacity in Germany.* • *Not all of these laboratories are integrated into the recording systems. ToDo: Comparison of the accredited laboratories with the laboratories participating in INSTAND and those reporting to the RKI*	*FG17/ZBS1*
	• *It is favoured that as many laboratories as possible participate in ARS. Any support to further promote ARS will be gladly accepted. Alternatively, laboratories can provide information on testing via the Voxco tool.* • *Next Tuesday, at 2 pm, there will be a TC with representatives from laboratories on the laboratory interface for SARS-CoV-2 as part of the demis acceleration. Automated electronic reporting of SARS-CoV-2 from the laboratories to the GA is to be brought forward.* *ToDo: Send documents from demis to Mr Mielke for the laboratory diagnostics working group for information.*	*FG37/Department 1*
	• *There is still no information on the website for GA on how to deal with serological findings. Although indirect evidence is mentioned in the Reporting Ordinance, antibody evidence does not provide any indication of an acute infection. Agreement: PCR remains the gold standard and is the sole criterion for diagnosing the infection; a statement on this must be published online. The FAQs contain a good draft text, the wording would have to be adapted for the reporting system.* *ToDo: Ms Diercke formulates text on serological findings for website*	*FG32/dept.1*
8	**Clinical management/discharge management** • *New advice on therapy harmonised* o *Vote on therapy with off-label use drugs is in the final round and is to be published on the website today. Distribution of off-label use drugs to pharmacies goes to the BMG for approval.* • *PEP for SARS-CoV-2 infection* o *Several drugs from different substance classes were considered: The data situation is very sparse, and clinical trials are currently underway. Criteria for possible use in nursing homes and nursing homes, Mr Herzog shares information on this.*	*IBBS* *IBBS*
9	**Measures to protect against infection**	

	• *External opinion on distance 1-2 m* ○ *Against the background of the Bluetooth app, Mr Wieler has asked an external expert to contact him for a brief statement on the distance rule.* ○ *The criterion of a distance of 1-2 m is based on the Krinko recommendation. However, a standard distance cannot be defined exactly, as the distance actually travelled by droplets depends on various factors and can be up to 3 m under appropriate conditions. A cut-off is nevertheless necessary and must be practicable.* ○ *According to Ms Arvand, a statement from Krinko is not required for this, but can be justified by the RKI itself.* ○ *Mr Wieler would like an external scientific expert opinion on this. A specification of 1.5 metres with the restrictions mentioned is to be outlined in advance and confirmed by an external expert.* ○ *The situation centre should not contact Ms Wendt from Krinko directly.* *ToDo: Request for a brief statement from Ms Wendt on the distance should be made via the Krinko office.* • *UpDate Containment Scouts:* ○ *Training material has already been sent to health and state offices. (Link)*	*FG36/FG14* *FG37*
10	**Surveillance** • *TK planned for mortality surveillance*	
11	**Transport and border crossing points** • *Many enquiries to the situation centre as to how the paper on the entry of harvest workers came about, as it was supposedly agreed with the RKI. Expert advice on medical issues was provided by Mr Haas, but not coordinated with the RKI.*	
12	**International** • *Not discussed*	
13	**Studies** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Epilag*	*FG32/ all*

RKI	• *AGI* • *AG Airport* • *TK WHO planned for serology, forwarding to Mr Lampert*	
16	**Other topics** • *Next meeting: Saturday, 11 April 2020, 11:00 a.m., via Vitero*	*All*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*11.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Participants:

- *Institute management*
  - *Lother Wieler*
  - *Lars Schaade (Moderation)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
- *FG33*
  - *Sabine Vygen-Bonnet*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Andreas Nitsche*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*

- -
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Risk areas have been abolished* • *International trend analysis, measures (slides here)* • **USA:** *has over 70,000 new COVID-19 cases in the last 7 days. The media show mass graves etc.. The situation has not improved.* • *Countries with more than 7,000 cases:* ○ *Two new indicators (R0 and doubling number) were included in the analysis. Italy, Iran and Spain all have an R0 below 1. France still has an R0 of 1.25 and a higher doubling number than other countries.* ○ *The RKI situation report gives a different figure for R0 for Germany. This is partly due to the fact that the figures from John Hopkins University were used for the slides. Please write the calculation formula or communicate with Matthias an der Heiden. The INIG figures will be discussed with FG31; M. an der Heiden will be contacted in the future. For Germany, the R0 will be removed from the presentation. Furthermore, the RKI communicates to the outside world that the doubling number is not a meaningful indicator for an R0 below 1.* • **Japan:** *6,005 cases, 3,544 cases hospitalised, 99 deaths. First cases emerged at the beginning of February. It is assumed that there is community transmission. Japan is considered a major exception in Asia, as they have a different strategy. The measures are largely voluntary. Curfews etc. are only legally possible if a state of emergency is declared. On 7 April, a state of emergency was declared for 7 (of 47) prefectures (including Tokyo), but there were no new measures. Testing strategy: Over 61,000 tests have been carried out (positive rate 6.9); capacities would be higher. At the moment, tests are only being carried out for patients in hospitals or from known clusters. Japan has the highest bed capacity in the world, which is probably why mortality is so low. An increase in the number of cases was observed on 24.02.2020, the day the Olympic Games were officially cancelled. Japan continues to be closely monitored, especially as there is no testing strategy (recommended by the WHO) and no proper measures in place.* • **Ecuador***: There has been a large increase in cases and a high*	*ZIG*

RKI	*Reproduction number: 7,161 cases, of which 1,600 (40%) HCW; 297 Deaths (case fatality rate: 4.1%); hospitalised cases 223 (171 ICU). The province of Guayas is particularly affected. A national state of emergency was declared on 11 March. There are restrictive measures (e.g. curfews from 2 p.m., school closures, etc.), but there is a lack of implementation. There is a major government crisis on the one hand and communication problems with the indigenous population on the other. There are 27 hospitals specifically for COVID-19.* *most serious suspected cases are tested. Most cases are between the ages of 20 and 50, which can reduce the proportion of deaths.* • **Austria: There was a study to** *estimate the period prevalence. In a random sample of 1,544 people, 0.33% tested positive. There is therefore an underreporting factor of 3. The study is exclusively PCR-based, i.e. the underreporting only relates to acute infections and not, as in the study in Heinsberg, in which infections that have been passed on are also recorded.* **National** • *Case numbers, deaths, trend (slides here)* • *Almost 60,000 have recovered* • *There is an incidence of over 200 cases per 100,000 inhabitants in Bavaria, Baden-Württemberg and Saarland.* • *Tirschenreuth and southern Bavaria continue to see high levels of activity.* • *Reporting activity is lower in the current week than in the previous week.* *ToDo: On Tuesday at the press briefing, Mr Wieler must communicate why the nowcating differs from the reporting data. Department 3 should develop a good language regulation in coordination with the press.* • *DIVI: The effect of the changeover has been offset; the data has gone up: There are 2,304 COVID-19 cases in intensive care units, of which 1,810 are ventilated. Currently 754 clinics are registered. It is therefore estimated that these figures represent around half of the situation. Is.* • *Approximately 470 clinics are involved in ICOSARI; 166 patients have been ventilated; 101 patients have died.* *ToDo: The figures from the DIVI register and ICOSARI are only an extract of the total number of occupied intensive care beds. SurvNet also provides information on intensive care beds; the problem is that this may need to be added/updated. FG36 should consider how the number of patients requiring intensive care can be shown in the pathogen profile.*	*FG32*

RKI	• Request for administrative assistance Halberstadt: There is a ZAST in Halberstadt (central initial reception centre) with up to 850 people on one Terrain. On 25 March, a man was taken from there to hospital. and tested positive for SARS-CoV-2 there. 26 People from the same building were segregated and 5 people tested by the staff. On 27.03. for the entire ZAST a quarantine with 5 cohorts (4 residential complexes plus 1 cohort with the contact persons). All persons were tested, which lasted from 27.03-03.04. It was logistically not possible to make it faster (especially due to Communication problems, very difficult to communicate). On 03.04, 2 RKI employees arrived on site to provide support. The Identification of risk groups was given top priority was considered. The Ministry of the Interior wanted to lift the isolation and allow the wave of infection to pass through, which the RKI is massively has advised against it. The RKI recommendation was to use even smaller cohorts (under 200 people) including symptom monitoring and testing. MSF was also prepared to support, but Despite requests from the district level, the state has not recognised the need and did not issue an invitation. On 07.04. the RKI again in Halberstadt. That day marked the end of the 14-day Quarantine. Measures were only implemented very inadequately (Swabbing, isolation of people at risk, symptom survey etc.). It is urgently necessary that Social workers receive training so that they know how symptom detection. There are a total of 53 known cases, no one is seriously ill (as at 8 April). The Coordination measures were cancelled; the The health authorities wanted to extend the quarantine until 21.04 pronounced. MSF has since been invited and on site.	FG33
	• Transmission origin: In SurvNet there is information on where the transmission (nosocomial, familial) only for a small part of the population. Part of the cases. ToDo: FG32 (Mrs Diercke) will present in the next crisis team meeting, what SurvNet has to say about the origin of the transmission already exists.	FG37
	• Nosocomial cases: The evaluation of nosocomial cases/cases at HCW is a relevant point for Germany, since both increase. FG37 is used for various events and does distance counselling. Next week it will be a document on this on the RKI website. The hospital company doctor is almost not involved, which is a is a major problem. Transmission often occurs among the HCW and less often between patient and HCW. The role of the	FG37

	company doctor should therefore be included in the paper.	
2	**Findings about pathogens** • *There is a study on aerosol transmission during singing. FG36 (Mr Jahn) will look into this. In the new pathogen profile published on Thursday evening, there is already a sentence stating that aerosol transmission outside the medical professions cannot be ruled out.* • *Disorders of the sense of smell and taste have not yet been included in the profile. However, there are several studies on this. The RKI press briefings have so far only mentioned cough, fever etc. as symptoms, which is due to the fact that so far only these have been recorded in SurvNet. After Easter, however, there will be a new version of SurvNet, which will include disorders of the sense of taste and smell as symptoms. One question would be whether the 48-hour symptom-free period also includes disorders of the sense of taste and smell, or how this should be handled. Such disorders are usually longer, but it is not known what the situation is with virus excretion. In 12% of cases, such a disorder was already the first symptom.* *ToDo: FG36 (Mr Jahn) talks to Malteser International in Esslingen, who have carried out a study on this. Mr Wieler can consult with Mr Streeck.*	
3	**Current risk assessment** • *No change*	*All*

4	**Communication** **BZgA** • *Not present* **Federal honour** • *No contribution* **RKI** • **Press office:** *The risk areas have been removed; there have been no media enquiries about this. Otherwise also quiet.* • **Corona data donation app:** *There is a lot to do. Approx. 5,000/6,000 emails to answer. There are approx. 400,000 successfully linked users. It may need to be communicated more clearly that the app does not recognise a corona infection or whether someone has COVID-19, but that it recognises various symptoms that are associated with an infection with the coronavirus. Mr Schmich is in charge and is interested in an internal RKI exchange on questions and comments.* • **Differentiated presentation of the surveillance and monitoring systems at the RKI:** *Some people believe that the analyses of the RKI are based exclusively on the reported data. However, there are of course more systems from which data is used for analyses (e.g. Influenza Working Group, Grippeweb). Some systems (e.g. DIVI) are already described in the situation report.*	*Press* *FG21* *Presence*
	FG36 (Ms Buda) already has a proposal for a tabular presentation in which studies and outbreak investigations (including links) are listed in addition to the surveillance system. Each system should describe how it is used and what conclusions can be drawn from it. All systems that the RKI operates itself or in which it collaborates (e.g. EURO MoMo) should be listed FG32 and FG36 have already been given the task of compiling this for the press briefing by 14 April 2020. A good explanation is important, as the public follows the press briefings and there is no possibility of visualisation. *ToDo: Such a list should be placed on the RKI website with a brief explanation. In addition, an EpiBull article is to be written to show, among other things, how the systems interlock and interact with each other.* • *Order from the Minister: The RKI website on COVID-19 is to be relaunched by a professional designer. An order for this will go out next week.*	*Pres*

5	**RKI Strategy Questions** • *Dealing with Halberstadt:* o *There are further exchanges with Berlin, Heidelberg and Neumünster, where there have been cases in initial reception centres. Based on the experiences in Halberstadt, general information can be compiled and published.* o *A first report on the ZAST in Halberstadt has been sent to the epidemiological officer and the BMG; a second report is now ready and will be made available to the contracting authorities and the BMG.* o *The events in Halberstadt should not be made public. However, it is important that it is documented that the RKI has officially ended its counselling activities. The RKI recommendations should be recorded in a document (report). It should be documented which recommendations were not considered appropriate from the RKI's point of view. It should also be recorded what figures the RKI has or has not received.*	*All*
6	**Documents** • **Flow chart for the population** *has been published.* • *3 Documents on the* **management of COVID-19 outbreaks in the healthcare sector** *:* o *Protection of carers/the elderly and people with disabilities: The document has been approved by the BMG and can be published.* o *Guidelines for the management of bridging in hospitals: in progress*	*FG37*
	o *Care of suspected COVID-19 cases / cases and other inpatients: The document has already been sent to the crisis team with a request for feedback.* • **Forecast of intensive care beds required for SARS-CoV-2 cases:** *The document is to be published soon. The DIVI has expressed interest in a joint publication. However, this is an RKI-internal document. Based on the nowcasting, the bed capacity in Germany looks good.* • *Mr Wieler has sent Mr Spahn a concept for financial support for the health authorities.* • *Mr Wieler has sent the BMG a document on the rationale for the 1.5 metres or the 15 minutes of speech contact.* • *IBBS has published new therapy guidelines together with 3 specialist societies (pneumology, infectiology, paediatrics).* *ToDo: Please share all documents with the crisis team before publication.*	*IBBS* *Pres* *IBBS*

7	**Laboratory diagnostics** • **FG17:** *In week 14 there were 102 samples, one of which was positive. CW 15: 10 samples, 1 positive. More samples from the week are to be expected.* • **ZBS1:** *4,500 samples, 15% positive*	*FG17* *ZBS1*
8	**Clinical management/discharge management** • **RKI participation in analysing LEOSS data:** *The individual clinical cases are recorded in the database. FG34 (Uwe Koppe) supports IBBS with regard to the epidemiological evaluation. Criteria relevant for the analysis are defined jointly.*	*IBBS*
9	**Measures to protect against infection** • **Mouth and nose cover:** *The RKI FAQs already state that an MNS can be worn. The Cochrane Review from 2011, which has now been updated, states that the wearing of masks should also be considered together with other measures. It should now be included in the RKI strategy that, depending on the situation, an MNS may be useful, e.g. in public spaces with close contact (hairdresser's, supermarket). FG14 will contribute details. The addition should also be clarified with the BZgA in advance, as they also want to become active in this area. Good communication is necessary, as the RKI was reticent about MNS.*	*FG36*
10	**Digital projects** • **Tracking app:** *The BMG and the Federal Government have decided that the RKI is the owner of the app. Mr Schmich is in charge.*	*Pres*
11	**Surveillance** • *Obligation to report serological evidence (not discussed)*	*FG32*
12	**Transport and border crossing points** •	
13	**International** • *Not discussed*	
14	**Studies** • *Not discussed*	
15	**Information from the situation centre** • *Not discussed*	
16	**Other topics** • *Next meeting: Tuesday 14 April 2020, 11:00 a.m., via Vitero*	*All*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*14.04.2020, 11-13:30 h*

***Meeting venue* Participants:**

- *Institute management*
  - *Lars Schaade (Moderation)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 2 Management*
  - *Thomas Lampert*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Inessa Markus (protocol)*
- *FG33*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*

- *German Armed Forces*

- *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	*Current international situation* • *International trend analysis, measures (slides here)* • *A slight trend towards relaxation is visible and the method used is shown below the figures. The values are calculated in the same way as LSHTM.* • *Countries over 7,000 - 70,000 cases: Easing visible in Spain and Italy, slight increase in France, otherwise unchanged* • *Countries with 1,400- 7,000 cases: Despite low numbers, a significant increase in Singapore, Serbia, Ukraine and the United Arab Emirates* **Taiwan:** *Consideration under the aspect of "lessons learnt"* • *24 mi inhabitants, 393 cases of which 333 imported; 66 deaths* • *Total tests: 46,547; positive rate: 0.8%* • *Response plan consists of 6 strategies:* *1. High test capacity (3,800 tests/d in 34 laboratories)* *2. Distinct community surveillance: "Community surveillance network", "Community-based sampling programme"* *3. Expansion of hospital capacity with designated hospitals and wards* *4. Ongoing inventory of available ICU beds* *5. Designated locations for group quarantine* *6. Strict IPC and separation ("traffic control bundling")* • *Early introduction of comprehensive measures (15.01 COVID-19 reporting obligation, activation of the LZ on 20.01 with the first imported case,* • *Travel restrictions and quarantine for returning travellers introduced early, high compliance among the population, all measures are recommendations (hardly any restrictions in the public sector).*	*ZIG1*

	Room, wearing masks voluntary)/no legal requirements • *Current change in strategy:* *25 March: Indoor events with more than 100 people and outdoor events with more than 500 people to be suspended (risk assessments based on six indicators)* *10 April: Due to a sharp increase in the number of suspected cases after the four-day "Tomb Sweeping Day" (Chinese All Souls' Day), measures were introduced to control gatherings of people in public places* • *Health system: Since 1995 National Health Insurance (NHI)/ single-payer insurance with coverage > 99% and "health card" (since 2004) must be used and all information is collected* • *After SARS (2004): Establishment of the National Health Command Centre (NHCC), with a Central Epidemic Command Centre (CECC) for communicable diseases as a sub-structure, as an operational command centre for direct communication between central, regional and local authorities* • *All health data generated flows together in a central service centre and is available to the health authorities and all medical service providers. Service providers must register/bill claims within 24 hours - the NHI database therefore operates almost in real time. There is also cooperation between the immigration authorities and the CECC, which means that travel data is also fed into the system and health data is visible to the immigration authorities.* • *Data processing and use: Close cooperation between CECC, NHI, CDC and immigration authorities; the following information (NHI patient files) is collected in a centralised, cloud-based health database (NHI): complete medical histories, previous illnesses, current symptoms,* *Treatments and hospitalisations; inclusion of all case contacts in the NHI database*	

	This means that every medical service provider has an insight into the patient's travel history. • *Contact tracing: Local PH authorities receive from CDC the contact information of all persons in their jurisdiction who should be in home quarantine. If individuals do not comply with home quarantine regulations, they will be turned over to law enforcement authorities. They will be monitored using GPS data and cameras on personal or government-provided smartphones for surveillance and case investigation (media: "electronic fence").* *Quarantine care centres have also been set up to provide support and advice (conducting home visits, arranging food deliveries, procuring masks). There is also the option of renting hotel rooms for isolation and the interactive mobile phone application "Disease Prevention Butler" and chatbot are available.* • *Case definition largely corresponds to that of the RKI. As a further stand-alone symptom "Abnormal sense of smell (anosmia) and taste (dysgeusia) or diarrhoea of unknown aetiology" listed* • *Proactive search for COVID-19 patients (since 16 February 2020) in people with:* *severe respiratory symptoms who have tested negative for influenza;* *Patients suspected of having a COVID-19 infection by doctors; medical staff with respiratory symptoms or contact with a known cluster;* • *All cases are isolated in hospitals or special quarantine facilities.* *All contacts and travellers go into domestic isolation* • *Organisation of the health sector was adapted after SARS in order to be able to react to an epidemic as quickly as possible without major restructuring (currently 52 hospitals for treating severe cases/ 165 medical facilities for treating mild cases).* *cases); Existing integrated IPC strategy (traffic control bundling), which enables triage before entering*	

	which includes hospitals and contains a strict separation between risk zones; adaptation possible within a few days; strict requirements and protocols for personal protective equipment (PPE) and numerous checkpoints for monitoring the measures • *Development of health care plus traffic control bundling are to be seen as structural changes after SARS and decisive, increased testing and increased surveillance rather as supportive.* *ZIG1 is updating its knowledge of other Asian countries in order to be able to use it in the process.* *The adoption of so-called "success strategies" is not always possible or helpful. With regard to entry screeing at points of entry, there is still insufficient evidence. Such measures do not necessarily have anything to do with success, but can gain attention as a result.* *Inclusion of anosmia should be discussed, in the literature anosmia is reported before other symptoms in 12%, to what extent this occurs in isolation (without other symptoms) remains unclear. The symptoms are very specific, but the sensitivity remains unclear. Meningitis and encephalitis are reported as independent symptoms/disease patterns in connection with COVID-19 disease, virus detection in cerebrospinal fluid is not routinely carried out, the recording of these offers a better picture of the severe courses. There are currently only individual case reports. Adjustment of case definition possible after better data situation.* *National* • *Case numbers, deaths, incidence, trend (slides here)* • *Due to the long weekend, the figures transmitted are lower. Possible causes are reporting delays (rather low), health seeking*	*FG32/all* *FG36/all*

	behaviour, less testing in the laboratories (visible in ARS) *Using the date of registration as a proxy for the onset of illness creates a "gap" in the curve at the weekend.* • *Incidence > 200/ 100 00 inhabitants in Bavaria, Baden-Württemberg, Hamburg and Saarland; incidence remains low in Mecklenburg-Western Pomerania* • *Nowcasting is relatively stable at a high level; R0=1.1-1.2* • *Brockmann: Forecast unchanged* • *Overall incidence by age and gender: no differences; number of older people is increasing, highest incidence among older men* • *Deaths: 2,969; 86% are 70 years and older; male/female ratio: 60/40%* • *Case fatality rate: increase due to admission to nursing homes and latency during treatment on ITS* • *Number of geneses: 68,100; the current approach to estimation is problematic in the longer term and appears high compared to other countries* • *Geographical assessment of the incidence: leading Heinsberg, Tischenreuth, south of Munich* • *7-day incidence is consumed after Easter* • *3/5-day incidence: decreasing; information/data allow a comparison over weeks* • *Exposure location: abroad from exposure location increasingly irrelevant; often domestic data and no data* • *DIVI: 789 clinics are currently registered. It is therefore estimated that these figures represent around half of the situation* *2,488 in ITS; of which 1,848(74%) ventilated 30% of the total number deceased* *Total recorded capacity approx. 20,000 beds; currently 40% free* • *BLs are coming under increasing pressure from local political actors to obtain/create the algorithm and calculations for R0 at BL/district level or at the federal armed forces. After consultation with Matthias an der Heiden, this is most likely to make sense at BL level due to increasing uncertainty at district level.*	*FG32*

	• *As part of syndromic surveillance in emergency departments (ESEG), the evaluation of*	

	Data also planned retrospectively. It includes 10 emergency departments, internal medicine data and no representative sample. The data will be analysed in FG 32 and contact will be made with AL2. • *CCs that use Interdisciplinary Proof of Care (IVENA) should have this data well recorded. Contact should be sought.* • *Surveillance of other diseases (stroke, heart attack, etc.) and recording of severity in the population is currently underway. Several data sources are used, the recording systems are slower overall and only possible to a limited extent in the short term. An estimate of the disease burden across the COVID-19 risk population has already been shared.* • *FG 37 is currently developing a study protocol for seroconversion in HCW. The serological testing will be accompanied by PCR testing and symptoms will be recorded. Long-term monitoring could bring us closer to a cohort and this is being discussed. There is great interest/willingness among HCW to participate and the group is rated as particularly compliant.* *A cohort at general population level would currently exceed capacity.*	*FG32/all* *FG32/AL2* *FG37*
2	**Findings about pathogens** • *Presentation of the current status of vaccination Comes on 15.04.2020*	*FG33*
3	**Current risk assessment** •	
4	**Communication** • *There is a lively exchange within the "Material for parents" working group, but the format is not yet clear (print or electronic)* • *There has not yet been any feedback on the information sheet for outpatient care areas, so the final comparison is still pending.* • *Mouth-nose covering (MNB): The video is available on*	*BZgA*

	The page is set, the distribution via social media will take place tomorrow after the ministerial meeting *The corresponding paper of the RKI is included* • *Press briefings will take place today and Friday* • *Three EpiBull articles (including one on nowcasting) have been published online in advance. Willingness/possibility to publish further articles is there* • *Further publications:* *Paper on prevention and management for care homes and facilities for people with disabilities* *Paper on MNB to go online soon Communication strategy for data donation app to be re-evaluated, as it is currently shown before all information on the homepage.* • *German Armed Forces:* *Not understandable; contact should be made to resolve the technical problems.*	*Press*
5	**Strategy questions** • **General** • *Mouth and nose covering (MNB) recommendation* *The paper was shared with the BZGA and BMG, minor adjustments are missing, all relevant aspects are included, information for citizens from the BZgA has been prepared. The procedure/recommendation was discussed in the EpiLag. Clear communication should support acceptance among the population.* • *"Background on the distance rule (1-2 m) and contact time (15 min) for droplet-borne infections"* *The communication of different values (1-2 m vs. 1.5 m) is necessary and useful for different areas of application. In the context of prevention (supermarkets), clear values are advantageous. For contact persons (tracing), especially in the clinical setting, 1-2m is more in line with reality. Leave the recommendation 1-2m for management/CONA, otherwise "at least 1.5 m" as a recommendation for prevention. To be harmonised in documents.*	*FG36/all* *VPräs/All*

	• **RKI-internal** *Interim status of the planned serological studies* *Three studies are planned.* *1) Serological evaluation of blood donors: Preparations completed, as soon as the AK tests (Euroimmun) are available, we can start (at the beginning of next week at the latest)* *2) Serological evaluation at hotspots: The selection of locations (Tischenreuth, BY, BW and nine BL) is still ongoing* *SN and NRW is covered by HZI.* *The simultaneous performance of PCR has not yet been conclusively clarified, but would offer more certainty. Validation of a subset with a test method that enables the detection of different corona viruses would also be a possibility. The selection of locations with low incidences as a "counter sample" is being discussed. Leipzig would be an option, could also be included in the HCW study, and would have expressed independent interest in an investigation.* *The clear communication strategy on methodology and sampling to prevent and address criticism (see Bonn study) and can be discussed again.* *3) The steering group has been set up for the nationwide representative study (with 160 sample points).* *Charité/Mr Drosten makes the confirmation for all three studies as part of the testing*	*AL2*
6	**Documents** • *Finalisation of "mouth-nose covering" (Walter Haas et al.).* • *Harmonisation "Background to the distance rule (1-2 m) and contact time (15 min) for droplet-borne infections" (FG36, FG14), (see also appendix/overview 1.5 and 2 m).* • *BMG OK on "Recommendations on prevention and management of COVID-19 for retirement and care facilities and facilities for people with disabilities as well as for the ÖGD" (FG37) → to be published online today* • *Researching information on children and*	*FG36* *FG36, FG14* *FG37* *FG36*

	Youngsters are currently being made by FG36 and an EpiBull article is being created • *Statement of the Leopoldina* *Not discussed* • *Legislative procedure/Corona law* *Change requests can still be submitted until tomorrow. Bundling/coordination would be useful. An agreement on laboratory reports, ARS and database between FG32 and Fg37 will take place today.* • *Mr Schaade has a TC with BMG on DEMIS at 13/13:30, Michaela Diercke takes part.*	*FG32/all* *VPresident*
7	**Laboratory diagnostics** • *Detailed report on the "Laboratory Diagnostics Working Group" to be set up at the RKI on 30 March 2020 on behalf of the BMG, including a report on the composition of the three UAGs (RKI external, RKI Länder and RKI internal). A draft concept and a checklist for sample flow were developed, which will be continuously refined with the members of the working group. The BMG is a member of the working group and is therefore kept informed on an ongoing basis. The subject of the working group is the optimisation of laboratory capacities including indications for testing. Developments in the field of testing procedures are monitored and evaluated and overviews of authorised laboratories are compiled.* *New evaluation of the laboratory query (number of total tests and positive rates) will be published on Wednesday* *reported in the management report.*	*AL1* *AL3*
8	**Clinical management/discharge management** •	*FG36/IBBS/FG32*
9	**Measures to protect against infection** •	*FG32*
10	**Surveillance** • *Language regulation on the obligation to report serological evidence* *Due to numerous enquiries, there is a need for a language suggestion or procedure for*	*FG32*

	Notification of serological findings. A report does not necessarily lead to Recording/counting of the report, as it does not fulfil the case definition (indication of acute infection must be fulfilled). Individual case evaluations in the laboratory are difficult with automatically generated findings. The result is nevertheless important and can/should lead to PH measures at local level. *TODO: FG32/M. Diercke draws up a proposal and shares it*	
11	**Transport and border crossing points** •	*FG32*
12	**International (Fridays only)** •	*ZIG*
13	**Digital projects update (Mondays only)**	
14	**Information from the situation centre** •	
15	**Important dates**	*all*
16	**Other topics** • *Next meeting: Wednesday 15.04.2020, 11:00-12:30*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*15.04.2020, 11-12:45 a.m.*

***Meeting venue* Participants:**

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade (Moderation)*
- *Dept. 1 Management*
- *Dept. 2 Management*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International cases, severity, risk factors** • *International trend analysis, measures (slides here)* • *countries over 70,000 cases:* ○ *Trend towards relaxation visible in the USA, 26,000 deaths, now many tests (3.1 million), R = 1, doubling time 11 days* • *Countries with 7,000 - 70,000 cases:* ○ *In European countries, the number of new infections is consolidating or falling.* ○ *An increase can be seen in Russia and Turkey. Report on this at the beginning of next week.* ○ *Discussion of ZIG1 with Russian national PH authority on Friday.* • *Countries with 1,400 - 7,000 cases:* ○ *High R in Saudi Arabia and the United Arab Emirates* ○ *Japan and Singapore continue to be monitored* • *EMRO region:* ○ *Hotspot with 75,000 cases is Iran, decline seen for more than a week, test kit availability is now better as they produce it themselves, positive rate now lower.* ○ *In the EMRO region, the number of cases is decreasing from east to west. No particularly large outbreak visible in the Maghreb states so far, but the western area is still being monitored.* ○ *Low case numbers in Yemen and Syria, also due to a lack of tests - the BW is considering where support could be provided* ○ *The UN Economic and Social Commission for Western Asia (ESCWA) assumes very high losses and serious consequences for the Arab region, especially people in Syria and Yemen need help. Women in general are particularly vulnerable.* • *Saudi Arabia:* ○ *Most of the cases in the urban area, a very politicised topic at the beginning ("Shiite epidemic"), were considered more relevant from that moment on and laboratory capacities were also ramped up than the royal family itself* *was affected.*	*ZIG1*

	○ *Most tests take place in clinics.* ○ *Measures are primarily focussed on cities; in cities there is also generally better care, but in some cases there are also capacities reserved for the royal family.* • *United Arab Emirates:* ○ *Lowest case fatality rate worldwide, extremely high testing, together with South Korea the lowest positive rate.* ○ *Severe travel restrictions, few remaining travellers have to go into 14-day quarantine.*	
	National • **Case numbers, deaths, incidence, trend** *(slides here)* ○ *Incidence 153, + 2486 new cases, relatively few despite the long weekend* ○ *+285 deaths, the highest number in one day so far, proportion of deaths rises to 2.6* ○ *IHME forecasts the peak of deaths in Germany for 14 April, in Switzerland the peak is not expected to be reached for another month. Unclear how calculated.* ○ *Cases among staff in medical facilities:* ▪ *6,058 COVID-19 cases were active in accordance with Section 23 para. 3 IfSG, of 5,639 were further details of which 239 were hospitalised and 7 deceased (0.12%)* ▪ *Much in the press in other countries, but little in Germany so far* ○ *Compared to last week, there has been a significant decline in districts with a very high cumulative incidence.* ○ *Trend analyses of the BCs and districts show a clear downward trend.* ○ *Only 11 COVID-19 cases with exposure abroad.* ○ *According to Google's mobility analysis, mobility is decreasing overall, but increasing slightly in parks and residential neighbourhoods.*	*FG32*
	• **Syndromic surveillance** ○ *Basically you can see the effect of the Easter days, possibly late registrations and thus changes are possible.* ○ *Fluweb:* ▪ *ILI rates at a very low level, "All-time low"* ○ *AGI:* ▪ *15 KW very few reports (25%)*	*FG36*

	less), there are certainly late reports, but overall consultation incidence has been falling steeply for several weeks (across all age groups) ▪ *Only very few samples were received in week 15. Reasons for this: Post about Public holidays delayed, practices closed and the motivation letter to the practices requesting further swabbing of patients has not yet been sent out. The few samples were negative for influenza, but one sample was positive for SARS-CoV-2 (probably distorted by the small number of samples).* ○ *Syndromic Hospital Surveillance (ICOSARI) (slides here)* ▪ *Different coverage in various BL* ▪ *Since calendar week 40/2015, data from discharged patients with a J diagnosis (respiratory ICD10 diagnosis), additional diagnoses, duration of ventilation, duration of intensive care treatment and age, gender and BL are also transmitted.* ▪ *In addition, since 13th week not only dismissed, but also daily data of lying Patients.* ▪ *Since CW15 additional information on ventilation procedures* ▪ *73 hospitals deliver weekly, 50 hospitals basically daily (but data is not available). not all of them on every day)* ▪ *2 data sets per clinic: 1st data set of patients with respirator. J-ICD10 diagnosis (plus further data described) (=denominator data set), 2nd data set with data for all patients in the clinic (with few further data) (=counter data set), incidence calculation is possible with these two data sets* ▪ *COVID-19 is coded as U07.1!* ▪ *However, if the main diagnosis is not a respiratory. diagnosis (J diagnosis), but e.g. sepsis (A41.*) is diagnosed, the data in ICOSARI are not transmitted in the 1st data set (denominator data set) and therefore cannot be analysed. become.*	*FG36*

	▪ *Current data: 58% of patients are still in hospital, 55% of patients are male, 32% are in hospital.* *in intensive care, 14% are ventilated, 8% have died* ▪ *Total number of cases per age group: more frequent between 50 and 90 years of age* *Intensive care, in recent weeks increase in patients aged 70-90 years in particular* ▪ *Chron. Pre-existing conditions published in EpidBull 14/2020. If you look at these* *subgroup of risk factors (high blood pressure, diabetes/metabolic diseases, COPD, cancer/lymphoma, renal insufficiency, liver disease), it appears that COVID-19 deaths had fewer previous risk factors than influenza deaths.* ▪ *Work is underway to identify other pre-existing conditions.* ▪ *There are various parameters for disease severity in ICOSARI: Location of the disease* *Treatment, disease outcomes (e.g. death) and procedures (e.g. ventilation, dialysis may also be integrated)* ▪ *A discussion on the common nomenclature risk factors/* *Underlying diseases still need to be managed, a common understanding of language (RKI/BZgA) should be found* ▪ *The risk of dying when hospitalised with COVID-19 is higher in the 60-* *69 years 6 times higher if one of the aforementioned pre-existing conditions (diabetes, high blood pressure, etc.) is present.* ▪ *The data on the severity of the course and the risk factors are now collected weekly.* *shown, if available with further information on ventilation times.* • **Tests performed and test capacities** o *191 laboratories participated in total, 149 laboratories reported on their tests in week 15* o *The number of tests has decreased slightly, but over 360,000 tests in total. The proportion of positives has fallen slightly.*	

	○ *A total of 1.7 million tests carried out, roughly corresponds to the reported data (due to some duplicate tests)* ○ *Test capacities: 112 transmitting laboratories: 123,000 per day, i.e. 730,000 tests per week* ○ *There are regional differences, but capacities are currently not fully utilised, backlog has been reduced* ○ *A large number of laboratories report delivery problems.* ○ *In AGI there were enquiries as to what total test capacity the RKI is aiming for in the future, as laboratories are currently underutilised. At the same time, however, there was also a request as to whether clinical-radiological and epidemiological cases should also be included, as not all cases can be tested. There are therefore some contradictory impressions and statements here.* ○ *In principle, all AREs should be tested if necessary, especially if the number of cases is falling. Topic to be discussed in the crisis team on 16 April.* ○ *There are frequent questions about the assumption of costs for public health (PH) tests in hospitals and nursing homes. Recommendations are also made to test asympt. staff so that they can continue to work.* ○ *In principle, the PH tests are requested by the general practitioner and paid for by the state. However, GPs sometimes have to pay more for commissioning laboratory diagnostics than the health insurance funds, hence the desire to test less (e.g. in clinical-epidemiological cases).* ○ *No tests should be avoided, especially during the relaxation phase.* ○ *Head of the BKamt and heads of the state chancelleries should clarify this* *ToDo: Report to the BMG by e-mail to VPräs - who will forward the e-mail with the request to clarify this. - FG32* • **Estimation of the reproduction number/nowcasting:** ○ *Nowcasting method revised, stabilisation of the number of new cases at a level of 3000/3500* ○ *Mr an der Heiden is currently working on the calculation of the reproduction number for the BL* ○ *In the coming days, the reproduction number*	*AL3* *FG32/ AL3/*

	will be increasingly monitored and it	

	should therefore always be recognised ○ *It is important to note that small changes in the modelling can have large effects, so it is important to have a stable, published method that is then no longer changed.* ○ *EpiBul article to be published later today.* *ToDo: The estimate of R and also the figure for nowcasting should be included in the management report by the CO.*	*VPräs/ Pres*
2	**Findings about pathogens** **Presentation of the current status of vaccination (slides here)** • *Even if vaccines are too late for the course of the pandemic, then important in the post-pandemic phase* • *According to a recent Nature publication, there are many candidates in the pipeline (115, 5 of which are in Phase I) with a very wide range of different approaches.* • *However, all approaches target spike protein Blocking the interaction with ACE2 receptors* • *However, there is no experience to date with RNA and DNA vaccines, which may be relevant in the authorisation process.* • *Developments proceeding at enormous speed, first phase I in USA and China in mid-March* • *Vaccine candidates in Phase I-II from the USA, China, UK and Canada* • *The viral vector vaccine from China is also to be tested in phase II on (healthy) over-80s.* • *UK to conduct combined I/II study.* • *Many vaccine candidates developed in Biotec companies and academic groups, no production capacity there, therefore tech transfer is necessary, discussions are ongoing with Gates Foundation and CEPI* • *It is still questionable whether there will be enough vaccine available. The US government has already confiscated production facilities*	*FG33/all*

	under its emergency laws. • *Normally you plan 12-18 months from the start*	

	Phase I • *EMA and Pfizer are considering whether to skip the phase III trials and go straight into broad application, if this is decided by the regulators, then it could be quicker than 12-18 months* • *For us, such a decision means good risk communication and appropriate post-marketing surveillance so that significant vaccination complications can be recognised quickly* • *Immune enhancement is currently being discussed in the literature (severe disease due to vaccination)* • *Impact of different vaccination strategies during the pandemic and in the post-pandemic phase, prioritisation of groups, taking into account increasing immunity in the population, serological studies also important for these questions, modelling of a "test-vaccinate" strategy: first rapid test, then vaccination (cf. dengue). Studies also important for these questions, modelling of a "test-vaccinate" strategy: first rapid test, then vaccination (cf. dengue)* • *A working group on this topic has been set up in the STIKO* • *Study on the pandemic contact matrix* • *On request from the PEI, background incidences for side effect signals prioritised again in order to have data when the vaccination is introduced* • *Concept for the introduction of the COVID-19 vaccination is to be written together with the PEI, UK already has such a concept, also studies on vaccination complications/effectiveness planned, as many vaccines in the pipeline that have not been well tested.* • *BCG vaccines:* ○ *Possible non-specific effect ("immune training")* ○ *unclear whether actually effective, studies will show* ○ *Results are based on studies in high mortality settings, partly with bias* ○ *3 studies in phase III: possible approach for medical staff to bridge the gap* • *At present, it is difficult to say which vaccine approach is the most promising, joint procurement is difficult in advance, CEPI (also funded by the BMBF) will hopefully have a balancing effect on tech transfer.* • *There is no experience of how good and how long-lasting the immunity from the vaccination will be.*	

	• *Companies are confident that a vaccine can be developed. Phase II vaccine development for MERS and SARS has been halted due to a lack of funding* • *There is no experience with mRNA vaccines, but a*	

	The big advantage would be that if you have the production facilities, a lot of vaccine can be produced relatively quickly. • *Immune response in older people: Normally studies are only conducted with subjects between 18-60 years, it would be good to go into higher age groups in phase II, the current study in China is only conducted with healthy elderly subjects. Post-marketing surveillance is therefore very important.* • *Note on the vaccination strategy: some of the adverse effects of vaccinations that also occur with the disease (but on a larger scale) have been recognised. also observed with other vaccines*	
3	**Current risk assessment** -	
4	**Communication** **BZgA** • *Mouth-nose cover is still an issue* • *KMK and teachers have asked for support regarding examinations, BZgA is developing packages with information to support examinations, institutions should be actively supported, materials are available - social distancing, hygiene measures - clear rules are important* *Consultation with RKI desired* • *Hygiene measures only possible in higher school classes, preparation very specifically on site, important changes in procedures that must also be adhered to in the longer term* • *Clarification of the number of days before symptoms: The BZgA information flyer refers to 2-3 days. However, this is the time before the onset of symptoms during which transmission can occur - should be corrected to 1-3 days.* **Press**: • *Many requests for the flowchart of contact person management criteria, if necessary and or or should be added* • *Should first be clarified by those responsible for the content, then IBBS will implement this in the flow chart.* *ToDo: FG36 and FG37 check the content of the existing flow charts and inform IBBS*	*BZgA/FG36* *Press*
5	**Strategy questions** **General** **Helmholtz and Leopoldina statements**	*all*

	RKI-internal • *There is a 4-page strategy paper from the Helmholtz Centre, 3 scenarios presented: 1. R>1, 2. R=1, 3. R<1. The latter scenario is favoured, argue that strict measures should be maintained for longer. No known authors, (Mr Krause is not involved), come from Braunschweig, Forschungszentrum Jülich, Frankfurt etc.* • *WHO has published "Strategic Preparedness and Response Plan"* • *Further discussion postponed to 16 April*	
6	**Documents** • *Dok on discharge management has been revised and published on 14.4. has been published* • *EpiBul article on mouth-nose covering*	*IBBS/FG36*
7	**Laboratory diagnostics** • *Hardly any samples received, no change from the previous day.*	*FG12*
8	**Clinical management/discharge management** -	
9	**Measures to protect against infection** • *BMI wishes to organise the transfer of patients within Germany, concept to be drawn up under FF of BMI* • *RKI with DIVI to be commissioned to set up a specialist group for intensive care medicine* • *Mainly BW and aid organisations involved*	*IBBS*
10	**Surveillance** -	
11	**Transport and border crossing points** • *Website and flyer/poster for travellers updated, will go online shortly.*	
12	**International (Fridays only)** -	
13	**Digital projects update (Mondays only)** *Will be discussed on 16 April*	
14	**Information from the situation centre** -	
15	**Important dates** -	

16	**Other topics** • *Next meeting: Thursday 15.04.2020, 11:00-12:30*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*16.04.2020, 11-12:45 a.m.*

***Meeting venue* Participants:**

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade (Moderation)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 2 Management*
  - *Thomas Lampert*
- *Dept. 3 Management*
- *ZIG Management*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*

- *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International cases, severity, risk factors** • *International trend analysis, measures (slides here)* • *countries over 70,000 cases:* ○ *The US government is heavily criticised for stopping payments to the WHO.* • *Countries with 7,000 - 70,000 cases:* ○ *No big change since yesterday, for most countries Rt is below or close to 1; problem: Turkey, Russia.* • *Countries with 1,400 - 7,000 cases:* ○ *Singapore: significant increase in the number of cases* • *Singapore:* ○ *3,252 cases, 10 deaths, very low case fatality rate: 0.3%, 1,287 hospitalised cases, Incidence/100,000 population: 57.7* ○ *Many tests with a positive rate of 4.5%* ○ *Significant increase in new infections in the last 2 weeks* ○ *No "lock-down" so far, measures primarily travel restrictions* ○ *New period since 7 April with much stricter measures: Exit restrictions, closure of schools and non-essential workplaces; strict enforcement of measures; travellers must quarantine for 14 days.* ○ *Very differentiated recording of cases, imported cases (568), "community transmission" (867), "construction clusters (1,699)* ○ *1st wave: imported cases, 2nd wave: autochthonous cases, 3rd wave: guest workers.* ○ *Almost 300,000 migrant workers, work on construction sites, main problem is accommodation, dormitories with up to 20,000 beds in very small spaces, lack of hygiene. These have not yet been taken into account in Singapore's strategy, but the number of cases is also increasing again in the general population.* ○ *Meanwhile 8 accommodations in quarantine for 4 weeks; no solution, as the same accommodation continues.* ○ *Conclusion: Weak social groups*	*ZIG1*

	must also be taken into account. • *Publication from Iceland* o *PCR screening study: 31 January - 4 April: testing of 6% of the population; 1st group: people at risk (travel history, contact with COVID patients), 2nd group: non-representative random sample* o *Group 1: 13.3% positive, Group 2: 0.7% positive* o *Cause of infection Travel history decreases, autochthonous transmission increases.* o *Children under the age of 10 and women had a lower incidence; the reasons for this are unclear.* o *It cannot be concluded from the study that children are less affected.* *ToDo: Publication will be sent to Lage.* **National** • **Case numbers, deaths, incidence, trend** *(slides here)* o *Incidence 157, + 2,866 new cases* o *+315 deaths, the highest number in one day so far, proportion of deaths rises to 2.7* o *Epicurve by notification date and disease status now also available for internal use.* o *R0 today 0.9* o *Age & gender distribution: no major changes* o *Cases among staff in medical facilities: 6,395* o *Decision of the MPK: RKI Containment Scouts 5/20,000 p.e. are to be provided; can be requested quickly by administrative assistance request. GA must also provide better data if they are given more staff.* o *Reported cases by place of exposure: abroad decreases sharply, often no information available.* *ToDo: List how many cases are attributable to community transmission and how many to shared accommodation.* o *It's not always easy to tell from the data, at the moment only a rough division into Germany vs. abroad; attempts are being made to break down transmission in Germany better, and "not specified" also needs to be analysed more closely.* • *Antibiotic Resistance Surveillance: SARS-Cov2* o *Number of tests increases; kink in the curve on 26.03 with introduction of a new testing strategy, simultaneous decrease in the positive rate.*	*FG32* *FG37*

	○ *Federal states: similar developments: BW, BY, NRW have the most cases and carry out the most tests; overall, relatively good testing capacities are available.* ○ *Test delay nationwide: long delay indicates overload. It looks as if the testing delay is increasing again. Approx. 2 days from sampling to testing is too long.* ○ *Test delay in BW and BY has gone down, Berlin also looks good.* ○ *Proportion of positive tests by age group (</> 65 years) and organisational unit (practices, hospitals): more has happened in the over 65 age group.* ○ *Number of tests by age group, change in testing strategy in 12-13 weeks. More and more >80 year olds are being tested, 60-79 year olds are not being tested to the same extent. The number of positive tests is increasing among > 80 year olds, which is also related to the frequent testing.* ○ *Diagnostics working group: KBV also believes that testing is not sufficiently recognised in certain population groups. This could be related to the fact that sick notes are not usually required for the 60-79 age group.* ○ *There will be a report on COVID on the ARS website from next week.* ○ *More information on drive-through testing and testing in GA will be available next week.* ○ *Guidance for citizens should be supplemented to the effect that people with mild illnesses can also take advantage of testing. One symptom is enough to trigger testing. Utilisation of testing depends on the extent to which this is known in the population and implemented in practices.* *ToDo: Revision of IBBS flow chart* ○ *Whether rhinitis is sufficient as a criterion for testing, whether symptom-based testing or screening is used, depends on the epidemiological situation and must be changed and clearly communicated over the course of time.*	*IBBS*
2	**Findings about pathogens** • *Not discussed*	*FG33*

3	**Current risk assessment** • *Suggestion from the press: Delete page with current risk assessment and refer to situation reports instead, as these are very up-to-date.* • *However, risk assessment is not currently being dealt with independently in the management report, as the considerations for this should come from the crisis team and be added to the management report. No agreement: Assessment should initially be left on a separate page.* • *RKI pages on Corona are to be revised with the help of external experts. Presse is in dialogue with IT service providers, is to be implemented quickly and will be financed by the BMG. However, this cannot be done quite so quickly, as it must take place in the same content management system and the existing links must continue to work.*	*Press/All*
4	**Communication** **BZgA** • *Following yesterday's decisions by the Chancellor, information on face masks was widely disseminated.* • *Preparatory work on the NINA app by the BZgA.* • *Please forward the paper to the BZgA to support schools and universities. Contribution for Epid Bull is being prepared, as soon as the manuscript is ready, it will be shared.* • *Ask to be added to the mailing list for invitations and slides; slides will not be circulated in advance.* **Press**: • *FAQ has been restructured with sub-headings and some questions have been added.* • *New publication list posted under Research; project list in progress.* • *Mr Brockmann should present the forecast assumptions in more detail. Alternatively, reference can be made to publication.* **NINA App BBK** • *Update: IBBS was asked to provide input, based on publications by the RKI.*	*BZgA* *Press* *IBBS*
5	**Strategy questions** **General** **d) Report from the BMG conference call** • *Report on schools was praised by the BMG. Report*	*FG32*

	can be shared internally but not externally ("work in progress"). • *Additional work from the RKI will be necessary for the expansion of Containment Scouts.* • *Illustration by Mr Braun, in which R0 is associated with intensive care capacity, may have been created by himself. This could be used to justify keeping intensive care beds free for COVID-19 patients.* • *The RKI may have to comment on recommendations for places of worship. In 2009, FG14 already dealt intensively with this in the context of influenza.* • *Financing of the test is discussed in the AGI.* • *Logo #wirbleibenzuhause will be changed to #wirhaltenzusammen". Question: Is it possible to comment professionally, as the message is not unproblematic? Rather no influence possible; Mr Schaade will consult with Mr Wieler.*	
6	**Documents** • *Flowchart orientation guide for doctors / test criteria* o *Test criteria are to be made more sensitive; only half of the test capacities will be utilised.* o *Acute respiratory symptoms could be placed more prominently if the test capacity is sufficient. It would be in the interests of the KBV to make the testing of symptomatic patients more sensitive. Mr Mielke can imagine dispensing with the parenthesis with "(COVID-19 diagnostics only with sufficient test capacity)". Including the loss of smell and taste could lead to high expectations and is difficult to define.* o *The guidance for citizens should also make it clear that individual symptoms are sufficient to make contact.* o *The question arises as to how tests can reach the population. So far, the GAs have been very restrictive with testing, and it is questionable to what extent the population considers surgeries to be safe places due to the lack of protective clothing. Practices need to adapt to living with the virus and become more involved in sampling.* o *A TC is being held today with the sub-working group of the AGI, test offers are to be addressed here.*	*IBBS/Department 1/ FG36*

	be set up. This group should present best practice examples of laboratory diagnostics for the AGI. ○ *Self-testing would be helpful and would facilitate acceptance and access.* ○ *Mrs Michel has not yet heard back from Mr Drosten from KL regarding the self-sampling study. There are no original samples available for the RKI, a quickly implemented approach has unfortunately failed. Is there any reliable information from other sources? If so, please circulate. No further systematic investigations have been started at the moment.* ○ *Cooperation between FG36 and Dept. 1 to continue the study elsewhere. Samples from 20 March could be removed and it could be assumed that the others are correct in order to extract at least some information.* ○ *Some doctors have had good success with self-sampling of the throat and nose. Notes from AGI Sentinel: even after 12 days of mailing, the samples are still suitable, very effective procedure, but systematic results are still lacking.* ○ *In the orientation guide for physicians, point "Acute respiratory symptoms of any severity", the text in brackets (only if the symptoms are sufficient) should be deleted; a reference to risk groups is no longer necessary.* ○ *In the guidance for citizens, the risk groups should continue to be explicitly mentioned, risk groups and HCW, but also 60-70 year olds and autochthonously known risk factors. Testing should also be included.* *ToDo: Revision of orientation guide for doctors and orientation guide for citizens, IBBS* • *Information material on the use of PPE for medical staff* ○ *Has been agreed with ABBAS and will be published.*	
7	**Laboratory diagnostics** • **ZBS1***: A total of approx. 4,800 samples tested, of which approx. 730 were positive; 100-200 samples received per day. Another contamination problem at one company; new extraction device is slightly less accurate in terms of sensitivity, attempts are being made to rectify this.* • **Interlaboratory tests** *are very important in order to fulfil the quality requirements of diagnostics,*	*ZBS1* *AL1*

	even when ramping up the	

	number of tests. 280 laboratories are registered for the round robin test. Some of the proficiency test results are published in advance and enable the laboratories to orientate themselves on the target values. The next round robin test will take place in the summer. RKI has already taken part in the EQA scheme. • **FG14***: many closed medical practices, therefore only 30 samples this week, 3* respiratory viruses found, 1 of them COVID-19 positive.*	*FG14*
8	**Clinical management/discharge management** • *Discharge criteria* ○ *Change of 2 negative PCR results from swabs with a time interval to the simultaneous collection of 2 swabs is misleading and is formulated differently.* ○ *Criteria for discharging staff from medical and care facilities: 2 negative PCR tests are only required if staff subsequently return to work.* ○ *These are only clarifications that will not be put to a second round of voting.*	*FG36/IBBS/ FG32*
9	**Measures to protect against infection** • *ABBAS has concerns about PPE recommendations.* *ToDo: Mrs Brunke will contact ABBAS about this.*	*IBBS*
10	**Surveillance** • *Obligation to report serological evidence* ○ *Mrs Diercke has circulated a proposal. This was accepted with a supplementary proposal and can be placed on the Internet.*	*FG32*
11	**Transport and border crossing points** • *In the evening TK on this topic*	
12	**International (Fridays only)** • *Not discussed*	
13	**Digital projects update (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates**	

	• *TK State Chancelleries* • *AGI-TK 1 p.m.* ○ *Dissatisfaction on the part of the AGI that not all documents (e.g. on masks, care facilities) were shared in advance.* ○ *If input is required from the countries, this will be requested. Internal papers cannot always be shared, and deadlines are sometimes very tight. If the content is approved, documents can be shared with the countries for information purposes. Comments will be included for the next revision. Please understand that this is not always possible.*	
16	**Other topics** • *Next meeting: Thursday 17.04.2020, 13:00-14:30*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*17.04.2020, 13-14:30 h*

Meeting venue **Participants:**

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade (Moderation)*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 2 Management*
  - *Thomas Lampert*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Inessa Markus (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  -
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*

- *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International cases, severity, risk factors** • *International trend analysis, measures (slides here)* • *Countries over 70,000 cases:* ○ *USA: downward trend in forecast case numbers with plateau in total case numbers* ○ *President presented exit strategy with three phases. Criteria for initiation are: Reduction in case numbers in the last 14 days, ILI symptoms in the 14 days, all patients can be treated.* ○ *PHASE I* *Gatherings of less than ten people are possible; schools remain closed* **Restaurants, cinemas and religious institutions can open if "physical distancing" can be guaranteed***; continued home office (if possible)* ○ *PHASE II* *Non-essential travel possible again;* **Schools reopen***; gradual return to work, communal areas in companies remain closed; visits to retirement homes and hospitals still prohibited* ○ *PHASE III* *Complete return to work Visits to retirement homes and hospitals* *permitted; however, vulnerable population groups should continue to keep their distance from other people; vulnerable population not precisely defined.* • *Countries with 7,000 - 70,000 cases:* ○ *No major change since yesterday, Russia: rising trend with high reproduction numbers;* ○ *Increase in deaths in China is due to the processing of data from recent months. The increase in France is most likely a reporting artefact and is being clarified.* • *Countries with 1,400 - 7,000 cases:* ○ *No major change* • *WHO-EURO* ○ *Few cases in the eastern countries of the WHO-region can be explained, among other things, by very early travel restrictions, the development of*	*ZIG1*

	is therefore delayed. Turkmenistan and Tajikistan have not yet reported any cases and have hardly implemented any measures to date. Estonia reports a comparatively high incidence. • *Estonia* o *Total: 1,434 cases; 36 deaths (case mortality: 2.5%); 137 currently hospitalised (10 ICU); 33 recovered* o *Incidence: 108.5 / 100,000 population* o *Large-scale infection due to the import of SARS-CoV-2 during a volleyball tournament organised by an Italian volleyball club on the island of Saaremaa. Further spread through a later champagne festival (50% of the island's inhabitants infected)* o *This event is responsible for a large proportion of the total number of cases; the number of new infections is declining.* o *Current doubling time: 16 days* o *State of emergency since 13 March 2020 (until 1 May for the time being) - decision on easing to be taken at the end of April* o *Total tests: 36,024, positive rate: 4.0%* o *Exit plan consists of 7 evaluation criteria: 1. total number of known infections, 2. number of hospitalised cases, 3. number of cases on ventilators, 4. situation with planned (elective) treatments, i.e. waiting lists for routine treatment of patients in hospitals, 5. availability of personal protective equipment (PPE) and visible readiness to defend against the next possible wave of the virus, 6. state of the economy, including unemployment rate, 7. mental readiness of the population to (endure) restrictions* • *Poland* o *7,582 cases; 286 deaths (case fatality rate: 3.8%); 2,607 currently hospitalised; 774 recovered; incidence 20.0/ 100,000 population.* o *First case on 04/03/2020 (from Germany)* o *Doubling time: Total number of cases: 13 days;* o *Effective reproduction number: 0.9* o *Total tests (as of 15 April): 156,493, positive rate: 4.7%* o *20,000 tests per day possible (approx. 40% utilised);*	*FG32*

	Low utilisation is controversially discussed in the country and is most likely due to a lack of staff equipment (e.g. PPE to carry out testing). ○ *Hospital beds: 6.6/1,000 population; ICU beds: 6.9/100,000 population.* ○ *On 14 April, the first of two transports of relief supplies from China landed in Poland to ease the supply shortage.* ○ *Measures very restrictive overall; first cautious easing on Monday: people allowed to stay in forests, parks and green spaces again and larger numbers of customers allowed into food shops.* **National** • **Case numbers, deaths, incidence, trend** *(slides here)* ○ *Incidence 161, + 3,380 new cases* ○ *+299 deaths, proportion of deceased rises to 2.9* ○ *Nowcasting (M. an der Heiden) Number of cases declining* ○ *Estimated R0 varies according to BL; MV with 1.6 (95%CI 1.1-2.1) the largest, this is most likely due to a small number of cases, as small changes show a large effect.* ○ *Age & gender distribution: no major changes* ○ *DIVI has been mandatory for hospitals since 16 April 2020 and this is reflected in the data: Number of reporting clinics: 1,138; 2,868 cases on IST, of which 2,145 are ventilated. Total capacity: approx. 29,000* ○ *Nosocomial outbreaks: 15th week of reporting: 27 with 181 cases, increase/reporting possible. Outbreaks are difficult to extract from the reporting data and are reported differently. From next week, there will be a separate reporting category for this. FG37 is in charge of some outbreaks (approx. 7) and advises by telephone. Paper on outbreaks in hospitals goes online today U. Grothe (FG32) and S. Buda (FG36) prepare a paper on outbreak management (order from Mrs Merkel to Mr Wieler)* ○ *Cases among staff in medical facilities: 6,711/6% of total cases*	*IBBS*

	○ *7-day incidence: little changed; 4 CC with incidence 101-500 cases/100,000 population.* ○ *Trend in the BL unchanged;* ○ *Entry from abroad almost non-existent* ○ *EURO-MOMO: Mortality in some countries with a visible upward trend, changes in the figures still possible due to late reporting*	
2	**Findings about pathogens** • *Involvement of the heart muscle (refractory arrhythmias) in the context of COVID-19 disease Conspicuous observations known from the USA. In Italy, increased cases of myocarditis and endocarditis have been described in autopsies. In Germany, there is a close dialogue with intensive care physicians. Tachycardia has been observed in isolated cases. Cardiac diseases and symptoms are generally closely monitored in this context.*	*Pres/all*
3	**Current risk assessment** • *Not discussed*	
4	**Communication** **BZgA** • *Records of changing/conflicting test results at EU level are not known. Study on recovered patients is planned. The discharge criteria describe that positive PCR detection in a recovered person does not necessarily mean that the person is infectious. A virus culture should always be performed in these cases. This constellation of test results (testing pos-neg-pos) is not uncommon in deep lung disease. Good external communication is required.* • *Paper for inpatient care facilities, which was created at the request of the BMG, is currently being revised. Feedback from practice and coordination with the professional associations are being incorporated.* **Press**: *Discharge criteria require two negative PCRs. There are requests to pool samples. IBBS has adapted the paper accordingly.* *14.04.2020 is information and recommendation on oral Nose covering appeared*	*BZgA/all* *Press*

	EpiBull article on the outbreak at the nursing home in Wittenberg by C. Frank was published. The support was provided as part of a request for administrative assistance. Further document on school closures to be published on Monday *There are many enquiries from schools and graduating classes via the press mailbox.* *Publication on different surveillance/monitoring systems, prepared by FG32 and FG36, should be ready early next week.* **German Armed Forces** • *Asks for information to be forwarded on support from the Bundeswehr for KoNa. No information is currently known. It was reported in the news that 25 members of the German Armed Forces would support KoNa activities by telephone.*	*VPräs/ FG32/FG36* *BW*
5	**Strategy questions** **General** • *The possibility of downloading information/individual case data on deaths on the dashboard is seen as problematic. This data may not be forwarded to the ECDC in this form. As the dashboard is based on individual case data, this option is available and the available variables have been approved by data protection. The detailed information (dashboard) should serve the numerous requests for different queries. This problem represents a fundamental decision on data availability.* **RKI-internal** • *Serological studies are generally not planned over a longer observation period.* *Several surveys at different times at one hotspot are possible. FG37 is planning an observation over 3 years as part of the HCW study. Contact is currently being made with the BMG regarding funding.* • *Modelling (graphic) by Mr. Braun was made available to the modellers at the RKI, at*	*FG36/all* *AL2/FG37* *FG37/all*

	Some assumptions, e.g. inclusion of total bed capacity, require optimisation. It is adapted/processed and shared with the BCs	
6	**Documents** ○	
7	**Laboratory diagnostics** • **FG17***: continued low sample numbers* • *Collaboration on a publication on changes in test indications and test capacities in various countries in the course of the event; publication is expected soon*	*FG17*
8	**Clinical management/discharge management** ○	
9	**Measures to protect against infection** • *Examination of the BMAS enquiry regarding the RKI recommendation on the use of MNS/masks in the care of COVID patients. Processing is carried out by FG14, the answer is sent by VPräs.* • *Guidelines on outbreak management for COVID-19 on behalf of the Chancellor should be sent out as soon as possible (deadline today 5 pm) via Mr Wieler. The draft is already at an advanced stage and individual scenarios are still being added. The focus should be on practicability. This paper can then be anchored in the framework plan.* • *Responsibilities in dealing with sick medical staff do not always seem to be entirely clear. Sick leave for 14 days is issued by the responsible general practitioner; between the end of the 14 days and two negative PCR tests, there is a time gap in which sick leave can no longer be issued. A ban on work must be imposed in this case. This has already been discussed at the AGI.* • *TK with BMG and Mr BM Braun on DEMIS:* *Presentation of the reporting system, DEMIS and the acceleration programme as well as a description of the main problems in the ÖGD: resources and personnel,*	*FG14* *VPresident/all* *IBBS/all* *FG32*

	Precise description of the ÖGD and the tasks and objectives of the reporting system. Presentation of the reporting system and DEMIS is to take place during a conference between the head of the Federal Chancellery and the heads of the State/Senate Chancelleries of the federal states next week (20 April 2020; presence at the BMG Friedrichstr. in room 5.01) by RKI. • *IfSG amendment 3. legislative procedure* *Legal department has sent a report to the BMG with suggestions for adjustments. It is a good opportunity to stabilise things/projects. If the proposed amendments are accepted, they are expected to come into force in May. Additional points can still be submitted via the legal department. FG36 and FG37 are interested in adding points. It should be considered whether changes to content should be submitted together with changes to the allocation of resources. The chances of approval for purely substantive changes are considered to be greater.*	*FG32/all*
10	**Surveillance** ○	
11	**Transport and border crossing points** •	
12	**International (Fridays only)** • *Increase in requests for cooperation and assistance in the context of COVID-19 response* **Diagnostics** *In co-operation with WHO AFRO, WHO EMRO and African CDC remote/online training is offered, Bilateral support from more than 20 countries* **Area of co-operation** *Enquiries from various countries with contact through embassies and the Chancellery* **Enquiries via SEEG** *Requests for support from South and Central America; coordinated by GIZ/BMZ* *Charité is involved to provide support* **GHPP partner countries** *BMG has set up a special fund for existing projects to support the COVID-19 response and there is a desire to continue the existing cooperation.* *within the framework of the projects for support.*	*ZIGL*

	It will soon be discussed whether existing projects will be extended and whether work on COVID-19 will continue over the next 12 months. Postponement of the next round to be discussed. **Increased exchange** *Current interested parties are Korea, Singapore, the United Arab Emirates, Israel and Turkey. Realisation with BMG participation and still under development.*	
13	**Digital projects update (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** o	
16	**Other topics** • *Next meeting: Monday 20.04.2020, 13:00*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*20.04.2020, 1 pm*

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda (Moderation)*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Ulrike Grote (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*

- *German Armed Forces*
  - *Mrs Rossmann*
  -

TOP	Contribution/Topic	contributed by
1	**Current situation** **International cases, severity, risk factors** • *International trend analysis, measures (slides here)* • *Countries over 70,000 cases:* ○ *USA: A downward trend continues. There are now nearly 762,000 cases with over 35,000 deaths. There has been an increase in cases in the southern states. Case numbers in New York State continue to decline.* • *Countries with 7,000 - 70,000 cases:* ○ *France: There were late reports of cases from retirement homes, which caused the hump in the R0 trend. There are also some deaths among the subsequently reported cases.* ○ *Russia: An R0 trend of around 2 has stabilised for Russia. There was already a TC with the Russian Ministry of Epidemiology on Friday. Results from this TC will be presented later this week. More rural areas in Russia are now also affected. Previously there were hotspots in St. Petersburg and Moscow.* • *Countries with 1,400 - 7,000 cases:* ○ *Belarus: There were Orthodox celebrations yesterday. These were cancelled in other countries. An increase in cases is expected in Belarus.* • *South Africa: The strategy of countries is to "flatten the curve". In South Africa, the curve has not been flattened, but broken. There are 3,148 cases (54 deaths). The most affected regions are Western Cape and Gauteng. There has been a lot of testing since the beginning. 114,711 tests have been carried out (target: 10,000 - 15,000 tests per day). Initially, contact persons and people from risk areas were tested, now people with COVID-19 typical symptoms tested. A nationwide state of emergency was declared on 15 March and a nationwide lockdown was introduced from 27 March, which included This includes curfews, the closure of shops and schools as well as borders within the regions. The measures are being enforced with heavy military deployment. It is feared that if measures are lifted, there will be an extremely sharp increase in cases. The primary aim of the measures was to buy time. There are now plans with 8*	*ZIG1*

	different stages of dealing with the situation after the lockdown. South Africa has the advantage that there is active case finding by HCW. • *2 interesting publications:* ○ *Report on outbreak in Ort Vò (Italy):Here there were swabs in 2 phases: 1. after the first death on 2102. and after the 2 week quarantine. Results show that over 43% of confirmed SARS-CoV-2 infections were asymptomatic. The viral load in asymptomatic and symptomatic individuals was the same. None of the 374 children tested positive. This is in stark contrast to previous results/publications. False negative tests play a major role here. In addition, the result of the report shows how large the proportion of asymptomatic patients is and possibly the importance of wearing face masks.* • *Open letter (Lancet 17 April): An alternative exit strategy was presented by 37 experts (including from LSHTM). It is proposed to carry out a weekly screening. Piloting should take place in several cities with populations of 200,000-300,000. In the event of a positive result, a quarantine should be imposed for the case and the household members. If introduced nationally, 10 million tests should be carried out per day. No lockdown would be necessary. If this were to be introduced in Germany, a good testing strategy would be needed. Such mass testing brings many people together, so it may be more of a dissemination tool than a control tool. The logistics (e.g. dealing with contacts) must also be considered. It may also be possible to test employees of hospitals or retirement and nursing homes more frequently so that an infection is not introduced there. Consideration should also be given to how the population can be involved (mobile testers, increased syndromic surveillance through the flu web). Centralised or de-centralised control should be in the hands of the ÖGD (focus: strengthening the ÖGD).* • *The question arises as to whether these lessons learnt (also from other countries) are systematically recorded. The BMG has asked ZIG1 to record the exchange with other countries in writing.*	

	National • **Case numbers, deaths, incidence, trend** *(slides here)* • *The incidence is 170/100,000 inhabitants, the proportion of deaths is over 3%* • *Bavaria continues to be the most affected of the federal states. Developments are continuing to decline.* • *There were problems with the R0 at the weekend due to the SurvNet changeover. There is a lot of irritation at the BMG about how the R0 has been taken up in the media in correlation with the measures.* • *There is also an R0 calculation for the federal states, in which Bremen and Mecklenburg-Western Pomerania stand out. Overall, the R0 for Germany is 0.8; the federal states have an R0 of 0.8. The more detailed the calculation is, the less reliable it becomes. Both Bremen and Mecklenburg-Western Pomerania have a large predition interval for the R0. Therefore, the R0 calculation should not be extended to rural or urban districts.* • *The gender distribution of COVID-19 cases has not changed (m=48%, f=52%). The median age (50 years) has risen slightly. The curve of the deceased is rising.* • *Data from the DIVI register: More completed treatments are being reported. The proportion of currently ventilated patients has fallen.* • *There are 7,413 COVID-19 cases among HCW; 13 have died. The median age is 42 years. More women than men are affected, which reflects the composition of the medical staff. There is no information on previous illnesses. If there is an increase in staff for the health authorities, it would be good if such data could be determined and added. To date, there are no known studies on HCWs suffering from COVID-19 in Germany.* *ToDo: FG32 asks via the AGI/EpiLag whether it is OK for the data to be collated and analysed at the RKI (especially for the deceased HCW)* • *Requests for administrative assistance: There are 2 requests for assistance from Berlin (cathedral choir and trumpet). In addition, Tirschenreuth requests the resumption of administrative assistance.* *Division 3 is in favour of this and wants to support it.*	*FG32*

	• *There should be clear language on which factors the RKI considers relevant to consider an outbreak: Notification numbers, R0 etc. In addition to R0, severity (not just the number of deaths) is also important,* *i.e. treated, clinical ventilation cases. The AGI also asks for such criteria.*	
2	**Findings about pathogens** • *There are publications on transmissibility in the environment with patients: in addition to droplet infection, aerosol transmission does play a role in certain situations. This will be monitored further. Documents may need to be adapted. So far there is little information on the role of basic behavioural patterns in normal life on infections, i.e. how much someone talks to a person, how loudly, how much they laugh, etc. If this has an influence on infection, an adjustment of speaking behaviour could be recommended and masks could be recommended, but masks are not worn in the home environment, so there is no protection there.* • *There is a limitation of the contact tracing apps, which only measure the physical proximity of two devices and not such behaviour. This can easily lead to negative effects, e.g. 2 people sitting physically close to each other in the underground, but do not change behaviour.* *Word.*	*All*
3	**Current risk assessment** • *Not discussed*	

4	**Communication** **BZgA:** • *There are 3 components in the infectious process: The sender, who emits droplets, the physical event of transmission in between and then the receiver. Unfortunately, even after many weeks, there are still people in the population who know nothing about the transmission route. When the restrictions are relaxed, the question of implementation will arise. There is a great need for information. The BZgA is already receiving questions about whether teachers have to wear gloves when handing out documents at school. (Note from the RKI: Wearing gloves does not replace hand hygiene. Washing hands is sufficient).* • *In the telephone enquiries, calls with physical problems (e.g. addiction, continuation of therapy) are becoming more frequent. The BZgA has therefore introduced a new telephone service agreed with the BMG*	*BZgA*

	Offer. • *2 Questions about terminology:* *1) The BMG speaks of the AHA formula (keep your distance, hygiene, respiratory protection).* *Answer RKI: This has not been agreed with the RKI.* *2) Mouth and nose protection (MNP) -> how is medical as opposed to non-medical MNP labelled?* *RKI response: The RKI refers to healthcare staff as MNS (mouth and nose protection) and to the general public as MNB (mouth and nose cover) -> the BZgA will adopt the terminology.* • *The BZgA has a FAQ and a video (e.g. how to wash/reuse face masks) to communicate that wearing gloves is not advisable.* **German Armed Forces** • *Asks for the training documents for containment scouts to be sent to him, as the Bundeswehr is to be involved in this.* *ToDo: Mr Eckmanns sends the Bundeswehr (Dr Harbaum, KdoSanDstBwVII-2EFueZSan@bundeswehr.org) a link to the training materials.* • *At the moment, risk communication is focussed on the transmission/progression of the outbreak. However, chronic conditions could also be addressed.* *RKI note: Department 2 deals with chronic conditions. In this situation, a recommendation in this regard would be very short-term (e.g. lose weight, stop smoking, etc.).* **RKI Press Office**: • *Planned Epibull articles:* *1) Mrs Frank (FG35) has written an article on administrative assistance in Wittenberg, which will be posted online today or tomorrow morning.* *2) Mr Haas (FG36) prepares an article on school closures. (see also agenda item "6 Documents")* *3) There is a 3rd version of the nowcast with modified graphics and explanation of R0* • *In general, there is a great need for information on*	*BW* *Press*

	R0. • *Mr Schaade will take part in the press briefing at 10 a.m. tomorrow.* • *The colleagues who look after the info hotline and the RKI info mailbox have questions about the Flowchart e.g. it is an and or an or for the individual categories)*	
5	**Strategy questions** **General** • *Security review of data donation app, Chaos Computer Club (postponed)* • *Contact tracing app: There is a large group that says that data should only be used in a decentralised manner, i.e. only the people themselves should receive the data together with information and they must report themselves to the health authorities. There is another group that favours a centralised solution, i.e. the data is also stored on a server. This is necessary to analyse how many people are affected and have been asked to go into quarantine. Today there is an open letter calling for a decentralised solution. A decision will be made this week.* • *"Traffic light system" for GÄ (recording, dashboard): There was a request from the Federal Chancellery to develop a concept that can be used at central and state level to recognise whether health authorities are overburdened or whether they are still able to carry out contact tracing, report cases etc., for example. This goes in the direction of a performance indicator or overload indicator. The RKI should provide expert advice and not be seen as a supervisory authority.* • *Ministerial request: Testing of all KP 1 and all people living, working and visiting in retirement and nursing homes (not discussed)* **RKI-internal** • *Strategy paper "Strengthening ÖGD" (not discussed)*	*Pres/ FG32/all*
6	**Documents** • *Draft article Epi. Bull. as of 17.04.2020, "Reopening of educational institutions - considerations, decision-making principles and prerequisites": The article should not go into detail decisions regarding measures that were taken before the*	*FG36/FG32*

	must be made locally by the responsible persons. The document should be sent to the BMG before publication with a request for information and, if necessary, comments. At the same time, the document should be sent to the AGI for information. • *Overview of surveillance systems: In addition to the overview started by Ms Buda, there is already an overview of surveillance systems on the Internet. Mrs Buda should develop this further (e.g. short description). The aim is to show interested parties, but also the lay public, that there is more than just the reporting data.* *How to deal with the two overviews will be discussed at one of the next crisis team meetings.* • *"Cookbook": The document was sent to the BMG on Friday. Revision, harmonisation, updating and fine-tuning is still possible before the next steps (e.g. AGI, publication) take place.* • *Joint paper between FLI and RKI on pets: The document deals with pets (especially cats) with COVID-19. It is to be supplemented with instructions for owners and then published on the FLI website. It is fine if the RKI is only mentioned in the document and it is a document of the FLI. The RKI can link, (especially cats).*	
7	**Laboratory diagnostics** • *On Friday, Jens Spahn's paper entitled "Test, test, test" has been finalised. This has only been partially agreed with the diagnostics working group. Critical aspects such as e.g. for the comprehensive testing of asymptotic persons has been introduced by the BMG. Mr Mielke will be available tomorrow to answer any questions on behalf of the AGI TK.* • *ZBS1: Last week was the weakest week in terms of the number of samples received (660 samples). An increase in work is expected when the serological study begins. Samples are arriving from all over Germany and increasingly relate to the discharge criteria.* • *Virological surveillance AGI: The sentinel practices were contacted again with the request to send more samples. There is increasing feedback from the sentinel practices that they are not sending any patients. see more people with COVID-19 symptoms as they go to*	*Dept. 1* *ZBS1* *FG36*

	special test centres. The question is how this	

	will also have an impact on general ARE/influenza surveillance if nobody goes to the surgeries any more. There may also be more samples in future, as electronic sick notes are no longer possible. This decision to cancel electronic sick notes was taken by the Federal Joint Committee without BMG consultation. The BMG is trying to consult with the G-BA, as electronic sick notes make a lot of sense. • *Sero-Epi studies: Mrs Seeling (Dept. 2) has discussed with FG36 where statistically representative samples could be obtained. FG36 has shared the locations of the AGI practices and could write to them to recruit them for the study.* • *Blood donation centres: Preparations are already well advanced, but there is still one last coordination with data protection.*	*FG34*
8	**Clinical management/discharge management** • *In future, Mr Grabenhenrich is to include the proportion of free high care bed capacity in the progression curve (DIVI).*	*FG32*
9	**Measures to protect against infection** • *Specific hygiene recommendations for professions: More and more organisations have requested specific recommendations for different professions. The BMG has enquired about the extent to which the RKI can provide recommendations on reopening for different professions. However, the RKI has neither the competence nor the capacity to do so.*	*FG32*
10	**Surveillance** • *There was a 3rd meeting to relocate Grippeweb to IZT Bund. One of the aims is to increase capacity and identify groups/regions where testing is necessary. Data on previous illnesses will also be collected. Grippeweb can be a combination of a survey, but also communication (push)/feedback.*	*FG36*
11	**Transport and border crossing points** • *Not discussed*	
12	**International (Fridays only)** • *Not discussed*	
13	**Digital projects update (Mondays only)**	

	• *Global Alert/Alert Germany (postponed)*	
14	**Information from the situation centre** • *Enquiry from BMFSJ on participation of RKI in the preparation of guidelines for reopening daycare centres (postponed)*	
15	**Important dates** o	
16	**Other topics** • *Next meeting: Tuesday 21 April 2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*22.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *L1*
  - *Joachim Mehlitz*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days* ▪ *USA: most affected country, 825,306 cases, >45,000 deaths (5.5%), strong peak over Night, possibly combined with tests, hopefully more information tomorrow* o *Countries with >7,000 new cases/last 7 days, generally continuing downward trend, Russia (bottom left) increased rise in new infections* ▪ *Russia: rising trend, incidence 36.5/100,000, R>1 with a slight downward trend, deaths <500, case mortality 0.9%; TC 2 days ago;* *- Cases in all 85 regions, including outside the core regions of Moscow and St. Petersburg;* *- Testing strategy: all symptomatic but also contact persons, 8 self-developed tests, capacity not limited, no dependence on foreign resources, >2 million tests,* **positive rate 2.5%**, *220 laboratories in the country;* *- Clinical care: 20,000 beds in the capital region, new hospital building there with 800 beds, a total of 70,000 beds nationally, 40,000 ventilation places, care is worse in the countryside, capacities in the medical sector are at the limit, but there is hardly any information about conditions in the periphery; - Increased support from other countries (incl. Italy, USA);* *- Measures: established self-isolation index, which describes the mobility/self-isolation of residents, no stratification available (private vs. business travel), various phases, initial focus on people entering the country, then ban on gatherings and closure of public facilities, then Putin holiday (speech on 15 April), which led to increased holiday travel, then exit restrictions, now additional digital exit passes established, massive problems in enforcing the measures* o *Countries with 1,400-7,000 new cases/day* ▪ *Bangladesh: still problematic, more on this at the end of this week* ▪ *Singapore: further increase in falls, caused by a*	*ZIG1* *FG32/FG36*

RKI	*Outbreak in guest worker settlements* o *Countries with >100 cases and an R0>1: Countries with highest R>2.5 (left) are Sudan, Somalia, and Venezuela, low case numbers but strong start and very weak health systems* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 145,694 (+2,237), thereof 4,879 (3.3%) Deaths (+281), incidence 175/100,000 inhabitants, approx. 99,400 recovered patients, R=0.9 (95% CI 0.8-1.1, status 17.04.)* o *See slides for all figures and illustrations* o *Deaths: now also age category 100+ years included in the national incidence and age distribution of cases, age group >100 is strongly affected (550-650/100,000 inhabitants)* o *Trend generally decreasing throughout Germany* • *BZgA question: RKI assessment of the number of deaths* o *There tends to be a proportionate overreporting of deaths compared to milder cases; no major underreporting expected overall* o *In general, severe courses are better recorded, as mild courses are tested less/less frequently* • *Autopsies* o *Post-mortems are the subject of much international and national debate, deceased from or due to COVID-19* o *Fewer autopsies are performed in Germany compared to other countries* o *The RKI does not know how many COVID-19 cases are autopsied in Germany* o *In HH it was ordered that all cases be autopsied, then the situation should become a little clearer* o *RKI should continue to proactively report a maximum number (laboratory-diagnosed cases that die)* o *In order to learn from autopsies, it is necessary to carry out individual scientific analyses on site* o *Clinical report from Hamburg (BZgA): there has not yet been an autopsy of a case without an underlying disease* • *DIVI intensive care capacities: a total of 10,252 intensive care treatments, <1,300 reporting centres, fairly reliable representation* • *Cases among staff in medical facilities: Countries agree to further investigation of this group, <8,000 have been reported so far, 18 of whom have died* • *Syndromic surveillance* o *Influenza working group* ▪ *Unusually little ARE activity* o *AG Influenza virological NRC Surveillance: very few*	*FG32/FG36/ All*

	samples (as of 21 April), an additional SARS-CoV case was added in week 15	

- FluWeb
  - Here too, ILI rates (based on ICD-10, includes only infectious and not allergic respiratory diseases) at an all-time low level, which is otherwise only seen at the height of summer/holiday season, the exceptional nature of the situation can be well understood by GrippeWeb
  - Consultation behaviour: Much fewer visits to the doctor due to ARE, also because sick leave was taken before place are no longer necessary, video consultations should also be registered
- ICOSARI
  - Rates have also fallen significantly here, especially among children but also in other age groups, only not for 15-34 year olds
  - CW 16 shows that the proportion of SARI cases is decreasing and that of COVID-19 cases is increasing, Evaluation still ongoing
- In contact with KV-en, many have promised to send data faster (usually data verification process first), data received by March, 3-4 weeks delay
- Validation with CT data is important, but otherwise no data on lying patients, this is close to the system

- Pregnant women
  - Much discussed and of interest
  - First reporting data analysis shows 217 pregnant women with increased OR for hospitalisation (may be due to disease severity or pregnancy), but no ICU admissions and no deaths
  - Large fluctuations (0-32%) are documented in the literature in this regard, in some cases many asymptomatic courses (88%) and less frequent occurrence of fever
  - Only 3 pregnant women are included in the ICOSARI data
  - In general, pregnant women should be tested at a low threshold
- Test capacity and testing
  - >2 million tests in total, in week 16 >323,000, Positive share 6.7%, backlog decreases
  - Supply problems with certain reagents continue
  - Test capacity is available but distribution is not optimal, sometimes long waiting times until a result is available is available (13 days) → we have more test capacity but a longer waiting time
  - The new law will make the integration of Veterinary laboratories in SARS-CoV testing facilitated, this is viewed critically in some BL (BY), in others

RKI	*well practised, large regional differences* ○ *Following the change in testing strategy on 26 March, there has been a clear change in the proportion of positive tests; the positive rate has fallen and is now relatively stable at just under 6%* ○ *% positive tests per BL: general trend of the proportion falling, is now just under 10% in BW and BY with the most cases, lower in BE and BB, in HH phase where positive rate was 15%, but it has now fallen again*	
2	**Findings about pathogens** • *Not discussed*	
3	**Current risk assessment** • *No need for adjustment*	
4	**Communication** **BZgA** • *Updated material for employers on outpatient care* • *Individual occupational groups express a lack of protective equipment, especially surgical masks, e.g. midwives* • *MNS/MNB* ○ *Still a major topic with many enquiries* ○ *E.g. use during care, how to handle and recycle* ○ *BZgA has a film that exclusively shows MNB use outdoors* ○ *RKI recommendation is MNS/MNB especially in closed rooms* ○ *→ Request to BZgA to adapt this* • *Disinfection of surfaces* ○ *BZgA asks for RKI recommendation with specific instructions on which disinfectant (material surface/disinfectant)* ○ *RKI document Cleaning in general public (cleaning before disinfection, is disinfection necessary, which agents)* ○ *There are also documents from the BfR and BAUA (also linked on the RKI website)* • *Addiction: increasing in all variations at the BZgA as part of the curfew (fewer drugs than alcohol at home), the RKI has not dealt with this yet* **Press** • *Language regulation R was revised by Matthias an der Heiden and commented on by Walter Haas of the BMG*	*BZgA* *Press*

RKI	*released and will be published in the course of the day* • *School closures or reopening: Publication is planned for today, recommends a gradual opening, RKI is waiting for BMG feedback* • *Website: can the case numbers table (here) be omitted as the figures are also available via the dashboard? This was originally primarily related to particularly affected/risk areas, but does not need to be retained due to the duplication*	
5	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	
6	**Documents** **Examination of concepts from institutions/organisations/associations** • *RKI is increasingly being asked by external players to advise, review, evaluate, etc. their concepts.* • *In most cases, the enquiries are not technical, but rather organisational, engineering or logistical in nature* • *This is not feasible and fails to fulfil the RKI's tasks and responsibilities* • *Example: Sports Ministers' Conference, question on the organisation of the gradual return to competition → This must be done by the specialists working in the associations* • *In some cases, enquiries can also be passed on to other bodies (e.g. BMAS)* • *A distinction must be made between the primary target group and third parties (sports organisations ≠ primary target group)* • *The RKI should try to process or forward enquiries from the federal level; for other enquiries, refer to health authorities at the relevant level* • *RKI objective: To summarise and update the technically relevant recommendations, which can then be adapted by the respective associations* • *RKI recommendations are constantly being updated, which is why selective testing does not make sense* • *Should be communicated so clearly by all/LZ from the RKI*	*FG36*
7	**Laboratory diagnostics** **BMG paper "test, test, test"/AG Diagnostics** • *Paper comes from Jens Spahn, working level was not heavily involved in advance* • *Content is dealt with in the diagnostics working group by 3 sub-working groups* • *Mrs Korr (BMG) is part of the working group, which meets on Tuesdays, and would like to*	*AL1/all*

RKI	*a weekly report (format here)* • *This was commented on internally by the RKI and Martin Mielke gave feedback to the BMG today* • *BMG paper was discussed polemically at the AGI TK yesterday* • *RKI priority: in the long term, look at how measures can be adhered to with as few restrictions as possible, but with the greatest possible safety, e.g. buy a certain level of safety through testing* • *There are many areas in Germany where the incidence is very low and there is a lot of testing, e.g. study from Leipzig in retirement homes where no positive cases were found* • *RKI proposals are often accepted by the BMG, so we should already be planning for the phase when there are fewer cases* • *WG Diagnostics works fruitfully and has a lot of expertise, the RKI-internal part should be well coordinated in preliminary discussions, also with the BLs*	
8	**Clinical management/discharge management** • *Not discussed*	
9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance** **Legal amendment IfSG: Draft of a second law for the protection of the population in the event of an epidemic situation of national importance** *(slides here)* • *RKI comments on the BMG paper must be made today* • *Very comprehensive law, 66 pages* • *Amendments relevant for RKI:* ○ *COVID-19 and SARS-CoV-2 permanently anchored, also with regard to newly introduced reporting obligations* ○ *SARS-CoV-2 tests ordered by the public health service should be reimbursed by statutory health insurance funds regardless of symptoms* ○ *ÖGD to receive more support from the federal government* ○ *Veterinarians should also be allowed to test* ○ *Authorisation to issue ordinances for the statutory anchoring of laboratory-based surveillance should be included, including the reporting of negative laboratory tests and recoveries where applicable* ○ *Immune status documentation should serve as possible documentation of proof of immunity, analogous to vaccination documentation* • *Other points less relevant to the RKI: Relief for KKH, financing of foreign patients, more flexibility for training professions, replacing the terminology quarantine with segregation, etc.*	*L1/FG32*

RKI	• *Short-term additions, especially at the request of the BKAmt, which is urging the BMG to provide more ÖGD support* ○ *RKI contact point for ÖGD* ○ *GAs to receive financial aid primarily for IT modernisation* ○ *ÖGD should be able to report overload (if GA have no KoNa capacities, report this to RKI, must also go to state authorities)* ○ *Collection and processing of additional information in the reporting system, e.g. probable route of infection, including environment, probable risk of infection, investigations and protective measures taken* ○ *Ordinance regarding SARS-CoV detection, electronic reporting by laboratories to RKI should also take place without Federal Council approval, last* • *Individual affected IfSG paragraphs (see slides, only additional information is noted here)* ○ *§4 para. 1 Contact point ÖGD at the RKI: in AGI TK concern among the federal states, it is not a question of taking over the function of the state offices, but of strengthening current activities, teaching, training, SurvNet support, proposal for practical implementation is in progress, communication channel between state authorities and GA should not be interrupted* ○ *§5 para. 4 (new) Obligation to report negative results: long discussion about where this should be included in the law, the RKI proposal to integrate several pathogens was not followed, is also in consultation with DEMIS project partners, individual naming of cases would also be interesting to know when a former case becomes negative, possibly access to all test results, request from FG33 to add measles and rubella, from FG36 for tuberculosis (for which there is an elimination target)* ○ *§6 para. 2 Reporting of recovered persons (≠treatment outcome): this is a political wish, probably no meaningful data will be obtained, refers only to COVID-19, day of recovery as reporting content* ○ *§9 para. 1 additional notification content: Recording the environment is important, e.g. place of transmission, public transport, workplace, more concrete recording is possible in SurvNet; AGI-TK discussion: GA/BL are not in favour of all transmission of protective measures, in the past this was covered by §12 IGV, should now be established as standard for COVID-19 up to district or LK level, no individual case information, e.g. aggregated how many activity bans, how many and how long isolations, etc. Risk factors i n c l u d e d at the request of the RKI not taken into account* ○ *§11 Para. 1: Introduction of an 8-digit municipal code*	

RKI	*code number to enable small-scale resolution, still to be checked whether implementation is possible from a data protection perspective* ○ *§12 para. 1 addition: RKI wishes to extend the notification of reports, reporting organisation should also be (proactively) obliged to submit new information, previously only on request* ○ *§ Section 13 (4) of the Laboratory-based Surveillance Ordinance* ▪ *Legal anchoring* ▪ *Disadvantage: BMG must issue this* ▪ *Advantage: is possible without the approval of the Federal Council, no major preparation, can be simply* *Regulation are issued and obligations apply, appropriate solution* ▪ *RKI proposal to oblige certain laboratories, request has already been sent to BMG and FG37 is in contact with BMG* ○ *§22 para. 5 Documentation of immune status: BMG request, possibly also in connection with vaccination card, practical implementation still to be clarified, rather unclear how this should be handled (immunity duration, testing problems), also risk that people will test for antibodies and then not want to be vaccinated* • *L1 Open points of the report of 16 April, yesterday e-mail Fouquet* ○ *Authorisation to use data in pseudonymised form and samples for own purposes following administrative assistance (required since last summer)* ○ *Enabling cooperation with international organisations, transmission of pseudonymised data, e.g. for ECDC-Tessy* ○ *Consolidation of syndromic surveillance: the federal states also want this* • *In the latest CdS resolution of 21 April, many of the above-mentioned points (contact point ÖGD at the RKI, financial aid GA) were no longer included, only containment scouts, GA overload notification, Medis4ÖGD (project support ÖGD by medical students), in this respect it can be assumed that these will no longer be included in the law* *ToDo: L1 and FG32 finalise RKI comments and provide feedback to BMG*	
11	**Transport and border crossing points** • *Not discussed*	
12	**International (Fridays only)** • *Not discussed*	
13	**Update digital projects (Mondays only)**	

	• *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Thursday, 23 April 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*23.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 2*
  - *Thomas Lampert*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Nadine Litzba (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *L1*
  - *Joachim Mehlitz*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*

- *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days* ▪ *USA: Yesterday's peak has disappeared again, unclear what it was (double registrations or similar). Case numbers continue to show a downward trend, albeit not as clearly as before.* *Santa Clara County, CA: Two people who died at home on 6 and 17 February 2020 tested positive for SARS-CoV-2 in autopsies (previously assumed to be the 1st case on 9 March). Indication that there was circulation much earlier, similar indications also from Africa.* *Rockefeller Foundation has published new national strategy: 30 million tests per week, calculated costs lower than lockdown.* *ToDo: Strategy of the Rockefeller Foundation will be sent to the crisis team by Mr Jansen.* o *Countries with >7,000 new cases/last 7 days* ▪ *Already reported in the previous days, no further anomalies. Most countries are levelling off at R eff = 1 in.* ▪ *R eff: If R eff is less than 1, the half-life (decay ? time) is now calculated. However, it can only be calculated up to R eff of 0.5, below that it is infinite.* ▪ *Russia: R eff goes down somewhat, consequences of strong measures* ▪ *France: R eff is below 0.5, but France has 1800 new cases. Consequence of the large peak due to the* *The change in surveillance strategy must be taken into account in the interpretation.* o *Countries with 1,400-7,000 new cases/day* ▪ *Singapore: strong increase, TC carried out with Singapore, homes were closed, but problems remain.* ▪ *Bangladesh: to be reported tomorrow* ▪ *Belarus: Churches remain open for Orthodox Easter celebrations, forms in the new case numbers.* o *Countries with >100 cases and a reef >1* ▪ *Sudan and Nigeria have the highest R eff, followed by Singapore.* *Nigeria reported to the crisis team.* o *Vietnam:* ▪ *90 million inhabitants, 1400 km border to China, 23.01. first case exposure Wuhan, currently 268 cases, last week none*	*ZIG1/BZgA*

RKI	*new case. There is good surveillance, so the number of cases is very realistic. There are clusters, but spread across the country. Hanoi and Ho Chi Minh City most affected.* ▪ *Test strategy: Positive rate 0.14 - ahead of South Korea, Taiwan and Singapore, symptomatic people are tested, Travellers and KP1-3, test kits produced locally, test costs $25* ▪ *Two waves also visible, 63% imported cases in total* ▪ *Measures: Early closure of borders (as early as mid-January), compulsory face masks, scaled quarantine strategy* *(4 ring strategy), proactive corona, quarantine of contacts in quarantine camps (military-run, but well accepted by the population), social distancing campaign - with case numbers of 10 - 20 new cases per day* ▪ *Case investigation, determination and decision is at local level, very strong primary health care system,* *many people on site, ensures that the epidemic remains well under control even without resources* ▪ *Mobilisation of community health workers visible in all low and middle income countries - better than app* o *The Prevention Act, which was negotiated with the health insurance funds, provides for a strengthening of the municipal level with the involvement of GÄ. A municipal health network is to be developed. The idea was to establish coordination in the GA, not to be realised with SHI, but instead in local government, ideally with the head of department. The position must be equipped with appropriate competences, e.g. management of the GA and social welfare office combined. In England and Wales, experience with such a system is not only positive, it must be closely linked.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 148,046 (+2,352), of which 5,094 (3.4%) deaths (+215), incidence 178/100,000 inhabitants, approx. 103,300 recovered, R=0.9 (95% CI 0.7-1.0, as of 22 April)* o *See slides for all figures and illustrations* o *For the first time a BL with an incidence of over 300: Bavaria = 301 cases/100,000* o *Set of slides on R's estimate was sent to BMG and will also be distributed to BL. 2 BCs (Saarland and HH) are also below 1 in the AI.* o *Age distribution: Stable shift in case numbers to higher age groups for three weeks* o *A clearer definition of risk groups is often requested, especially with regard to teachers; this should be specified if necessary. The BZgA has produced information for people with chronic illnesses (in collaboration with the BMG). Ms Thaiss offers to share the document.* o *Overall incidence continues to decline, with the reported*	*FG32*

RKI	cases in the last three days, there is only one district with more than 50 cases/100,000 inhabitants. o Emergency department surveillance: Ms Schranz will present data in more detail next week. In advance: When analysing by triage code, it can be seen that fewer minor cases (triage code 5) visit the emergency departments (data from AKTIN). We are also interested in presenting this data in the situation report, as there are many enquiries about this. Some visits to emergency departments also include visits due to KP tests. o Mortality surveillance: ▪ EUROMOMO: We are seeing excess mortality across all age groups throughout Europe, with a very small wave of influenza in 2020, but then sharp rise, despite measures, higher than the influenza waves in the 3 previous years. ▪ It would be important in the current discussion on the assessment of the event not to focus solely on transmission parameters, but also to communicate the clinical severity and impact of COVID. ▪ There are language regulations from the BMG in which Mr Haas has introduced the aspect of severity, but this is about the explanation of R. It would be important to present our assessment of the event and the effectiveness of the measures in terms of severity. o Testing • DIVI intensive care capacities: currently 35,000 free beds • Syndromic surveillance o Demand for accompanying surveillance during the gradual easing of measures: ▪ Currently, syndromic surveillance is not sufficiently sensitive and the number of cases, if tested enough, is too low, more sensitive. However, the expansion of syndromic surveillance is planned, increase by summer: initially migration from Grippeweb to ITZ Bund and further development of the app. 200,000 or more measuring points make sense for better sensitivity. ▪ In 80% of cases, COVID is an ARE. Currently, syndromes without cough and fever are already being recorded, others specific markers can also be combined at short notice. ▪ The advantage of syndromic surveillance is speed and a more undistorted picture. Laboratory tests can provide image distorted (e.g. due to increased testing in hospitals and nursing homes). ▪ A central prerequisite for the easing of measures is also a test strategy based on the very much in The test is carried out in well-considered areas and can therefore sensitively identify even minor changes. ▪ Both systems (syndromic surveillance and testing) should be further expanded in parallel to achieve a higher	All

RKI	sensitivity. ▪ All respiratory diseases of any severity should be tested according to the harmonised flow chart. become. ▪ At present, AG Diagnostics is more concerned with consolidation and not so much with a major expansion of the Test capacities. Ms Mankertz sends the discussion proposal from the diagnostics working group to the crisis team and will inform Mr Mielke. o Discussion on the current status of the test strategy, depending on Mr Mielke's availability on 24 April or the following week.influenza working group • Test capacity and testing o ARE (slides here): ▪ Days between collection and testing per BL: The delay is generally shorter almost everywhere. In Saxony All participating laboratories are able to provide the results in less than a day; in Berlin, the testing delay is increasing slightly. ▪ A quick result is necessary and should be available within one day if possible. Where there is a lot of testing is not always possible. ▪ Breakdown of the "Other" category ▪ Number of tests per 100,000: many tests in <80-year-olds 60-79-year-olds are not tested more than younger people. ▪ The incidence may be lower among 60-79-year-olds, as they are better able to protect themselves (neither at work nor at home). in old people's homes), so the test may not be indicated as often. This is supported by the fact that the number of positive tests in this age group is not higher than in the younger age groups ▪ The number of positive tests per 100,000 in >80-year-olds is falling, probably due to testing during outbreaks in retirement homes ▪ In future, Ct values will also be transmitted. ▪ Evaluation with age groups is important. Currently, children and adolescents are generally not tested, as mainly asymptomatic. The testing strategy should clearly define which goals are to be achieved and that it is implemented uniformly throughout Germany. • Demand Communication with the population if testing is required: o Currently on BZgA materials postcode search for contact with ÖGD for testing o Testing without symptoms at most in outbreak investigations (KP), admission screenings, etc. o The population should call the medical on-call service (116117) if they have symptoms that they wish to have checked. It should not be tested without symptoms. o In BL, other hotlines are also available in some cases o Medical on-call hotline is now well organised, no longer long	FG37 BZgA/all

	waiting times, but not well known everywhere,	

RKI	*should be communicated further if necessary*	
2	**Findings about pathogens** • *In response to an ARD enquiry, dermatological manifestations were examined more closely (by Mr Jahn and Mr Buchholz) and will also be included in the profile. Some patients have exanthema, haemorrhages etc., receptor also in endothelia*	*FG36*
3	**Current risk assessment** • *No need for adjustment*	
4	**Communication** **BZgA** • *Mouth and nose cover: enquiries about where the MNB can be obtained, currently mainly in pharmacies* • *Information pack for schools completed (posters, explanatory films, etc.), will initially be distributed proactively via the KMK health working group, but will also be posted on the website afterwards.* **Press** • *Many enquiries about risk groups, interest in BZgA document* • *Website on risk areas is taken offline. Something on website about case numbers* • *A website on test capacities with the table from the situation report is under construction and will be updated in the morning*	*BZgA* *Press*
5	**RKI Strategy Questions** **a) General** • *Strengthening the ÖGD: The CdS draft resolution only included the points that had already been decided, but the others (including strengthening the RKI financially and in terms of personnel) are still being discussed.* *ToDo: Ms Rexroth sends initial concept for contact point to BMG* **b) RKI-internal** • *Not discussed*	*FG32*
6	**Documents** • *Language regulation for concepts of institutions/organisations/associations* ○ *Discussed on 22 April. If possible, only technical enquiries will be answered.* ○ *BMG supports decision. After consultation between the LZ and Mr Holtherm, the BMG has asked the RKI to draw up a language regulation. Press will prepare this by tomorrow DS.* • *KBV "Backtolife" paper (page 6, reference to tracking app and RKI) (slides here)* ○ *sentence is criticised, should not be communicated in this way, data should not go to the RKI (if then to GÄ) and such*	*FG36*

RKI	*Statements could have a negative impact on app development* o *Various developments may have been mixed up here (DEMIS acceleration programme and PEPP-PT app)* o *The app should provide a TAN/activation code as confirmation that you have actually been tested positive.* *ToDo: Mr Wieler contacts Mr Mielke, who is in contact with the KV.*	
7	**Laboratory diagnostics** • *2 samples tested positive for SARS-CoV-2, but not from Sentinel, but from Helios KKH (probably Emil-von-Bering KH, first virological ICOSARI Sentinel KH).* • *Normally 10-20 samples per day for testing*	*FG12*
8	**Clinical management/discharge management** • *Document on pneumology/respiratory medicine (also linked): COVID-19 is presented as a 3-phase disease: early phase, pulmonary manifestation, hyperinflammatory. phase* • *Demand Paper on cases that were initially negative and then tested positive again:* o *The cases in South Korea are assumed to be genome excretion* o *IBBS refers individual cases to ZBS1, otherwise waiting for the FG37 study* • *A specialist group for intensive care medicine/infectiology is set up at the suggestion of the BMI/BMG, made up of DIVI, STAKOB and DVI, IBBS takes part, tasks: Strategic patient transfer, practical experience for doctors, ward round robots in the event of a lack of specialist expertise*	*IBBS/FG36*
9	**Measures to protect against infection** • *In the BMG TK it was said this morning that Mr Spahn had commissioned the RKI last week to develop a concept for vaccination* • *There are high expectations* • *It is only known that the STIKO generally advises on this* • *FG33 was contacted today.* *ToDo: Mr Schaade clarifies the question with Mr Wieler*	*FG32*
10	**Surveillance** **Legal amendment IfSG** • *Proposals from the RKI were received by the BMG on 22 April and have been incorporated by the BMG.* **Serological tests** • *The study will initially begin with blood donors, followed by hotspot analyses* • *Steering group for serolog. Tests meets on 23 April in the afternoon. There are several open points/questions: cohort formation, children, districts*	*FG32* *AL2*

	• *In principle, 4-5 locations are to be approached (starting in the Hohenlohe district, and then investigations in the Rosenheim district), not the same thing will be carried out at all locations, concept will be presented as soon as possible* • *It is important to start the serological studies visibly* • *Children should definitely be included, as there is a lack of studies on this in particular*	
11	**Transport and border crossing points** • *Today TKs with AkKÜ and the AG IGV-named airports*	*FG32*
12	**International (Fridays only)** • *Not discussed*	
13	**Update digital projects (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Friday, 24.04.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*24.04.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG 17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*

- *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Countries with >70,000 new cases/last 7 days* ▪ *USA: Condition stabilises, 869,172 cases, 49,963 deaths Innovative treatment approaches from President Trump (injection of disinfectant, light therapy) Preliminary results of a seroepidemiological study in NY State (sample of 3,000 people, convenience sample): 13.9% of people tested have antibodies; projection: possibly 2.7 million already infected. Study in Wuhan on 1,400 workers, 10% of whom were positive.* ○ *Countries with >7,000 new cases/last 7 days* ▪ *Not much new, stabilisation of the trend* ▪ *Reff. in the countries at 1* ○ *Countries with 1,400-7,000 new cases/day* ▪ *Country with highest increase is Bangladesh* ○ *Countries with >100 cases and an R eff. >1* ▪ *No major changes, the frontrunner is Sudan.* ○ *Bangladesh:* ▪ *3,772 cases, 120 deaths, incidence: 2.3/100,000 population.* ▪ *First cases on 08/03/2020, 3 people with travel history to Italy. Doubling time 5 days, Reff.: 1.6* ▪ *Test strategy: a total of 32,630 tests, positive rate: 11.6%; currently 20 laboratories operational.* ▪ *Quarantine capacity for 27,062 people* ▪ *Clinical capacity (nationwide): Isolation beds 7,693, ICU beds: 1,169.* ▪ *Measures: since 14 March suspension of visas, cancellation of flights, since 17 March closure of schools and Universities; lockdown from 29 March to 25 April: closure of institutions, recommendation to stay at home, restrictions on public transport. Compliance is enforced by the army. Complete lockdown of the Cox's Bazar district since 9 April* ▪ *Cox's Bazar District: 2.6 million inhabitants, 859,161 of whom Refugees in 11 camps; 5 COVID-19 cases so far. High*	*ZIG1*

RKI	*Population density, large households, no possibility of isolating infected people. 10 ICU beds, no ventilators.* ▪ *Modelling for the Kutupalong Camp in Cox's Bazar:3 scenarios, existing capacities are not sufficient for any of the Scenarios.* o *Unclear increase in pneumonia around the turn of the year in several African countries* ▪ *Signal from GIZ: in Congo, Malawi, Tanzania and other EAC countries, there was almost a lockdown in December and January. Doubling of the number of pneumonias; with the following characteristics: Duration more than 14 days, severe cough, fever. Could this have been the first wave of COVID? Strong links to China.* ▪ *Annual comparison missing, is it possibly a seasonal event? What about excess mortality? Increase is probably did not occur in this form in previous years.* ▪ *Are there fewer vulnerable groups with pre-existing conditions due to lower life expectancy? The demographic Distribution differs significantly, but large number of co-infections with HIV or TB.* ▪ *Seroepidemiological studies would be the best way to answer the question.* o *Role of children in the transmission of SARS-CoV-2* ▪ *Systematic review Lancet: School closures are unlikely to have a major impact on the control of the epidemic.* ▪ *Cluster of Covid-19 in the French Alps: an infected child had contact with 150 other people and has none of them demonstrably infected. Objection: Infection was determined on the basis of symptoms, but children are less frequently symptomatic.* ▪ *Increasing studies in Europe: in Holland cluster randomised trial: children have no other people infected, transmission of infection only in older age groups, these are preliminary results.* o *Daycare centres have reopened in Oslo, where a study is being prepared, as well as in Denmark, Sweden and Australia.* o *Studies on the effect of school closures and the influence of children: Who could do this? Would it be better to prepare a kind of toolbox for countries or should the RKI carry out studies itself?* o *Epidemiologists are to be involved and contact is to be made with Prof Rauschenbach from the German Youth Institute.* o *Who could be a partner depends on the setting of the study. Ms Thaiss will get in touch with Mr Haas about this.* o *Various approaches have already been discussed internally in FG36. ToDo: FG36 obtains an overview of studies and considers to what extent the RKI can contribute. Presentation of the considerations Di or Mi next week by W. Haas.*	*FG 36* *FG32*

RKI	**National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 150,383 (+2,337), of which 5,321 (3.5%) deaths (+227), incidence 181/100,000 inhabitants, approx. 106,800 recovered, R=0.9 (95% CI 0.7-1.1, as of 24 April)* o *There are still more than 2,000 new cases every day.* o *Comparison of federal states, proportion of deceased is relatively different: Berlin has the lowest at 2%, Saarland at > 4% most deaths, depends on number of tests and phase of infection.* *ToDo: The term "reproduction number" should be used instead of R0.* o *The number of patients in intensive care treatment is not accumulating at the moment, but remains stable. Currently, 73% of intensive care patients are ventilated and 30% have died.* o *Cases reported by activity or care in institutions: There is no denominator, so it is difficult to interpret. No information is available for one third, and "unknown" is stated for a further third. Information on schools is only available for those under 18. It is also not clear whether the community centre is the likely place of infection. In the case of shared accommodation in accordance with Section 36 IfSG, it is difficult to differentiate what type of accommodation is involved.* o *3-day incidence: the incidence is only higher than 100 in the case of 1 LK* o *Specification of recovery number for medical staff: Question from TK with BMG: Is there a possibility to specify the recovery number for medical staff as well?* ▪ *Should be attempted and agreed internally with the BMG whether meaningful and if so, in the management report be included.* ▪ *Problem: recovered persons are calculated according to a rough algorithm, for Germany and on* *Federal state level, the algorithm is too imprecise for smaller groups.* ▪ *On the one hand, there are solid registration figures; there is no solid information on those who have recovered.* ▪ *The extent to which the recovered HCWs can be used again cannot be determined from an algorithm* *are not available. No data is available on whether the HCW tested negative.* ▪ *FG37 is currently planning a study in which this issue can also be taken into account. With results* *However, the earliest this can be calculated is the middle/end of the year. ToDo: FG32 carries out a sample calculation and uses the limitations to explain why a calculation of the recovered HCW does not make sense.* o *ICOSARI: postponed to Monday*	

	○ *Influence of COVID-19 and measures on reporting figures for other categories: see slides*	
2	**Findings about pathogens** • *Initial studies on chloroquine + remdesivir not so promising, but so far no good studies on moderate cases. Studies on chloroquine in Germany are also currently under review to determine whether they should be discontinued.*	*IBBS*
3	**Current risk assessment** • *No need for adjustment*	*All*
4	**Communication** **BZgA** • *School package has been finalised, positive feedback* • *Handling masks in care: cleaning, disinfection* • *Contact with paediatric societies on the obligation to wear masks in children* **Press** • *Case number table was removed from the website, but reinstated after many complaints, e.g. dashboard is not accessible.* • *FG36 has graphically illustrated the effects of social distancing and why this can stop transmission between different groups (here). This could be communicated together with the reproduction number.* *ToDo: FG36 sends document to BZgA for graphic processing.* • *ICOSARI data (here): Peak of the curve around 29 March; on 23 March, when the contact ban started, the curve was still rising. 23 March was therefore a good time to start taking measures. This is not about justification but about communication that maintains trust. The time until intensive medical treatment should be included. Question: what would be a suitable format for publication?* • *A palliative care physician says in an interview that the indication for intensive care therapy is too generous in COVID-19 patients. Ventilation should not be started in all patients. Discussion in the crisis team -> The indication for intensive care treatment should always be carefully considered; this cannot be based solely on a diagnosis, age or previous illnesses (possible exception: triage situations). This is a fundamental medical ethics issue that has nothing to do with COVID-19 in particular. Citizens should make living wills regardless of COVID-19. At the moment, ITS beds are largely free, but partly because elective procedures have been postponed.*	*BZgA* *Press* *FG36* *FG32/ FG36*
5	**RKI Strategy Questions**	

RKI	**a) General** • *Concept for regional monitoring of measures (BMVi proposal)* o *Whether it brings added value when measures are presented at LK level depends very much on how detailed this is set up. Such a concept is relatively labour-intensive and is the decision of Dept. 3. Discussions on this have already taken place with the result that it makes sense to monitor this data.* o *Other institutions have already started doing this. The health sciences at Bielefeld University have started pandemic monitoring at district level and are not limiting their analyses to Germany alone. It would make sense to get in touch with them and offer to work together. The BMWi should monitor the measures in cooperation with the RKI. If other partners are involved, they should contribute to the methodology.* o *ZIG could contribute to public health evidence.* *ToDo: Feedback to BMG by ZIG: Signal interest, contact BMWi and clarify what is already happening at other institutions.* • *It would make sense to consider now how to deal with rising case numbers. What could be the reason for this? What measures would make sense? In which social segment? Does this require information that can be requested now? Problem: Cases are seen, but not the causes of transmission; this can actually only be clarified through outbreak investigations. Something should be made available to the countries here.* o *The de-escalation group could think about possible scenarios for the withdrawal of measures, moving away from nationwide and towards regional measures.* o *Indicators: what is the number of cases that were previously known as contacts? This should be well filled out in SurvNet to develop an understanding of where the cases come from, how many family clusters? Information about contacts is very important and theoretically possible in SurvNet, but was not usable at the beginning of the process.* o *A SurvNet update is in preparation, in which the settings can be defined more precisely, but this will only affect GAs that install the update.* o *What core information is needed? The GAs could be given key points on what should be asked. It would be useful to be able to differentiate where cases were travelling. If possible, the survey should not take more than 5 minutes. This can be operationalised in SurvNet. Prioritising which variables are the most important* *have not yet been carried out. On the question of which settings*	*Dept.3/ FG32*

RKI	*The most frequent contacts will presumably not only be given as a single figure, but could be included as additional information.* o *FG33 is planning a study on the contact matrix.* *ToDo: Consider how indicators could be set in SurvNet, FF FG32* • *COVID-19 vaccination concept: will be discussed on Monday* **b) RKI-internal** • *Preparation of the interim report on the first 3-4 months of the corona pandemic in Germany: interim review, should be structured similarly to the EHEC activity report.*	
6	**Documents** • *BMG paper for the organisation of religious services and acts of worship* o *Expert opinion from the RKI on a not very systematically prepared paper with a recommendation from BMI was requested. Was not processed in detail, but only a few comments were added (singing and loud speaking may produce other particles that may bridge greater distances).* o *Enquiries that are to be processed in less than one day without a specific work order cannot be processed in this way, as was also communicated in the response.*	*FG36*
7	**Laboratory diagnostics** • *The laboratory diagnostics working group deals with the testing of asymptomatic patients; 3 TCs are held weekly with the sub-working groups.* o *The BMG paper on testing was systematically reviewed. The biggest problem is how to deal with the testing of asymptomatic patients. Low-threshold, symptom-based testing is used for early diagnosis and is financially covered by the KBV. The funding for testing asymptomatic patients is still unclear. There was an attempt to have this covered by health insurance funds as part of the IfSG amendment, but this was rejected. The focus here is on HCW due to contact with vulnerable groups. There are also occupational health aspects due to possible transmission from employees to patients and the increased exposure of HCW. The company medical service should therefore be involved. The laboratory diagnostics subgroup of the AGI communicates very little to the AGI. Best practice examples are to be made available next week.* o *Question: When will there be a position paper on this? The working group is trying to develop a position on routine screening that can be communicated externally. The work assignment comes from the BMG and the working group*	*Dept.1*

RKI	*reports to the BMG. An ongoing concept is being written.* *ToDo: Meeting between Mr Mielke and the management will take place.* • *In terms of samples, it is quiet, approx. 500 samples, approx. 60 of which are positive; there are also questions about further infectivity.* • *Antibody tests: pharmacies are not allowed to dispense rapid tests to the general public. Assessment of the performance of antibody tests by the BfArM.* • *The possibility of recognising a seroconversion will be made billable. An algorithm in the EMB is currently being developed by the KBV.* • *The number of samples received by AGI-Sentinel has increased again slightly. There is a stable pipeline for sequencing samples at the RKI; around 30 samples have been sequenced so far. These are to be incorporated into integrated molecular surveillance.* • *Question: Would it make sense to carry out antibody tests on employees of the RKI? There have been some cases of illness at the institute that have tested negative despite matching symptoms. There is little information on false negative tests. This issue falls within the scope of company medical assessment. If the RKI were to subject its employees to monitoring or laboratory-based screening, standards could be set that would also have to be taken into account in recommendations. This would have to be considered very carefully due to the high external impact. On the other hand, studies on own employees are not possible for data protection reasons. There could possibly be an offer from the company doctor if the issue is relevant.* • *Medical device legislation in Europe is rather weak with regard to the quality of tests. This has been recognised by the EU Commission. The WHO develops target profiles; the BfArM is responsible for this.* • *Wearing a face covering in the institute would be another aspect of the barrier. This was discussed by the department heads, but there is not yet a unanimous opinion on this.*	*ZBS1* *Dept.1* *FG14*
8	**Clinical management/discharge management** • *German Football League* ○ *RKI does not have to comment on this, is now being assessed by the BMAS. There is already a new paper. For communication: BMAS is responsible, RKI is in favour of the quarantine regulation.* • *Test strategy: see laboratory diagnostics* • *KBV "Backtolife" paper: Mr Mielke has asked for the background to be clarified. The KBV is to nominate APs for IT issues and will get back to them promptly.*	*IBBS/FG36* *Dept.1*
9	**Measures to protect against infection** • *BMAS - Adaptation of RKI recommendation on masks* ○ *After intensive discussions between the BMG and BMAS, the*	*FG14*

RKI	*RKI asked to adapt a passage in the hygiene recommendation on the use of respiratory masks in patients diagnosed with COVID-19; is on homepage.* • *Ms Schwebke was invited by the BMG and BMI crisis team to give a presentation on surface disinfection in outdoor areas, which was well received. Spraying disinfectant over large areas is not advisable.* *ToDo: Mrs Schwebke will prepare a document on this by Monday.* • *Re-authorisation of medical personnel after long-term positive testing* ○ *PCR-positive personnel do not have to remain in quarantine, only the use in the medical field is not possible.* ○ *Coordinated by IBBS. Discharge criteria are repeatedly discussed. Until better data is available, discharge criteria cannot be improved.* ○ *Samples have been sent in, are there any results?* ○ *Mrs Michel has analysed the first samples and is trying to find a sensible cut-off at which nothing grows. At the moment there are about 90 samples in the cell culture.*	*IBBS/ ZBS1*
10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** • *EU Council Presidency* ○ *A large virtual meeting is to take place in September as part of Germany's assumption of the EU Council Presidency. The topic of the RKI KoNa after flight is still on the agenda.*	*FG32*
12	**International (Fridays only)** • *Not discussed*	
13	**Update digital projects (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 27.04.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*27.04.2020,13:00 h*
Venue:	*Viteroconference*

Moderation: Ute Rexroth Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Madlen Schranz*
  - *Ariane Halm (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*

- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days:* ▪ *USA: <1 million cases, 54,876 deaths, slight stabilisation of case numbers over the weekend; Display of CDC graphics:* *1. Mortality surveillance: clear COVID peak* *2. Test capacities and positive rate by age group: Proportion of samples tested positive is 18%, which does not suggest a timely relaxation of case numbers and a continuing testing problem* o *Countries with 7,000 -70,000 new cases/last 7 days:* ▪ *Declining trends in Italy, France* ▪ *Spain has rather reached a plateau phase* ▪ *Singapore: continued rise in new infections* o *Countries with 1,400-7,000 new cases/day: except for Belarus (see below) rather stagnating or not strongly increasing trends, Sweden increasing number of new infections, more on this later this week* ▪ *Belarus: generally appalling results, >10,000 cases, 72 deaths, case fatality rate 0.7%, Incidence 105/100,000 inhabitants, a high number of unreported cases is to be expected;* *- 1st reported case imported from Iran;* *- City of Minsk is most affected; - tests ~130,000, positive rate 8%;* *- So far rather few measures, from 25 March self-isolation of travellers from countries with COVID cases, then isolation of confirmed cases, school holidays extended until 20 April and major public events banned, President has recommended daily alcohol consumption outside working hours to kill the virus;* *- No valid information on KKH capacities;*	*ZIG1*

RKI	*- There have already been two WHO missions in the country, with the first confirming community transmission and the second recommending "physical distancing measures" by WHO;* *- Possible further development is a cause for concern if the measures are not tightened up* ○ *R Countries with >7000 new cases/last 7 days* ▪ *Mexico: slight increase, more on this soon* ▪ *Russia: R moving towards 1, as expected after tightening of measures* ○ *R Countries with 1,400-7,000 new cases/last 7 days* ▪ *Belarus renewed increase, R never before <1* ▪ *Countries of the Arabian Peninsula (Qatar, UAE) with R >1, region to be analysed in more detail soon* ○ *Countries with >100 new cases and R eff. >1:* ▪ *New are Equatorial Guinea and Ecuador* ▪ *Russia is in the midfield and falling* ▪ *USA are here again as R again >1* ○ *Mobility Apple: Countries with >7000 new cases/last 7 days* ▪ *Analysis of mobility data from different categories (driving, transit, walking)* *→ Proxy for mobility as a result of the measures* ▪ *Significant decline in most countries since March* ▪ *In Spain, a very radical and significant drop in all activities as a result of the rigorous measures* ▪ *Less severe and significantly later drop in Singapore* ▪ *Decline in mobility in the USA, but a renewed upward trend in private transport* ○ *Mobility Google: Countries with 1,400-7,000 new cases/last 7 days* ▪ *Various degrees of mobility and diverse activities (grocery, residential, parks, work places, recreation, transit stations etc.)* ▪ *In most countries, decrease in all activities except "residential" (residential area)* ▪ *In Sweden, there are few restrictions on all types of exercise, and visits to the park are very popular.* *increased significantly* ▪ *These curves (also correlation with R) will be analysed in more detail in the coming days* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 155,193 (+1,018) cases, including 5,750 (3.7%) deaths (+110), incidence 187/ 100,000*	*FG32*

RKI	*Population, approx. 114,500 recovered* ○ *Lower rise today after the weekend, Late registrations are possible or probable* ○ *MV has the lowest incidence or increase in new infections, BY the highest for both* ○ *Epic curve suggests from the transmission data that the peak appears to be over* ○ *Germany-wide R=1.0, among the federal states R is highest in TH and SL (1.2), in small BL the value changes more dynamically* ○ *The map of the 7-day incidences appears to be significantly reduced, Straubing and Rosenheim are at the top with incidences significantly >100/100,000* ○ *The highest 3-day incidence rates are just over 30/100,000* ○ *Age and gender distribution: no change compared to the last two weeks* ○ *DIVI Intensive Care Register: number of cases requiring intensive care has decreased and number of free beds has increased, number of participating hospitals is constant, cases with other diseases may now be increasing again* ○ *Transmitted cases (activity or care) in institutions (medical, childcare, elderly care, communal catering, etc.), will be further analysed in the future* ▪ *>8,800 cases among people working in medical facilities* ▪ *For these, the number of recovered patients was reduced to approx. 7,200, it must be clarified whether this also applies to to be presented in the RKI management report* ▪ *The number of cases among those cared for (and working) in institutions for children (§33) is decreasing* ▪ *The number of cases among those cared for in retirement homes (§36) is increasing, while there is a slight decline in the number of those working there. Waste* ▪ *The number of cases of those working in KKH (§23) is rather decreasing, which could be due to This is due to the fact that the wave was earlier here, on the other hand, the relative proportion of cases in this group of people is increasing, many of them are not in the KKH, is considered even more differentiated* ○ *Ratio of the place of exposure abroad vs. Germany: the underlying number of cases per week varies greatly and was highest in week 13, after initially including many travellers returning from abroad, exposure abroad has now fallen to almost zero, but the place of exposure is not known for very many cases*	*FG36*

	• *ICOSARI data status 22/04/2020*	

RKI	○ *~2,200 cases from the sentinel hospitals (KKH)* ○ *Patients with a suspected COVID-19 diagnosis are not included in the analysis here* ○ *1/3 of these cases were treated in intensive care, 14% were ventilated, 11% died, 51% of them are still in hospital → Relatively long duration of hospitalisation* ○ *The proportion of men receiving intensive care is higher than that of women, and 57% of deceased women Men, which also corresponds to the reporting data* ○ *Graph of COVID-19 cases by outcome (discharged, transferred, deceased, still lying), especially the number of still lying cases has not decreased* ○ *The proportion of deceased cases has risen in recent weeks and half of the cases are still lying, so there are likely to be further deaths* ○ *Note: among pneumonia cases during the flu epidemic, approx. 7% are ventilated, 5% die* ○ *Comparison of cases of influenza-associated pneumonia and COVID-19* ▪ *Length of stay: no major differences, with COVID-19 deceased there are indications that they are longer, on average 1 day longer* ▪ *Length of hospitalisation by age group: older COVID-19 patients lie longer, very little for COVID-19 Children, significantly more children with influenza* ▪ *Duration of intensive treatment: deceased COVID-19 cases are also treated intensively for longer, including in many age groups* ▪ *Ventilation duration: significantly longer ventilation duration among discharged COVID-19 patients, likewise for deceased and still lying* ▪ *Ventilation duration by age group: from age group 50-59, the ventilation duration for COVID-19 patients significantly longer and the proportion of ventilated patients significantly higher* ▪ *Overall greater burden on the KKH due to COVID-19* ○ *Question: the length of hospitalisation for COVID-19 is long, are the current recovery criteria possibly too generous? It is not known from the available data how healthy the cases are on discharge (e.g. whether medical care is still required afterwards), this must also be taken into account* • *Emergency room consultations* ○ *Since mid-March, the AKTIN project has been providing daily updated data from 10 clinics in 5 federal states: NI, BY, SN, BW, SH* ○ *There are 7 more clinics (including HE)* ○ *The clinic size and number of beds is heterogeneous, 50%*	*FG32*

RKI	*of the*	

RKI	*participating hospitals have > 1000 beds and half have a monopoly position in their region* ○ *Graph of the daily number of visitors per emergency department: there was a drop in most of them at the end/mid-March, with two exceptions* ▪ *Stuttgart: Gradual, strong increase at the beginning of March, probably due to the establishment of a Corona outpatient clinic, in which more patients on foot were intercepted and screened* ▪ *Wolfsburg: brief high rise at the beginning of April, probably due to the testing of Staff justified (emergency room was closed and clinic staff tested)* ▪ *More detailed investigation of both is planned to explain the increases* ○ *Aggregated analysis shows the overall visitor numbers, which are generally declining, this is also confirmed in the age groups (especially 20-64 year olds), the events in Stuttgart and Wolfsburg are also reflected in the overall figures* ○ *Syndrome spectrum of admissions according to cardiological, neurological, respiratory symptoms: the first two drop sharply from the beginning of March, initially 100, then <60/day, showing the impact of the pandemic on emergency admissions* ○ *Number of visitors according to severity/triage: strong fluctuation in non-severe cases (due to peak of walk-in patients in Stuttgart), figures for severe cases are relatively constant over the entire period* ○ *Question BZgA: how would patients with suspected COVID-19 fit in here? Not many COVID cases are expected in the emergency departments* ○ *Emergency departments also make diagnoses for non-admitted cases (exclusion diagnostics), but this is less reliable, could provide interesting differentiation in the future* ○ *Outlook* ▪ *Initial analysis appears stable and reliable after checking the data quality* ▪ *Data should be shown once a week, also including the additional new clinics* ▪ *The clusters in Stuttgart and Wolfsburg are described and published* • *Request for administrative assistance: ~~32~~ RKI-MA travelled to Tirschenreuth again to support the follow-up work*	
2	**Findings about pathogens** • *New Charité study (Thiel et al) on the stimulability or*	

RKI	*Cross-reactivity of T (or CD4) helper cells from COVID-19 cases compared to those from blood donors: 85% of COVID-19 cases had activatable T cells, as did 36% of blood donors (PCR-negative for SARS-CoV-2)* *Interpretation: some of the blood donors may have come into contact with circulating coronaviruses; possible cross-reactions and/or background activity could be an explanation, as could the milder course in children and individuals with particularly high levels of antibodies;* *the methodology of the study is made available for possible repetition* • *T helper cells humoral response* • *Has a search been carried out for antibody cross-reactions in sera from people with "normal" corona cold viruses?* • *There is cross-reactivity, but no neutralising antibody cells, this is also important for the production of antibodies, whether this background immunity plays a role in a patient is not yet clear*	*FG17*
3	**Current risk assessment** • *Not discussed*	*all*
4	**Communication** **BZgA** • *On Friday, the DGKJ made a recommendation on the obligation to wear masks in children and a possible suitable age recommendation: depending on the stage of development, the use of masks could be recommended from compulsory school age; in paediatric oncology, masks are worn from a very early age* • *Recommendations for initial reception centres and undocumented persons:* ○ *BZgA prepares a tabular analysis* ○ *Coordination with the RKI is desired for this purpose* ○ *Recommendations are still in progress, including definition of exact information requirements, probable/expected case numbers and existing services in this regard* ○ *Initial enquiry centred on who to include, material is also being developed for volunteers who work there* ○ *Recommendations for asylum seekers are also an RKI initiative regarding prevention and management of outbreaks, the request also came from the BL, the paper is currently still being worked on internally* • *Telephone consultation at the weekend showed an increase in cases that were hospitalised for other (non-COVID-19) reasons, there is a lot of uncertainty regarding discharge management when a return to the home environment takes place, BZgA recommends normal management, there is not always coordination between the outpatient and clinical sectors*	*BZgA*

RKI	*→ This has not yet been brought to the attention of the RKI, Mrs Thaiss is writing something up and sending it to the RKI* • *The AGI TK discussed quarantine facilities for contact persons unwilling to quarantine* • *Child examinations: Last week for the European Vaccination Week it was decided that the U1-5 examinations should not be postponed as they cover large developmental leaps, from U6 it is possible to postpone/delay these examinations, vaccinations are also often carried out during U-examinations and there was a request from the paediatric community to generally carry out vaccinations according to the STIKO recommendation (calendar) and not to bring them forward on an ad hoc basis.* **Press** • *STIKO: this week a publication on the implementation of recommended vaccinations during the situation is planned, should also be mentioned in the RKI-PB on Thursday* • *Case numbers website: there are often adjustments in the LK-specific figures due to subsequent reporting corrections. As the case numbers are currently published promptly, the data quality is not always immediately assured with such rapid publication and subsequent corrections occur, which is unfavourable but unavoidable*	*Press*
5	**RKI Strategy Questions** **a) General concept COVID-19 vaccination** • *The RKI has been commissioned to develop a vaccination concept, Ole Wichmann has discussed this with Antina Ziegelmann from the BMG, it is in two parts* • *1. development of a vaccination recommendation, including prioritisation of groups of people to be vaccinated first, a STIKO working group will be established this week, modelling is also to take place in advance, an application has been submitted to the BMBF for this purpose* • *2. preparation for the introduction of a vaccination* ○ *There will be several vaccines that have been developed and tested in a fast-track process* ○ *Relevant data is only collected post-marketing* ○ *Concept with many aspects must be developed together with the PEI: Risk communication, which vaccinations, special features, vaccination rates monitoring, which group of people receives which vaccine, possibly different types, special monitoring of vaccination, what goes through already established systems, where are accompanying systems or surveys necessary, how does the documentation work, who vaccinates, etc.* ○ *There is also a working group on this at the BMG, and the discussion is also being held with the BLs* ○ *Numerous questions still need to be clarified, e.g. can/should* *DEMIS be used for this? Are they vaccination centres?*	*FG33*

RKI	*does it go through the ÖGD or doctors' surgeries as with routine immunisations?* o *There is still time, but the systems should be clear by the end of the year* • *Introduce hereof at AGI TK this week* **b) RKI-internal** **Max Planck Society Reproduction number and effectiveness of measures** • *Group would like to comment on R and effectiveness of measures* • *The Max Planck indicators mentioned are similar to those of the RKI de-escalation strategy* • *De-escalation paper to be published on the RKI website if necessary* • *Enquiry sent to BMG, reply still pending*	*FG32/ZIG*
6	**Documents** • *Recommendations for shared accommodation for refugees: not discussed*	*FG32*
7	**Laboratory diagnostics** **Topic** • *Self-testing: in certain cases, can it be advocated, acute context? Not discussed today* • *"Cologne paper" COVID Exit: was sent to Präs on Sunday with an overall exit strategy, more information on the laboratory part is still being requested as currently a broad testing of asymptomatic is proposed* *ToDo: tomorrow AL1 will give an update on the work of the diagnostics working group* • *Last week there were almost 700 samples (more than before), about 80 were positive, the week before fewer samples were received, basically things are going well* • *Self-acceptance study Charité* o *RKI is involved in study* o *The doctor's swabs were also supposed to be received by the Charité, but this is uncertain and it seems that samples were thrown away* o *Of the 30 samples received that were actually positive, 13 were negative* o *If the samples are really gone, this cannot be clarified and cases must be removed from the study* o *An agreement is being reached with the responsible GAs as to whether patients can be contacted by the RKI, which leads to a great deal of additional work* • *Correlating infectivity with CT values is ongoing, more information is expected to be available on Friday* • *Serology*	*AL1* *ZBS1*

	○ *Running, more and more serums are being received* ○ *There is no routine cultivation of samples, as this is very complex and takes a long time, GAs are sometimes very impatient, which is why it is not offered and only carried out in individual cases* ○ *Hopefully the cut-off will be known soon (when nothing will grow)*	
8	**Clinical management/discharge management** • *Not discussed*	*IBBS*
9	**Measures to protect against infection** **Crisis team statement MNS in KKH** • *VPräs would like a statement on the wearing of MNS by medical staff in the hospital/clinic setting* • *In Thuringian hospitals such as Jena, MNS has been in practice for a long time, many hospitals (all those with which FG37 is in contact) do the same and it would be recommended for all of them, as well as for nursing homes* • *FG14 has long included this in the RKI hygiene recommendations (MNS also recommended outside the direct care of sick people)* • *Should this be formulated even more clearly? It must be clarified with VPräs whether this should be made even clearer in the FAQ or elsewhere* **Overload report GA, CdS decision** • *BL have agreed on this, should first go to the competent authorities in the federal states, should apply from 24 April, AGI can be informed of this in a low-threshold manner at epialert@rki.de, no formal procedure, similar to requests for administrative assistance, transmission of information*	*VPresident* *FG32*
10	**Surveillance** • *GKV data: not discussed*	*FG32*
11	**Transport and border crossing points** **BMI Use of reproduction figures as a parameter for selective border opening** • *Topic was sent to the crisis unit, it is an initiative at EU level* • *ECDC has also done its own modelling on this* • *Tomorrow there will be a discussion with the BMI and BMG, the RKI is to prepare a statement with a few points (case numbers, R, geographical distribution, etc.) beforehand, Maria an der Heiden is preparing this*	*FG32*
12	**International (exceptionally, only on Fridays)** **Concept for dealing with international aid requests**	

RKI	**(North Macedonia, Dom. Rep., etc.)** • *ZIG prepares text points to show how the document is understood and handled by the RKI and clarifies via the BMG with the AA what kind of things are involved.* • *In principle, it seems to be about goods* • *Proposal: RKI would pass on enquiries regarding the delivery of relief supplies outside partner countries to the AA, although the delivery of relief supplies is currently at a standstill* • *For RKI partner countries, these should be reported to the AA but not coordinated in advance* • *In the case of requests for expert advice, exchange at scientific level, this would be communicated to the AA via BMG* • *MoH or parliamentary enquiries initially go through the AA* • *Proposal from ZIG to be submitted to AA to present our interpretation to AA* *ToDo: ZIG finalises text points for handling the document on international support requests* **Various points on international collaboration** • *BMZ wants 3 million euros to support other countries* • *There should be a COVID-19 sector project exchange every fortnight, the BMG would like to incorporate the RKI expertise, currently it is still very vague, when it becomes more concrete ZIG will inform/involve other departments/OEs* • *The volume of requests for support is increasing sharply, there are enquiries at various levels, some in the area of development cooperation, some for the desired exchange, ZIG is currently trying to address these in cooperation with the regional WHO offices, also with regard to possible long-term nature* • *SEEG becomes (more) active* • *There was a Gates Foundation donation to the Charité (virology)* • *Last week a first webinar of ZIG 4 took place with Africa CDC, WHO AFRO, Fabian Leendertz and 23 partner countries, feedback so far has been very positive* • *The data donation project is of interest to other countries; would the RKI like to take a fundamental position on whether such support is possible/desirable? The effectiveness of the data donation app is not yet clear, if there are possibilities or valences, this can be considered*	*ZIG*
13	**Update digital projects (Mondays only)** **Corona app/PEPP-PT** • *Federal government signalled a change of direction at the weekend, one big question was centralised vs. decentralised data storage, decentralised approach generally favoured* • *Change of direction now allows time to catch your breath and define the RKI position*	*FG21*

RKI	• *The scientific questions will continue to be developed by the group* • *There are now project managers at the RKI and on the partners' side* • *RKI still has a duty to remain actively on board* • *There is no timetable that could be realistically realised* **Charité intelligent questionnaire/ symptom checker** • *The involvement of the RKI is still unclear, the legal format and various questions have still not been clarified, where may the RKI be involved, should the BMG logo be on it, lawyers are involved* • *A lot is and has been learnt in conjunction with the other tools* • *The aim is also to relieve the burden on the GA* **Data donation app** • *Data donation app is often criticised, even if this is a smaller product, central storage of data is a point of attack, there are still some things to be clarified, the situation remains tense*	
14	**Information from the situation centre** **Topic** • *Many enquiries from the political arena: no great unity any more, sometimes also unpleasant questions* • *Strategy for longer-term operation must be considered* • *Preparation of interim report, additional work will be necessary*	*FG32*
15	**Important dates** • *HSC TK today* • *Corona cabinet* • *Tomorrow BMI BMG discussion*	
16	**Other topics** • *Next meeting: Tuesday, 28 April 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*28.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 cases/last 7 days* ▪ *USA: main affected country, still just under 1 million cases, >56,000 deaths, in the case curve is no drop visible, R~1, mobility has increased again in the last week (especially driving)* o *Countries with 7,000-70,000 cases/last 7 days: trend in European countries continues downward (Italy, France) or plateauing (Spain), increase in the number of cases in Brazil* o *Countries with 1,400-7,000 cases/ last 7 days: Bangladesh and Belarus were recently reported, in Singapore the situation is slowly improving due to radical measures in the guest worker homes* o *R eff for countries with >7,000 cases/ last 7 days: Continuation of the trend, measures in Russia are working* o *R eff for countries with 1,400-7,000 cases/ last 7 days: no abnormalities compared to previous days* o *Countries with >100 cases and R eff >1* ▪ *R-development of the last days is now also displayed (in grey) to show dynamics* ▪ *R rises in Brazil* o *Mobility Apple for countries with >7,000 cases/ last 7 Days* ▪ *Apple values are more up-to-date (than Google)* ▪ *Brazil also shows an upward trend here* ▪ *Italy's highly restrictive measures are clearly visible, easing is now being discussed* o *Mobility Apple for countries with 1,400-7,000 cases/ last 7 days* ▪ *Singapore's additional measures in guest worker residences are reflected in mobility. (also in the general population)* o *Greece: not yet discussed* ▪ *>2,500 cases, 130 deaths (5.2%), first case on 26.02. came from northern Italy* ▪ *Region around the capital followed by Western Macedonia is most affected* ▪ *Since 27 February gradual establishment of measures, including non-essential travel within the country have been banned, a certificate is required to leave the house, in special cases cities or villages are also quarantined (twice so far); a gradual relaxation is planned* ▪ *<65,000 tests, positive rate 3.9%, there is a*	*ZIG1*

RKI	*Good decentralisation of capacities with >500 mobile test units* ▪ *Drastic drop (70%) in the mobility curve at the beginning of March, which indicates good acceptance of the Measures in the population shows* ▪ *Case numbers (epicurve): strong peak with 150 cases in a refugee centre* ▪ *Refugee situation: 27 camps with approx. >150,000 people, an additional 26,000 refugees in other camps. buildings, hotels and unofficial camps, many camps are overcrowded, there are few health personnel, the situation is not well coordinated and there is a lack of everything, if there is an outbreak this can have potentially catastrophic consequences, so far there have been 3 outbreaks in refugee accommodation centres, the measures are (1) strict curfews, visiting bans, closures, and (2) transfer to the mainland after triage, e.g. on Moria there are 2,300 people over 60 with illnesses for whom this is being considered.For example, there are 2,300 people over 60 with pre-existing conditions in Moria for whom this is being considered* • *Accumulation of undiagnosed inflammatory syndromes in children of all ages in England in the last 3 weeks* o *A total of 10 cases of possibly SARS-CoV-2-associated Kawasaki syndrome* o *approx. 50% of the children were SARS-CoV-2 PCR-positive* o *Children had no previous illnesses, but 50% had a family history of COVID-19* o *Kawasaki connection with coronavirus already assumed in 2005* o *There are two ongoing surveys, DGPI (German Society of Paediatric Infectiology) and ESPID* o *DGPI* ▪ *Was contacted by Walter Haas, so far no comparable cases are known there, it will be but greater attention must be paid to* ▪ *Study records hospitalised COVID-19 cases among children, there were approx. 150 responses* ▪ *The current status of the possible source of infection is that this is the case for 80% of parents, 10% of grandparents, for 10% are other children, but this may not be generalisable from the hospitalised cases to the overall incidence* ▪ *The reason for hospitalisation was usually something other than COVID-19, 25% had an underlying condition illness* ▪ *DGPI publishes regularly on its website* o *ESPID Survey also collects data on toxic shock, among other things*	

	syndrome, here too, closer attention is paid to	

RKI	○ *Walter Haas is in contact with intensive care physicians, there have also been cases in Spain and Italy, it is not yet clear whether/how this is associated with COVID-19, in some cases COVID-19 has been diagnosed, in others not at all* ○ *So far, there have been only a few cases; a potential association would be theoretically plausible (cutaneous component), but it is not yet possible to clarify such an association* ○ *The situation should continue to be monitored in this regard* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 156,337 (+1,144), thereof 5,913 (3.8%) deaths (+163), incidence 188/100,000 inhabitants, approx. 117,400 recovered* ○ *Deaths and incidences of death were also included in slides, there are large differences in the BC with regard to deceased persons (slide 2)* ○ *In terms of geographical distribution, the situation is currently easing considerably, even in the main affected districts* ○ *Age group distribution: proportion of younger age groups has been increasing since week 10, possibly related to mobility* ○ *Since yesterday, 10-year age groups have also been included in the management report for the deceased* • *DIVI intensive care capacities* ○ *A total of ~11,000 COVID-19 cases in intensive care, just under 2,500 are still in intensive care* ○ *Generally declining load* ○ *Free high care intensive care beds for ventilated patients are >9,000* ○ *Approximately 60% of cases die without ending up in an intensive care unit; this may also include people who are diagnosed retrospectively* ○ *Not every death ends up in an intensive care unit; this seems to be independent of age* • *Cases by activity or care in institutions (slide 23)* ○ *The forthcoming change in the law will hopefully soon allow further breakdowns (including by type of facility)* ○ *Data is available for about 1/3 of the cases, the data quality is not good as there are a few errors* ○ *Relative proportions are shown and the denominator on the different days is very different* ○ *The colours of the graphic will be adjusted (to match the support and activity in each category) and possible interpretations discussed* ○ *Publication of the data, if this is further*	*FG32*

RKI	*advanced, would be desirable (possibly also internationally)* o *Multiple entries (e.g. originally activity and then care) are not possible, which is why it is not easy to understand for §23 (medical facilities)* • *Question: Are figures for schools already available?* • *It still needs to be analysed how many data are involved and how this develops over time; the number of facilities and cases must be considered separately*	
2	**Findings about pathogens** • *Not discussed*	
3	**Current risk assessment** • *Not discussed*	
4	**Communication** **BZgA** • *Request to include the topic of early detection examinations mentioned yesterday in the press briefing, if paediatric U examinations are postponed, the STIKO vaccination calendar should nevertheless be implemented* • *A not too text-heavy paper with tips for older people is in preparation on request, it should contain more understandable tips and information and will be published this week* • *In addition to MNB, contraindications are also a recurring topic, e.g. people with COPD; more effective public publications on this are needed, always with reference to the attending physician* **Press** • *The above was not a topic in the RKI press briefing today, may come on Thursday when the vaccination concept is also discussed* • *There was a problem with pdf downloads from the RKI website today, it has been fixed in the meantime, if required, a language regulation is available from the press office* • *The webmaster mailbox is supervised from 8 a.m. to 7 p.m., after that there is a new on-call service for very urgent enquiries, information has been sent to the LZ and will also be sent to the crisis team*	*BZgA* *Press*
5	**RKI Strategy Questions** **a) General** • *Criteria for border openings (see Transport below)* **b) RKI-internal** **Recommendation on MNS in a medical setting**	*FG32*

RKI	• *There are already specific recommendations on this in the RKI hygiene recommendations, which are considered optimal* • *Content: RKI recommends that staff in hospitals wear MNS, not only in connection with the treatment of COVID cases, but as a general recommendation* • *Clear position of the RKI: hospitals and doctors' surgeries should be safe spaces, recommendations on what can be done to protect individuals should be clearly available* • *These recommendations should be made even more visible or emphasised more strongly elsewhere* • *In addition, MNS should also be recommended for patients who can tolerate it* • *FG37 revise their existing papers created in FF in this regard* • *A brief extension of the existing basic hygiene and KRINKO recommendations specific to the COVID-19 pandemic is to be drawn up* *→ General recommendation for wearing MNS by medical staff and, if tolerated, also by patients* *ToDo: FG14 develops a proposal for an extension of the basic hygiene recommendations for COVID-19 in the medical sector*	*VPräs/ FG14/all*
6	**Documents** **Recommendations for shared accommodation for refugees** • *General paper was prepared by the RKI team that was in the Harz Mountains for support* • *The order has now also been placed by Thuringia* • *Document has been sent to the crisis team with a request for comments by tomorrow evening* • *The draft is then shared with the AGI* *ToDo: Finalise the paper, then present it to the AGI TK* **"Cookery book"** • *Order from Angela Merkel to Pres* • *Creation of a guideline for outbreak investigations* • *Was prepared very quickly and subsequently improved* • *The crisis team is not aware of any feedback and the period of shame has expired* • *Document should be prepared for publication, then coordinated by e-mail with Pres.* *ToDo: Finalisation of the cookbook for final coordination with Präs and subsequent publication on the website*	*FG32* *FG32*
7	**Laboratory diagnostics** **Update AG Diagnostics** • *The three sub-working groups each meet once a week*	*AL1*

RKI	• *There are around 200 laboratories that can perform high-quality diagnostics* • *The round robin test is running and will soon be completed, with the next round starting in June* • *Low-threshold testing of mildly symptomatic people* ○ *There is a consensus on this in AG* ○ *This is possible with the current capacities* ○ *Current test capacity is 100,000/day, currently there is a decline in utilisation* ○ *Doctors and KBV have confirmed their services for low-threshold testing, KBV funding is secured* ○ *There is also a consensus on the part of the BL* ○ *The public should now be made more aware of this test offer, and testing should also be sought for mild respiratory tract infections (ARE), also in order to gain a better insight into the situation via the resulting health insurance benefit* ○ *As part of the exit strategy, sensitive recording of what is happening in the population is important, e.g. Taiwan, South Korea test low-threshold symptom-based at ARE* ○ *Flowchart for the population is currently being revised by IBBS, integration of the low-threshold testing strategy could lead to increased pressure on doctors' surgeries, telephone hotline, etc.* ○ *BZgA can adapt communication, but acceptance may be different, e.g. less willingness to test if 14-day quarantine is imminent* ○ *Crisis team consensus on adaptation: testing of all AREs is now also included in a harmonised form in the flow chart for patients and at the same time included in BZgA recommendations* • *Testing of asymptomatic persons* ○ *Generally difficult topic so far without consensus* ○ *AG Diagnostics is currently under pressure in this regard* ○ *Billing modalities for testing asymptomatic individuals is still completely unclear* ○ *If asymptomatic patients are included in the group to be tested, the following must be prioritised* ○ *First priority would be HCW: Consideration of serial testing of asymptomatic HCW, there is not yet much evidence of added value as long as protective measures are implemented* ○ *Testing of other groups outside HCW was not considered useful in the country group, for which groups would symptom-independent testing still be useful?* ○ *KKH setting: admission takes place clinically, possible Testing in emergency departments is being discussed, even now*	

RKI	*when elective operations are restarted* ○ *Facilities: there are initial drafts for the procedure in care homes, e.g. testing for new admissions to a home to avoid quarantine for just 14 days* ○ *Facilities for people with disabilities, who are likely to be a very vulnerable group; many facilities of this type are currently still closed; testing should be made possible here if the situation is relaxed* ○ *In the context of CoNa for processing a transmission event, testing asymptomatic persons for contact tracing can be groundbreaking (environment management by GA),* *e.g. in a domestic setting, did children already excrete the virus when they were still at school?* ○ *MA of critical infrastructures in the narrower (and not broader) sense?* ○ *The costs of testing should be taken into consideration where appropriate, as should the possibility of reducing these costs* • *Testing in KKH will be a topic of discussion in the WG tomorrow: Tim Eckmanns presents the studies supported by FG37, information on KKH patients is of great interest, e.g. Test frequency and differentiated use of antibody vs. PCR testing* • *Countries were also asked to contribute their best practice experiences* • *Existing lobbying: interest less from laboratories than from test manufacturers* • *AL1 now participates in the AGI TK, where the testing of asymptomatic patients is viewed very critically, both test results in asymptomatic patients and NPV, PPV are difficult to interpret and should definitely be combined with other aspects for decision-making, one cannot rely on testing alone (e.g. admission to institutions).* **Self-tests** • *Not discussed* **"Cologne paper" COVID Exit** • *Noted, not discussed again* **Report from FG17** • *Only a few samples have been received, yesterday 20, today 10, these will be collected until the extraction is worthwhile, results are not yet available*	
8	**Clinical management/discharge management** • *Not discussed*	

9	**Measures to protect against infection** **Topic** • *MNS in a medical environment (see internal strategy above)* **GA Overload indicator** • *Shall apply from 24.04.* • *BL/AGI have agreed that this should first be passed from the GAs to the responsible bodies in the federal states.* • *The information can then be sent to the functional mailbox epialert@rki.de in a low-threshold manner; it should not be a formal procedure, but similar to a request for administrative assistance, transmission of information, etc.* • *Epialert is also used for §12 transmissions and international communication within the framework of the IHR* • *No GA has yet indicated an overload* • *Green or zero messages are not displayed, only whether a GA is at the stop and whether support is required* • *There was a lack of clarity at the BMG as to whether zero reports should also be received, AGI and RKI understanding was that only overload is reported* • *A summary of the incoming reports, this will not be published* • *This will be re-examined when the law is finalised*	*FG32/VPräs*
10	**Surveillance** **GKV data** • *FF by Dept. 2 (currently only BKK)* • *Data may still be collected for the clinical non-outpatient sector,* • *Possible indicators were proposed and will be submitted to FG36 for comment* **Status of legislation** • *3rd Corona Act goes to cabinet this week, last version available to the RKI was shared with the crisis team*	*FG32*
11	**Transport and border crossing points** **Criteria for border openings, BMI/BMG meeting** • *The question is what criteria could be used to decide whether to open intra-European borders* • *An RKI paper for today's meeting of the interministerial coordination group was prepared and is still being shared with the crisis team, de-escalation strategy was also used* • *Maria and Matthias an der Heiden present it there* • *The process has not yet been finalised, but a good basis for discussion has been created* • *One question remains, to what extent R serves as a parameter for this, it should certainly not be the only parameter, and in addition*	*FG32*

RKI	*significant factors in the other countries must also be explained, e.g.* ○ *Incidence in the last 14 days* ○ *R (should be <1)* ○ *Indications of current wide virus circulation* ○ *Components of the anti-epidemic measures* ○ *Available capacities related to laboratory, ÖGD, Behavioural measures* ○ *Situation-specific recommendations for MNB* • *Travellers entering Germany should also receive sufficient information* • *Barrier-free access to medical testing and care should be ensured for travellers entering the country* **Effective reproduction number** • *(Too) much discussion about R in the media, also in the AGI, everyone is very fixated on it* • *It is important to emphasise that this is an estimate with a confidence interval that only ever takes 8 days into account* • *The situation can change quickly, which is why it is important for a group of experts to assess this in the overall picture* • *Is an RKI positioning necessary, "from when do we react", e.g. if several days R>1 alarm, if 1 day not* • *R is not useful as an individual criterion; other criteria need to be brought more strongly into the discussion* • *system of severity would be useful, it includes three aspects* ○ *Transmission* ○ *Clinical individual severity* ○ *Impact mortality on other areas of the healthcare system, e.g. which groups are affected, case fatality rates, impact in general* • *RKI has sent a paper to the BMG in which 1-2,000 cases per week were mentioned* • *The RKI de-escalation paper also names possible indicators, BMG was asked whether it can be published on the RKI website, BMG now asks for consultation* • *Johanna Hanefeld takes care of coordinated continuation* • *It should also be defined when anti-epidemic measures should be reinforced again, "re-escalation strategy"* *ToDo: ZIG-L consults with BMG on the possible publication of the de-escalation paper* *ToDo: ZIG-L should prepare a re-escalation concept*	*All*
12	**International (Fridays only)** • *Not discussed*	
13	**Update digital projects (Mondays only)**	

RKI	• *Not discussed*	
14	**Information from the situation centre** **Stamina concept** • *Discussed yesterday in the Dept. 3 FGL meeting* • *There are regular holes in the shift schedule, which raises the question of how we will generally organise ourselves over the next few months* • *There are also an increasing number of small enquiries, some of which are unpleasant, as well as many small, sometimes difficult orders in general* • *A longer-term concept for the LZ must be developed, also to define how the LZ can be organised more effectively* • *Good and important idea, initial considerations are being made at Dept. 3 FGL level*	*FG34*
15	**Important dates** • *Today: BMI BMG discussion on border openings*	
16	**Other topics** • *Next meeting: Wednesday, 29 April 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*29.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*

- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days* ▪ *USA: Just over 1 million cases, 58,355 deaths. Very heterogeneous picture of the easing of measures in the individual countries.* *States: 7 states with Reff >1 want to relax measures. ZIG1 attempts to present the situation in the individual states in more detail.* o *Countries with 7,000 - 70,000 new cases/last 7 days* ▪ *No major changes, stabilisation in Europe, increase in cases in Brazil. The* *Rash in the curve from Spain is due to reporting, no longer there when displayed after the onset of the disease.* o *Countries with 1,400-7,000 new cases/day* ▪ *No major changes* o *R eff. trend for countries with >7,000 cases/last 7 days* ▪ *Nothing conspicuous, Brazil is slowly moving upwards, the USA is hovering around 1, but differently in the individual states,* *in Russia Stabilisation* o *R eff Trend for countries with 1,400-7,000 cases/last 7 days* ▪ *R=1 achieved in most countries, Belarus and Bangladesh improved, measures taking effect* o *Countries with >100 cases and an R eff. >1* ▪ *Russia shows a continuing downward trend, Brazil an upward trend. Romania is at R eff.* *just >1.* o *Mobility data: No major changes, only shown twice a week* ▪ *USA: continued increase in mobility (more cars and walking, less public transport)* ▪ *Sweden: mobility has also decreased in Sweden, albeit not as much, but is now increasing again* ▪ *Romania: delayed, but then also a sharp drop in mobility* o *Romania:* ▪ *11,616 cases, 663 deaths, case fatality rate: 5.7%, Incidence/100,000 population: 58.8* ▪ *Two severely affected regions (Suceava (1804.0 cases/100,000 inhabitants), Bucharest city (45.9 cases/100,000 inhabitants)* *Ew))* ▪ *State of emergency already on 16 March - i.e. military and police activated, very restrictive review of measures* ▪ *Two entire cities under quarantine (Suceava, Tandarei): Due to a nosocomial outbreak in Suceava, a* *of what is happening in Romania can be explained.* ▪ *Tandarei is also located in the north of the country, ¼ of the of the population (approx. 3000/4000 people) are Roma,*	*ZIG1/all*

RKI	*Quarantine was triggered by the return of 800 workers mainly from Italy and partly DE* ▪ *Test strategy is not very convincing, approx. 10% positive rate, now extended to people with Pre-existing conditions and 2x monthly testing of care homes* ▪ *Shortage of doctors, only 1700 ventilators, military builds mobile hospitals* ▪ *Increasingly racist attacks against Roma, returnees defamed as porters, harvest workers are treated with hostility in DE and are also treated with hostility when returning to Romania, special assistance may be necessary here* ▪ *Note that many Romanians also work in slaughterhouses, often in shared accommodation centres should be monitored, as outbreaks among guest workers have also occurred in some other countries.* o *Lancet paper on transmission dynamics in China* ▪ *Isolation and contact tracing shortens the time during which cases are infectious in the community and thus also R eff., but overall effect depends very much on extent of asymptomatic cases. cases* ▪ *Children in the study had a similarly high risk of infection, but less severe symptoms, Attack rate remains stable until around 50 years of age, after which it rises* ▪ *In China, transmission occurs mainly in domestic contexts, where asymptomatic children have been noticed and also in the European area transmission in the domestic context.* ▪ *A Berlin paediatrician examines kindergarten children, writes articles for the EpiBul, has Evidence that children infect their parents and nursery school teachers, but the children do not infect each other (distinction between horizontal and vertical transmission important), similar evidence also from other paediatricians* ▪ *FG36 will conduct or participate in some studies on the role of children themselves* ▪ *When it comes to this topic and the retrospective studies from China, it is important to bear in mind that School closures throughout China and not just in Hubei, school classes/children in daycare centres are a different transmission setting than the home environment* • *Danish preprint paper:* o *Seroprevalence study among all Danish blood donors (almost 10,000 people), 1.7% (CI: 0.9-2.3), only slight regional differences in prevalence, case fatality 0.8%, less than usual in studies* o *In Germany, only a few blood donation centres test their plasma donors* • *It might be interesting to know the population density/number of COVID cases for the different*	

	countries	

RKI	*superimpose* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 157,641 (+1,304), of which 6115 (3.3%) deaths (+202), incidence 190/100,000 inhabitants, approx. 120,400 recovered, reproduction number = 0.87 (95% CI 0.74-1.02, as at 28.04.)* ○ *Mr Spahn would like to see two decimal places after the decimal point due to rounding problems with R, will therefore report this way in future* ○ *At Mr Spahn's request, R should also be published by the RKI for the individual BCs. Particularly in small CCs, it is possible that individual outbreaks result in large outliers. Some BCs calculate their own value, which may deviate due to the different data basis (reporting data vs. nowcast). Must be agreed with BL and should not be published against their will. If countries veto, this must be clarified at political level.* *ToDo: FG32 asks EpiLag and the AGI TC for their position on the issue of publishing the R-values of the BL* ○ *As of today, a modified curve is to be used for nowcasting (smoothing of 4 days), calculation is simpler, data can be made available more easily.* ○ *Tomorrow the population density map for DE will be compared with the geographical distribution map, but probably not a very close match.* ○ *Consider presenting deaths on the Internet in 5-year intervals .* ○ *Information on the 22 deceased under the age of 40 is relevant for further reduction of measures and the press. Deceased children all had pre-existing conditions, so far no systematic recording of information in the <39-year-olds, could be made.* ○ *Information from a clinician in Düsseldorf on deaths under the age of 40, without previous illnesses - there is a study by Jefferson on HCW, which may have more severe courses, as they have been infected with a larger amount of virus or repeatedly. Study on deaths under bst. (influence of viral load etc.) should be started now, but is complicated in terms of data protection and other aspects (e.g. no data on when and in what form infected).* *ToDo: Mr Eckmanns should develop an idea on how to conduct a study on this.* ○ *DIVI intensive care capacities: compared to the previous day, fewer patients treated in intensive care (-52) and ventilated (-*	*FG32/all*

RKI	*29), capacities still available at a high level (8989 free high care intensive care beds)* ○ *Fig. on the cases submitted by activity or care in institutions is being revised by Ms Diercke.* ○ *Laboratory tests:* ○ *The number of submitting laboratories has risen to 174, proportion of SARS-CoV-2 positive tests continues to fall (currently 5.4%), absolute number of tests has risen slightly (due to retesting, still falling in reporting data)* ○ *Test capacities are almost 900,000* ○ *Delivery problems persist, but now fewer laboratories and less backlog* • *SARS-Cov-2 Laboratory Surveillance (ARS) (slides here)* ○ *Representativeness: only shown up to week 15, as figures are still changing, ratio of positively tested patients and number of cases in SurvNet remains stable over the weeks, also relatively stable over the BL (in BE in the meantime possibly tests from BB) and over the age groups (except for >100-year-olds)* ○ *For laboratories that participate in ARS, all data is transmitted from Jan.* ○ *ARS records 120,000 tests (approx. 25%) of the total number of tests of approx. 470,000* ○ *Here too, an increase in the number of tests with a decreasing number of SARS-CoV-2 positive tests* ○ *In most countries, the number of tests remains similar or increases, in a few it decreases* ○ *Proportion of positives declining, overall as well as in most BCs, proportion of positives increasing slightly in TR.* ○ *Delayed acceptance/testing continues to decrease, but there are still some reports of people having to wait a very long time for their test result.* ○ *The number of tests in >80-year-olds has increased more strongly, also slightly in the other age groups. The proportion of positives in >80-year-olds continues to fall, possibly fewer outbreaks in retirement homes* ○ *Attempts are being made to expand the system further. Currently 50 laboratories are participating. Participation is actively promoted in AG Diagnostik.* ○ *FG37 is in dialogue with the interface operator, but the recording of Ct values via ARS is probably not possible in the short term* ○ *FG37 is in discussion with Mr Hansen of the University of Bonn, Mr Hansen, CSV file will be provided (data per BL, per day pos/neg tests)* • *Syndromic surveillance* ○ *Continued low activity of ILI rates in influenza webs*	

RKI	*and AGI ARE consultations remain low, with a very slight increase in the 0-4 age group, but not significant.* o *In the virolog. No influenza viruses and no SARS-CoV were detected in virological surveillance, low detection of rhinoviruses (typically after influenza season). Number of samples sent in has increased slightly, hope for further increase.* o *ICOSARI: Hospitalis. hospitalised (with influenza, pneumonia and other lower respiratory tract infections) is falling in all age groups, in line with the decline in the positivity rate* o *The number of SARI cases is falling in all age groups*	
2	**Findings about pathogens** • *Report on DLF (Wildermuth) about administration of oestrogen to men in NY, as oestrogen is supposed to be a protective factor (from Journal of Virology?)*	
3	**Current risk assessment** • *Interpretation of the risk in terms of the Burden of Disease - method established (Matthias an der Heiden), but only to be calculated when community transmission is achieved according to the defined standards (this does not correspond to the WHO definition).* • *The term social distancing should be replaced by physical distancing. The statement "the number of cases in DE continues to rise" should also be changed to "the number of new cases is declining" or similar.* • *Communication of individual risk vs. risk to the community should also be considered.* • *However, the new proposal should be chosen carefully and not be too de-escalating.* *ToDo: The LZ will develop a new risk assessment proposal by tomorrow.*	
4	**Communication** **BZgA** • *Population moves the mouth-nose covering.* • *The video on mask use from the BZgA was prepared by the BMG for social media channels* • *BZgA press release on Immunisation Week: Vaccinations in line with STIKO guidelines should be carried out during childhood.* • *The U examinations from U6 have been suspended from 25 March 2020. However, according to a new recommendation from the BDKJ, the U examinations and vaccinations should now be carried out again in compliance with the hygiene rules.* • *Mrs Thaiss shares both documents* • *Questions from the BZgA on the use and acceptance of the masks are included in the COSMO study and there is also a*	*BZgA*

	Study at the University of Münster? in communication sciences that deals with this topic. **Press** • *There was nothing to report.*	*Press*
5	**RKI Strategy Questions** **a) General** • *Strategy de-escalation - re-escalation* o *No interim result yet, first TC of the AG today* o *By the end of the week, the RKI is to name a maximum of 6 criteria for re-escalation, which will be communicated together with the BMG (otherwise they will be named directly by the BMG).* o *The criteria should come from the 3 areas of impact, transmission (here possibly R and new infections) and individual severity.* o *Should be coordinated with FG36* o *Incidence at LK level would also be a possible parameter - if increased, it must be checked whether it is an outbreak or scattered cases, however, R and number of new infections have now been communicated to the public, should not be changed permanently* o *De-escalation-AG has been reactivated, but other interested parties are welcome to contact Mrs Hahnefeld directly.* *ToDo: ZIG will prepare a first draft by this evening and submit it for approval by tomorrow afternoon at the latest* **b) RKI-internal** • *Not discussed*	*VPräs/ZIG*
6	**Documents** • *Current status: Population flow chart* o *Main change: not only risk groups should make contact by telephone, but all people with symptoms* o *KBV notes were included* o *Since subfebrile temperatures should also be recorded, fever >38°C is cancelled again* *ToDo: Once changes have been incorporated, the flow chart should be sent to the BZgA for an exchange of ideas; it should be available on the Internet (IBBS) by Monday at the latest.* • *Current status: Flow chart for doctors* o *Should be simplified again, as there are many misunderstandings* o *Perhaps publish together with flow chart for population* o *Proposal: Dissolve left/right, criteria more equal, nevertheless emphasise which constellation is notifiable,*	*IBBS/ VPresident/all*

	Reasonably suspected case and case under differential diagn. Remove asymptomatic cases, do not include asymptomatic cases here ○ *Mr Spahn has pointed out that, in line with his document "Test, test, test", testing should be expanded, especially in nursing homes and hospitals*	
7	**Laboratory diagnostics** • *Update AG Laboratory Diagnostics* ○ *Preserved draft of the concept of the working group on which many have worked, low-threshold testing of symptomatic people, extension for nursing homes* ○ *Change of test strategy for KH is more complex, next Tue discussion in AG* ○ *Mr Mielke sends document on the current status of the group* ○ *It has not been clarified whether the documents of the diagnostics working group are only for the information of the BMG or have other addressees. The BMG's consent is required for publication.* ○ *There is a study from the Saarland with a very broad interpretation of the test - it must be observed to what extent this gives improvement* *ToDo: Today's diagnostics working group will take a closer look at facilities for the disabled* ○ *Guideline for the Public Health Service on the procedure for COVID-19 clusters ("cookbook"): A sentence should be included stating that the GA should decide whether testing of asymptomatic contacts is indicated. Contact persons is indicated* ○ *This is stated in various places in the document. This is stated in various places in the document, but always in relation to the document on retirement and nursing homes and should be listed separately.* *ToDo: Pres asks if the document can be published.* • *Relatively high proportion of false positive PCR results* ○ *Discussion on the INSTAND document was postponed* ○ *There is a relatively high proportion of false-positive results in an interim evaluation of INSTAND - however, no extrapolations can be made on the basis of this value, which is important to consider in detail after completion of the round robin test.* ○ *It should be noted that all tests show false-positive results; it may be necessary to recommend that asymptomatic people undergo a further test for confirmation in the screening procedure.* ○ *This also shows the sensitivity required when communicating with the population.*	*Dept. 1 VPräs*
8	**Clinical management/discharge management** • *Forecast for intensive care beds in Germany (slides here)*	*FG37*

	○ *The forecast shows that even in the worst-case scenario (5% and 21 days) the curve remains below the critical limit*	
9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance** • *SARS-Cov-2 laboratory surveillance (ARS): see above.* • *Action: Reporting of COVID-19 transmission classification in TESSy: to be clarified elsewhere*	*FG36*
11	**Transport and border crossing points** • *Report of the BMI-BMG meeting on 28 April on border openings* ○ *Clarified that R alone cannot be used to decide whether to relax measures, complex situation requires complex parameters* ○ *A tangible desire for greater security* ○ *With large capacities in DE, patient migration is feared*	*FG32*
12	**International (Fridays only)** • *STAG meeting yesterday: World Health Bank cancels pandemic insurance because the costs of the pandemic are too high*	
13	**Update digital projects (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Notifications/overload notifications from GÄ* ○ *The BMG expects that it will not only be reported when overloaded, but also the basic status (red/yellow/green system), this information should be passed on to the federal states, rhythm (every working day, e.g. every second day) and format unclear* ○ *Ideally integrated in SurvNet, but requires an update and an interim solution is necessary (similar to VOXCO)* ○ *System should have started last week, CdS expect data tomorrow* ○ *The CdS could be provided with a table showing the reports received from the GÄ up to that point. The timeline should also be documented.* ○ *Suggestion: Zero message once a week, more frequent update in case of overload* ○ *Countries must amend their regulations as they have only included notification in case of overload in the regulations.* ○ *It is better to deliver a system that is not entirely precise more quickly, which can be improved if necessary.* *ToDo: FG32 develops a system, discusses it with Mr Rottmann and*	*VPräs/ FG32/FG36*

RKI	*is responsible for the implementation* • *Continuous operability and written questions* ○ *MAs are increasingly being recalled from OEs, Continuous operability must be guaranteed* ○ *It must also be borne in mind that other employees have to answer the enquiries that come in via the LZ, sometimes at very short notice.* ○ *It would be important that only what is directly relevant on the weekends needs to be processed.* ○ *The LZ filters out many enquiries and processes them directly where possible. Only those enquiries are forwarded for which further specialist expertise is required or which cannot be answered by the LZ.* ○ *Requests from the ministries sometimes have short deadlines and cannot be postponed by the LZ, high nervousness at all levels*	*FG32/all*
15	**Important dates** • *13:30 - Re-escalation, de-escalation* • *Technological Control of the COVID-19 Pandemic - The Israeli Test Case* • *15:45 Discussion of Mrs Teichert and Mrs Rexroth with Mr Rottman*	
16	**Other topics** • *Next meeting: Friday, 30 April 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.04.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 cases/last 7 days* ▪ *USA: > 1 million cases, 1/3 of cases worldwide; development: on a plateau to slightly declining. In individual* *The picture is different for the federal states: there are states with rising and those with falling case numbers, which correlates with the mobility data. In states with high case numbers, mobility has increased, which suggests that the measures were relaxed too early.* o *Countries with 7,000-70,000 cases/last 7 days* ▪ *Not much new: Increase in Brazil continues, decrease in case numbers in Iran.* o *Countries with 1,400-7,000 cases/ last 7 days* ▪ *No major changes: Bangladesh, Belarus continue to rise. Qatar to be the next* *week, there are a large number of labour migrants here.* o *R eff. trend for countries with >7,000 cases/ last 7 days* ▪ *Russia: Approaching the value of 1 through more stringent pursuit of the strategy.* o *R eff. trend for countries with 1,400-7,000 cases/ last 7 days:* ▪ *Nothing new* • *Severe cases in children - update* o *Query in several countries:* ▪ *France at least 25 cases in the last 3 weeks in the Ile-de-France region, some SARS-CoV-2 positive* ▪ *UK at least 12 cases, some positive; usually 8/100,000 children under 5 years per year.* ▪ *Belgium: at least 10 cases* ▪ *Italy: at least 12 cases in Bergamo (8 of them positive), 5 (2 of them positive) in Genoa; no increase in Rome. Positive* *tested children tended to have more severe courses than children who tested negative.* ▪ *Slovenia: at least 6; USA: at least 4, Netherlands: at least 2 cases, Ireland: at least 1 case; Kawasaki cases in Australia* *in the emergency room constant as before COVID-19* o *According to a query by the DGPI, 3 cases in Germany would fit. In an EWRS survey, most countries had fewer than 10 cases.* o *What is the normal incidence of Kawasaki syndrome? This should be set in relation to the current cases. Has the clinical symptomatology changed in comparison?* o *Is there already a joint evaluation from the ECDC or*	*ZIG1*

RKI	of WHO Euro? If not, this should be encouraged. It is not yet known whether ESPID is already planning a survey. DGPI and DGKJ are networked at European and international level. Clinical data is summarised, ToDo: Ask the DGPI whether European analyses are planned. ○ Children are often not symptomatic. According to a statement by the German Society for Hospital Hygiene, there are some indications that children could also be severely affected. Should be included in the next ECDC risk assessment. ToDo: FG32 will contact ECDC about this. ○ IBBS will clarify whether clinical data on children can be included in LEOSS. As far as possible, no parallel systems should be created. Children are also included in LEOSS, which offers very extensive data on clinical images. • French national exit strategy: "Protéger-Tester-Isoler" ○ Implementation of the strategy only if on 07.05. there are less than 3,000 cases/day. ○ Phases of relaxation ▪ 1st phase from 11 May: Opening of daycare centres, primary schools... ▪ End of May Evaluation of the measures and decision as to whether the 2nd phase can be initiated from 2 June. ▪ Measures are adapted regionally. ▪ Accompanying measures: compulsory wearing of masks on public transport, ramping up tests, mobile phone app for Contact tracing. ○ Realisation: ▪ Division of the departments into 2 categories: green and red; daily update of a map from 30 April onwards according to the criteria: Trend in case numbers over 7 days, intensive care capacity, testing capacity and contact tracing capacity. ▪ Departments categorised in green can implement relaxations from 11 May. ○ Healthcare ▪ Isolation of confirmed cases at home or in assigned hotels ▪ "Brigades" for contact tracing and testing ▪ Masks are provided by employers and sold by the state. ▪ 700,000 tests/week ▪ Costs are covered 100% by health insurance. ○ Not before 01.09.: sporting events, meetings > 5,000 people, weddings **National**	

RKI	• *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 159,119 (+1,478), of which 6,288 (4.0%) deaths (+173), incidence 190/100,000 inhabitants, approx. 123,500 recovered* ○ *Federal states: few cases in MV* ○ *Epic curve is flattening; recovered patients take up a large part of the epic curve.* ○ *Reproduction number is now given with 2 decimal places, the calculation has been simplified.* ○ *The data for estimating the number of reproductions is requested by the media. These are requests from large media outlets. The figures will not be published on the Internet, but will only be released with explanations on request.* ○ *Estimated reproduction number by federal state* ▪ *EpiLag will discuss with the federal states whether the reproduction number per BL should be specified. Especially with low case numbers, a small outbreak can lead to a high reproduction number, see MV. It does not make sense to specify R for small case numbers. Instead, if the estimate is too uncertain, you could write "not analysable". The question is, at what point are case numbers too small and can no longer be calculated correctly for mathematical reasons?* *ToDo: Define criteria for case numbers that are too small, FF Mr an der Heiden* ▪ *It was discussed whether R should be specified with only one decimal place at federal state level. This was rejected because rounding to one decimal place can lead to large jumps between two days, which is difficult to communicate in political discussions. It is therefore preferable to state this estimated value with 2 decimal places. This also ensures consistency with the figure for Germany.* ▪ *Objection: Calculating R down to federal state level makes little sense with falling case numbers, more sensible would be to look at the incidence. The calculation was instructed by the Minister. This can only be waived if the federal states do not agree. Must be discussed with the federal states.* ○ *So far, there have been no overload reports from any LK, but no negative reports either; the concept is still being revised.* ○ *The overview of deaths among < 40-year-olds is new:* ▪ *There are 23 deaths in < 40-year-olds: 15 were hospitalised, 9 in ITS, 3 with ventilation. 19 are on, 2 died with COVID-19, in 2 the cause is unknown. 13 had a previous illness, in 10 the information was not collected/was not ascertainable*	*FG32*

	▪ *Data is incomplete. This is information that is currently available in the reporting system. are available. Presumably more were hospitalised and more were ventilated. This is a daily updated publication that may also contain incorrect entries. If possible, the data in the health authorities should be differentiated and documented longitudinally.* ▪ *It would make sense to have a separate category for babies up to 1 year old.* ○ *DIVI intensive care capacities* ▪ *Intensive care treatment tends to decrease, capacities remain the same.* ○ *Cases by activity or care in institutions* ▪ *Hospitalised and convalescent patients are now also shown in the management report.* • *Mortality surveillance* ○ *EUROMOMO: almost consistently large peak, Sweden has very impressive excess mortality.* ○ *According to data from DESTATIS, there will be an unusual increase from week 13/14. The DESTATIS website will not be updated until next Tuesday. Then there will be a joint press release with the RKI.* *ToDo: link from RKI homepage if available, press*	
2	**Findings about pathogens** • *Not discussed*	
3	**Current risk assessment** • *New suggestion: Social distancing still needs to be converted into physical distancing. Reference to the dashboard has been added. Agreement on: "The number of cases reported is declining."* • *The amendments were approved.*	*All*
4	**Communication** **BZgA** • *In addition to ongoing topics such as masks, vaccinations and children, there are an increasing number of enquiries from population groups with specific needs.* • *The information sheet for older people is being finalised and can be posted at the beginning of next week.* **Press** • *COVID page is being revised and will be presented next week.* • *Mortality surveillance joint PM from DESTATIS and RKI: see current situation nationally*	*BZgA* *Press*

5	**RKI Strategy Questions** **a) General** • *Strategy de-escalation - re-escalation* ○ *Criteria were discussed yesterday and 6 parameters were named. R-value still needs to be changed, should not be generally omitted, but not at district level, at most at federal state level.* *ToDo: Comment until 5 pm* • *Paper from non-university institutes confirms RKI considerations and is good external support. RKI had a certain influence on this.* **b) RKI-internal** • *Not discussed*	*ZIG/ All*
6	**Documents** • *Not discussed*	
7	**Laboratory diagnostics** **"Cookbook" ready for publication?** • *Changes were incorporated yesterday. The BMG has given its approval. The document has already been circulated via the Chancellery and can be published on the homepage on Saturday together with testing.* *ToDo: File email from Mr Holtern with approval* **Decree on the adaptation of the test criteria for the clarification of suspicions** • *Deadline until 2 May; decree refers to the testing capacities currently available. The restrictions on testing are to be removed from all documents. The aim is low-threshold testing. The restriction has already been removed from the paper for doctors. The paper for the general public is currently being finalised by the BZgA.* • *Version 4 of a paper for care and retirement homes and facilities for the disabled is available. Version 5 is to be published on the Internet on Saturday. It contains a gradual opening of the utilisation of free test capacities and the restrictions have been removed. Facilities for the disabled have not yet been sufficiently taken into account.* • *Testing should be opened up gradually depending on the indication; the next group would be hospitals. Screening in a hospital context is on the agenda for next week.* • *The "cookbook" Testing in outbreak situations also recommends testing asymptomatic patients.* *ToDo: Report to the BMG with presentation of the current status* • *Universities: Mr Schaade has spoken to the university association about a paper on universities. Occupational physicians and*	*FG17/ ZBS1* *AL1* *FG37*

RKI	*University hygienists should write the paper, which could be proofread by the RKI.* • *Schools: Transmission of COVID by children is being collated and analysed by FG36. When more results are available, more can be said. Some school staff belong to risk groups.*	*FG36*
8	**Clinical management/discharge management** • *So far, apart from the use of medical personnel, time has been the relevant criterion. Should we switch to negative tests?* • *One argument against this is that the test is not considered reliable at one point in time. Some people are also asymptomatic for a long time and still test positive.* • *Vote: Discharge criteria remain as they are until reliable findings from further studies by FG37 and ZBS1 are available.* • *A positive test after the onset of symptoms more than 14 days ago is often a problem for medical staff. In any case, they need 2 negative PCR results before they can be reinstated. Obtaining 2 negative results in succession often takes much longer than 14 days. Should there be a way to return to work sooner? Here too, studies must first be awaited. The time criterion also applies to HCW in the private sector.*	*FG37/ ZBS1/ FG14*
9	**Measures to protect against infection** • *Findings on the reprocessing of masks at 70° were removed from the website. No report was made to the BMAS. RKI is not responsible BMAS should contact BMG or BfArM.*	*FG14*
10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** • *2 international WHO employees from Congo and Chad were brought to Berlin and Frankfurt by MedEvac. Requests for assistance must be channelled through the Federal Ministry of Health and coordinated between the ministries.*	*IBBS*
12	**International (exceptionally, only on Fridays)** • *A remote mission to Armenia is currently being organised together with WHO Euro. In the 1st week of May there will be 2 more dates; please contact us if you are interested in participating.* • *A 2nd mission with this format will involve Moldova.* • *An increased number of enquiries from South America are currently being sent to SEEG at the same time. Charite has a relatively large donation*	*ZIG*

	for the support of South America from the Gates Foundation, an agreement on this is being reached today. • *South Africans are very interested in a co-operation.* • *Internationally comparable seroprevalence studies are planned. Mr Lampert is involved and initial discussions have already taken place.* • *International business trips are not yet permitted again. SEEG missions are sometimes very labour-intensive and unusually short (testing before departure, waiving quarantine in the partner country, use of military aircraft).*	
13	**Update digital projects (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** **Overload display of the GAs** • *Concept is revised and then shared.* • *The commentary on R, which will appear today in the management report, will be sent to the press in advance.* *ToDo: Send an explanation to the press in advance* • *The appearance of the website will not be changed at the moment.*	*FG32* *Press*
15	**Important dates** • *AGI TK* ○ *Document on visors as mouth-nose cover is presented in the AGI by Mr Thanheiser: It is not an adequate replacement for MNS.* • *TK with Mr Rottmann and Ms Teichert (BVÖGD) on Containment Scouts* ○ *Previously assigned to local teams, 525 additional people are now to be recruited for mobile teams based at the RKI. These are to be available for on-site support.* ○ *This could lead to logistical problems at the RKI. A concept in which people are also positioned at state level is favoured. The decentralised teams are also mobile to a certain extent and can be deployed to neighbouring GAs.* • *HSC TK (Monday)*	*All*
16	**Other topics** • *Document on hygiene measures in the healthcare sector is published today.* • *Next meeting: Saturday, 02.05.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*

- *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Countries with >70,000 new cases/last 7 days* ▪ *1.1 million cases, no major changes, stable level, slight downward trend, in the individual states* *Continued heterogeneous picture, NY declining trend* ○ *Countries with 7,000 - 70,000 new cases/last 7 days* ▪ *Trends have continued, measures introduced in Brazil just a week ago, mid next week sees* *effect at the earliest* ○ *Countries with 1,400-7,000 new cases/day* ▪ *No noticeable signal, peak in Serbia's curve is due to reporting artefact (Serbia in the 5 days before nothing reported)* ○ *R eff. trend for countries with >7,000 cases/last 7 days* ▪ *Russia is approaching R eff = 1, effects of the significant strengthening of measures* ○ *R eff Trend for countries with 1,400-7,000 cases/last 7 days* ▪ *Increase in Serbia shows that the R-value cannot be discussed without absolute figures* ○ *Countries with >100 cases and an R eff. >1* ▪ *Guinea-Bissau R eff=15, as increase from 70 to 250 cases, due to clusters in government, premier and three* *Further ministers + entourage infected* ○ *Study on schools in New South Wales, Australia:* ▪ *Schools still open, study from March to mid-April* ▪ *18 cases (9 pupils, 9 staff), 735 pupils and 128 teachers were contact persons, none* *Secondary cases among teachers, only two cases of transmission to pupils reported (possibly also contact outside the school)* ▪ *Australian study is included in the overview for BMG from 29 April 2020, not all contact persons were* *cancelled, but only 288 symptomatic persons* ○ *Science study: Changes in contact patterns shape the dynamics of the COVID-19 outbreak in China* ▪ *Contact and transmission study in Wuhan and Shanghai, daily contact during the lockdown were organised around the* *Reduced 7-8-fold* ▪ *Proactive school closures can reduce peak incidence by 40-60% and delay the epidemic* ○ *Swiss Review in preprint:* ▪ *120 studies analysed, 8 used, publication bias, as asymptomatic. Transmission more media-effective, possibly more* *published* ▪ *Upper limit for the proportion of asymptomatic SARS-CoV-2-infections of 29% (95% CI 23 to 37%), one*	*ZIG1/all*

RKI	*Modelling study also looked at, 18% (95% CI 16 to 20%) - value probably between 20 - 30%* ▪ *In modelling studies approx. 50% by pre-symptomatic, proportion of asympt. persons is significantly lower* ○ *A clear conclusion on the difference in infectiousness with different symptoms (cough vs. asymptomatic) is not yet possible. It is not yet possible to draw a clear conclusion on the difference in infectiousness with different symptoms (cough vs. asymptomatic), a complex topic as there are many influencing factors.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 161,703 (+945), of which 6,575 (1.5%) deaths (+94), incidence 195/100,000 inhabitants, approx. 129,000 recovered, reproduction number = 0.78 (95% CI 0.66-0.88, as at 02.05.2020)* ○ *Lower increase, probably fewer diagnostics and reports on public holidays* ○ *The sentence on the interpretation of the R in the management report should be deleted, as the regular adjustment due to the fluctuating R can cause confusion among the public.* ○ *It might be possible to explain at the next press briefing that the overall incidence of infection throughout Germany does not usually change from one day to the next, but that other effects and individual regional outbreaks are usually responsible for the fluctuations* ○ *A non-working-day reporting of the R would have been better, as this would have avoided the fluctuations that are complex in the interpretation, but can no longer be changed, as otherwise false conclusions would be drawn.* ○ *In addition, an average of last week's R could be reported, which would be a more stable value. However, this should first be tested before it is reported.* *ToDo: Mr an der Heiden calculates the mean values of the R and presents them for internal discussion* ○ *DIVI: 1219 clinics/departments involved* ▪ *Currently 2105 patients in intensive care. treatment* ▪ *The inclusion of paediatric intensive care beds would be important and should take place during the opening of schools and daycare centres.* *be observed* ▪ *There is a study in the PH Journal according to which paediatric intensive care beds are overloaded even in moderate scenarios* *could be* ▪ *At present, the value cannot yet be recognised, preparatory work necessary, support required* *To Do: Pres speaks to Mr Grabenhenrich, he should formulate the need for support (external input on a fee basis if possible)*	*FG32/all*

RKI	○ *Overload notifications:* ▪ *Overloads of the GÄ are recorded, is inserted as a slide with map.* ▪ *Currently 10-11 BL have registered.* ▪ *Need for support in Thuringia and Saxony-Anhalt: Ilmkreis, SK Weimar, SK Gera and LK Harz, there must be However, it still needs to be clarified whether the support should come from the state or the RKI.* ▪ *An official request for administrative assistance has been received from Berlin regarding an outbreak in a retirement home.* *nursing home and another from Saxony to an outbreak in a geriatric facility.* ▪ *FG37 usually tries to provide support by telephone, with the current number, with increased number* *it could become problematic .* ▪ *Most Containment Scouts have been distributed to the countries, must be communicated to AGI again that the majority of employees have been distributed.* ▪ *A reserve of 5 teams is planned for the RKI, although this was originally intended to be the employees from the* *The RKI's new employees were to be part of the RKI study, which was to provide interim funding and be available as containment scouts. Therefore, no new employees were hired for the RKI. In the meantime, however, the gern employees are paid from the funds of the serostudy and have to provide support there.* ▪ *Additional containment scouts need to be hired who can be sent to outbreaks (if necessary).* *as a temp without a senior). Will be clarified by Mrs Schuckert.*	
2	**Findings about pathogens** • *FG36 proposes that the odour and taste disorder also be included in other documents* *ToDo: FG36 prepares a draft and submits it as a proposal to the crisis unit.*	
3	**Current risk assessment** • *Not discussed*	
4	**Communication** **BZgA** • *Collateral damage: In particular, old and very old people in home care or similar facilities say that they perceive the collateral damage of social and physical distancing as worse than their fear of a possible death from COVID-19.* ○ *Are there any results from serological studies that have investigated the immunity situation in the elderly and very elderly?* ○ *There are currently no studies that have differentiated between these age groups. The representative study by the RKIs will*	*BZgA/ VPräs/FG36*

RKI	*be able to make statements on this later.* • *Various questions also on the FG36 study with DJI and offer of support regarding the ethics vote for blood sampling in healthy children of kindergarten age* o *The study is still in the planning phase, decision will not be made until next May with DJI, after which we will be happy to discuss the BZgA's questions; the offer of support for ethics issues will be gratefully accepted* **Press** • *Guideline for the ÖGD on outbreaks has been published* • *On Monday there will be an online pre-publication on Hand Hygiene Day by Mr Hübner (with emphasis on COVID- 19).* • *Spiegel article criticising the RKI* o *The RKI should respond to such major criticism, press briefing planned by Mr Wieler* o *Mr Wieler has the article legally checked first* o *Consultancy with an agency that has already been able to prevent two previous attacks* o *Ms Buchberger has been following the criticism on the Internet for some time and is checking whether the things in question were really unclear.* o *In general, there has been a change of strategy in politics and the consensus between the opposition and the government has been broken.* o *From 1 June, 3 scientists will be hired to work exclusively on science communication; communication is to be made more proactive.* o *The BMG is responsible for two points of criticism: MNS instead of FFP2 and the slower reaction to the risk areas.* *ToDo: The management will go through the criticism point by point with Ms Buchberger and identify the causes* o *It might be appropriate to point out that the RKI's strong position requires appropriate staffing, but it is generally recognised that we do not have the resources we need, particularly in some areas. For example, for respirator. Pathogens that* *The drugs that usually trigger pandemics are not many.* o *The RKI must network more with scientists from abroad or make the existing network more visible and think strategically. Every scientific study conducted by the Centre should be carried out with a domestic and foreign partner, if possible, in order to demonstrate this networking.* o *Mr Lauterbach's statement on the evidence base and the political implementation of information from the scientific community should be taken into account.* *should be closely scrutinised. The RKI should clarify: what is the scientific evidence and what is the political interpretation of the*	*Press* *Pres/all*

RKI	*Facts that the RKI implements.* ○ *There was an accusation from Mr Kräuslich that we were not coordinating with other scientists. The votes in the field of virology at national level have mainly with Mr Drosten. But there is a lot of coordination at national level with other specialist associations, with hospitals, with the federal states and also very much at international level (ECDC, STAG, many informal enquiries to the CIG, etc.). Should be presented more transparently.* ○ *The press panel should be differently staffed and organised in order to take Mr Wieler out of the line of fire.* ○ *There should be more positive reports, in the internat. There is currently only positive feedback.* ○ *A think tank should be formed, support from outside necessary.* ○ *Criticism of the RKI was to be expected, part of the cycle of the crisis, but it is possible that this is being politically instrumentalised in the current situation. Politicians can use this to disguise their own agendas.* ○ *Criticism comes in a phase of perceived relaxation, but the RKI should already be preparing for the situation when the epidemiological situation changes again in autumn at the latest. situation will change again in autumn at the latest, as the RKI's weight will then increase again.* ○ *As points that one would not have expected suddenly take on a political significance, everything should be checked in advance and communicated in the best possible way.*	
5	**RKI Strategy Questions** **a) General** • *Decision of the Saarland Constitutional Court on the imposed curfew (2 documents)* ○ *A Science study published on the same day as the Swiss study showed exactly the opposite* ○ *There is currently no reliable evidence available* ○ *Problem of causality of deaths - it is not possible to prove or disprove this in individual cases, as it is always a multi-component event* ○ *In principle, the question of whether COVID-19 is relevant at all should be legally scrutinised to determine which technical issues arise from it.* *ToDo: The LZ sends the judgement to L1 for information and evaluation.* • *Reasonableness of purchasing 40 million serological test kits from Roche* ○ *There was a request from the BMG (Mr Holtherm) without a deadline to evaluate the purchase of 40 million serological test kits from Roche. Mr Spahn's aim is to buy enough test kits for DE.* ○ *Roche test is based on total Ig detection, is expected to show very high*	*VPräs/FG37/ FG36* *Pres/all*

RKI	*sensitivity, possibly lower specificity* ○ *A total of over 200 different tests on the market - according to medical device law, the BfARM cannot do much if CE certification is available.* ○ *The PEI operates an accredited test laboratory and is concerned with the quality of the tests (Mr Nübling); before such investments are made, the PEI and the BfARM should be consulted. In addition, the expertise of the professional associations (Mr Drosten, Mr Schmitt-Chanasit etc.) should ideally be involved.* ○ *RKI can only comment on epidemiological aspects.* *ToDo: Mr Wieler will ask Mr Holtherm to issue a decree on this question to the RKI, the PEI and the BfARM.* ○ *Such an extensive procurement of tests only makes sense if the immunological status is to be tested on a large scale. However, there is currently insufficient knowledge about the duration of immunity, and the role of the mucous membranes and the respiratory epithelium has not been clarified. Epithelium has not been clarified, nor has T-cell immunity. It would have to be very clearly defined what is to be done with the tests.* ○ *Like all other existing tests, the Roche test has been validated on infected persons; there are no data on seroconversion in asymptomatic infected persons. infected persons.* ○ *RKI has purchased >1.6 million tests from EUROIMMUN, approx. 560,000 are required for the serological study and will be delivered gradually. FG37 can contact Mr Lampert for serological studies.* **b) RKI-internal** • *Request ZIG2 (Charbel El Bcheraoui) to analyse timeliness* *It's done.*	*FG32*
6	**Documents** • *Flowchart for the population and guidance for doctors* ○ *The flow chart for the population will be agreed with BZgA at the beginning of the week and will be published by Tuesday at the latest.* ○ *The guidance for doctors needs a major overhaul so that it can be used for a longer period of time. Proposal for a vote on Monday outside the crisis unit.* ○ *Case definitions should be mapped.* *ToDo: The guidance for doctors should be prioritised and coordinated (IBBS, FG32, FG36, FG37, Dept.1).* ○ *Mr Mielke is in ongoing discussions with the KBV. The flow chart should be well coordinated, as the KBV is also very dependent on it. Consequences of the changes should be*	*VPräs/ IBBS/all* *FG36*

RKI	*be thought through in advance. KBV is an important partner and should also be treated fairly and receive information in good time.* o *Minister has very fast pace regarding testing, worried that otherwise he will decide without the RKI's advice and the RKI will then have to find a position on it.* • *In the BZgA's recommendation on wearing masks in public, it has been noticed that the RKI recommendations have not been fully implemented. If something like this is noticed, the BZgA should be approached again directly.* *ToDo: At the next crisis team meeting, it should be discussed with the BZgA that the topics of citizen communication should be more in focus during the crisis team meetings.* • *Document for initial reception centre/shared accommodation* o *The document was shared with the AGI, not all BCs share the proposals, e.g. accommodation in single rooms is not politically desirable in some cases* o *The BMI, AG Migration would also like to be involved* o *First coordination with the federal states and BMG, then BMI* o *But the RKI should still be able to stand behind the paper, otherwise it should not be published.* • *document "Prevention and management of COVID-19 in care and nursing homes and facilities for people with impairments and disabilities" was published on Thursday.* • *Re-escalation:* o *The document must be sent to Mr Spahn this evening. Thanks to all FGs who have contributed.* o *A maximum of 6 parameters should be specified - proposal for ministers, formulated differently as a paper to be published, attempt to be relatively clear and "give policy makers something to work with"* o *Test data at local level and information on cases (contacts, family environment, hospital, etc.) are important.* o *Test data is not available at local level - it was decided to only use parameters for which data is available and can be transmitted.* o *In principle, re-escalation should primarily take place at local level,* *Review/overview at national level* o *The indicators for the local level are implicitly described in the paper.* o *Classification in the overall picture should be strengthened (indicators and measures at LK level, etc.)* o *The table should be deleted if necessary* o *It should be added to R that R must always be assessed in connection with the absolute number of cases.* o *Are 30% free ITS beds a static or dynamic value?*	*FG32/VPräs* *FG37* *ZIG*

RKI	*should be judged according to the events.* o *Use of the 14-day incidence? The 7-day incidence is stated in the management report and dashboard.* o *Antibody or antigen tests not individually, but better indication/diagnosis of acute infection.* o *It is not advisable to finalise in this paper that the data and values will only be used for analysis at federal level.* o *Overall clinical severity (principle in the pandemic and COVID-19 framework) should be clearly communicated, not disease burden, but transmission, parameters of clinical indvidual severity, impact on healthcare system (incl. hospital)* o *The (small-scale) reporting data is not as valid on a daily basis, as data is added later, possibly with a buffer interval. However, reporting data is necessary for any de- or re-escalation. With the support of the containment scouts, the (timely) quality/validity of the data could now be demanded.* • *Joint article of the AG of the IGV designated airports on temperature measurement as entry screening* o *The working group of the IGV designated airports consists of GÄ and state authorities of the IGV airports, BMVI, BMG and the RKI* o *As part of the discussions on the resumption of air traffic, there is a discussion about temperature measurement, especially in an EASA document, with a statement from the RKI that temperature measurement is not considered useful according to the available evidence* o *The ECDC is preparing a statement for Europe* o *The WG would like to formulate an article in German (EpiBul) as a standardised recommendation for DE in which the temperature measurement is refrained from.* o *In the case of temperature measurement, it is about the use of the resources of the ÖGD - very, very few cases are identified, use in other areas is more important and sensible* o *There are no objections to publication.*	*FG32*
7	**Laboratory diagnostics** • *ZBS1: Sample statistics since Monday: 493 samples, 9.13% pos* • *FG17: Case numbers for SARS-CoV-2 detection go down, no influenza detection, rhinoviruses detected.*	*ZBS1* *FG17*
8	**Clinical management/discharge management** • *Remdesivir* o *In the USA authorisation as "emergency use", no data available to verify this, in a Chinese study the benefit in severe cases appears to be very low* o *DE has purchased 1000 units of Remdesivir from GILEAD* o *IBBS and BfARM agree that the drug should be used in a trial to understand*	*IBBS/President*

	when it is best used, probably not a paceboarm due to current developments. But BMG still needs to be convinced. ○ *GILEAD has donated 1.5 million therapy kits for the USA as part of its America First policy.* ○ *The procurement of the 1000 therapy kits for DE by the BMG was complicated; they are only supplied in units of 100.* ○ *In view of this situation, BfARM is examining the legal possibility of synthesising the drug in Germany. Generally easy to synthesise, but there are accompanying substances that are difficult to obtain.*	
9	**Measures to protect against infection** • *Not discussed*	
10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** • *see above.*	*FG32*
12	**International (Fridays only)** • *Not discussed*	
13	**Update digital projects (Mondays only)** • *Not discussed*	
14	**Information from the situation centre** • *Request for assistance - Ms Suckau-Hagel/Berlin (1-2 assisted living facilities in Lichtenberg/Pankow: 300 residents, approx. 100 carers)* ○ *see above.* • *Counselling for outbreaks in schools* ○ *Offer that FG36 can advise GÄ by telephone, if necessary, in order to exchange information on the role of children in a low-threshold manner (for planning and monitoring studies)* • *Few outbreaks are currently reported in EpiLag. ToDo: FG32 informs the BL.*	*FG32* *FG36*
15	**Important dates** • *AGI TK* • *HSC TK (Monday)*	
16	**Other topics** • *Next meeting: Monday, 04.05.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*04.05.2020, 13:00 h*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
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  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*

- *Ronja Wenchel*

- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days* • *USA: Further decline in the number of cases in the USA; approx. 1.2 million cases, including approx. 68,000 deaths. The map on the distribution of cases shows that significantly more federal states have an increasing case trend. Some states have allowed relaxations, so there may also be an increase here.* o *Countries with 7,000 - 70,000 new cases/last 7 days* • *Russia: There were over 10,000 new cases yesterday. This increase is primarily due to a sharp rise in testing. The previous daily testing of 100,000 has been doubled, which means that more cases are being found. The increased testing is taking place particularly in urban areas such as Moscow.* o *Countries with 1,400-7,000 new cases/day* • *Chile: There is a strong peak. This is being monitored and will be discussed in the coming days.* • *Singapore: On a positive note, the containment measures in the affected workers' housing estates have led to a drop in the number of cases. The measures appear to be successful and the trend is downwards.* o *R eff. trend for countries with >7,000 cases/last 7 days* • *Russia: The large increase in cases has not led to any change in the R eff. due to already high case numbers. The restrictive measures have already been in place for 6 weeks, so the infection rate should decrease.* o *Countries with >100 cases and an R eff. >1* • *Tajikistan: For a long time, Tajikistan and Turkmenistan were the only countries in the region without cases. There has now been a WHO mission on site and many new reports, so the R is very high.* o *Spain: The exit strategy in Spain is divided into 4 phases with a minimum duration of 2 weeks. If 4 specific markers are met after the minimum duration, there is the next phase. Markers for transition are the capacity of the healthcare system (i.e. primary care, utilisation of clinics and availability of the ICU and ICU-ICU). beds), epidemiological markers (i.e. diagnoses,*	*ZIG1/all*

	infection rate and other indicators), compliance with protective measures in the workplace, in shops and on public transport (e.g. through sentinel checks) and the analysis of mobility and socio-economic data. No thresholds are set for the epidemiology & healthcare capacity indicators; the analysis takes into account all factors influencing the epidemic. The development of the strategy took 7 weeks and was created by a multidisciplinary team; the first phase starts today. The phases also provide for slots per age for shopping, for example. ○ *In Germany, a retrospective evaluation is to be carried out to determine the effects of easing restrictions in the federal states on the number of cases, for example, in order to be able to assess which measures were successful. Measures are not systematically recorded at the RKI. There is a "Corona Virus Pandemic Policy Monitor" at Bielefeld University. Since mid-March, the measures have been systematically recorded at European level as well as at federal state level and in NRW also at district level. The RKI is in dialogue with Bielefeld University. Originally, there was also a direct request from the BMVI to the RKI to analyse measures in connection with the case numbers. The BMG asked for an assessment of the RKI's view on analysing measures. The BMG has not yet responded.* ○ *2 studies:* • *New England Journal: There was a study with 8910 cases (including 515 deaths) on the risk factors for severe courses and mortality. There are known risk factors such as cardiovascular disease. ACE inhibitors and statins are not responsible for severe courses, but are rather protective factors.* • *European study of 5-6 countries: It is about the epidemiological characteristics of mild to moderate cases. Headache and loss of sense of taste and smell are the main symptoms. Sensory loss often occurs without other symptoms (such as cold symptoms). It lasts about 7 days and then disappears.* **National** • *Case numbers, deaths, trend (slides here)* • *Overall, there is a slower increase in both*	

RKI	*in the number of cases and in the proportion of deaths. The proportion of deaths is still 4.1%.* • *However, fewer cases are being diagnosed and reported due to the public holidays. All federal states also reported cases at the weekend.* • *On a positive note, only 3 federal states reported 3-digit, 6 only 2-digit and 7 only 1-digit new case numbers.* • *The reproduction number is also relatively stable with a precision interval below 1 for Germany as a whole; in the federal states, R is usually also below one. The R eff. for the individual federal states is still not to be reported in the RKI status report.* • *7-day incidence: This can be one of the indicators of de-escalation. There is a high 7-day incidence in eastern Thuringia, where retirement homes are affected, and in southern Bavaria.* • *The cumulative incidences of the districts should also be analysed, particularly in view of the fact that particularly affected areas could be designated again in the future.* • *DIVI Intensive Care Register: The proportion of intensive care admissions has fallen. The capacities have remained stable and the proportion of free intensive care beds is high. The peak with the most intensive care patients was on 17/18 April, which is approx. 1 month after the onset of the disease.* • *Request for administrative assistance* • *There was a conversation with Cuxhaven: On a cruise ship (Mein Schiff), 3 people tested positive for SARS-CoV-2 among the almost 3,000 crew members of 166 nationalities. The RKI will support.*	*FG32*
2	**Findings about pathogens** • *Mr Jansen already reports on various studies in the presentation on the international situation. This is very helpful and other colleagues are also welcome to present publications (2-3 per session; preferably with a slide) on other topics (e.g. virology) under this agenda item. Please inform the Situation Centre in good time so that it can take over the organisation.* • *Inclusion of the odour and taste disorder in other documents: A proposal has already been shared with the crisis team. An exchange with FG32 is still pending as to how this parameter could be included in the case definition,*	*VPresident* *FG36*

RKI	*because there is a lot riding on the change to the case definition (SurvNet update). It has already been discussed with IBBS how the symptom could be included in the flowchart. It could be helpful for your own assessment (at least in the document for citizens) to describe in a footnote how you identify such an odour disorder yourself (e.g. by specifying an odorous substance). This is a common diagnostic procedure in ENT. The only question is whether this can be established as a population-wide screening without triggering hype about the purchase of the specific odourant.*	
3	**Current risk assessment** • *Not discussed*	
4	**Communication** **BZgA** • *Telephone counselling: The easing of measures is having an impact on other topics. Previously, enquiries regarding other, non-COVID-19-specific topics such as gambling, HIV and STIs had declined. Since the easing of measures, there has been an increase in these topics again (especially STIs)* • *Note RKI: In the BZgA video on mouth-nose coverings, there are scenes showing people on bicycles with MNB, for example. This can send the wrong message. MNBs should be worn in closed rooms. According to the BZgA, the scene should depict someone travelling to work by bike rather than by public transport; otherwise there are scenes in closed rooms. However, many people already have the impression that the coronavirus is hovering in the air and there are many people wearing masks on their bikes. The video gives a false impression to the population. The permanent/increased wearing of masks can also cause harm. It would be better to show scenes in shops etc.* • *It has been shown that 90% of enquiries from the public to the BZgA relate to the correct donning and doffing of masks, disinfection, etc.* **Press** • *HSC SC Communicators' Network meeting: According to the ECDC and WHO, the key message during de-escalation should be that the pandemic is not yet over, but has only entered a new phase and that the population must continue to adhere to certain rules. It is seen as a problem by many countries that a relaxation of measures is seen as making life easier for the population and that basic rules are no longer observed.*	*BZgA/FG14* *Press*

RKI	• *The new paper by Streeck et al. on the study in Gangelt will be summarised and evaluated by this evening. Department 2 is in charge. This is also relevant for the next press briefing.* *Streeck assumes that there are already 1.8 million infected people in Germany. However, the transferability of the figures from the study in Gangelt to the whole of Germany is questionable and has already been criticised.*	*VPräs/Department 2*
5	**RKI Strategy Questions** **a) General** *a)* **General** • *Assessment of the usefulness of purchasing serological tests: Mr Holthern has already been asked by Mr Wieler to send the request to the RKI as a structured request (decree). So far there has been no response. The request may be sensitive, as there are many suppliers of serological tests and purchasing from just one manufacturer would have a major impact on trade. At today's BMG meeting, it was reported that Mr Spahn and Mr Söder had been to Roche to obtain information about tests. An immunity certificate (Section 28) is to be removed from the new draft bill for the time being and discussed further.* *b)* **RKI-internal** *BMG strategy proposal: indicators* • *In a meeting between Mr Wieler, Ms Merkel, Mr Spahn and other participants, the discussion turned to thresholds for de-escalation. Mr Wieler spoke out against this, as the local circumstances must be considered. If a district is below a certain threshold, the workload can still be very high. From a technical point of view, the crisis unit supports the decision not to set thresholds. The strength of federalism is the local assessment of the situation, including resources and knowledge. This cannot be done centrally. Measures must be adapted individually. Nevertheless, something is needed to say that measures must be implemented. It is difficult to set nationwide test signals; it However, there is the possibility that the city and*	*All*

RKI	*districts should monitor their own data, including the percentage deviation upwards/downwards. If necessary, external expertise can be brought in for assessment (either by the RKI or the state authority). CAVE: Involve the state authority.* • *De-escalation must be decided at local level, but there must be an overview of the situation at national level. The RKI is already doing this indirectly by, for example, identifying particularly affected districts (in the daily situation report, dashboard). As it is difficult to find a value that is sensitive enough to capture the situation on the ground, the local assessment should be decisive.* • *There are already various ways of communicating signals to the health authorities (SurvNet, cumulative incidence) so that they can take early action in the event of anomalies. The signals reports are currently paused due to a lack of server capacity, but should be available again soon so that reports can be sent to the state authorities again. Alternatively, there is the Cube. With all instruments, it is important to clarify the communication channels, in particular how the state authorities can be involved.* *ToDo: AL3 and FG32 (Diercke) clarify which meaningful, sensitive signals could be available for the local level (with a suggestion to clarify the signals)* • *Dealing with requests for administrative assistance by the BC due to ambiguous wording in the CdS decision (that resources can be called up from the RKI from 1 May 2020): There are currently some requests for administrative assistance; but presumably without reference to the CdS decisions: a large nursing home in Berlin, a large ship in Cuxhaven. Invitations would probably have been received even without the invitation to submit requests for administrative assistance.*	*FG32*
6	**Documents** • *Not discussed*	
7	**Laboratory diagnostics** • *ZBS1:* • *Only just under 500 samples were analysed, of which*	*ZBS1*

RKI	*45 samples were positive. However, these included many samples that were sent to the RKI with the question of whether patients were still excreting infectious virus.* • *We are still working on cultivation trials. This currently takes 1 week. We are looking at whether we can shorten this by using a different procedure so that this is possible within 24 hours at best. This is already working for high-titer samples, but the weakly positive samples are exciting.* • *Optimisation NT Test: The protocol for this can be seen in principle.* • *FG17: There is not much to add since the crisis team meeting on Saturday. There are many tasks/questions to answer.* • *Diagnostics working group: The working group continues to work constantly. There is a cumulative protocol of the TCs. The main topics this week are the procedure in hospitals and dealing with hospital staff. There has already been a good discussion with the University Hospital of Cologne, in which the symptom-based procedure, admission screening (pooling of samples) and a sample-like model of how to examine staff were discussed. The ideas from Cologne are to be sent to the working group as an example of best practice.* *General requirements for antibody tests have already been incorporated into the current concept.*	*FG17* *AL1*
8	**Clinical management/discharge management** • *Not discussed*	
9	**Measures to protect against infection** • *Deployment of COVID-19-positive staff for COVID-19 patients in nursing homes for the elderly (in exceptional cases in the event of a relevant staff shortage): The enquiry concerns the deployment of staff in nursing homes in the event of an outbreak and the question of whether it is possible to proceed in the same way as in hospitals in such a situation if there is a severe shortage of staff. In hospitals, asymptomatic COVID-19 employees can care for COVID-19 positive patients in the event of a staff shortage. However, it is not only important to separate patients, but also staff and staff flows, as MNS is not worn during breaks, for example. Theoretically, this would also be possible in nursing homes; however, the RKI should not issue a general recommendation for this. In retirement homes, all people belong to a vulnerable group. Decisions must be made at local level on a case-by-case basis.*	*FG32/FG37*

	become. • *Shortening the quarantine of contact persons to 7 days in the event of a relevant staff shortage: This is possible if staff are tested every 2nd day or daily.* • *Massive corona risk in air-conditioned rooms (offices/restaurants etc.): A CDC paper describes how people have been infected with COVID-19 in a restaurant. It is assumed that it was not aerosols but droplets that were carried by the air flow from the air conditioning system. When restaurants reopen in Germany, the question arises as to whether they will do without air conditioning. The BMAS has published a text on SARS-COV-2 in which this probability of transmission is categorised as low. In general, air exchange (e.g. through fresh air) is good. The CDC's hypothesis is therefore not plausible. Although a causal relationship is possible, it has not really been demonstrated. The guests in the restaurant may also have stood up etc. and become infected in other ways. There is therefore no need for action from the RKI's point of view. The question of aerosol transmission can be discussed further tomorrow.*	*VPräs/FG14*
10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** • *Not discussed*	
12	**International (Fridays only)** • *Not discussed*	
13	**Update digital projects (Mondays only)** • *<u>Tracing app:</u> SAP and Telekom have received a clearly formulated order to finalise the product within May. An RKI team is trying to create a new architecture for the project (possibly to be presented to the crisis team on Thursday). Questions need to be clarified with the health authorities in order to create the architecture. Among other things, the impact of the app on health authorities must be clarified. For the large number of expected users, a sufficiently large call centre is required for certain questions (technical level, factual level).* • *<u>Data donation app</u>: There are now over 500,000 users. Both the avoiders and the users want information about the data have. There is already a website with information on the*	*FG21*

RKI	*Project. For example, a map/fever map is to be created, pulse values read, fever map must be put online. The model used is calibrated for influenza. Fever is a parameter that does not always appear. Mr Brockmann is in the process of working this up.* • *Quarantine diary: This is also being demanded more by the BMG in order to somewhat defuse requirements for health authorities. This app is being piloted in some health authorities (e.g. Offenbach, Schwerin).* *ToDo: Mr Schmich wants to inform Mr Brockmann that he is very welcome to inform the crisis team about his projects* *ToDo: So that there is enough time to discuss the topics "International" and "Update digital projects", these should be at the beginning of the agenda.*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** •	
16	**Other topics** • *Next meeting: Tuesday, 05.05.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept.3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Meike Schöll (minutes)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Rühe*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Andreas Jansen*
- *L1*
  - *Joachim-Martin Mehlitz*
  -

- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ **Countries with >70,000 new cases/last 7 days**: *Approximately 1.2 million cases have occurred in the USA to date, including approximately 70,000 deaths. The epicurve shows a plateau. An article published in the NY Times estimates 200,000 new infections per day until June, which has been denied by the government. The increase in the number of cases in each state from 1 to 5 May 2020 shows a significant deterioration in the situation, which is accompanied by relaxed measures in the states. A 2nd wave of infection is possible.* ○ **Countries with 7,000 - 70,000 new cases/last 7 days**: *There is a continuation of known trends. It should be emphasised that there are no signs of an easing in Russia, but there has also been no additional increase.* ○ **Countries with 1,400-7,000 new cases/day**: *Chile has seen a significant increase in daily cases, as have Bangladesh, Colombia and Nigeria, while the situation in European countries is easing. A detailed analysis is planned for Nigeria. The current figures contain a new scaling, which should be taken into account when comparing them with previous analyses.* ○ **R eff. trend for countries with >7,000 cases/last 7 days:** *Despite restrictive measures, an increase can be observed in India. This should be evaluated again in the course of time.* ○ **R eff. trend for countries with 1,400 to 7,000 cases/last 7 days**: *Chile shows a significant increase.*	*ZIG1/all*

RKI	○ **Countries with >100 cases and an R eff. >1**: *The reproduction number for Brazil decreases, while it increases moderately for Russia.* • *Detailed analysis:* **Chile** ○ *Alongside Cuba, Chile is considered a model country south of the USA, which until March 2020 was praised for its crisis management as well as its good healthcare system by South American standards (2.2 beds/1,000 inhabitants = approx. ¼ of our capacities), but since then an exponential increase in the number of cases has been recorded and a further increase (possibly with R towards 2) is projected. As of today, there are 20,643 cases with a low case fatality rate. According to the WHO, there has been community transmission in Chile since mid-April. The most affected regions are the metropolitan region as well as Araucania and Magellanes. The positive rate of 9.5% is high by European standards, but low in South America.* ○ *Why is the epidemic in Chile still not under control despite the good system conditions? Possible explanations would be an increase in testing (but has remained constant at 5,000 to 10,000 tests per day), a change in surveillance (in fact, asymptomatic cases are now also included in the official reporting figures, but this can only explain around 10% of the increase; all contacts of infected persons are screened; if there is contact with a case and CRP+, then this contact is counted) and inadequate infection control measures (most likely).* ○ *When evaluating the epicurve with regard to political measures, it becomes apparent that the measures taken were not sufficient or were implemented for too short a time (night curfew from mid-March from the 22:00-5:00 time window insufficient, quarantine limited to 30-40% of the country from 25 March 2020, bans on gatherings only for gatherings of more than 500 people, closure of non-essential areas, etc.).* *essential transactions only recommended).*	

RKI	*There were different quarantine regulations within one region. The measures appear incoherent and too fragmented and have led t o uncertainty among the population and protests (with more than 500 people taking part) in the metropolitan region. In the meantime, a COVID-19 carnet immunity passport was planned, which was rejected by the WHO; instead, for the past two days there have been release certificates stating that quarantine has ended.* *and for which there are indications that they are traded on a black market.* • *De-escalation strategy using the example of France: In France, 2 indicators are used to create a traffic light map that forms the basis for easing measures, namely the proportion of people with a criminal record.* *Especially COVID-19 in emergency departments and occupied ICU capacities. In areas marked in green (south-west of France), the lockdown can be eased; in areas marked in red (north-east of France), it should be maintained.* • *In DEU, unlike France, there is no comprehensive emergency room surveillance; in addition, many cases are outpatient; the ICU capacity indicator also has a clear latency of several weeks, so it is not an early parameter. The indicators used in France could continue to have high case numbers; the reduction to 2 indicators is rather daring, but the traffic light approach is appealing.* • *Overall, the discussion about Chile shows that, given the incubation period of SARS-CoV-2 (14 days, median 5 days), the effectiveness of measures can be assessed after 1, rather 2 weeks at the earliest. This time frame should be taken into account when assessing the impact of measures.* **National** • *Case numbers/deaths (slides here)* o *Currently 163,860 cases (+685), of which 6,831 (+139) deceased* o *Overall, despite the long weekend, there was no major increase compared to the previous year.*	*All* *FG32*

RKI	*weekend.* ○ *The nationwide cumulative incidence i s approaching 200/100,000 inhabitants, which is comparable to the annual incidence of ischaemic strokes. The number of deaths is more than twice as high as the annual number of traffic fatalities in Germany.* ○ *The nationwide reproduction number has fallen slightly since yesterday. The change in the calculation basis was discussed in today's EpiLag.* ○ *In the maps provided, the 7-day incidence shows only 1 district with an incidence of 51-100 cases / 100,000 inhabitants (in Thuringia). There is a connection with an outbreak in a nursing home.* ○ *With regard to the 5- and 3-day incidence, the district of Steinburg (SH) stands out; an outbreak has become known in a meat processing plant in Itzehoe, where 49 of 108 people who are currently housed without cohorting tested positive. Neither an overload report nor a request for administrative assistance have been submitted to the RKI.* ○ *A new table compares case information across the reporting weeks. It can be seen that the mean age increases over the reporting weeks, with week 15 and week 16 showing the oldest patients. While more men than women were affected in week 10, this ratio is reversed in week 18. The proportion of hospitalised patients fell from 19% in CW10 to 8% in CW11, rising until CW16 and then falling to 14%. The case fatality rate has risen over time (the data for the last 2 reporting weeks should be regarded as provisional in this respect).* ○ *According to the DIVI Intensive Care Register, there are currently almost 2,000 COVID-19 patients in intensive care treatment; the curve for hospital locations, COVID-19 cases and available high care beds has not changed significantly since yesterday.* ○ *The table of cases submitted by*	

RKI	*Activity or care in an institution shows many cases in Section 36 institutions, but currently (?) no schools are affected (Section 33). There are no major changes in the gender or age distribution of persons working in medical facilities recorded under Section 23 IfSG. The figure on reported cases by activity or care in institutions shows a time-shifted curve in the 3 subgroups mentioned (active according to §36 IfSG, active according to §23 IfSG, cared for according to §36 IfSG).* o *With regard to the analyses on mobility provided by Mr Brockmann, a significant slump can be observed from mid-March 2020, followed by an increase in mobility from the beginning of April 2020.* • *Requests for administrative assistance: Requests for administrative assistance are increasing. The current list does not yet include the request from Cuxhafen regarding the cruise ship MeinSchiff. There are around 3000 people from around 160 countries on board. Maria an der Heiden and Timm Schneider are currently on site to provide support.* • *Based on the number of hospitalised patients, it is not possible to make a good estimate of hospital capacity overload, as the parameter tends to be too low and is also time-delayed. The total number of ICU beds is better recorded. A bottleneck is also more likely to occur there. Overall, however, controlling the incidence of infection via care capacities is risky.* • *With regard to the slaughterhouse outbreak in SH, separate accommodation is recommended. Although there is currently neither a notice of overload nor a request for administrative assistance, counselling should be offered proactively.* • *Mortality surveillance will be presented in the course of the week.* • *Calculation of the mean value of R: currently not available, but may be available from mid/end of May* *ToDo: Situation centre should clarify to what extent the paediatric intensive care beds are included in the survey or the report of the DIVI intensive care register; U Rexroth will offer counselling regarding the outbreak in SH.*	*All*

RKI		
2	**International (Fridays only)** *Not discussed*	
3	**Update digital projects (Mondays only)** *Not discussed*	
4	**Findings about pathogens** • *The Situation Centre asks for contributions on study results (study, ppt slide) to be sent by 45 minutes before the start of the crisis team meeting.* • *There is currently no evidence for a protective effect of MMR vaccinations against COVID-19.* • *Studies are currently being conducted to investigate BCG as a protective factor in COVID-19, but results are still pending.* • *Interest is expressed in the categorisation of a Korean study in which a high number of re-infections were reported. The authors have since relativised their results. The question of the persistence and protracted course of COVID-19 infections is also of interest.* *ToDo: Include news from science instead of findings about pathogens as TOP*	*all*
5	**Current risk assessment** *Not discussed*	*all*
6	**Communication** **BZgA** • *World Hand Hygiene Day is being used as an opportunity to promote hand hygiene. A press release was published on 30 April 2020. According to enquiries from citizens, hand hygiene is still not internalised. Increasingly, enquiries are being received about immunity, combination testing, intervals between throat swabs and serology as well as re-infections.* **Press** • *On the occasion of Hand Hygiene Day, an overview was published in yesterday's Bulletin by Mrs Schwebke and others.* • *Today there is a Webex seminar with Matthias an der Heiden on nowcasting and reproduction figures.*	*BZgA* *Press*
7	**Strategy questions** **a) General: CDS threshold incidence 35/100,000 inhabitants?**	*All*

RKI	• *The state authorities are currently being asked to comment on a report that defines the incidence of 35/100,000 inhabitants as a possible threshold value. However, a single threshold value is not very useful, partly because the LKs vary in size (50,000 to 300,000 inhabitants) and the incidence of infection can vary due to outbreaks in retirement and care facilities or shared accommodation. The provision of indicators is largely rejected from a professional point of view, but these are strongly demanded by politicians (however, no directive has been issued in this regard). The incidence mentioned comes from a discussion between BM Braun and BM Spahn.* • *If the RKI does not fulfil the political demand, there is a risk that political decision-makers will develop indicators themselves and/or no longer involve the RKI in similar commissions. At the same time, there is also the possibility of communicating local conditions more strongly to politicians and creating more transparency in order to give senior decision-makers at federal and state level the certainty that they know whether the situation on the ground is under control or not. If there is no technical basis for the development of the desired indicators, this must be clearly communicated so as not to jeopardise the Institute's credibility.* • *The aim is generally to achieve virus suppression so that classic infection control measures are sufficient. Therefore, test values should be defined for the public health service at district level (with significantly lower incidences, e.g. 5/100,000 inhabitants). Such test values should not be automatically linked to a measure such as school closures, but should merely serve to review the situation. It is unavoidable that these test values could be used politically for other purposes. A similar discussion has already been held in the de-escalation working group, also with significantly lower thresholds (2.5/100,000 inhabitants). Test signals should start as early as possible and could* *defined at different levels (LK, BL, Bund)*	*FG32*

	will be made. Ultimately, the political demand is for a new definition of the particularly affected areas that were originally developed for the test criteria. The 7-day incidence is an obvious choice. • *Based on the preliminary work of the de-escalation strategy working group, test values are to be defined at district level. In addition, further test values are to be created for the state and federal level if more than X districts or 3 neighbouring districts in a BC exceed the test value or if more than 3 BC exceed the test values.* *ToDo: Mrs Hanefeld will create an overview by 6 pm today* **b) RKI-internal** *The discussion regarding the recommendation for double testing in the case of low pre-test probability is postponed.*	
8	**Documents** • *With regard to the guidance for citizens, BZgA has received feedback with minor suggestions for changes.* • *The following changes have been made to the flow chart for doctors: All persons with respiratory symptoms should be tested, plus those with loss of taste and/or odour.* • *The question under discussion is whether a distinction should be made between recommendations for test criteria and mandatory reporting as a suspected case. In the template, persons with contact to a confirmed case and acute respiratory symptoms of any severity are reported as suspected cases, whereas persons with contact to a confirmed case with any symptoms compatible with COVID-19 are not.* • *In view of the further development of digital tools for contact tracing and early detection of suspected cases, a suspected case should also be reported if there is contact by name with a confirmed case and any symptoms compatible with COVID-19. However, it is also important to take into account the increased workload for doctors in private practice if the reporting obligation is changed. They can already test suspected cases at a low threshold. It is difficult to estimate the number of possible new suspected cases if the reporting regulation is amended; suspected cases are not transmitted to the RKI.* *Even if the GA is regularly aware of whether*	*IBBS/all*

	contact persons become symptomatic, some people who have had contact with a confirmed COVID-19 case may not be included. Following a vote, the majority of participants are in favour of changing the flow chart so that people with contact to a confirmed COVID-19 case and any symptoms compatible with COVID-19 should also be reportable as suspected cases. • *The note "reportable suspected cases" should be placed in the layout in such a way that the reference to the red box becomes clearer.* • *A decree report on testing has already been sent to the BMG, including information for citizens on low-threshold testing. Coordination with AGI and KBV is still pending, so that the current document has not yet appeared on the website.* • *Informal sources have revealed that the BMG was not satisfied with the decree report and is preparing its own synopsis for different test recommendations. Clarification of the need for a one-page synopsis is to be provided via Ms Korr.* *ToDo: B Rühe will revise the flow chart for doctors by tomorrow. The need for a one-page synopsis of all recommendations will be determined with Ms Korr/BMG as part of today's TK Testen in der Pflege.*	
9	**Laboratory diagnostics** *Not discussed*	
10	**Clinical management/discharge management** *Not discussed*	
11	**Measures to protect against infection** • *The extent to which the vote of an ethics committee is necessary for outbreak investigations is enquired about. The reason for this is a request from a paediatrician who would like to carry out serological tests on children in 2 daycare centres in the event of an outbreak.* • *A distinction must be made between tasks within the scope of official duties (covered by the IfSG) and scientific studies; the latter are accompanied by detailed justification and long processing times. In general, an ethics vote should be obtained for invasive procedures, especially in the case of children. However, this would take a long time to process, although this could be shortened through close co-operation with the Charité,*	*FG36/L1/ all*

	possibly prevent the actual outbreak investigation. In the case of requests for administrative assistance by a GA, however, it can be assumed that the RKI can also take action without an ethics vote in order to carry out an outbreak investigation (analogous to outbreak investigations for measles). As long as the investigation is carried out jointly by the GA and RKI, it is most likely covered by the IfSG and does not require its own ethics vote. The current outbreak investigation in southern Saxony (including a serological test) is therefore planned without an ethics vote. • *In the case of enquiries about outbreak investigations, the relevant professional associations must also be involved, in this case the German Society for Paediatrics and Adolescent Medicine.* *ToDo: Mr Mehlitz will prepare the topic and provide feedback.*	
12	**Surveillance** • *AU evaluation: BKKDV Monthly sickness rate: Special evaluation SARS-CoV2 is postponed*	
13	**Transport and border crossing points** • *mdB for contribution / assessment by 6 May DS; PCR tests at Vienna Airport will be postponed* • *Mein Schiff 3 Cuxhaven (see TOP 1 National)*	
14	**Information from the situation centre** *Not discussed*	
15	**Important dates** • *AGI TK* • *BMG-internal exchange on the topic of "Testing in care" at specialist level (M Mielke, T Eckmanns)* • *Meeting of the interministerial crisis team (U Rexroth)* • *Mini workshop for interested journalists on the reproduction number R / M an der Heiden*	*all*
16	**Other topics** *Not discussed*	
	Next meeting: *Wednesday, 06.05.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*06.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah

Hamouda Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept.3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Andreas Nitsche*
- *ZIG1*

- *Basel chequered*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days* ▪ *USA remains a hotspot >1.2 million cases, >70,000 deaths, new cases down slightly since April* o *Countries with 7,000 - 70,000 new cases/last 7 days* ▪ *Brazil and Russia continue to see a strong increase in the number of cases. UK has been constant for 3 weeks and in the other countries there is a decrease.* o *Countries with 1,400-7,000 new cases/day* ▪ *Strong increase in Bangladesh, Egypt, South Africa, among others.* o *Countries with >100 cases and an R eff. >1* ▪ *No change from yesterday.* o *Study on recovered patients who have tested positive again from South Korea:* ▪ *263 patients from South Korea who tested positive again after discharge* ▪ *RNA fragments could be detected for up to 2 months, but cultural tests were unable to detect patients, no live virus was found.* ▪ *PCR not suitable for progression monitoring. Need for other parameters to monitor progression.* ▪ *The question of how long someone is infectious should also be discussed again. Laboratory data of ZBS1 are important for this.* ▪ *PCR detection from saliva easily possible. Ct values are test-dependent and cannot be used so easily to interpret the infectivity (Ct values >25 cannot be equated with no longer infectious), the use of IgG detection is also a topic in AG Diagnostics.* o *Seasonality:* ▪ *Case numbers down in Europe except for Sweden and UK, increase in Africa (with low test numbers) Influence of seasonality?* ▪ *Seasonality includes the changing behaviour of the population during the season and the characteristics of the virus with.* ▪ *The development of the waves in the countries is taking place under the influence of massive measures, difficult identify systematic differences between countries in the northern and southern hemisphere.*	*ZIG1/all*

RKI	▪ *In Africa south of the Sahel, studies have tended to focus on the comparison of large urban centres vs. rural areas. Areas, seasonality partly integrated, but not the main point.* ▪ *There is a recent study by the London School of PH that the climate does not play a role, study by Mr Karo shared* o *The interministerial crisis team requested differentiated border openings and differentiated travel warnings, coordinated with ECDC and European partners. There is no written mandate yet, but this will be requested. In the course of this, the European neighbouring countries should be given greater consideration. It might also make sense to take a smaller-scale view.* o *The volume of current commuter traffic and its impact could be analysed in advance.* *ToDo: INIG will optimise the process for determining risk areas, define criteria in advance and operationalise them.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 164,807 (+947), of which 6,996 (2.4%) deaths (+165), incidence 198/100,000 inhabitants, approx. 137,400 recovered, reproduction number = 0.65 (95% CI 0.53-0.77, as at 06.05.2020)* o *Problems with the validation of the data from Hamburg at the RKI, approx. 200 cases too few. Discrepancy for 2-3 days. Hamburg doctors use Octoware, the laboratory method cannot be entered in the software, a solution was previously found to validate the cases anyway. This solution does not currently work with the new SurvNet query. The Hamburg GÄ transmit the correct figures, the query must be changed so that all cases can be identified as valid. The comment shown on the slide must also be displayed on the website.* o *You can see the peak in the epicurve around 18/19 March, so you have to assume that most cases were infected around 13 March. The number of cases transmitted on 13.03. was still quite low, delay significant.* o *There was an enquiry from the BMI as to why the R is reported with two decimal places (fictitious accuracy, possibly only 0.5 steps), but no comment was made. Mr Holtherm communicated to the BMI that it was an instruction from Mr Spahn that the RKI should implement.* o *When presenting the epicurve by reporting date, a switch could be made to a weekly presentation in order to avoid weekly fluctuations (implemented in the management report for the curve on care, accommodation and work in institutions), possibly at a time in the summer when the number of cases is lower.*	*FG32/all*

RKI	○ In this context, consideration should also be given to how long it takes to prepare the situation report at the WE, especially as the work is sometimes carried out by only a few people in the GÄ and regional offices. This is still too early, but should be kept in mind. ○ R in SH currently slightly higher, possibly due to cases at slaughterhouse in Segeberg district. ○ 7-day incidence: LK Greiz in TR near Gotha has 84 cases/100,000 inhabitants, outbreaks in old people's homes ○ BMG would also like to receive the 7-day incidence in the morning, with existing information on possible outbreaks (information on outbreaks from the previous day is sufficient, does not have to be actively determined in the morning) ○ GPs should be reminded that entering the probable source is very important. Data could be analysed automatically if necessary. ○ The following was recommended in the re-escalation strategy sent to the BMG: ▪ In principle, every case should be reviewed. ▪ With an incidence of 25/100,000 inhabitants, the cause of the event must be clarified by the regional health authority. ▪ With an incidence of 50/100,000 inhabitants, the regional office must also look at how the incidence can be explained leaves. ▪ In this morning's press, however, it was stated that the measures were to be taken at an incidence of 50/100,000 inhabitants. should not be automatic. ▪ The paper makes it clear that qualitative analysis must be carried out, but it is unclear how the Politics implements the recommendation ▪ Mrs Glasmacher also asked about the LK with >50 cases. ToDo: Mr Hamouda discusses the topic with Ms Glasmacher. ○ Thanks to Mr Faber for the daily creation of the cumulative incidence graphs. "Flipbook" on COVID-19 cases will be sent (slides here). ○ Age and gender distribution (slide 18/19): Incidences/percentages and case numbers compared for internal evaluation. The current presentation is retained for the management report; if necessary, this presentation can also be used. ○ DIVI: The inclusion of paediatric intensive care beds in the survey/report will be implemented. ○ Laboratory data ARE (slides here): ▪ Number of tests remains roughly the same nationwide, but number of SARS-CoV-2 positive detections is falling ▪ A decline in the proportion of positive tests can be seen in all CCs (more marked with better coverage in large BL), Saarland removed because too few	FG37/AL1/ AL3

RKI	Testing ▪ Delay between sampling and testing in the laboratory is somewhat over one day. ▪ Number of tests per 100,000 inhabitants: One could from the number of SARS-CoV-2 positive tests and the The ratio of test and registration figures for calculate the positive tests. Assuming that the ratio for the negative tests is corresponding, the number of negative tests could be extrapolated become. Number of tests/100,000 inhabitants also in the Re-escalation paper, therefore highly desirable. ToDo: FG37 carries out calculation and presents it next week in the crisis team. ▪ The age statistics show that in the age group >80 years is tested a lot, medium age groups and children less frequently. ▪ Positive tests are going down, fewer outbreaks in Retirement and nursing homes. o Laboratory data VOXCO survey: ▪ 18 KW: 317,979 tests, decrease of approx. 360,000 in last week, 12,000 positive - positive rate 3.8% (last week week with corrected figures 3.5%) ▪ Number of tests has fallen significantly, to the level of from before CW12, proportion of positives at CW10 level ▪ Capacities have increased: from approx. 860,000 (CW17) to 965,000 (CW18) ▪ Backlog of approx. 3000 samples in 30 laboratories ▪ Delivery problems affect swabs, pipette tips and extraction kits o Flu web, ARE consultation incidence and positivity rate and ICOSARI: ▪ AGI virtually no activity, ILI and ARE very light increased, but significantly below previous years ▪ ARE consultations: 250,000 people with ARE were in GP or paediatric practice, but at all ages declining ▪ ARE positive rate: Despite letter of motivation and positive statements from doctors etc., the sample receipt is very hesitant, 30 samples were analysed and no respiratory pathogen was found. ▪ ICOSARI: figures are also going down here, especially in children due to RSV-related illnesses, proportion of COVID in SARI cases stable at approx. 22% in recent years Weeks, not shown in table, text note in Influenza weekly report o Capacities for realisation of Infection control measures: Not yet implemented by all Feedback, another reminder tomorrow in AGI, will be discussed with BMG divided	FG32 FG36 FG32

RKI	○ *Request for administrative assistance* ▪ *No help is needed with what is happening at the abattoir in SH.* ▪ *Mein Schiff 3 in Cuxhaven:* • *2900 people on the ship, KP1 and KP2 not to differentiate, joint celebrations a few days ago.* • *Initial information that BMI is preventing the quarantine on land, but according to BMI, LK and NI did not want to let the people go ashore. In the meantime, the state/LK is prepared to allow the people to go ashore, but the decision should come from somewhere else and the coordination should be done elsewhere.* • *There is an offer from a property service to accommodate the people in their flats (spread across DE, partly near Frankfurt Airport).* • *The home countries of all persons must be informed.* • *TUI's plans to send 1000 people home on charter flights cannot be recommended from a professional point of view.* • *Quarantine on ship is also not recommended based on experience with Diamond Princess: situation on ship relatively cramped (number of people higher than number of crew normally), possible spread of the virus via ventilation or other transmissions in the confined space of the ship.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** • *Questions about aerosols in everyday situations (postponed to Thursday)*	*FG14*
5	**Current risk assessment** • *The update of the risk assessment will be discussed on Monday.*	*AL3*
6	**Communication** **BZgA** • *Feedback from the population, especially on MNB, currently mainly visors in case of contraindication for MNB - protective effect identical? Reference to discontinued information (RKI, BZgA).* • *Study from competence network: no reliable evidence of effectiveness of MNB - should be discussed again.* • *Information on more precise handling of the BL for the individual*	*BZgA*

RKI	*Regulations, tomorrow in AGI? Where are references in countries given on official websites?* • *Uncertainty in parts of the population regarding increased contact, especially when people live together in close quarters (e.g. shared flats).* • *The issue of using masks outdoors and the question of shared flats requires more discussion.* • *The importance of distance should be emphasised.* • *Current status of citizen information for testing: Comments have been finalised at specialist level, comments have been taken into account. The statement "Good recovery" was a break in the diction of the leaflet. Information should flank test offer for the population.* **Press** • *Tagesschau tweeted about last week's erroneous test figures shortly before the crisis unit.* • *R seminar for journalists with Mr an der Heiden and Ms Degen, 70 data journalists dialled in, very positively received. A small website on Nowcast was planned with a sample invoice for R. Mr Schaade would like to see this page first.* *To Do: Press sends the plans for the nowcast page to VPräs.* • *The R-value reported in the management report (and all other data that is not on the dashboard) should be used in external communications for 24 hours until the next management report is sent out. Background: Mr Spahn reported the R-value of the previous day and Mr Wieler reported the current value of the day shortly afterwards in his press briefing.*	*Press* *VPresident*
7	**RKI Strategy Questions** **a) General** • *Indicators for the particularly affected areas in Germany* o *Consideration should be given to how we can present internally if chains of infection continue in the other BC due to mobility between BCs - or how the influence of mobility between BCs is generally in DE. Not currently recorded.* **b) RKI-internal** • *Recommendation for double testing with low pre-test probability? (not discussed)*	*FG36*
8	**Documents** • *Update paper for major events (not discussed)* • *Paper for shared accommodation (not discussed)* • *Flow chart population (not discussed)* • *Guidance for doctors:*	*IBBS*

RKI	○ *There were 4 unresolved issues in the paper:* 1. *1. patient should receive MNS on arrival - AGI proposal: not only for respiratory symptoms, but for all COVID symptoms. Proposal accepted by crisis team. Use of the term COVID-compatible symptoms (as in other documents).* 2. *2nd KBV proposal for testing: Remove the emphasis on risk groups, as a focus is seen in a supplement. Sensitivity to risk groups exists, efforts should be made to ensure that everyone is tested. Proposal accepted by the crisis team. Addition is removed and "all" is printed in bold.* 3. *3rd AGI proposal for all CP testing: However, this has implications for reporting, as all CP would be reported as suspected cases. The categorisation of all contact cases will be changed and all papers revised. GA must categorise the CPs. GA can test all contact persons even without symptoms.* *ToDo: FG32 gives feedback to AGI.* 4. *4th KBV proposal: Deletion (of clinical or radiological indications of viral pneumonia) for simplification was decided by the crisis team. However, there is still a bilateral agreement between FG14 and IBBS (question of procedure in the event of deterioration in condition and development of pneumonia)*	
7	**Laboratory diagnostics** • *PCR tests at Vienna Airport* ○ *Statement from Mrs Rexroth already sent to BMG, as it is not apparent that the task was also assigned to Mr Mielke by LZ.* ○ *Mrs Rexroth sends Mr Mielke's statement and can also send his statement to the BMG.*	*AL1*
8	**Clinical management/discharge management** • *New strategy for discharge criteria necessary (will be discussed on Thursday)*	*IBBS*
9	**Measures to protect against infection** • *Finer differentiation of risk groups (not discussed)* • *Mouth and nose coverings in schools (not discussed)*	*FG32*
10	**Surveillance** • *Sickness absence evaluation: BKKDV Monthly sickness rate: Special evaluation SARS-CoV2 (not discussed)*	
11	**Transport and border crossing points** • *RKI assessment of PCR tests at Vienna Airport (see above)* • *Differentiated border opening based on indicators - designation of international risk areas again? (see above)*	*FG32*

RKI	• *BfARM withdraws recommendation on decontamination of masks*	
14	**Information from the situation centre** • *1000th task of the LZ distributed to Michaela Diercke*	
15	**Important dates** • *WHO TK with IHR NFP* • *Informal OECD Health Committee Seminar*	
16	**Other topics** • *Next meeting: Thursday, 07.05.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*07.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept.3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *ZIG1*
  - *Basel chequered*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Countries with >70,000 new cases/last 7 days* ▪ *USA still hardest hit, slight decline since April* o *Countries with 7,000 - 70,000 new cases/last 7 days* ▪ *Sharp increase in Brazil and Russia, also many deaths in Brazil* o *Countries with 1,400-7,000 new cases/day* ▪ *The situation in Asia and Africa is developing, even if the reported case numbers are not as high.* o *Total number of deaths in the EU* ▪ *Most deaths occurred in the UK, Italy, Spain and France and also in Belgium (more than 8000 deaths), even though it is a relatively small country.* ▪ *Deaths in the EU have been at a low level for 3 weeks.* ▪ *Case fatality rate highest in France, Belgium has highest mortality per 100,000 (70 deaths/100,000 inhabitants)* ▪ *The reason for the high mortality rate in Belgium is that deaths occur in confirmed COVID cases, but also in Suspected cases were counted: in hospital cases with laboratory confirmation or chest CT, outside hospital cases with laboratory confirmation or clinical criteria for COVID-19. more than half of the cases reported from nursing homes (5% confirmed, 95% suspected cases)* ▪ *No known study on the effect of the measures on mortality.* ▪ *The USA also shows a very high mortality rate and mortality among younger people, diabetes appears to be a to play a major role.* o *Even in countries that are ahead of DE in the course of the epidemic, no clear second wave is currently visible, although in some cases strong measures are still in place.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 166,091 (+1,284), of which 7,119 (1.8%) deaths (+123), incidence 200/100,000 inhabitants, approx. 139,900 recovered, reproduction number = 0.65 (95% CI 0.53-0.77, as at 06.05.2020)* o *Cases and deaths: large differences in the BC (1.2 in MV - 15.7 in BY), influence of the age of the population probable.* o	*ZIG1/BZgA* *FG32/all*

RKI	○ *Great interest in curve "Cases by date of death transmitted" (DESTATIS, etc.). DESTATIS are releasing their data this week and will issue a press release.* ○ *7-day incidence is now very much in focus, and has long been reported in the management report and dashboard. Now also calculated by others in some cases.* ○ *Qualitative data to support the incidence data are compiled and forwarded.* ○ *Political pressure on GÄ is feared, which in turn may have a negative impact on testing behaviour.* ○ *The table "Transmitted cases by activity or care in institutions" will be revised, diff. according to new legal basis in daycare centre vs. school etc. It is important that the doctors enter the data in SurvNet.* ○ *DIVI: Capacities still available, number of patients slowly declining* ○ *Capacities for the implementation of infection control measures: Press has received the capacity presentation via BMI (situation report or leak?). Press enquiry about this and containment scouts this morning. Presentation was not intended for the public. BMG should be asked in writing how we should deal with this, BMG should clarify this with the BMI, possibly also clarify in AGI.* *ToDo: LZ asks the BMG in writing.* ○ *Request for administrative assistance:* ▪ *Cuxhaven: The NI Ministry of Health has withdrawn its request for official assistance, but GA would like to further support and clarifies this with the ministry. Team is waiting for a decision and may be travelling back today. Overall a very political operation, could possibly become even more technical. Political decision: People remain on board and should be distributed to their countries as quickly as possible.* ▪ *SH: Request for administrative assistance from meat processing company, further information to follow*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** • *SARS-CoV-2 receptor ACE2 is an interferon-stimulated gene in human airway epithelial cells and is detected in specific cell subsets across tissues (slides here)* ○ *SARS-CoV-2 spike protein (S) binds to ACE2 even more efficiently than SARS-CoV S. Type II serine protease TMPRSS2 cleaves S, enables*	*FG12*

RKI	*Entry into cell.* ○ *Aim of the study: Identification of ACE2-expressing cells and in which cells co-expression (ACE2+/TMPRSS2+) occurs.* ○ *Analysis of Singe-cell RNA-sequencing data sets* ○ *Lung tissue: cilia cells and type 2 pneumocytes are ACE2+/TMPRSS2+* ○ *Epithelia of the upper airways: secretory goblet cells are ACE2+/TMPRSS2+ - possible explanation for anosmia* ○ *Additional ACE2 and TMPRSS2 coexpression in the ileum* ○ *Interferon response (upregulation of IFN-stimulated genes) was analysed: Treatment of human primary cells (partially infected with influenza) with IFN has led to upregulation of ACE2, thereby possibly enhancing the infection* ○ *ACE inhibitors protective according to NEJM study presented on Tue* ○ *The Bundeswehr runs a Journal Club: a pool of people who scan the literature and write short summaries; if the crisis team is interested, Ms Rossmann should be contacted directly.* • *Aerosols in everyday situations (slides here)* ○ *Influenza was detected in aerosols of the breath.* ○ *Artificially produced aerosol (with SARS-CoV-2 / SARS-CoV) stable in the air for about 3 hours, droplet nuclei sink slowly.* ○ *MERS in aerosols: Office conditions: 25°C, 79%RH -> 60% remaining after 60 minutes; 38°C, 24% RH -> 4.7% remaining after 60 minutes.* ○ *Technical work with heated dummy and artificial lungs: Aerosols can be detected at a distance of approx. 1.5 m during normal speech, at higher humidity they behave differently, become lighter more slowly* ○ *Aerosol emission very different between people, higher volume = greater aerosol production, subordinate role of different languages. languages* ○ *Natural ventilation/high air exchange rate can reduce the risk of infection.* ○ *Environmental contamination by aerosols probably does not play a major role in the office.* ○ *Conclusion: >1.5 m should be sufficient at normal speaking volume in a well-ventilated room, with loud speaking or singing (deep inhalation) distance may not be sufficient (choir rehearsal with distance 2.5h rehearsed nevertheless many infected).* ○ *Call for important new information about SARS-CoV-2 to be sent to Mr Jahn so that the profile can be kept up to date.* • *In paper dealing with aerosol releases in dentists, one sentence should be reworded, currently recommended to wear FFP2 only for confirmed COVID patients, should be expanded.* *ToDo: Mr Haas discusses change request with FG14.*	*FG14* *FG36*
5	**Current risk assessment**	

	• *Will be discussed on Monday.*	
6	**Communication** **BZgA** • *Enquiries from music schools - playing wind instruments would be considered just as risky as singing.* • *Enquiries from various trades trades (butchers, building trade) BZgA has referred to guilds and umbrella organisations.* • *Enquiries from daycare centres: Depending on the provider, specific information available, but must be decided individually (group sizes/room sizes), some instructions from education authorities available.* • *Request to BZgA and RKI from EpiLag to formulate even more strongly that everyone with respiratory symptoms should be tested. Symptoms should be tested* **Press** • *Today was the last regular press briefing for the time being - from now on only on an ad hoc basis* • *Test figures have not been taken up further in the press* • *The dashboard on the website will summarise strategy papers under strategy and contingency plans* • *Thanks for documents for training the containment scouts, medical staff and health supervisors were trained with them, as well as training the military musicians*	*BZgA/ VPräs/FG32* *Press* *German Armed Forces*
7	**RKI Strategy Questions** **a) General** • *New limit set by the German government: 50 new infections per 100,000 inhabitants* ○ *Discussed in EpiLag (where to find who calculates), qualitative addition of numbers, automatisms and formalisations are not supported.* ○ *Report outbreaks and requests for administrative assistance in EpiLag and complete the information for the cases in the reporting software.* ○ *Task from the BMG: Value 35/100,000 inhabitants (5 cases per day, per 7 days) is desired by the BKAmt, threshold should be shown in maps. Warning value before the threshold of 50/100,000 inhabitants is reached with the automatic measures.* ○ *It is better not to distribute different cards. If necessary, add to the previous system or adjust the scale slightly. However, it should be borne in mind that this could also lead to reproach.* *ToDo: Figure with additional threshold of 35/100,000 is being developed by FG32 and Mr Faber.* **b) RKI-internal**	*FG32* *FG36*

RKI	• *Indicators of mobility within Germany:* o *Yesterday's resolution states that mobility may be restricted.* o *So far, the plan is to look at what is happening locally and what is happening at national level. However, if the restrictions on mobility are lifted and holiday travel becomes possible again, it may not be possible to recognise an event by the incidence at the location or in the neighbouring district, but cases may be spread across DE.* o *It is important that the sources/exposure locations are mapped and documented as well as possible.* o *Clusters should be well recorded and localised, below the LK level* o *IfSG amendments: The law will not be voted on in the Bundestag until 15 May and will probably not come into force until the end of May, it is unclear whether changes can already be implemented in SurvNet now, the programme may be prepared so that it can be updated quickly.* o *The lawyers distinguish between sources of infection and risk of infection - source of infection must be a very defined location (with exact address), infection environment (in retail, catering, local transport) is included with the change in the law* o *Clusters are recorded. At the beginning of the epidemic, outbreaks could not be well created or became too large for the programme. In the meantime, cluster detection has been facilitated. Today, a proposal to adapt SurvNet is being sent to FG31, FG36 and FG37 for comment.* o *Setting as additional information (already considered by FG37 for KKH) is operationalised so that it is also available in Linelist (for management report etc.).* • *Strategy supplement* o *Is a strategy supplement needed so that there is a common understanding? In some cases, the objective of the next phase does not seem to be clear at all levels and there are queries about target values.* o *"Test, test, test" is basically an implicit addition to the strategy, which was specified by politicians. All in all, this is tricky, as the policy has set guidelines with which some points are not entirely in agreement. However, these must be integrated into the strategy as far as possible.* o *There is a broad consensus on easing the measures (Leopoldina etc.), but it is important to communicate what the goal is, that we must continue to monitor closely and observe social distancing rules. Overall, it is a new strategy that should also be communicated.* o *The aim is to reduce case numbers through containment measures to a* *level so that the action is manageable. Mixture between serial action and "hammer and*	*VPresident/all*

RKI	*Dance"* o *Changing the flow chart is also a good time to introduce a new strategy.* o *The need for earlier recognition can be emphasised more strongly and plays a role in various areas (tasks of the GÄ, opening of daycare centres and schools). A technical explanation is necessary so that everyone knows what needs to be decided politically. Focus: Children and young people and the responsibility of the population* o *Strategy supplement must be coordinated with BMG.* *ToDo: FG36 will prepare a first version of the supplement to the strategy paper by next week.*	
8	**Documents** • *Paper for shared accommodation* o *There was a lot of feedback from the BCs and will be discussed today in the WGI. There are some critical points, especially when people are placed in small groups, or more separation for prevention reasons. There are legal judgements from individuals who have taken legal action. Saarland wants to stop the process.* • *EpiBull article on temperature screening at airports* o *To be published very quickly, sent to the entire crisis management team for comment.* • *Differentiation of risk factors in the profile* o *The question of differentiating between risk groups is regularly raised (e.g. low, medium, high risk). Question regarding people who work in daycare centres and schools and question about dealing with risk factors in retirement homes.* o *Data on previous illnesses is analysed in ICOSARI, Collective is limited, however, as the current decline in cases* o *Even a very large multicentre study cannot provide a more detailed answer.* o *Risk assessment serves to show who has an increased risk in principle (cf. vaccination) and not the individual risk of a person, this must be assessed on site by occupational physicians* • *Event paper:* o *Should be revised, no fixed number of participants, characteristics of the event, distance rules and documentation of the participants should be included.*	*FG32*
7	**Laboratory diagnostics** • *ZBS1: 400 samples analysed since Monday, 30 samples tested positive for SARS-CoV-2.* • *FG12: No samples tested yesterday and 10 samples tested today, none positive for SARS-CoV-2.* • *Dept.2:* o *Currently focusing on hotspot studies, starting on 19 June. (press event) in Hohenlohe, then after 3-4 weeks of testing in*	*ZBS1* *FG12* *AL2*

RKI	*Rosenheim, a total of 2000 people are sampled with 2 buses.* o *Further testing of 20,000 planned at 350 locations in DE. In the first stage, testing at 60 sample points within 2 weeks, spread across DE. The first interim results are expected in the course of June.* o *In addition, networking with various partners: There are many projects at municipal level and from other institutions, try to combine the results if necessary.* • *FG37:* o *The HCW study is due to start next week, initially 280 HCWs in the Marzahn Clinical Centre on wards where COVID patients and suspected COVID patients are located.* o *Firstly, testing is carried out with GA (ordered by GA as part of the outbreak).* o *If an ethics vote is available and data protection has been clarified, testing will take place in the second phase.*	*FG37*
8	**Clinical management/discharge management** • *New strategy for discharge criteria* o *Current variant is based on time and symptom-based criteria. Many enquiries about prolonged RNA positivity in HCW, immunity or recovered patients who are readmitted to KKH and test positive for SARS-CoV-2 RNA again* o *Serological criteria should also be included in criteria for de-isolation if necessary* o *Cultivation is carried out on 200 samples (some with low Ct values), cultivated for 7 days. Final statement possible in approx. 2 weeks.* o *Serology not available from all patients, but quality of serological tests varies greatly. Tests vary greatly, results difficult to assess from the outside.* o *Graphical processing of the discharge criteria will not be published for the time being.* • *Yesterday's discussion about rapidly falling IgG values* o *130 plasma samples, PCR-positive were tested, decreasing IgG values - offer to test the samples in ZBS1 (NT)* o *Classification of the use of HCWs on patients: It should be examined whether HCW who have undergone the disease should be considered as KP3 due to questionable protection and should do self-monitoring* o *Studies on T-cell immunity with Mr Thiel at the BCRT/Charité.* • *Planned surveillance system with Charité via webcast still requires data protection clearing. However, apps have higher priority. Difficult to communicate to partners.*	*IBBS/ZBS1/ FG36/FG37*
9	**Measures to protect against infection** • *Not discussed*	

10	**Surveillance** • *Not discussed*	
11	**Transport and border crossing points** • *Mein Schiff 3 Cuxhaven (see above)*	*FG32*
14	**Information from the situation centre** • *Statistics situation centre (not discussed)*	*FG32*
15	**Important dates** • *AGI TK* • *TK of the AG IGV-named airports*	*all*
16	**Other topics** • *Next meeting: Saturday, 09.05.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept.2*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Livia Schrick*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *not discussed* **National** • *Case numbers, deaths, trend (slides here)* • *Since yesterday there have been 1,251 new cases, deaths only around 100, i.e. the case-fatality rate is 4.4 and thus even lower than in many other countries.* • *Bremen has only 27 more new cases, but a high 7-day incidence. The number of cases in Bremen has been relatively consistently high. FG32 will enquire what is going on.* • *In general, the number of new infections per day continues to fall* • *The majority of cases have already recovered; there are around 20,000 cases that have not yet recovered.* • *R eff is higher than the day before. There are still 1,000-1,300 cases during the week. Individual increases in cases can lead to significant changes in R eff.* • *7-day incidence: There are 3 counties that have over 50/100,00 cases:* ○ *LK Steinberg (Schleswig-Holstein) with an outbreak in a meat processing plant.* ○ *LK Coesfeld (NRW) also with an outbreak in a meat processing plant.* ○ *LK Greiz, where the high number of cases was caused by screening in 6 retirement and nursing homes. It is unclear whether the screening measures will be continued.* • *Over 35 cases/100,000 inhabitants: Rosenheim and Traunstein (both Bavaria). FG32 has already asked for reasons and is waiting for an answer. There have always been high case numbers in Traunstein. It should be clarified whether the figures can now be explained by better case detection or an outbreak, for example.* • *Age/gender: Overall, the number of cases is declining sharply (even in older age groups). Most cases are among 35-59-year-olds; the highest incidence rates are among the over-80s.* • *Mortality surveillance: The figures from DESTATIS show that there is a trend towards excess mortality in Germany. The figures are always 4 weeks behind. In the federal states of Bavaria and Baden-Württemberg in particular, there is a difference between the expected number of deaths and the number shown. DESTATIS would like to see an evaluation together with*	*FG32/all*

	the RKI reporting data to see how many COVID-19 sufferers are among the deaths. EuroMOMO, where only Hesse and Berlin feed in their data, shows a straight line, but if all federal states were to participate, we would probably see an excess mortality rate. *ToDo: FG32 clarifies with the federal states whether DESTATIS is allowed to compare the COVID-19 reporting data per federal state with their data.* • *DIVI: more treatments were completed and therefore the number of patients in intensive care is also decreasing and more capacity is available.* **Request for administrative assistance:** • *<u>Enzkreis district (GA Pforzheim):</u> A COVID outbreak among employees of a slaughterhouse has been ongoing here since 8 April and currently comprises around 350 cases. The slaughterhouse mainly employs workers from other European countries (seasonal workers) who are housed in communal accommodation. The company is not co-operating well and, for example, the health authorities have not been informed that 50 new people have arrived and some of the requirements have not been met. There are over 100 accommodations and it is difficult to keep track of them. The police have already been involved in monitoring the quarantine. The RKI has already contacted Baden-Württemberg by telephone, but first has to see who would be available. One problem with seasonal workers is that they are paid according to the work they do, which means that even those who are ill often go to work to avoid losing wages. In addition, some of them also have TB.* • *There are already recommendations on how to deal with the outbreak in shared accommodation. An evaluation of the significance of shared accommodation and the spread of SARS-CoV-2 should follow. This analysis can then be linked to the statement that normal continued operation of such facilities in the event of an outbreak is not advisable.* • *In exchanges with other countries, slaughterhouses and communal accommodation will always be cited as examples. Perhaps it would be advisable to work together with the FLI to ensure increased vigilance at such establishments.* • *The first case in Pforzheim was already known around Easter. It should therefore be communicated that if an incident is recognised early and measures are implemented quickly, the impact is lower and the chances of keeping the business open are higher. There are positive opportunities in rural areas*	

	Separate sick people (e.g. hotels) in order to maintain ongoing business. • *My ship: The Ministry of Lower Saxony declared that the administrative assistance had ended and the RKI team was withdrawn. In response to a request from abroad for data on the crew members, the RKI asked the Ministry of Lower Saxony, which was refused. As the RKI therefore has no information about which people are travelling back to which countries, the RKI cannot inform other countries. After examination by the legal department, there is no legal basis for requesting such data. The RKI has informed the BMG of this. The BMG has suggested obtaining the data via TUI or the BMVI, for which the RKI also has no legal basis. This would have to be done via the BMG. Similarly, it is not the task of the RKI to inform crew members that they can contact their consulate. In the event of future enquiries from abroad, the RKI will forward these to the authorities in Lower Saxony, unless Lower Saxony informs the RKI of a different procedure.* **Overload notifications** • *The RKI is responsible for coordinating the overload reports. The RKI is responsible for reporting. The Federal Chancellery and the BMG would like to see daily reports (including zero reports). If the federal level publishes the results, this will not encourage compliance by the federal states.* • *In general, there are now many requests for administrative assistance focussing on outbreaks. The RKI can no longer provide administrative assistance to such an extent. This may be due to the high expectations that have arisen as a result of the federal government's demand for overload reports. It must be clarified with the Federal Armed Forces how they will provide support and how the RKI can cooperate with them. FG37 is currently investigating how much funding would still be available in-house to recruit more containment scouts to work for the RKI. However, the problem is often that the requesting authorities use the RKI employees as legitimisation for certain measures etc. However, the RKI is not responsible for making strategic decisions, but only provides advice. Since the containment scouts do not have many years of RKI experience, it is dangerous if they are used for such legitimisation. It would therefore be more advisable to consult with the Bundeswehr first.*	
2	**International (Fridays only)**	

	• *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** • *Epidemiological clarification using the example of COVID-19 (AGES, available at: https://www.ages.at/service/service-presse/pressemeldungen/epidemiologische-abklaerung-am-beispiel-covid-19/): The article presents well what is done in field epidemiology anyway, i.e. e.g. tracing chains of infection. The description of the settings in which transmissions mainly take place (e.g. not in schools or during chance encounters, but rather in the household) may be helpful.*	*VPresident*
5	**Current risk assessment** • *Will be discussed on Monday.*	
6	**Communication** **BZgA** • *There were enquiries about contraindications for MNB: this can be either an underlying pulmonary disease or a psychological problem. The BZgA generally recommends consulting a doctor. Possibilities could be that these people only wear an MNB, for example, in situations where the distance cannot be maintained and generally avoid wearing it for longer periods.* • *Uncertainty among the population is increasing, as there are many heterogeneous recommendations right down to local authority level (care facilities, schools, daycare centres).* • *Ms Thaiss is in contact with Mr Haas regarding the study situation in children (including Kawasaki syndrome).* • *The BZgA launches a survey (Cosmowelle) on subjective information. This is good for evaluating measures.* • *RKI comment: It is feared that younger people are more likely to ignore testing if symptoms are mild, which is why it would be good if public relations work continued to aim to raise awareness. Social distancing has also not really been internalised yet, but MNBs are worn everywhere (e.g. in the garden). There is no evidence for wearing masks outdoors. Should the recommendation for face masks only apply to enclosed spaces and is the social distancing rule necessary everywhere, i.e. even when walking past (e.g. shop entrances), or only for personal contact? It would be difficult to define exceptions and the danger is that such exceptions are taken as a licence and then, for example, no masks are worn at outdoor barbecues despite close personal contact. General rules therefore make more sense. Massive communication campaigns are necessary to make the measures clear to people once again (e.g. 2 people with*	*BZgA/all*

	outstretched arms). • *Clear messages are useful. These should be formulated positively, e.g. MNB makes sense in context XY, but one should be wary of negative statements, e.g. under what circumstances should MNB not be worn? It is important to have clearly coordinated communication between the BZgA and the RKI.* • *FG14 receives enquiries about contacts who have been in contact with a SARS-CoV-2 positive person who was wearing an MNB. The question is which category such a contact person falls into. It is not known how the MNB was worn, how far away the person was or what kind of material the mask was made of, so it would be difficult to define the MNB as protection.* **Press** • *On Thursday, the fact that press briefings were cancelled caused a stir in the media. Apart from that, there is nothing else to report from the press office.*	*Press*
7	**RKI Strategy Questions** **a) General** • *Incidence 50/100,000 population per week: The value was set politically. However, the automated procedure makes work easier for the RKI. However, the limit does not mean that a health authority should only become active from then on. This is already necessary before then.* • *On Thursday, the Federal Ministry of the Interior asked the Federal Ministry of Health whether there is something similar for other European countries, so that a country/province/region/canton is automatically recognised as a particularly affected region. This would mean that the RKI would not have to identify particularly affected areas again in coordination with the BMG, but there would also be a faster mechanism for this. The enquiry asked for coordination at European level with ECDC. The ECDC has already prepared a self-assessment of the countries via TESSy (in Germany at federal state level). The aim is to ascertain whether there is community transmission, clusters, individual cases or no cases. This information is then available on the ECDC homepage. A weekly survey is desired, which could take place in Germany, for example, as part of EpiLag.* *Alternatively, the 14-day cumulative incidence published by the ECDC for the countries can be used. However, this does not provide information on whether there are community transmissions or outbreaks. ZIG writes down for the BMG/BMI how they have made their assessments so far (e.g. there are measures in border countries). In addition, ZIG is converting to the ECDC figures so that they can include the (currently still national) 14-day incidence in their assessments. The aim is to reflect back to policymakers that a European approach and therefore* *a joint approach is necessary. It should be noted that*	*VPresident/all*

indicators can also have economic consequences and affect testing, which can hinder outbreak control. A joint testing strategy should therefore also be promoted.

ToDo: On Monday, ZIG or FG32 should report back to the BMG that subnational figures for other countries cannot be provided. The available ECDC figures (e.g. 14-day incidence) plus the weekly ECDC query can be used as the basis for the assessment.

- *Think Tank*
  - *A think tank with external participation should be created to provide the RKI with inspiration for its work.*
  - *The think tank consists of, among others, a virologist (Mr Drosten as the head of the consultant laboratory), a theoretical epidemiologist/modeler (e.g. Mr Meyer-Hermann from the HZI), a person from the ÖGD with expertise in epidemiology, a social epidemiologist (suggested name from Dept. 2 if necessary), a clinician, a paediatrician, a hospital hygienist and an ethicist.*
  - *Many of them are already represented on various committees. However, these are not specifically focussed on coronavirus (e.g. Influenza Expert Advisory Board). It must be clarified how the new think tank relates to the other committees. FG32 had already created a (mainly internal) distribution list for the RKI's internal crisis planning, which can be used. Mr. Drosten himself also has a think tank to which he has already invited Mr Buchholz to join. Instead of joining this group, however, it makes more sense to send the signal that the RKI has created a new think tank. IBBS has a specialist group consisting of emergency physicians, infectiologists and intensive care physicians and could nominate people. ZIG can nominate someone from the international field.*
  - *The committees should definitely be taken into account when selecting people for the think tank. For example, a paediatrician from the STIKO or a hospital hygienist from the KRINKO could be selected from these groups. This also helps to network the committees. Possibly also someone from the FLI. It may also be useful to create and exchange an overview of the members of the committees, so the following should be taken into account:*
    1. *Professional discipline*
    2. *Previous contribution to the corona crises*
    3. *Committee work*

	ToDo: LZ writes a template of a concept including names as suggestions (e.g. persons already named by the crisis team) **b) RKI-internal** • *Definitions BMG: already discussed in the previous point.*	
8	**Documents** • *Not discussed*	*FG32*
9	**Laboratory diagnostics** • *FG17: There was no SARS-CoV-2 positive sample last week. Next week, accreditation will severely tie up FG17's capacities.*	*FG17*
10	**Clinical management/discharge management** • *BMG had already procured various medicines during the outbreak. Remdevisir will be added to the list of medicines to be procured. Clinical trials would be more desirable for its use. However, the substance is now being distributed via the pharmacy network. The attending physician must make a declaration that he/she will use the drug for seriously ill patients and inform the manufacturer in the event of adverse reactions, etc.* • *Senior physician positions in STAKOB centres are to be financed by the BMG. The DGI has a similar endeavour and is submitting an application. IBBS is networking with the DGI.*	*IBBS*
11	**Measures to protect against infection** • *Testing and dealing with recovered people who become contact persons: Mrs Jurke asked how such people should be dealt with. It is recommended that the health authorities ask the person directly or check their own records to see whether this person has already been infected or not. The person could be considered a category 3 contact person (such as protected medical personnel). After 5-7 days, however, the contact should be tested again to determine possible asymptomatic colonisation and then also to do a virus culture to determine whether RNA snippets are present or whether it is a virus capable of replication. Such. Information should also be entered in SurvNet. Consultation with FG32 is therefore necessary. In the case of a PCR, the CT value should also be given if possible, so that this information can also be analysed. It is important to look at these people and not simply assume that they are immune or partially immune. As it is suggested that these people should be counted as category 3 contacts (if they are of course asymptomatic), a recommendation is made to isolate them, but no quarantine is prescribed.*	*FG36*

	• *<u>Paper on contact person management:</u> The question arose from the federal states as to whether this paper would be revised with regard to stronger measures for Category 2 contact persons. The background to this is the relaxation of the general measures. Until now, the measure was information from the public health department. The idea was to test them more. However, in the event of an outbreak, everyone is free to be tested anyway. You should first look at the data in SurvNet for confirmed cases that were considered category 2 contacts. From this you can see how many such cases there were and whether there is a need for action. The federal states can be informed that the RKI has taken note of their comments and is looking at the data.*	*FG32*
12	**Surveillance** • *Dashboard: There is a standard selection field in the dashboard to view the 7-day incidence. It still needs to be clarified whether this also works for portable devices.*	*all*
13	**Transport and border crossing points** • *Mein Schiff 3 - International reporting obligations of the RKI cannot be fulfilled - already discussed under point 1.*	*FG32*
14	**Information from the situation centre** • *Statistics Situation Centre (postponed to Monday)*	*FG32*
15	**Important dates** •	*all*
16	**Other topics** • *Next meeting: Monday, 11.05.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*11.05.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Dirk Brockmann*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Johanna Hanefeld*
  - *Andreas Jansen*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *The dynamics are extremely high. There are over 4 million cases worldwide, of which 282,727 have died* • *The top 3 countries in terms of certain criteria (e.g. 7-day incidence) are the USA, the Russian Federation and Brazil* • *Countries with >70,000 new cases/last 7 days* o *Russia: There are over 200,000 cases, almost 2,000 deaths. The epicurve generally no longer shows such an extreme increase. Measures in Russia have been stepped up (e.g. 60,000 medical students are being deployed, curfew). Around half of the new cases were recorded in Moscow.* o *USA: There is a downward trend. The fluctuations are due to non-registrations at the weekend. The test capacities have remained the same. The INIG is monitoring whether this will remain constant or increase again due to the easing of restrictions.* • *Countries with 7,000 - 70,000 new cases/last 7 days* o *Brazil: Brazil is one of the countries with the strongest increase. Social marginalised groups such as the indigenous population are a major problem.* o *Iran: There is a slight upward trend in the number of cases. There have been initial easing of restrictions, including the reopening of mosques. There is a zone system in the country for the easing of restrictions.* • *Countries with 1,400-7,000 new cases/day* o *The countries on the Arabian Peninsula (e.g. Kuwait, Qatar) are experiencing spikes in the epicurve, the primary cause of which is infected guest workers. This is reflected throughout the Arabian Peninsula. This population was not properly protected. The WHO has responded to this by publishing guidelines on the prevention of COVID-19 on construction sites (in Spanish only).* o *Ghana: There has been an extremely sharp rise in the number of cases here. Over the course of the week, INIG is focussing more on Africa (including, for example, South Africa, where the number of cases has risen again following the easing of measures)* • *Study: More than 1,300 participants from 633 households took part in a representative study on seroprevalence in the canton of Geneva. Switzerland is more or less through the first wave of the disease. At the end of this first wave, seroprevalence was measured in three weeks: week 1 3.1%, week 2 6.1% and week 3 9.7%. No differences were found in seroprevalence between adults and children.*	*ZIG1*

	National • *Case numbers, deaths, trend (slides here)* o *Only a few cases were reported yesterday (357 cases, 22 deaths), which may be the effect of the public holiday/weekend.* o *The proportion of deceased is 4.4%.* o *The R value caused some concern at the weekend as it was above 1 again on 2 days. The previous day's value is always reported in the situation report. In today's situation report, the R-value will be 1.07.* o *R for the federal states: In Bremen, an R-value of around 1 is continuously observed. Saxony-Anhalt has a high R due to the low number of cases reported.* o *There is a daily report to the BMG with a map showing the districts with a 7-day incidence of >50 or >35 cases per 100,000 inhabitants.* o *No significant changes in gender/age distribution* o *Around 1,500 COVID-19 patients are in an intensive care unit, a total of 10,929 patients have completed their treatment, of which 3,032 (28%) have died.* • *Request for administrative assistance:* o *3 meat processing companies in 3 federal states are affected by COVID-19. After consultation with the BMG, the RKI is not to draw up any recommendations/guidelines for this. This is the task of occupational health and safety (BMAS). If necessary, the occupational health and safety side can then approach the RKI.* o *Mein Schiff 3: The repatriation of 1,200 crew members is still ongoing. The RKI's request to be included in international communication has not yet been honoured. The Ministry of Lower Saxony has single-handedly issued expert advice that the crew members are considered Category 2 contact persons.* • *Overload notifications:* o *FG32 has consulted with the Bundeswehr. The Bundeswehr does not want all overload reports to be passed on to them, as they would then not be able to act. The Bundeswehr would first like to clarify with the BMG how the Bundeswehr's containment scouts should be utilised.* o *The BMG would like to see daily reporting. If this is actually implemented, reporting will take place together with the reporting on the districts particularly affected. Feedback on the handling of overload reports is still pending.* o *Around 30 containment scouts are to be recruited for the state of Berlin. 25 are to support the Berlin health authorities. A further 4 are to be seconded directly to the RKI; they can also be seconded to other organisations at any time.*	*FG32/FG37*

	health authorities. There is a containment scout at the RKI to coordinate this. It will become clear today how many the Berlin health authorities will actually accept. The recruitment should take place at the end of the week/beginning of next week.	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Mobility data: There is a website (http://rocs.hu- berlin.de/covid-19-mobility/en/data-info/) that presents daily updated mobility flows in Germany. There are already 2 reports on the data. At the moment, a company is still providing this data free of charge, so far free of charge. However, the company now wants a licence for the data for 12 months (€25,000 per month). The parent companies would make the data available in this way if necessary. The BMG is very interested in the project and would like a dashboard with more information. Google has similar data, but this is residence data and not mobility data. The mobility data, which is updated daily, records movement profiles (work vs. holiday). The licence covers more than the data used to date. For example, there would also be mobility data between districts and useful meta-information at municipal level.* *ToDo: D. Brockmann will send the company's offer to the crisis team and, if necessary, discuss financing with the BMG or RKI management.* • *Data donation: Ideally, wearables usually measure at least two things every 15 minutes: heart rate and number of steps. The data flow process for the data donor app is relatively automated. There are more than half a million users who provide averaged pulse data, step counts, etc. every day. In the current phase, algorithms are being tested to help clarify the symptoms. For this purpose, for example, the daily averaged pulse data is analysed and the per capita user density is examined. A baseline/calibration is to be created for the data that is transmitted in order to detect changes in behaviour in the future (e.g. less exercise). A subgroup of donors who show anomalies should be identified. The next step is to work with the company operating the app and the University of Basel to gather further information on the status of the infection.* *If someone exceeds this baseline for a longer period (e.g. 2-3 days), there is a signal. The calibration and thus the use as a surveillance tool should be completed by summer at the latest.* *become available. However, the data from the data donation app*	*P4/FG21*

RKI	*visible on the website: https://corona-datenspende.de/* • *Current situation regarding the Corona WarnAPP (slide dashboard here): With this app, a user receives a notification if he/she has been in the vicinity of an infected person together with a risk assessment. The app is created by Telekom/SAP; the RKI provides input on epidemiology, communication and the previous RKI documents on COVID-19. The app is expected to be made available on 7 June (plus 3 days buffer). Due to the tight schedule, FAQs and other texts must be created in parallel. The texts are to be submitted this Wednesday. The involvement of health authorities is not planned in order to keep the project as small as possible. The project will be discussed in detail again next week in the crisis team.* *ToDo: P. Schmich should share the concept for the app with the crisis team in order to obtain more clarity regarding the communication flows.*	
4	**News from the world of science** • *Study, Zhao et al. "RAPID reconstruction of SARS-CoV-2" (slides here): The study by Volker Thiel et. al. (Virology Bern) is about a method for reconstructing coronavirus based on cDNA. The first genomic sequences were already published on 10/11 January. One month later, the working group was able to produce recombinant Sars-CoV-2 using synthetic virology. This rapid development was only possible because the research group has been working on this for a long time.* *Large RNA viral genomes, such as those of coronaviruses, are difficult to clone and manipulate in E. coli hosts due to their size and occasional instability. TAR (transformation-associated recombination) cloning in yeast is therefore used as an aid. A comparison of the replication curve shows that the reconstructed virus and the wild-type virus do not differ in their replication behaviour. SARS-CoV-2 was divided into 12 cDNA fragments and the same scheme was applied. The methodology has a wide range of applications and can also be applied to other coronaviruses or Zika viruses, for example.* • *Cleary et al, "Efficient prevalence estimation and infected sample identification with group testing for SARS-CoV-2" (Mr Schaade, e-mail Mon 08:08) - postponed to Tuesday*	*FG17*
5	**Current risk assessment** • *Rise in R: The rise in R to over 1 at the weekend has led to enormous activity on the BMG side. Therefore, there will be an event-related RKI press briefing tomorrow. In addition, a statement must be sent to the BMG by 3 pm today. M. an der Heiden has made further analyses for this (e.g. whether there is a connection to outbreaks). It looks like the R-value is going back down.* • *Contact for PEI/manufacturer of vaccines for Phase 2 studies in areas with high prevalence (Mr Schaade, e-mail Mon. 09:06*	*AL3*

	o'clock) - postponed to Tuesday • *Overload notifications - request for clarification of coordination and prioritisation: This was discussed in Abt 3 FGL round.* • *Dealing with requests for administrative assistance regarding Containment Scouts/BW, Doctors Without Borders) - postponed to Tuesday* • *Slaughterhouse in LK Enzkreis/Pforzheim - postponed to Tuesday* *1) Requests for administrative assistance were announced by the GA, shared accommodation is also occupied by other people (employees in other sectors).* *2) Further procedure/consultation with BMAS?*	
6	**Communication** **BZgA** • *The BZgA survey on subjective information (Cosmowelle) shows positive results.* • *There was constructive feedback from the ÖGD that RKI and BZgA material is used jointly.* • *The BZgA is organising a campaign this week in cooperation with regional daily newspapers. Citizens can contact the BZgA with questions, which will then be published in the daily newspapers.* **Press** • *Apart from Der Spiegel, NDR also criticised the RKI for not making figures available or for hiding behind data protection. It seems that these media have preconceived opinions anyway - regardless of the RKI's efforts to respond to the enquiries. The enquiries from the NDR often concern reporting data and are associated with complex analyses. The RKI tries to inform all media representatives at the same time and does not actually want to carry out extra analyses for individual media representatives. Requested analyses can be included in the situation report for all to see.* • *Management report: perhaps the summary could be revised. There is a lot in the summary that changes little (e.g. age and gender distribution). It would be better if the interesting facts were more concise at the beginning (e.g. R value). M. Degen has already given some thought to this.* • *There are also plans to move the situation report to the "Overview" section of the RKI website, as the report has been accessed many times. At the moment, it can still be found under the subcategory "Case numbers and epidemiology -> Case numbers in Germany and worldwide".*	*BZgA/ Press/FG32*
7	**RKI Strategy Questions** **a) General** *Not discussed* **b) RKI-internal** *Not discussed*	

8	**Documents** • *Thesis paper Schrappe/Pfaff: Not discussed* • *"Options for separate care of COVID-19 cases, suspected cases and other inpatients":* ○ *The document was created by FG37 and sent to the crisis unit. There was feedback from Dept. 1 and a request to find a common use of language (e.g. "monitoring of symptoms" and "monitoring of symptoms"). "Surveillance of COVID-19"). T. Eckmanns and M. Mielke will meet again for this purpose. As soon as the terminology has been clarified, the document will be sent to the BM and can then be uploaded to the RKI website.* ○ *FG14 has received a request from a hospital hygienist to send him the previous version he used for his planning. Question as to whether an archive of documents would be possible in principle. The RKI press office had already discussed this today. At the moment, however, it is not clear how this could be maintained and implemented. It is not easy to decide what should be archived.*	*FG37, Dept. 1, FG14*
9	**Laboratory diagnostics** • *Enquiry Baden-Württemberg on the procedure for professional football/letter to Mr Wieler: The question related to the decision as to when and from when someone no longer belongs in quarantine. A nationwide standardised procedure is desired. There will be a telephone conference with Baden-Württemberg tomorrow to coordinate this. Various RKI OEs will take part in this conference call. The statement that will be made relates to more situations than just professional football.* • *ZBS1: Last week there were almost 650 samples, 34 of which were positive. The positive rate is decreasing. As there are currently only a few samples on public holidays and at weekends, the ZBS1 laboratory will not be staffed on Sundays and only one shift on public holidays.*	*AL1/ZBS1*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Cards 7T Incidence >50/>35 (Mirko Faber/Alexander Ullrich): postponed to Tuesday*	
13	**Transport and border crossing points** • *Not discussed*	
14	**Information from the situation centre**	*FG32*

RKI	• *Key figures for the situation centre (slides here): The situation centre (or previously the coordination centre) has now been in operation for 18 weeks. A good 1,800 shifts have been completed. Initially, there were only around 19 shifts 8and fewer positions in the situation centre). On average, there are 100 shifts per week. There is a pool of around 150 trained employees; not all of them are regularly active in the situation centre. An evaluation per person follows. trained in the pool. There have been almost 46,000 emails to date; over 1,000 tasks have been distributed.*	
15	**Important dates** • *ÖGD webinar: Wednesday (13.05.2020; 14-15 h). Many topics will be covered that are also always discussed in the crisis team (e.g. reporting, test criteria). -Please report back to the Situation Centre who could attend to clarify questions. M. Mielke nominates someone from his department. U. Rexroth sends the list of topics to the crisis team distribution list.*	*FG32*
16	**Other topics** • *Next meeting: Tuesday, 12 May 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade / Osamah Hamouda Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept.3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Ute Rexroth*
  - *Meike Schöll (minutes)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Johanna Hanefeld*
  - *Andreas Jansen*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *The top 10 countries in terms of daily case numbers continue to include the USA, Russia and Brazil.* • *Countries with >70,000 new cases/last 7 days: There have been around 221,300 cases in Russia so far, including just over 2,000 deaths. The number of new cases is stabilising at around 10,000 per day; an exponential increase can no longer be assumed. From 12 May 2020, measures will be relaxed and curfews lifted, while physical distancing will remain in place. Testing capacities have been increased to 300,000.* • *There have been 1.3 million cases in the USA to date, including around 80,700 deaths. Wearing a face mask is now compulsory in the White House.* • *Countries with 7,000 - 70,000 new cases/last 7 days* • *There are no major changes compared to the previous day. Brazil continues to show a strong increase. In the United Kingdom of Great Britain and Northern Ireland, there has not yet been a drop in the number of cases, but rather a plateau phase, which should be viewed critically in view of the planned easing of measures.* • *Countries with 1,400-7,000 new cases/day:* • *There has been a sharp increase in some African countries, including Egypt, Nigeria and South Africa. Starting with today's presentation on Egypt, individual African countries will be analysed in more detail in the coming days.* • *Countries with >100 cases and an R eff. >1:* • *The figure is largely unchanged. The size of the dots depends on the number of cases in the last 7 days. There is a slight downward trend in reproduction figures for Brazil and Russia, but the trend remains to be seen.* • *EMRO-North Africa:* • *North Africa is assigned to a different WHO region than the rest of the African continent. Egypt has the highest absolute number of cases compared to other countries in North Africa in the EMRO region, but Morocco has a higher incidence. Compared to other countries in the EMRO region (Iran, Saudi Arabia, Pakistan, Qatar, UAE), the number of cases in Egypt is lower.* • *Egypt:* • *Within the category of countries with*	*ZIG1*

RKI	*1,400 to 7,000 cases. There have currently been around 9,800 cases, including around 500 deaths (5.4% case fatality rate).* • *Measures included border closures and travel restrictions, a night-time curfew, the closure of shops after 5 p.m. and social distancing. Due to Ramadan, the main activities only take place in the evening. The establishment of COVID-19-specific hospitals makes sense in principle, but is limited by low bed capacities. Laboratory capacity is 100,000 tests in 40 laboratories, with a positive rate of 10%. This is relatively high from a German perspective, but justifiable in view of the WHO's stated range of 3 to 12%.* • *The measures implemented so far are inadequate; gatherings are often held, shops are open after 5 pm and the curfew is not consistently observed. Nowcasting also projects an increase in the number of cases.* • *Nevertheless, the government is considering easing restrictions for economic reasons, including the opening of hotels from mid-May and the requirement to "live with the virus" from June. The medical profession in Egypt is calling for a lockdown (similar to protests in Chile), while the government is demanding compliance.* • *Addendum on Romania: Political measures had primarily focussed on 2 severely affected regions and the Roma minority. Testing capacities in the country remain very low (with a positive rate of over 20%). It can be assumed that the actual cases are underreported; the plateau shown probably does not correspond to reality.* • *The findings regarding the path of spread of the pathogen have not yet been sufficiently confirmed. With regard to Egypt, it is being discussed whether the pathogen was introduced via German tourists. Whether the pathogen was introduced from Starnberg to northern Italy has also not yet been conclusively clarified. An early circulation of the virus in December 2020 is discussed in a French publication.* • *The German Armed Forces are currently investigating the occurrence of respiratory infections in connection with the military festival in Wuhan, where some athletes fell seriously ill. The results will be presented to the crisis team in the course of the investigation.* **National** • *Case numbers, deaths, trend (slides here)* • *There are currently around 170,500 cases, with fewer than 1,000 new infections reported since yesterday. Despite the delay caused by the weekend, this is a relatively small increase. Around a third of the newly transmitted cases are late notifications,*	*FG32/FG37*

RKI	*in connection with a SurvNet update and validation problems after input in Octoware.* • *Yesterday's R-value was 1.07. As of today's data, the reproduction number is 0.94, while the reproduction numbers in the federal states vary between 0.5 (Berlin) and 1.6 (Hamburg). The calculation of the mean value should take 7 days into account from 13 May 2020. According to the instructions of the BMG, the R-values are to be presented in text and figure after both calculations in order to prevent possible press reproaches. The figure for the last 7 days should represent a historical documentation of the R-values published in the situation report (with a comparison of both R-value calculations), not the current recalculation, in which the R-values of the last few days may deviate from the R-values published in the situation report. The figure labelling must be adjusted accordingly.* • *The maps show a high 7-day incidence in LK Coesfeld, LK Greiz, LK Sonneberg and SK Rosenheim. The small number of inhabitants in some cases must be taken into account. In Coesfeld, the relaxation of measures was postponed due to the outbreak.* • *It is being discussed whether the presentation of the hotspots can be included in the management report after consultation with the responsible state authorities. This would be in line with the increasingly qualitative reporting in the context of EpiLag; for example, various screening measures for slaughterhouse employees were reported today. Outbreaks are already reported in the situation report, but neither an incidence of 35/100,000 nor other "threshold values" should be decisive, as the RKI has so far spoken out against the creation of such indicators. Reporting on hotspots such as Greiz or Sonneberg could, on the one hand, overemphasise the situation there (similar outbreaks could also be detected elsewhere with appropriate screening measures), but on the other hand could also contribute to the understanding that the increased incidence in a district is due to certain outbreaks. In some cases, there is concern that emphasising individual districts counteracts compliance. In MV, there is currently a debate as to whether people from particularly affected areas should be refused permission to stay in hotels or holiday flats. This political discussion should be countered by experts.* • *The age/gender distribution of all cases is unchanged; the cases involving slaughterhouse employees tend to be younger men.* • *No new deaths in children have been reported.* • *With regard to the table and illustration of activities/support in various facilities, it should be noted that*	

	take into account that the variable does not record the probable location of infection, but only the affiliation to certain facilities. This may have consequences with regard to measures concerning these facilities. Furthermore, no differentiation is made as to whether care is generally provided or whether this also applies to the previous two weeks. In the illustration of the submitted cases by activity or care in facilities, a significant increase in the proportion of cases associated with an activity under Section 42 is noticeable; this includes employees of slaughterhouses, among others. An increase in cases under Section 33 is to be expected for school openings. • *According to the DIVI intensive care register, there are currently around 1,500 cases in intensive care treatment; capacities are largely unchanged.* • *Overload reports: The need for support from various GÄ cannot currently be met as there are no containment scouts available at the RKI. The transmission of overload notifications is partly carried out by the state administration, so that the responsible state authorities are not always informed about capacity bottlenecks in the implementation of infection control measures.* • *It is suggested that a detailed investigation of the situation in Berlin be carried out. There are relatively few cases in Berlin under metropolitan conditions with good test conditions, but the media report that physical distancing measures are not being implemented sufficiently, especially among young people.* • *Currently available data does not allow a differentiated statement on dentists.* • *With regard to outbreaks in slaughterhouses, the Bundeswehr adds that it is not so much the working conditions, but rather the accommodation on site (keyword: ghettoisation) that is decisive in favouring transmission.* *ToDo: FG37 creates detailed analysis with ARS data for Berlin.*	
2	**International (Fridays only)** *Not discussed*	
3	**Update digital projects (Mondays only)** *Not discussed*	
4	**News from the world of science** • *Cleary et al, "Efficient prevalence estimation and infected sample identification with group testing for SARS-CoV-2": z.K.* • *The press briefing of 12 May 2020 asked for data on the protective effect of smoking on COVID-19. According to previous evidence, smoking is a risk factor for severe courses of COVID-19 infection.*	*All*
5	**Current risk assessment** • *The wording of the risk assessment will be discussed tomorrow.*	*AL3*

6	**Communication** **BZgA** • *There has been a good response to the current telephone campaigns. Two trends can be observed: firstly, uncertainty in view of the easing of restrictions and the changed rules for Mother's Day, and secondly, feedback regarding facilities for the disabled, which are not yet available.* *are partially open and the domestic situation is threatening to escalate there. At the end of the telephone campaigns, any need for information should be evaluated.* • *It is important to thematise the "possible"; examples of restaurant visits or similar can help to better exploit the possibilities that are now available.* **Press** • *Requests for old versions of documents can be forwarded to the press or webmaster as long as html versions are available. Archiving options are currently being discussed.* • *On 11 May 2020, an individual demonstrated in front of the building on the north bank between 5 and 6 pm.*	*BZgA* *Press*
7	**RKI Strategy Questions** **a) General** *Not discussed* **b) RKI-internal** • *Lufthansa enquiry following the resumption of the designation of risk areas (Senate suspends quarantine obligation for travellers arriving from abroad)* • *There are increasing enquiries as to whether risk areas will be designated again in future, which Lufthansa, for example, is in favour of. In principle, it would make sense to develop an automatic mechanism and coordinate this with the BMG and AA so that no individual decisions have to be made with a corresponding delay and possibly the appearance of subjectivity. There is concern that the definition of an absolute number, incidence or even measures could lead to a patchwork of travel. A general travel recommendation, e.g. contact should be made with GA when returning from affected countries and symptoms are present, would be conceivable; however, a list of affected countries would then be requested. Contact should be made with the BMG, ECDC and WHO to ensure that ECDC and/or WHO develop appropriate recommendations. However, it is possible that ECDC will not address this issue because there has already been no technical endorsement of border closures. At the same time, it should be borne in mind that the ECDC would like to see a subnational designation of transmission, which the RKI has not yet done, so that a simultaneous request to the ECDC to develop criteria for risk areas may be difficult. Within the EU, an EU-wide harmonised,*	

	phased approach to border openings. • *Dealing with requests for administrative assistance regarding containment scouts (German Armed Forces, Médecins Sans Frontières):* • *According to the BMVG, the Bundeswehr is currently not available to support the GÄ, as previously trained containment scouts serve internal purposes, further scouts have not yet been trained and clarification is being sought with the BMG regarding possible cooperation. Accordingly, enquiries at federal level cannot currently be dealt with and reference must be made to the state level for the redistribution of existing Containment Scouts. It must be signalled to the BMG that the RKI has limited capacities for support.* • *In Berlin, so-called suitcase scouts are employed. 2 Berlin GÄ would employ 5 and 4 containment scouts respectively, who could be deployed nationwide for 50% of their working hours. The feedback of further GÄ in Berlin is still pending. In addition, a coordinator and 4 containment scouts are planned at the RKI. However, due to a lack of job availability, these cannot yet be employed.* *ToDo: Osamah Hamouda consults with Mr Reichenbacher to speed up the recruitment of the 5 containment scouts at the RKI.* • *Using criticism constructively: It is discussed whether and, if so, how and when external criticism of the RKI could be passed on to the BMG. Media accusations are directed, for example, at inadequate communication with the general public or the failure to conduct studies (why does the RKI not conduct studies such as the Heinsberg study?). The reason for this may be structural deficits or a lack of capacity (e.g. the RKI has no mandate to communicate with the general public and therefore does not have its own communications department). According to the VPräs, this would have to be evaluated as part of an after-action review, so it may be too early to approach the BMG with points of criticism during the situation. At the same time, it makes sense to document external criticism so that it can be taken up in the after-action review and supplemented with your own observations. An internal collection was already created at the beginning of the situation.* *ToDo: Mr Schaade discusses this matter with Ms Buchberger and asks whether she can collect the external points of criticism.*	
8	**Documents** • *Thesis paper Schrappe/Pfaff: approved.* • *Joint Statement of the Working Group of Airports Designated under the International Health Regulations (IHR) on Temperature Measurement and Other Methods at Airports (provisional title)*	*FG32*

	• *According to the statement, which addresses temperature measurement as part of entry/exit screening as well as mass testing (as at Vienna Airport), is to be published by the end of this week. Statements on mouth-nose coverings will be discussed separately. The document will be shared with the BMG in advance. The crisis unit believes that publication is still possible this week.* • *With regard to the document on dealing with COVID-19 in community centres, there were 22 comments, which were only partly containing constructive feedback. The 7th version is currently being prepared and will be made available to the BMG.*	*FG32*
9	**Laboratory diagnostics** • *With regard to the antibody tests now available, a tabular presentation of the laboratory constellations and decision options is suggested. The mere performance of an antibody test does not allow a statement to be made about the fact of notification. It is clarified that any indirect pathogen detection that indicates an acute infection is also reportable and that the reporting obligation is therefore broadly defined. The case definition does not need to be changed to reflect the handling of antibody tests; instead, a separate document or an addition to the FAQ should be considered to illustrate example constellations. The laboratories could name frequent constellations for this purpose.* *ToDo: Mr Mielke prepares sample constellations of laboratory results that indicate an acute infection and a proposal for FAQs* • *A presentation of test capacities by federal state is welcomed.* *ToDo: Tim Eckmanns will report tomorrow on the presentation of ARS data on test capacities and will provide slides for the presentation on test strategies at the Scientific Advisory Board.*	*Dept. 1*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Maps 7T incidence >50/>35 (Mirko Faber/Alexander Ullrich): To optimise signal detection, trends should increasingly be assessed that show which districts have consistently or only sporadically high 7-day incidences. This raises the fundamental question of which other indicators should be used in the current situation, e.g. the proportion of cases with a known origin, the proportion of cases that have already*	*FG32 / FG 35*

	contact persons, the proportion of cases associated with outbreaks. Within the framework of the AGI and EpiLag, several requests have already been made for the complete determination of this data. Dirk Schuhmacher is preparing a corresponding benchmarking within the RKI. Further discussion postponed until Thursday	
13	**Transport and border crossing points** *Not discussed*	
14	**Information from the situation centre** *Not discussed*	
15	**Important dates** • *Participation in the Research Council on 13 May 2020* • *Participation in the Health Committee on 13 May 2020*	
16	**Other topics** • *Next meeting: Wednesday, 13 May 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*13.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth Participants:

- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Michaela Diercke*
  - *Ute Rexroth*
  - *Meike Schöll (minutes)*
- *FG33*
  - *Ole Wichmanns*
- *FG 34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Countries with >70,000 new cases/last 7 days: These continue to include Russia (>230,000 cases) and the USA (approx. 1,400,000 cases). In Russia, the curve is flattening slightly, still around 10,000 new cases/day, but it is too early to judge the trend. In the USA, the curve is falling, but the CDC's modelling projects a further increase in cases. Testing in the US is declining again after a temporary peak, contrary to media reports and the government's projected increase in testing capacity and utilisation. The positive rate is between 12 and 15%, which is above the WHO recommendation. The decreasing trend in the number of cases could possibly be due to fewer tests.* • *Countries with 7,000 - 70,000 new cases/last 7 days* • *There are no major changes compared to the previous day. The rise in Brazil and the plateau phase in the UK continue.* • *Countries with 1,400-7,000 new cases/day:* • *A strong increase can be seen in Nigeria. The scaling, which is adapted to the course of the country, must be taken into account.* • *Countries with >100 cases and an R eff. >1:* • *The figure is largely unchanged. The size of the points is based on the number of cases in the last 7 days. Brazil and Russia show slightly decreasing trends. There is a high R value for Cambodia, which is due to a small increase with a low number of cases.* • *WHO-AFRO:* • *The map shows the most affected countries in the AFRO region. Detailed reports are planned for Nigeria (today), Ghana, South Africa and Algeria. A modelling exercise was carried out within the WHO-AFRO, the results of which are reported in advance. The estimate is based on country-specific variables such as transmission rate, lower mortality and low population age compared to non-African countries. The forecast for 2020 is 29 to 44 million infected people without containment, with 83,000 to 190,000 deaths (0.4%). A maximum of 3.6 to 5.5 million hospitalisations are assumed. Bed capacities are distributed heterogeneously, with South Africa having the highest capacities. PCR diagnostics are available in 44 of 47 countries. Strikingly low numbers of cases and deaths are projected.*	*ZIG1*

- *The assumption of a low transmission rate in countries with large family groups and, in some cases, close relationships is based on previous findings. In particular, a large proportion of the population lives in rural areas with low population density. Although there are hotspots with high transmission in metropolises, the overall picture is one of lower transmission rates due to fewer conurbations. Due to the young population structure, a lower mortality rate is expected.*
- *The proportion of Chinese professionals working locally has not been taken into account in the modelling. This population group lives very separately and has its own medical care.*
- *Initial studies indicate that HIV has no influence on the severity of COVID-19 disease.*

- *Nigeria:*
  - *So far, 4,787 cases have occurred there (incidence of 2.3/100,000 inhabitants). Cases have now occurred in 32 out of 34 federal states; the region around Lagos and the northern part of the country are particularly affected. Community transmission can be assumed (approx. 2/3 of cases without an epidemiological link). Men and young people (21-34 years) are mainly affected, while the incidence among older people is very low.*
  - *The measures included initial border closures and airport closures, followed by a regional lockdown (which has been lifted since 4 May 2020), the establishment of nationwide curfews (still in place) and the opening of shops for a maximum of three days. Testing capacities are acceptable with 21 laboratories and around 28,000 tests carried out to date; the positive rate is high at 16.8% (but not bad by African standards). The bed capacities are not sufficient.*
  - *It should be noted that Nigeria ordered a 2-week quarantine for arriving travellers at an early stage. These restrictive measures and the availability of SORMAS must be taken into account with regard to the slow progression of the epidemic.*

National

- *Case numbers, deaths, trend (slides here)*
  - *There are currently around 171,300 cases, including around 7,600 deaths. The incidence is 206/100,000 inhabitants.*
  - *In 3 federal states (BW, BY, NRW) the difference to the previous day is in the three-digit range, many are already in the single-digit range.*
  - *In a comparison of the nationwide nowcasting with the federal state-specific reports, which are sent to the federal states on a daily basis, some federal states are similar to each other.*

FG32/FG36

RKI	*like BB, while other federal states such as SL deviate significantly from this with a two-peak trend. Some of the federal states have provided feedback on the progression. As a possible explanation, HH, for example, refers to the high number of infected travellers at the beginning; however, technical problems may also have to be taken into account when evaluating the case numbers of the last few days. The feedback from HB, which has the highest 7-day incidence, is still pending. In the case of SL, the proximity to France with high case numbers should be considered as a possible explanation for the 2-peak course.* • *Yesterday's R-value was 0.94. Today's reproduction figure of 0.81 continues the trend. HH is the only federal state with a reproduction value above 1.* • *Maps show a high 7-day incidence in the LK Coesfeld, LK Sonneberg, SK Rosenheim and LK Greiz. In the LK Coesfeld, LK Sonneberg, SK Rosenheim the cumulative incidence in the last 7 days exceeds 50/100,000 inhabitants and additionally in the LK Greiz the level of 35/100,000 inhabitants.* • *The age/gender distribution of all cases is unchanged; deaths continue to occur primarily in the over-70 age group.* • *In a weekly comparison, the mean age value initially rises and has been falling again since week 18. The gender ratio has reversed since week 10, so that more women than men have been affected since week 14. Information on hospitalisation is often not available, which must be taken into account when interpreting the proportion of hospitalised persons.* • *According to the DIVI Intensive Care Register, there are currently fewer than 1,500 cases in intensive care treatment (declining trend) and capacities are largely unchanged.* • *GrippeWeb/AGInfluenza: There are remarkably few visits to the doctor due to respiratory infections. The ARE positive rate in the NRC for influenza viruses is also at a low level. Neither SARS-CoV-2 nor influenza nor rhinoviruses currently play a role.* • *ICOSARI: The weekly number of SARI cases and the proportion of COVID-19 cases among SARI cases continue to decline. The proportion of COVID-19 cases peaked in week 14 and week 15 and has been declining since then.* • *The data from the RKI test laboratory enquiry is currently being reviewed and will be reported at a later date.*	
2	**International (Fridays only)** *Not discussed*	
3	**Update digital projects (Mondays only)** *Not discussed*	
4	**News from the world of science**	*All*

RKI	• *Not discussed*	
5	**Current risk assessment** • *Wording of the risk assessment: It is proposed to differentiate more strongly in the risk assessment with regard to different groups, analogous to the formulation by the ECDC, without changing the current level. Further discussion postponed until tomorrow.* *ToDo: Press prepares proposal for further discussion.*	*AL3*
6	**Communication** **BZgA** • *Increasing uncertainty is being observed in protective behaviour and in the practical implementation of the measures, e.g. in schools, in view of the new easing of restrictions.* • *The German Gymnastics Federation has asked for support with hygiene concepts and training material. Short video clips may be produced.* • *The BZgA recognises different information needs depending on the group, which are to be met using different materials. Packages are regularly compiled to meet needs, e.g. for schools, employers, reception centres, in easy language or in sign language. These materials are available as PDFs; this could be advertised more strongly if necessary. Information with few languages must increasingly be made available.* • *From the point of view of the crisis unit, hygiene concepts should most likely be developed by the respective company doctors based on the RKI recommendations; the BZgA could provide support here, but it would be impractical to present concepts for all facilities. If necessary, concepts regarding social distancing and the wearing of a face mask should also be communicated to retail sales staff.* • *It is suggested that information materials regarding COVID-19 be produced in the context of a heatwave summer; the WHO-EURO has produced a communication entitled "Keep cool during COVID-19 outbreak".* **Press** • *The management report is to use the smoothed R-value for the first time today. Explanations in this regard should be communicated to the press as early as possible.* • *Marieke Degen has prepared a draft situation assessment.* • *On Friday and Saturday, demonstrations regarding COVID-19 and animal testing will take place on the north bank.* • *The draft text for the situation assessment in individual districts, which is to be included in the summary of the management report, is being processed by Michaele Diercke and will be implemented tomorrow at the earliest. The approval processes may need to be adjusted.*	*BZgA* *Press*
7	**RKI Strategy Questions**	

	• **General** *Not discussed* • **RKI-internal** • *Dealing with requests for administrative assistance regarding containment scouts* • *If the health authorities report an overload, the federal states must first provide resources. This often involves support with contact tracing. Short-term support from the German Armed Forces would be helpful and will probably be requested from BW and TH.* • *According to the Bundeswehr, the process is currently being clarified with the BMG. Mr Klaubert and Mr Schultz (BMG) are expected to get in touch with Ute Rexroth. The Bundeswehr has already trained 36 people (1/3 doctors) and will also train lay people. If necessary, the BMG's situation centre will be contacted.* • *The language skills of the Containment Scouts are currently unknown. However, this can be enquired about by email. In BW, support with contact tracing is required from people with language skills in Bulgarian, Romanian, Polish and Hungarian,* *ToDo: FG37 enquires about the language skills of the containment scouts deployed in BW.* • *Discussion test strategy Proposal by Mr Schaade Mail 8:16 - Supplement flow chart and notes for KoNa, supplement "Cookery book"* • *While the testing of asymptomatic people was not recommended at the beginning of the epidemic, asymptomatic contact persons should also be tested following the announcement by BM Spahn and instructions from the BMG dated 17 April 2020.* • *Adapting the testing strategy is generally sensible if testing capacities are available. The testing of asymptomatic contact persons serves the early detection of cases and is not to be understood as voluntary testing; it has no influence on the duration of the quarantine.* • *Details on cost coverage, timing of (repeated) testing, combination of PCR and serology in certain settings, etc. are to be clarified in the diagnostics/testing strategy working group.* • *In principle, the practicability of implementation should also be considered when developing or amending recommendations, e.g. in the context of a chain quarantine within a household.* • *Further discussion in the diagnostics working group and tomorrow in the crisis team.*	*FG32/FG37* *All*

RKI	*ToDo: The contact management documents will be adapted. Diagnostics working group clarifies further details.* • *Designation of risk areas* • *Following on from yesterday's discussion, it was mentioned that a new designation of risk areas by the RKI was expected in the AGI. This was averted during the discussion. According to media reports, the first border openings are to take place from 16 May 2020. The interministerial crisis team, in which Walter Haas took part yesterday, shared the expectation that the ECDC would develop criteria. The ECDC rejected border closures in the context of the pandemic and will therefore not develop any criteria for opening borders, according to FG 32 and ZIG. It may be possible to fulfil the technical mandate by providing data at subnational level from the ECDC, from which parameters could be derived by policymakers. However, it is still unclear what criteria could be used to provide data at subnational level in Germany that differentiates between cluster and community transmission.* • *Further discussion postponed.*	*All*
8	**Documents** • *The document on separate care in the inpatient sector is online.* • *The statement on temperature measurement and other methods at airports presented yesterday by the working group of airports designated under the IHR is published.* • *The document for the current strategy phase has not yet been created.*	
9	**Laboratory diagnostics** • *It is not possible to show the test capacities by federal state on the basis of the RKI test laboratory enquiry using VOXCO, as distortions exist in some cases where the samples originate from across federal states.* • *SARS-CoV-2 in ARS (slides here)* • *As part of laboratory-based surveillance, data on SARS-CoV-2 testing is collected, among other things. The 60 laboratories currently receive samples from the outpatient and inpatient sectors. The number of tests has remained relatively constant over the last 8 weeks at around 130,000 per week, although this is slightly lower in weeks with public holidays. After an initial increase in the positive rate, it has been declining since week 14 and is currently at 0.25%; the trend over time is similar in the federal states. The test capacities are currently not fully utilised.* • *In the number of tests per 100,000 inhabitants by age group and KW, there is an increase in people over 80 years of age; this increase is also reflected in the number of positive tests per 100,000 inhabitants in this age group.*	*FG37*

	Age group. • *Coverage is estimated on a weekly basis from the ratio of reported cases and people tested positive in ARS. The average from week 12 to week 17 is used as a correction. Currently, 34% coverage is estimated for the federal government.* • *With regard to the extrapolation of tests, the estimate for ARS is higher (>400,000 tests per week) than for the RKI test laboratory query carried out using VOXCO. The latter is based on manual input and totalling.* • *The estimated coverage by federal state gives a variable picture, which is partly due to the different number of laboratories in the respective federal states. In addition, some federal states, such as Berlin, also receive samples from the surrounding area.* • *When extrapolating the number of tests, all federal states have around 500 tests per 100,000 inhabitants (HE, MV, RP currently < 500). The figure does not show all federal states, as at least 10% coverage is required.* • *Multiple tests can be assigned to the same person as long as they were analysed in the same laboratory.* • *Studies on co-infections, e.g. bacterial superinfections in COVID-19, are currently being planned or implemented. These results can be presented in the course of the project. Within ARS, no diagnoses can be recorded, only pathogens (including localisation, time course, co-infections).* • *A statement on antibody development may be possible via blood donation studies.* *ToDo: FG37 presents SARS-CoV-2 in ARS presentation at tomorrow's AGI.*	
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points** • *S.o.*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Participation in the Research Council on 13 May 2020* • *Participation in the Health Committee on 13 May 2020*	

RKI	• *ÖGD webinar: Marc Thanheiser and Martin Mielke take part*	
16	**Other topics** • *Next meeting: Thursday, 14 May 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*14.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Basel chequered*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Top 10 countries by number of cases: no changes compared to yesterday, strong upward trend in Russia and Brazil, UK relatively constant in recent weeks, continuing upward trend in India, Saudi Arabia and Chile* o *10-day plan Wuhan: There have been no cases here since the beginning of April, but now a new cluster with 6 cases. The government has decided to test all residents of Wuhan (11 million) with PCR in the next 10 days.* • *30 serological studies from 12 countries, summary:* o *Different context, sample size (145- 20,000 people) and methods (general population, schools, blood donors, nursing homes, health centre staff, etc.)* o *These are not (only) scientific publications, often only results from the media* o *Seropositivity between 0 and 32%, the latter, highest proportions in Boston (32%), retirement home in Sweden (30%), high school in France (26%)* o *Limited validity due to non-random recruitment of participants (random sampling)* o *False positive test results in Boston and France, where POC/Rapid tests were used (not recommended by the WHO)* o *Only one study has also investigated the quality (neutralising) and quantity of antibodies* o *The seroprevalence of 60-70% targeted for herd immunity was by no means achieved, even in heavily affected areas* o *Various serological studies are being planned internationally, there is great interest in lower and middle-income countries, ZIG will provide an update on this soon* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 172,239 (+933), thereof 7,723 (4.5%) deaths (+89), incidence 207/100,000 inhabitants, approx. 150,300 recovered, Reff=0.81 (value from yesterday)* o *DESTATIS would like to publish deaths by date of death this week in consultation with RKI, BMG will also be consulted on this* o *Reproduction number* ▪ *Matthias an der Heiden has written an accompanying text for the*	*ZIG1* *FG32*

RKI	*new, smoothed R-value prepared* ▪ *Reff values BL: only for HH >1, due to IT-problems, some cases were reported late* o *7-day incidence is above incidence threshold in 4 LK/SK* ▪ *Coesfeld: NW, meat processing company* ▪ *Sonneberg: TH, retirement/nursing home and KKH, active case search in facilities* ▪ *Coburg: BY, right next to Sonneberg, also a lot of commuter traffic* ▪ *Rosenheim: BY, screening in asylum centres* ▪ *In some circles, large-scale screening was carried out, and there were also a few cases of "lockdown" due to the weekend and the IT crisis. Problems with transmission delays* ▪ *Negative experience due to media interest may reduce willingness to test* ▪ *No measures are currently planned in Coburg* o *In DE, there are more women than men among the cases, This may be due to the more sensitive testing (severity not decisive for testing, more men among severe cases)* o *Age groups of deaths: changes towards younger deaths, increased requests to the RKI to report in more detail on cases between 0 and 19 years (LK/SK, previous illnesses, etc.),* *Data protection review underway* o *Cases by facility (activity/supervised): more cases among people working in kitchens or restaurants of facilities (§42), among supervised persons the number of cases is declining despite screening* o *Just under >1,300 patients currently require intensive care* o *Outbreak in meat processing plants: as of 11 May ~250 cases,* • *Overload notifications* o *KoNa cannot (always) be ensured by the RKI* o *The media also made enquiries with the GAs* o *Support from the German Armed Forces (BW) must be channelled through the BMG, where there are two liaison officers* o *BW has standing procedures, there are various formal channels that are currently being consistently followed. An agreement is being reached today between the RKI (Ute Rexroth) and the BW liaison officers at the BMG. From the week after next, the BW will also be training containment scouts* o *BL may be able to offer the following within their country reschedule available containment scouts or send feedback to the BMG if Bundeswehr-*	

RKI	*Support is necessary* ○ *Important distinction:* ▪ *Overload notifications are political notifications that GAs are overloaded. First of all, the BL support its circles, if this is not possible, see where help can be obtained. The RKI only documents this* ▪ *Requests for administrative assistance are requests for technical support, which the RKI endeavours to provide depending on the Capacities to serve*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** • *Not discussed*	
5	**Current risk assessment** **RKI risk assessment** *(proposal here)* • *An adjustment of the RKI risk assessment is planned* • *"high for the population as a whole, very high for risk groups" remains unchanged for the time being* • *This valuation is not a forecast, but is often treated as such* • *The basics of risk assessment are currently explained on a separate website (here)* • *The criteria on which the assessment is based should now also be briefly outlined within the risk assessment by briefly listing the system and presenting the result, the basic principles (separately) remain the same* • *Attention: Increasing the level of detail involves a higher risk of contradicting each other on different pages/different documents* • *It already seems sensible to consider what the next gradation could be, e.g. "regionally high", if the current downward trend continues* *ToDo: TC develops proposal for adapting the risk assessment, presentation of the criteria/system for the assessment and the results.*	*VPresident/all*
6	**Communication** **BZgA** • *Note on risk assessment: what are the consequences of the possible upcoming "regional risk areas"? Here*	*BZgA*

RKI	*the question may arise, especially for risk groups* • *Telephone campaigns together with regional daily newspapers* ○ *With the easing of the measures, the uncertainty among the population regarding catching up on appointments, family celebrations, etc. is increasing.* ○ *Top topics: Vaccinations, including existing ones, e.g. influenza and pneumococcus* **Where easing is more difficult** • *Relaxation is viewed more critically for gatherings of people in a confined space, where the people are then scattered again (not necessarily in the same household), possibly with music, alcohol, loud entertainment, e.g. discos, clubs, shooting festivals* • *There is no/little data available on such settings* • *If the number of cases continues to fall and no more people are infected, you can't get infected in the club, then the risk of transmission will change there too* • *There are currently an increasing number of cases in accommodation where people live close together, e.g. old people's homes, hospitals, etc. Hopefully, compliance with hygiene measures will improve over time* • *Adapted measures are also important in the absence of the pathogen, for example MRSA in the hospital, even if the pathogen is not present, measures should be implemented well* • *In many LCs there have been no more cases in recent weeks (unexpectedly good!), sensitivity must be maintained if measures are relaxed* • *In DE, the population had already implemented certain measures before official measures were announced* • *As always, good communication is important here too: even in a few cases, superspreading events must be prevented, in large gatherings of people in closed rooms →* *This should also be made clear to the population once again and be better communicated* • *It is also important that expectations are kept realistic, a perception that regular testing will allow the general population to move freely must be avoided* • *BZgA: the messages must first be clearly defined and then communicated in a target group-specific manner (development of special materials that are used in a target group-specific manner)* • *BW: A lot can be communicated with positive news, e.g. Bundeswehr sports medicine prepares something for club sports, this is shared with RKI when it is ready* • *There must be good coordination with BZgA regarding these messages, behavioural change is not RKI but BZgA strength* **Press** • *Risk assessment was discussed above*	*VPresident/all* *Press*

RKI	• *The coordinated statement on entry and exit screening is published today* • *Publication next week from the Paderborn district on testing staff in retirement and nursing homes* • *Use of daily updated emergency room data is planned*	
7	**RKI Strategy Questions** **a) General** **test strategy** • *The issue was raised yesterday in the crisis team but AL1 Was not there, has not yet been finalised* • *Next Monday, the diagnostics working group will discuss the test strategy with all three subgroups, BMG will also be present:* ○ *Testing of specific populations (symptomatic, contact persons, risk groups in nursing homes and admission wards in hospitals, sero-epidemiological studies)* ○ *Significance of seroepidemiological studies/quality of antibody tests* ○ *Correlation of neutralising antibodies and immunity* • *Udo Buchholz from FG36 will take over papers on contact person management, please send additional information to FG36 to enable good revision, this should also be coordinated with AL1* • *As part of the CoNa, the possibility of testing asymptomatic category 1 CP is also to be opened up. Whether these should be tested several times or whether a single test is sufficient is still being discussed.* • *Population-wide screening: this approach is not supported by the RKI, AL2 is starting a position paper to point out the problems with it (statistical concerns, false positive results, interpretability, etc.). The paper will also be presented in the Lage-AG, currently Mrs Neuhauser (?) is responsible for this* • *Further questions are the importance of seroepidemio- logical studies for the assessment of infestation, e.g. when is the further examination of a larger group regionally important at all (also with regard to the conservation of test capacities)? How does the usefulness of further testing depend on the signal value being undercut?* • *The terminology must be well established so that it is also politically clear what is being talked about; this must be taken into account in the work on seroepidemiological studies* • *Doubts arise from the BL about the reliability of the tests, e.g. if several people live close together and only one person is positive at a time* • *Quality issues are an integral part of the working group, the diagnostics*	*all*

RKI	*Paper is also being revised in this respect* • *The PCR analysis is highly sensitive and is generally not a problem, only a few laboratories do not yet have good performance in this respect, incorrect results are more likely to be acceptance errors* • *The possibility of antibody testing in the event of continued clinical suspicion is discussed; antibody testing can be used as a further diagnostic criterion if necessary* • *Data from Iceland: every 2nd person who is PCR-positive is asymptomatic, of asymptomatically tested seroconverters only approx. 20%* *ToDo: AL1 discusses position paper on population screening with AL2* **Spit for testing** • *Can spit be considered as a medium for easier sampling at some point?* • *This is being considered and is conceivable* • *The challenge is rather that the laboratory logistics are very focussed on the use of swabs, an extension to saliva samples would mess this up* • *Spit as a sample material has little or no effect on sensitivity, but is not the method of choice and is more of a fallback alternative* • *Colleagues from Norway have reorganised their entire system to test spit (as part of de-escalation), in a few weeks it will become clear how this works* • *Should be kept in mind by RKI* **Border openings (from TK VPräs with BMG)** • *BMI is putting pressure on border openings and wants criteria for when they might be reopened (border closure, quarantine)* • *The proposed 14-day incidence of 50/100,000 inhabitants seems relatively high (many cases). Seems relatively high (many cases), should a lower threshold be used (25/100,000)?* • *A higher value would be more preferable to prevent too rapid/frequent closures, but BMI is determined that RKI should try to prevent a nonsensical limit value* • *The BMG wants ECDC to define these criteria and plans to bring this to the HSC TK this afternoon, they will ask for a standardised cut-off* • *Johanna Hanefeld is also to discuss this with the European Commission (EC) and ECDC* • *BMG wants to force ECDC to do this via the EC, EC is well placed to exert pressure and influence ECDC. If ECDC accepts this, it could be a good approach for the region, but it remains questionable whether incidence is the only value for the region.*	

RKI	*assessment, test capacities should also be taken into account* • *RKI absolutely tries to support the approach of a regional or differentiated assessment in order to allow targeted measures/prevention* **Provisional ÖGD contact point (from TK VPräs with BMG)** • *The RKI concept was assessed by the BMG and found to be basically not bad, comments follow and should be incorporated to adapt the concept* • *BMG still needs to secure funding for the 40 positions, possibly as unscheduled expenditure before 2021* • *For political reasons, a very prompt, partial realisation is desired; the BMG would like to build a temporary solution:* o *Mini-satellite of the RKI-LZ that takes care of GA* o *2-3 RKI MA incl. ÖGD contact centre management* o *Rottmann turns to other departments and assigns 15 other people to the RKI on a temporary basis who are already somewhat familiar with the subject (from BW, MSF, BMEL, Red Cross, BBK, BVÖGD)* o *RKI needs to think about where the 15 additional people will be placed, including physical distancing* o *Initial time horizon is 12 weeks* o *Due to public perception, there is no alternative to the immediate creation of this temporary facility at the RKI* o *Some questions still need to be clarified, e.g. from when? What should the qualifications of the ex-RKI staff be and how will they be selected? What is the hierarchical position, can the RKI also send non-RKI-MA?* o *Coordination and familiarisation process as well as training of these people is important* o *Containment scouts currently have a lot of contact with the GAs, certain LZ activities can be handed over if necessary (communication is important)* **2 RKI internal** **Think Tank** *(document here)* • *Title: the term think tank is unfortunate, this is usually an independent organisational structure that works on a long-term and results-oriented basis, another term is preferable, as it is not a suitable wording, especially internationally* • *Alternative proposal: COVID-19 advisory group* • *There are no plans to publicise this specifically, but due to the fact that the RKI's communication is not always perceived as transparent by the media, the exchange with other experts should also become visible (a lack of communication makes the RKI vulnerable)*	

RKI	• *The group should consist of approx. 10-12 people and a (potentially lengthy) official appointment process will be avoided; the focus should be on the exchange and use of expertise* • *There is an advisory group consisting of people who are already collaborating/connected with the RKI, some of whom have been appointed (e.g. KL, NRZ)* • *Gender balance appears important if a legitimising function is to be fulfilled externally* • *If committees are asked for nominations or suggestions, it takes longer, a pragmatic approach would be for the RKI management to choose who they would like to be advised by* • *No final discussion today, next steps:* o *Members* ▪ *More attention should be paid to gender and more women should be nominated* ▪ *More experts with a clinical background* ▪ *STIKO proposal (Mr Mehrpol?) went to the LZ at the weekend, should be checked* ▪ *Mrs Gastmeyer has many commitments, Prof Mattner has now been appointed by the Gesellschaft für KKH-Hygiene appointed* ▪ *Ms Thun from the Charité because of digitalisation?* ▪ *STIKO Guest of the Expert Council Mrs Hummer?* o *Document* ▪ *A column should be introduced to indicate where the experts are currently located, also in which committees they may have already been discussed.* ▪ *Text supplemented by statements on the framework, naming and announcement of the advisory group* *ToDo: LZ/LZ management make the above changes* • *Procedure Meat industry/ Publication: not discussed* • *Case-control study on risk factors: not discussed*	
8	**Documents** • *Not discussed*	
9	**Laboratory diagnostics** • *Assessment of antigen tests: postponed, not discussed* • *Indicator for proportion of false positive results? Not discussed* • *Nothing new from FG17*	*AL1* *FG17*
10	**Clinical management/discharge management** • *Not discussed*	

11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Maps 7T incidence >50/>35 (Mirko Faber/Alexander Ullrich): not discussed* • *Reporting "Community Transmission" ECDC: It must be clarified soon what is desired, DE puts pressure on the indicators but does not deliver, may be discussed immediately in the AGI TK: how can an assessment be achieved based on German data?*	*FG32*
13	**Transport and border crossing points** • *See above under strategy questions: BMI border openings*	*FG32*
14	**Information from the situation centre** • *Not discussed*	*FG32*
15	**Important dates** • *AGI-TK* • *TK AG Airports* • *ECDC BMG TK VPräs is organised by BMG*	*all*
16	**Other topics** • *Next meeting: Friday, 15.05.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*15.05.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walther Haas*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*

- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Top 10 countries by case numbers: approx. 4.5 million cases, first places are unchanged, case numbers in the United Kingdom are falling* o *Countries with > 70,000 new cases in the last 7 days:* ▪ *Russia: approx. ¼ million cases. The number of cases is stabilising. Testing has been significantly increased.* ▪ *United States: The trend is downwards. Testing has not been increased. Measures will continue loosened.* o *Countries with 7,000-70,000 new cases in the last 7 days:* ▪ *Iran: Relaxations have been introduced, selective increase in some districts. Next week detailed report.* o *Countries with 1,400-7,000 new cases in the last 7 days:* ▪ *Increase in Kuwait, Bahrain: mainly due to outbreaks in the migrant worker population* o *Countries with >100 cases and an R eff. > 1, e.g:* ▪ *Russia: downward trend* ▪ *Brazil: slight downward trend* ▪ *Cambodia: R-value of 5, due to small number of cases* • *China* o *82,929 cases, 44 cases reported in the last 7 days, mainly in Jilin province.* o *The first cases have been reported in Hubei since 3 April. Measure: all 11 million inhabitants in Wuhan will be tested within 10 days (PCR). Testing staggered by neighbourhood, prioritisation of older residents, no retesting of people who have been tested within the last week, no testing of children <6 years.* o *Jilin Province (North China): a total of 134 cases since the beginning of the epidemic, including 22 cases in the last 7 days. Index case of cluster in Shulan with no travel history or contact with known case. Measures: entire urban area of Shulan classified as high-risk region, partial lockdown.* o *4.4 million inhabitants City of Jilin: 6 cases, 5 of which with clusters in*	*ZIG1*

RKI	*Shulan associated: Buses and trains cancelled, schools closed, leaving the city only possible with negative proof or quarantine.* • *WHO - AFRO* o *The modelling has been modified and will be published tomorrow in BMJ Global Health:* ▪ *If no measures are taken, 231 million people (22%) will be in 1 year infected, of which 37 million become symptomatic* ▪ *3.6 - 5.5 million hospitalisations* ▪ *83,000 - 190,000 deaths* ▪ *Most affected: Algeria, Ghana, Nigeria, South Africa* o *Reasons for low number of expected hospitalisations and deaths:* ▪ *Age structure: The median age in most African countries is between 14-20 years.* ▪ *Population density: is significantly lower than in Europe or Asia, totalling only around 1 billion people.* ▪ *Low mobility, but no reliable data on this* o *The number of deaths from AIDS-related diseases could double due to restrictions in healthcare provision. A six-month interruption in antiretroviral therapy could lead to 500,000 additional deaths.* o *Restricting supplies could significantly increase the number of deaths from malaria.* o *Suspending vaccination programmes has medium and long-term consequences.* o *The economic impact is particularly severe due to the lack of social safety nets and the savings of large sections of the population.* o *Transport restrictions could make food security an even bigger problem.* o *Due to the economic burden, Ghana, Nigeria and Botswana have begun to ease lockdowns.* o *A lockdown does not make sense in Africa, as the collateral damage is too great.* o *In low and middle income countries, testing is mainly carried out for HCW.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 173,152 (+913), of which 7,824 (4.5%) deaths (+101), incidence 208/100,000 inhabitants, approx. 151,700 recovered, R eff=0.75 (value from yesterday)* o *Curve with cases by date of death flattens out towards the back;*	*FG32*

RKI	*deaths per day are falling slightly.* ○ *Case fatality rate no longer increases linearly.* ○ *Reproduction number: 2 different R-values are now presented in the situation report. The R-value is below 1 in all CCs except MV. In MV, the R-value is particularly vulnerable due to the small number of cases.* ○ *7-day incidence is above incidence threshold > 50 cases/100,000 in only 2 LK/SK: LK Coesfeld and LK Coburg* ○ *LK Coburg and LK Sonneberg* ▪ *Some carers work in one district and live in the other. Both LKs have strong measures taken: Visiting bans for care homes, serial testing.* ▪ *In Coburg, employees were increased in the GA and no overload report was submitted. Sonneberg has a Overload report submitted. Mrs Rexroth is in discussion with the BL.* ▪ *Co-operation takes place at LK level across national borders. GAs exchange information about cases out. Measures are not harmonised, but are similar.* ○ *No major changes in the geographical comparison with the previous week.* ○ *The age and gender distribution has not changed significantly. The proportion of very old people has decreased slightly.* ○ *Deaths: since yesterday, the situation report has included an extra sentence on deaths among the under-20s.* ○ *Cases by activity or care in facilities: similar to before. Proportion of cases with activity in food businesses (outbreaks in slaughterhouses) is increasing (peak in week 19).* ○ *DIVI Intensive Care Register:* ▪ *More patients with completed treatment. Number of patients in intensive care treatment and ventilated patients continues to decrease.* ▪ *The capacity of free beds is decreasing. Question: are more patients from normal care being admitted to intensive medical treatment?* • *ICOSARI* ○ *Comparison of SARI cases from the last 5 flu waves (weeks 3-11) with SARI cases with COVID-19 from 2020 (weeks 10-18). 88% of cases in the dataset have a SARI diagnosis.* ○ *Distribution of age groups: It is striking that a high proportion of children were affected in the SARI cases of the flu epidemics, but not in the COVID-19 cases. Under-15s were therefore excluded from the comparison.* ○ *Proportion of severe courses: In both groups, approx. 1/3 were in intensive care treatment. In contrast, the proportion of ventilated and deceased patients in COVID-19 cases is*	

	higher. ○ *Duration of hospitalisation: Median length of stay is not much higher for COVID-19 cases, but the range is wider.* ○ *Duration of intensive treatment: Age group between 60-79 stands out in COVID cases (median significantly higher).* ○ *Duration of ventilation: COVID-19 cases were ventilated for significantly longer, affects all age groups.* ○ *Proportion of deaths: The higher the age, the higher the proportion of deaths. Compared to the SARI cases from the flu seasons, twice as many cases die.* ○ *Proportion of deceased cases with a risk factor: cases with and without a chronic pre-existing condition. Obesity and kidney disease stand out. What was subsumed under kidney disease needs to be analysed in more detail.* ○ *Proportion of intensive care cases with risk factor: Proportion of patients with COVID-19 is significantly higher in patients with kidney disease, but also without chronic pre-existing conditions.* ○ *Proportion of ventilated cases to cases with a risk factor: a significantly higher proportion of young people with kidney disease are ventilated.* ○ *This is an interim status, further analyses will take place. What are risk factors? Kidney diseases must be differentiated, subgroups should be presented.* ○ *These are technical principles for orientation. It It is not possible to judge individual cases on this basis.*	
2	**International (Fridays only)** • *Exchange with Uzbekistan and China, request for assistance from Tajikistan* • *This morning meeting on seroprevalence studies: active efforts to find partners in Malawi and Iran, existing partnerships with South Africa; focus on prevalence* • *Longer-term comparative study in sub-Saharan Africa: HCW cohort with local partners* • *First meeting with BMG today on Corona-global programme from GHPP funds*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** • *Not discussed*	
5	**Current risk assessment** • *Not discussed*	

6	**Communication** **BZgA** • *BZgA has moved beyond the phase of pure information dissemination, is now developing a strategy for empowerment, implementation as quickly as possible.* **Press** • *2 demonstrations announced in front of RKI on the north bank (animal welfare and Corona).*	*BZgA* *Press*
7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** **Advisory Board** *(proposal here)* *Function: Networking of the committees. In particular, advisors who are already active in other committees should be represented on the advisory board (including other relevant committees, not just RKI committees).* • *Virology: Mr Drosten* • *Theoretical Epi/Modelling: Mr Meyer-Hermann* • *ÖGD: Mr Pulz* • *Social Epidemiology: Mrs Müller-Nordhorn (after consultation with Mr Lampert)* • *Ethics: Mr Marckmann or Mr Strech, still to be clarified* • *Hospital hygiene: Mrs Gastmeier; if she does not have time: Mrs Wendt* • *Internal medicine: Mr Hallek* • *Intensive care medicine: Mr Karagiannidis* • *Paediatrics: Mr Schroten* • *Infectiology: Mrs Addo* • *International area: Mrs Kampmann* • *International institutions: Mrs Ammon or Mrs Stein, depending on time capacities* • *Veterinary area: Mr Mettenleiter* • *Vaccination: Mr Meerpohl* • *Patients/Nursing: Mrs François-Kettner* • *Communication: Mr Stollorz* • *Public Health: Mrs Rehfuess* • *Medical Informatics: Ms Thun* • *Neurology is dispensed with* *ToDo: Forward the proposal to Mr Wieler* **Time article about RKI** • *not discussed* **AG IGV-Flughäfen expresses need for standardised nationwide guidance on resumption of air traffic**	*All*

RKI	• *TK with informal working group yesterday: there is an increased need for clarification and the desire for a German-language paper. RKI does not actually have a public mandate, but standardisation would be useful.* • *To be proposed by representatives of the AGI, who are part of the working group, at the next AGI meeting.* **Coordination of the joint BMI/BMG crisis management team's mandate to provide decision-making aids on how to proceed with regard to the crisis.** **Decision parameters for dealing with international (EU-wide) handling of Covid-19, entry/exit and border regimes** • *Order from interministerial crisis management team: The division into risk areas was based on epidemiological reasons for case identification. Closing and opening borders are political decisions. If parameters were used, these would be the development of case numbers, vsd. capacities (laboratory, health sector) and measures as well as mobility* • *The RKI does not have all the necessary data for this. 50 cases/100,000 in 1 week would be the only available criterion. The corresponding map is still in progress.* • *RKI would like to pass on work order to ECDC or WHO. However, ECDC has already rejected the development of criteria.* • *Model entry regulation for BL and carriers is being drawn up by the BMG.* • *Suggested wording: Based on the decisions of the State Secretaries, the RKI assumes that the order has been completed. <u>Addendum:</u> BMG enquiry has revealed that the work order no longer exists due to CdS decision*	*FG32* *ZIG / FG32*
8	**Documents** • *Not discussed*	
9	**Laboratory diagnostics** • *Diagnostics working group status: are about to finalise the report on the testing of asymptomatic contact persons Cat. 1 with an overview table for the evaluation of constellations.* • *Testing of contact persons Cat. 1 should take place on an ad hoc basis in the event of an outbreak or suspected outbreak. It is not about voluntary testing, but about recognising asymptomatic cases.* • *The most favourable interval for testing is an early test (day 0/1) and a second test on day 7 or 10.* • *Testing as early as possible makes sense in order to prevent further infections. ÖGD needs simple regulations.* *ToDo: Distribution of the consolidated version at the weekend, finalisation on Monday* • *ZBS1: Almost 500 samples, of which almost 5% positive, more samples expected next week due to the start of the HCW study.*	*AL1* *FG17*

RKI	• *In Marzahn Monday and Tuesday start of HCW testing by PCR and serological testing.*	*ZBS1* *FG37*
10	**Clinical management/discharge management** • *Paper on strategic patient transfer is currently being prepared. More on this next week.*	*IBBS*
11	**Measures to protect against infection** • *Contact tracing for respiratory diseases caused by the SARS-CoV-2 coronavirus: discussed under laboratory diagnostics*	*FG36*
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points** • *Discussed under RKI strategy*	*FG32*
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Professional supervisory complaint about Mr Wieler regarding failure to adapt recommendations for family carers: will be answered by L1* • *Next meeting: Monday, 18.05.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*18.05.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Johanna Hanefeld*
  - *Andreas Jansen*
- *BZgA*

- *Heidrun Thaiss*

- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 4.5 million cases and approx. 315,000 deaths* • *Top 10 countries by number of new cases in the last 7 days: Brazil and no longer Russia is in 2nd place* • *Countries with >70,000 new cases/last 7 days* ○ *Russia: plateau, rather with a downward trend with constantly under 10,000 new cases per day; strengthening of measures is only beginning to show results* ○ *USA: possible rebound after plateau* ○ *Brazil: sharp rise, up to 16,000 new cases per day* ▪ *241,000 cases, deceased* ▪ *Public healthcare system can no longer cope with the onslaught in some states.* ▪ *Further exposure to measles and dengue infections* ▪ *Easing measures have been postponed.* ▪ *In addition, complete lockdown in some northern states for the first time; decisions on Tightening or easing of the quarantine is at local level* ▪ *At the beginning of the epidemic, it was mainly the more privileged classes (travellers to Europe) who were affected, now increasingly Poorer sections of the population* ▪ *Richer classes can use private clinics that still have free capacity, while the poorer ones population only the public healthcare system.* ▪ *In suburbs and favelas, distancing or hygiene measures are not possible.* ▪ *The R-value is above 1 in almost all regions* • *Countries with 7,000 - 70,000 new cases/last 7 days* ○ *UK: Downward trend continues* • *Countries with 1,400-7,000 new cases/day* ○ *South Africa: number of infections now over 1,000; start of problem in townships* • *Countries with >100 cases and an R eff. > 1:* ○ *The only country with a large number of cases and an R value > 1 is Brazil. The high R-value of Cambodia is, as already described, due to the small number of cases.* • *Countries with >100 cases and an R eff. < 1:* ○ *R eff. of Russia and USA is now below 1; trend of Russia tends to point downwards, of USA upwards.*	*ZIG1*

RKI	• *Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries (Lancet, 2020)* o *Johns Hopkins University modelling study with 3 scenarios in which essential maternal and child health care is reduced by 9.8-51.9% and the prevalence of malnutrition increases by 10-50%.* o *In relation to 118 low- and middle-income countries* o *The least severe scenario over 6 months would lead to 253,500 additional deaths in children and adolescents. 12,200 additional maternal deaths.* o *The most severe over 6 months would lead to 1,157,000 additional child deaths and 56,700 additional maternal deaths.* o *If routine healthcare is disrupted and access to food is reduced as a result of deliberate policy decisions in the response to the pandemic, the increase in infant and maternal mortality would be significant.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 174,697 (+342), of which 7,935 (4.5%) deaths (+21), incidence 210/100,000 inhabitants, approx. 154,600 recovered, Reff=0.91* o *Cases per federal state: further decline, no BL has submitted new cases in the 3-digit range.* o *Cases by date of death: declining significantly* o *Estimation of the reproduction number: comparison of 4-day R-value (0.91) and 7-day R-value (0.82). When estimating the more stable R (7-day R), fluctuations are more strongly equalised.* o *Reproduction number by federal state: below 1 in almost all federal states* o *Counties with 7-day incidences > 50 or > 35 cases /100.000:* ▪ *> 50 cases: LK Coburg (care facility), SK Straubing and LK Straubing-Bogen (meat processing company), LK Coesfeld (meat processing company)* ▪ *>35 cases: LK Greiz, LK Sonneberg (care facility)* o *BMG would also like information on St. Augustin in NRW (initial reception centre) and Dissen in Lower Saxony (meat processing plant).* • *In the TC with the BMG in the morning, an active media screening of outbreaks that are not yet included in the reporting system was requested. If such outbreaks are found, further information should be obtained from the responsible GA. The order for an informal report by email on this was issued by Mr Rottmann and transferred to the situation centre as an additional new task.*	*FG32* *FG32*

	passed on. o Wish: The management should have a dampening effect on the BMG's expectations and allocation of tasks. It is not the mandate of the RKI to address GA directly; enquiries would have to be made via the state offices. State authorities also do not have the capacity to telephone all GAs. The RKI does not have the time for press screening. ToDo: The topic will be addressed tomorrow in AGI TK. o Press screening could be outsourced. There are various companies that screen press releases for certain keywords. ToDo: Press screening after outbreaks will be commissioned (contact Mr Schmich), if information is required, the GAs will be contacted via the regional offices. • Further order from the BMG: Calculate the outbreak figures from the case numbers. o Geographical distribution: 7-day pass: relatively stable o Nothing new in terms of fatalities o Employees in food processing companies (§42) are hospitalised less frequently, only if they are seriously ill (presumed reasons: lack of health insurance, loss of earnings). o DIVI Intensive Care Register: declining numbers, significantly fewer occupied beds and more beds in use. Data on children have not yet been implemented. o Mobility continues to increase. o Suggestion: all current outbreaks should be briefly discussed. They were all discussed last week. o "Mein Schiff 3 is rather irrelevant for the media. No further cases have been identified and repatriation to the home countries is underway. o Where do you draw the line when it comes to outbreaks? In Brandenburg, for example, there are outbreaks in 2 daycare centres. Should outbreaks with 2-5 cases also be considered or rather larger outbreaks? This must be determined by the RKI, anything < 10 is not of interest, would be a criterion. Objection: Cannot be based solely on case numbers, e.g. children are a sensitive topic. Should be approached pragmatically. • Measures and testing (here) o Testing is not part of the measures. The more testing is carried out, the fewer restrictive measures are necessary. o Corresponds to the subject of the diagnostics working group and should therefore be presented within the working group with the aim of finding a consensual language regulation, must be coordinated with laboratory capacities. o False positive results become a problem when the number of cases decreases. This means that not all patients with elective	FG21 FG 32 FG37 / Dept.1

RKI	*interventions should be tested. Antibody testing could be included in strategic considerations.* ○ *Today, a revised paper from the diagnostics working group is being published in which the aspects addressed are listed. The topics are addressed to the specialised public, away from testing-testing-testing and towards targeted testing.* ○ *Participation in interlaboratory comparisons is agreed with the KBV; retesting for quality assurance.* • *Serology: According to the KBV, 2 blood samples taken 7-14 days apart (either IGG or total) can provide evidence of an acute infection. This has been included in the diagnostic paper.* ○ *Serology should be included in the case definition. Mr Mielke has summarised in an email what can be said about this professionally, in line with the statements in the diagnostic paper for Ms Diercke.* ○ *Acute infection is the reporting criterion. IGG-positive persons have been reported for some time, but have not yet been counted. A position must be taken on this. An acute infection would be justifiable in the case of sera.* ○ *European case definitions have so far only included PCR.* *ToDo: Submit proposal to European TC*	*Dept. 1 / FG32*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Corona WarnAPP (slides here):* ○ *Product is certified according to ISO standard, harmonised with BMG* ○ *High pressure, basic functionality to be started in 1st operating phase; phase 3 is inconceivable without phase 2.* ○ *Phase 1: pure information tool, informs users whether they have met someone who has been diagnosed with COVID-19.* ○ *Difficulty: from centralised to decentralised solution.* ○ *Finalised documents are publicly available, source code is provided.* ○ *It is still unclear to the RKI team to what extent a central server must be available to make the assignment possible. How does the app find out that someone is positive? So far, the variant under discussion is that patients receive a QR code from their doctor. A key element is testing in a laboratory; self-tests are not taken into account. RKI is only involved in these points with assessments.* ○ *Responsibilities at the RKI: see slide; RKI project team consists of specialised departments, ZV4, data protection, external* *Support from legal office, legal department. Coordination with external partners also takes place at least once a day.*	*FG21*

RKI	○ *RKI-Presse is no longer involved in press enquiries; instead, an external communications company is involved.* ○ *Daily coordination, all workstreams must be covered. SAP and Telekom are in charge of preparing documents, with many external participants.* ○ *Deadline: The first rudimentary version should be available by mid-June (10-15 June).* ○ *What should the hotline look like that users can contact? GA are not part of the 1st phase. How many users can be expected to use the hotline?* ○ *Stronger focus on server structure next week*	
4	**New scientific findings** • *Not discussed, lecture on T-cells and COVID-19 planned for Wednesday*	*Dept.1*
5	**Current risk assessment** • *To be discussed tomorrow*	*All*
6	**Communication** **BZgA** • *Telephone counselling must be backed up with documentation and training measures.* • *There have been telephone campaigns with newspaper editors. There is a great deal of uncertainty, particularly with regard to travelling across federal states and the pneumococcal vaccination.* **Press** • *Colour scheme on the map has been changed, will be clarified again.* • *When travelling within Europe, it is important to check that all links are still up to date.* • *Problematic: Tobacco companies use the crisis for advertising.* **Information on current outbreak events** • *Increased screening by the LZ with regard to outbreaks* ○ *discussed under Current situation* • *ÖGD contact point - BMG, BW (Mr Schulz) - BMG TK current events* ○ *Interview with Mrs Rexroth, Mr Hamouda tomorrow* **Dissemination of the document / contents of the guidance for citizens** *(here)* • *A second article on testing is planned for the specialist public in the Ärzteblatt.* • *New cases should be recognised at an early stage. The most important measure is for people with symptoms to get tested.* • *The guidance for citizens should be distributed and advertised by the BZgA through as many channels as possible.* • *BZgA has given this some thought. The infection prevention page is not yet a campaign page. It is currently being reorganised, currently*	*BZgA* *Press* *Dept.3* *Dept.1*

RKI	*Important items should be placed prominently.*	
7	**RKI Strategy Questions** **a) General** *Not discussed* **b) RKI-internal** • *The strategy should be extended into the autumn. What is planned if a rise becomes apparent? Various scenarios should be modelled and then a course of action for the various scenarios should be considered.* • *The modellers could work together with external parties for this; collaboration with IQTIG and LMU Munich is planned. A group led by MPI professors is offering to support the RKI. The BMG does not always allow the RKI to publish modelling externally; cooperation with external parties would have the advantage that they could publish the models.* • *The aim should be to track each individual case and keep an eye on outbreaks. If possible, there should be no more major outbreaks.* • *The testing strategy must be adapted again in autumn with the wave of colds.* • *No new working group needs to be set up for this. The composition of the de/re-escalation working group (Mr Haas, Mr Eckmanns, Mr Jansen, Mr and Mrs an der Heiden, Mrs Rehfuß, Mr Drosten, Mrs Fehr, Mrs Hunger) under the leadership of Mrs Hanefeld is well suited. Mrs Rexroth and Mr Hamouda will be added. The group will update the short and medium-term perspective, after which the scenarios will be discussed in the crisis team.* *ToDo: Working group led by Ms Hanefeld defines the goals for the coming weeks.* • *Modelling group: together with Mr. an der Heiden, the group considers what should be modelled, which parameters should be taken into account and which modelling should be given to external parties (as an assignment or cooperation project).* *ToDo: Modelling group first considers what is to be modelled, then who.* • *Supplement: RKI is an authority and receives more support and credibility if data is published together with external scientists, including foreign scientists.*	*All*
8	**Documents** **Contact tracing for respiratory diseases caused by SARS-CoV-2** *(document here)* *Proposal for discussion and approval, 2 points should be adjusted:* • *Contact persons of cat. 1 with close contact: should be tested 5-7 days after first contact if possible, otherwise on day 1 and day 7-10 (instead of day 7) in order to detect asymptomatic/presymptomatic contact.*	*FG36*

RKI	*infection (instead of colonisation). It is emphasised that a negative test result does not shorten the quarantine period.* • *Procedure for the management of Cat. 1 contact persons, event-related concretisation: In certain situations, testing of asymptomatic contact persons: 2nd test again day 7- 10 instead of day 7.* • *Question: Why is testing linked to outbreak in elderly care or community centre? Was discussed differently.* • *AGI is against random screening. However, there is a consensus that testing should also be possible without symptoms as part of CoNa. The occasion would be contact with a confirmed case. A specific setting is not necessary.* • *Formulation: Should testing be carried out or can testing be carried out? What if contact reductions are relaxed?* • *Large groups would have to be tested when schools and daycare centres open. Even with double testing, not all cases will be found. Testing does not shorten the quarantine period and does not replace health monitoring.* • *Suggestion: An attempt should be made to epidemiologically quantify the additional benefit of early detection of cases.* • *Contact and outbreak is cancelled as a condition for contact cat. 1. Testing should be carried out in particular in outbreak situations.* *ToDo: Will be adapted by Mr Haas and then published on the website.*	
9	**Laboratory diagnostics** • *Not discussed*	
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Contact tracing for respiratory diseases caused by the SARS-CoV-2 coronavirus:* o *discussed under documents* • *Measures and testing* o *discussed under Current situation* • *Laboratory reports according to IfSG / GA enquiry - Laboratory reporting obligation indirect detection* o *postponed until tomorrow*	*FG36 / FG32* *FG37* *FG32*
12	**Surveillance** • *Compulsory reporting of Ak evidence?* o *Discussed under Current situation*	*FG32*
13	**Transport and border crossing points** • *Not discussed*	
14	**Information from the situation centre**	

RKI	• *Not discussed*	
15	**Important dates** • *BMAS* • *Tuesday, 5 p.m. TK to the contact point ÖGD at the RKI with BMG* • *Crisis team meeting will take place on Friday, 22 May.*	*All*
16	**Other topics** • *Complaint about Mr Wieler's failure to adapt recommendations for family carers was dealt with by L1. The answer is that there is no obligation for the RKI to make such recommendations. The complaint is therefore unfounded.* • *Next meeting: Tuesday, 19 May 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here): almost 5 million cases worldwide, almost 320,000 deaths, downward trend in the USA, Russia, UK, rising in the 7 other top 10 countries* o *Countries with >70,000 new cases/last 7 days* ▪ *The USA remains in first place by a wide margin, followed by Brazil, where the number of cases is rising; Possible renewed increase in the number of cases due to easing of measures; an increase in the number of cases is expected in almost half of the states* ▪ *Brazil: with a few exceptions in two western regions, the entire country is affected and the incidence is highest in the north-east* o *Countries with 7,000-70,000 new cases/last 7 days: Russia now in this category due to decreasing trend, decreasing trend continues, nothing worth reporting in other countries* o *Countries with 1,400-7,000 new cases/day: sharp increase in the number of cases in Kazakhstan, a large WHO delegation is on site, the region continues to be monitored, especially Armenia, for example, a WHO request was sent to the RKI from Tajikistan regarding EMT and mobile laboratories to provide support* o *Countries with >100 cases and a Reff>1: several countries with high Reff but low case numbers, only Brazil with a Reff = 1.5 also has high case numbers* • *Situation in Sweden* o *Headline in a major Swedish daily newspaper: "Giesecke should be more modest" follows Giesecke's claim that Sweden was the only country to get it right. The occasion was Sweden's desire to reopen its borders for tourism reasons, to which its neighbours reacted sceptically; the discussion is still ongoing* o *COVID-19 in Sweden* ▪ *>30,000 cases, >3,600 deaths, case mortality 12%, incidence 296/100,000 inhabitants.* ▪ *Testing 20-30,000/week, capacity (90,000/week not utilised, all are tested) Cases with severe progression/hospitalisations, HCW and employees in nursing homes* ▪ *Positive test rate 14%, WHO recommends 12-13%* ▪ *KKH capacities: 30% of intensive care beds free* ▪ *ILI-Sentinel: 238 samples, 6% SARS-CoV-2 positive* ▪ *Prevalence study in Stockholm (n=707) with Self-sampling, questionnaire → 2.5% PCR-positive*	*ZIG1*

RKI	▪ *Seropositivity of <1% is recorded in the ongoing seroprevalence study in Oslo* ▪ *Geographical spread: hotspots with incidences >70/100,000 pop.* o *Comparison of SE with NO, FI, DK:* ▪ *In the SE, the curve tends to show a plateau and possibly a renewed rise, in the others a downward trend after the peak* ▪ *Reff is just above 1, relatively stable daily 200-300 new cases stable* ▪ *In NO, the reopening of schools has not led to an increase in the number of cases* ▪ *Testings per inhabitant are lower in SE than in the other countries (<20/1,000), in DK >50/1,000* ▪ *Comparison of measures: very different handling, in SE gatherings of up to 50 people are permitted, Educational institutions, catering area open, borders selectively open* ▪ *Results: Incidence more than twice as high, incidence of death 3-8 times as high* ▪ *Economy was somewhat more spared in SE, but GDP still suffered (4% drop)* o *Main problem in SE* ▪ *Incidence per inhabitant extremely high in >70-year-olds, 50% of deaths from nursing homes* ▪ *Almost 1/3 of the cases are HCW* ▪ *Swedish way could have worked (see Korea, Singapore), but insufficient protection the most vulnerable population group* ▪ *2/3 of all care homes in Stockholm are affected by outbreaks* ▪ *Giesecke says that in 1 year it will look like this everywhere* ▪ *Case mortality is even higher in other countries (e.g. Belgium, France, UK, Italy, Hungary, NL), should actually always refer to the population (and not the number of cases)* o *Limited action in the wider population has not led to disaster, lessons could be learnt* o *Andreas Jansen finds out whether he can obtain the test protocol for the prevalence study* o *Low number of PCR-positive results (2.5%) is surprising, 15% (Heinsberg) seems more realistic* o *Prevalence study with PCR does not measure any infections that have been passed and only acute infections* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 175,210 (+513), thereof 8,007 (4.6%) deaths (+72), incidence 211/100,000 inhabitants,*	*AL3/FG32 VPresident/all*

RKI	*approx. 155,700 recovered* o *Both reefs below 1, for the time being both R values continue to be displayed next to each other* o *Case referrals since yesterday: 2 BL with zero cases, 7 BL with 10 or less, 7 BL with <100 new cases, BY and NW > 100 new cases* o *7-day incidence per CC/SC: more than half of all CCs are in the lowest category 0-5/100,000, additional category zero cases would be useful* o *Age distribution: reflects outbreaks within the working, younger population* o *deaths (slide 24): Comparison of the weeks once a week to track epidemiological changes* ▪ *Mean age value decreases* ▪ *Sex distribution changes due to outbreaks in slaughterhouses and homes for the elderly* *Asylum seekers: more men, previously more women due to outbreaks in care homes* ▪ *Proportion of hospitalisations due to younger patients declining, as is the proportion of deceased patients* ▪ *Attention: those reported in week 20 may still be hospitalised or die,* ▪ *Generally highly dependent on demographic factors* • *DIVI intensive care capacities: decline in the number of patients treated, capacity remains high* • *Mentioned outbreak events (see from slide 113)* o *LK Greiz (TH): 6 nursing and retirement homes* o *LK Coesfeld (NW): 280 cases in meat processing plant* o *LK Enzkreis (BW): ~350 cases under slaughterhouse MA, under investigation, much media and political attention* o *LK Heinsberg (NW): 82 DPD-MA tested positive, no measures for the entire LK (relaxations remain in place)* o *COVID-19 cases among lorry drivers: 2 cases of lorry drivers from Belarus, new trend?* o *Mein Schiff 3: also reported today in the EpiLag* ▪ *All passengers (=crew members) were on the ship for 14d without social distancing* ▪ *1 case of anosmia, 35 with acute respiratory symptoms* ▪ *However, no other person had tested positive by 9* ▪ *2,300 people have left the ship and returned to their home countries* ▪ *Difficult to explain why there were not more positive cases, possible explanations e.g. unnoticed*	

RKI	*Earlier seroconversion, test problems or "not too much party on board after all"* ▪ *The samples of the 9 cases were sent to KL, sequencing of these is desirable* • *Overload notifications: Handling requires further clarification* o *Previously red, where demand cannot be met at state level, BMG would like to mark all overloads at local level in red, is being negotiated today in AGI* o *EpiLag was informed that BMG wants low-threshold information on overloads* o *Official channels should be followed, state authorities require a written statement that has been approved by district governments* o *This was explained to the BMG yesterday and again this morning; the trusting cooperation with the AGI should not be jeopardised* o *Many adverts have been received* • *Occupational health and safety in slaughterhouses: opinion of the responsible authorities?* o *During the outbreaks in meat-processing plants, there were also meat inspectors (veterinarians) who tested positive even though they were not in contact/worked, lived or used transport with the other employees* → *Possibly risk of smear infection after all?* o *BMAS paper with changes to occupational health and safety in slaughterhouses was announced in the press and is said to be ready, it is being clarified whether it is the one that was shared with the RKI in the middle of last week* o *Yesterday there was a statement on the BfR homepage about meat in sausage counters and in the press BfR stated that there was no concern about this* o *How meat is handled is not known* o *BZgA: Risk in case of direct contact of positive persons with meat products, also theoretically at meat counters if served without a mask (possibly droplets on meat), after high-temperature heating there is no longer a risk, BfR has already positioned itself on frozen goods, where there is a risk because the virus has a longer life at low temperatures* o *Droplets only play a minor role in this context and should not be given too much attention* o *Coronaviruses were originally recognised in humans through gastrointestinal symptoms, respiratory symptoms only came later* o *If the topic comes up more frequently, a Systematic testing makes sense (BfR responsibility), FG35 should approach their BfR contacts about this*	*FG37*

RKI	*ToDo: FG35 should ask their BfR contacts about this* • *ACTUAL paper: required capacities continue to decline, situation very undramatic regarding the next 7 days*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** **Hong Kong study: Protection by MNS substance** • *Study from Hong Kong by Yuen Kwok-Yung that is receiving a lot of media attention (also because of the hamsters used)* • *Cages with hamsters were infected with virus, other cages were covered with MNS fabric and the whole thing was played with fans to see if the fabric protects against infection* • *Conclusion: it protects against transmission, offers external and limited self-protection, but not individual hamsters but cages were covered* • *Study is not yet published/available as a paper*	
5	**Current risk assessment** • *Proposed adjustments have already been discussed in the crisis team (e.g. 14 May) and have still not been implemented* • *LZ to prepare draft for next crisis team meeting* *ToDo: IMPORTANT - LZ prepares draft by the crisis management meeting on Friday 22 May 2020, must be available!!!*	*VPresident*
6	**Communication** **BZgA** • *With regard to the contact restriction, there were instructions to avoid public transport (where?): now the request has been made to correct this as the number of passengers is decreasing and the problem is not with public transport but with the behaviour of passengers, so far no case has been reported that has been infected on public transport* • *Improvement requests in RKI-FAQ:* ○ *Reference to a recommendation of the German Academy of Paediatrics and Adolescent Medicine to postpone appointments, actually the recommendation is to carry out examinations and vaccinations* ○ *One formulation states that if a patient is in the practice, vaccinations should be administered immediately, this is not entirely correct, the individual*	*BZgA*

RKI	*The patient's situation must first be weighed up*	
	○ *With regard to risk groups for more severe progression, there is no "not", should* **not** *sit in a waiting room with other patients* **Press** • *Nothing discussed*	

7	**RKI Strategy Questions** **a) General** **federal test strategy** • *AGI meets today with the involvement of the BMG* • *AL1 is present at AGI TK to discuss information for doctors on testing (also in RKI-KoNa and doctors' paper) regarding broader testing of asymptomatic persons* **Recommendations for meetings after easing restrictions** • *A meeting of the state chancelleries will be held on Monday to discuss the relaxation of measures* • *RKI should prepare recommendations on the following question: If contact restrictions are lifted, how many people/how many epidemiological units can meet?* • *It is better if the RKI makes a proposal before this comes from the circuit* • *FG36 is to prepare this by the end of this week:* o *How many people and units (e.g. 1 household) can meet, what group size is acceptable* o *Under which distance* o *Distinguishing whether this is indoors or outdoors* o *How many square metres per person in 1 room* o *All persons should be identifiable afterwards in the event of an outbreak (know each other or be contactable)* *ToDo: FG36 (with AL3?) drafts a proposal for this, should be ready by Friday at the latest* **Travel restrictions/quarantine recommendation** • *From 15 June, certain travel restrictions will no longer apply, criteria for subsequent handling were hoped for by the ECDC, but were rejected* • *RKI must now develop criteria and a decree will follow, this apparently comes from the BKAmt, not from the BMG* • *From 15 June, the RKI is to define who should be quarantined after entering Germany* • *NRW: since 14 May, the text of the law states that the RKI will indicate the countries from which people can enter NW; ZIG is already receiving enquiries about this. The colleagues in the NW Ministry of Health are aware of this.*	

RKI	*possibly not known, it may well be that this comes from other ministries* • *The RKI is against such undifferentiated limit values, which are needed for purely political reasons, for technical reasons* • *RKI will provide a value but urge the need for a differentiated view* • *It would make sense to use the incidence value of 50/100,000 inhabitants proposed by politicians, even if this does not make sense in general and especially in large countries (would have to be broken down to lower administrative levels)* • *ZIG1 drafts a recommendation with a sharp limit value which is relativised at the same time (no limit value, value for a closer look),* • *Is urgent and should first be submitted to the BMG* *ToDo: ZIG1 Andreas Jansen drafts proposal with criteria for measures after the border openings, deadline this Friday 22 May.* **Travel warnings AA** • *Yesterday, Heiko Maas attended a meeting of 10 foreign ministers, where the gradual lifting of the travel warning was discussed. Informal information from the AA: the RKI is to discuss this (also step by step) and define in which countries and in which order travel warnings can be relaxed, including regular adjustments* • *This goes hand in hand with recommendations from which countries can be entered Case dynamics, capacity, mobility, measures, what else, is far too much, apart from the fact that data is also not available, categories can be suggested, but taking on the task not realistic* • *Until now, travel warnings have always been strictly a medical matter for the AA, but this seems to have changed* **b) RKI-internal** **Frequency - reduction - crisis team meeting?** • *Strategy decisions no longer have to be made every working day, which ties up a lot of resources* • *Is the session really necessary 5 times a week, or can the frequency be reduced?* • *The aim is to initially hold them only three times a week* • *The next meeting will take place on Friday at 11:00 (instead of 13:00), there will be no crisis management meeting tomorrow* *ToDo: crisis team meeting only 3 times a week, next meeting Fri*	
8	**Documents** • *Not discussed*	

9	**Laboratory diagnostics** • *Stable sample intake at a low level, no positive samples, overall few respiratory pathogens only some RSV* • *RKI paper on testing has been updated and all information on various tests and their performance has now been integrated, paper on the website (as of 18 May)*	*FG17* *AL1*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** **Laboratory reports according to IfSG / GA enquiry - Laboratory reporting obligation indirect detection** • *There are always questions about this, again in EpiLag: how should indirect evidence be handled?* • *Reporting offence is defined by the IfSG, direct and indirect detection must be reported, evaluation by the laboratory taking into account the anamnesis is also specified* • *Currently, only PCR-positive cases are counted in the reporting system* • *Even at European level, everything is currently based on PCR, RKI data should remain (relatively) comparable* • *Questions: how to deal with indirect findings, when is there an indication of acute infection, what measures result from this?* • *So far, only PCR detection has been used, with indirect detection only measures if highly symptomatic cases are detected.* • *Reference definition does not mean that no measures can be taken in the event of seroconversion* • *Diagnostics working group could break down which constellation of antibodies could be taken into account for which test* • *Measures must be decided on a case-by-case basis by the public health officer in the respective setting, RKI cannot recommend any general measures here, it remains a case-by-case decision* • *PCR is always recommended, but seroconversion may be present. Seroconversion is a good parameter, but several samples are necessary to have a certain level of certainty (to what extent is history/progression control realistic), this may pose problems for GA, difficult to implement* • *Antibody detection as proof of acute infection: isolated positive IgM, IgA detection is not sufficient, seroconversion, IgM (with positive IgG in separate tests) and isolated IgG yes* • *Assessment of PCR positive findings as well as IgG detection may be persistent virus, will be included in the diagnostic paper as soon as literature has been evaluated* • *The new diagnostics paper will bring clarity: a time limit is defined: in non-complicated cases, infectivity is assumed to be 8-9d, when IgG response comes, infectivity is over* • *Tomorrow, the diagnostics working group will look at the literature on the question*	

	the relationship between laboratory findings and infectivity • *Diagnostics paper will be on the crisis team's agenda on Friday* *ToDo: LZ should put the diagnostics paper on the agenda of the crisis team meeting on Friday 22 May* • *A sentence can be added to the RKI FAQ stating that in individual cases serological detection may be the reason for an environmental test (if other requirements for this have been clarified)* *ToDo: Michaela Diercke prepares supplement to FAQ (environmental testing after serological detection)*	
12	**Surveillance** • *Maps 7T incidence >50/>35 (Mirko Faber/Alexander Ullrich) not discussed* • *IfSG amendment postponed to Friday*	*FG32/FG35*
13	**Transport and border crossing points** • *Not discussed*	*FG32*
14	**Information from the situation centre** **BMG orders** • *Tasks from the BMG to the RKI often come to the LZ at borderline times (evenings, weekends)* • *Mr Holtherm was informed of the BMG's wish that no more tasks be assigned at the weekend, and he also conveyed to the minister that things could not go on like this* • *In principle, the BMG is aware of this, but implementation may not take place immediately; the BMG needs more lead time* **Adjustment of LZ shift times and activities** • *Reduction of activities and working hours in the LZ desired* • *Certain items have already been adjusted and changed* • *Suggestions are e.g:* o *No more RKI-LZ staffing on Sundays from June* o *Reduce Sat/Sun to one shift* o *No situation report on Sundays, or one report for both weekend days on Sundays* o *No situation report at all at the weekend* → *Management report is always eagerly awaited, whether this can be dispensed with is unclear* • *Gradual reduction: initially one shift at the weekend* • *Concept for this is created and discussed (AL3, LZ management?)* • *This should also be sent to BMG to see if they can support it*	*FG32/AL3*

RKI	*ToDo: Concept for reducing activities and working hours in the LZ*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting:* **Friday, 22 May 2020, 11:00 a.m.,** *via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*22.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Genie Oh*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
- *BZGA*

- *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here): A total of over 5 million cases worldwide and almost 333,000 deaths worldwide; leading countries still USA, Brazil and Russia (first two with an upward trend in case numbers, Russia descending)* • *Countries with >70,000 new cases/last 7 days* ○ *Brazil continues strong rise, hotspots include Sao Paulo.* ○ *USA: Almost all states have largely relaxed measures. An increase in the number of cases is to be expected.* • *Countries with 7,000-70,000 new cases/last 7 days:* ○ *Bangladesh: There was a cyclone here, which has exacerbated the situation. In addition, there are now more cases in the Rohingya refugee camps.* ○ *Iran: There is a further increase in the number of cases. Approx. 10 regions experiencing a 2nd wave, which is also linked to the end of Ramadan, among other things. Traditional events that take place at the end of Ramadan are organised despite COVID-19.* • *Countries with 1,400-7,000 new cases/day:* ○ *These include Afghanistan and countries on the Arabian Peninsula. The latter are not only experiencing an increase in the number of cases due to migrant workers, but also because of the end of Ramadan, which also increases mobility, for example.* • *Countries with >100 cases and a reef>1:* ○ *Brazil is the main country here; Iran, Saudi Arabia and Morocco) have an R eff. of around 1.3* ○ *USA has an R eff. below 1* ○ *Russia shows downward trend in R eff. value* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 177,212 (+460), thereof 8,174 (4.6%) deaths (+27), incidence 213/100,000 inhabitants, approx. 159,000 recovered*	*ZIG1* *FG32, FG36, FG37*

RKI	○ *Bremen stands out strongly with a 7-day incidence of 16.8 and is already thinking about this itself and is in contact with the RKI. There have been outbreak attempts in several places (parcel centres, nursing homes), which occurred in parallel or one after the other. Bremen has its own trained and assigned containment scouts. There are currently no overload notifications from Bremen.* ○ *R value yesterday 0.89; today: R = 0.85 (0.71-1.0)* ○ *The map with the 7-day incidence shows for the first time that no districts are above 50/100,000 inhabitants; at the mark of 30/100,000 inhabitants there are 4 districts: LK Coburg, LK Lichtenfels, SK Regensburg and LK Sonnenberg.* ○ *In terms of 5-day incidence, both SK Regensburg and LK Coburg have over 30/100,000 inhabitants.* ○ *Outbreaks of COVID-19 in meat-processing establishments (transmission in accordance with Section 42) continue to be a problem, but do not stand out significantly in the overview of transmitted COVID-19 cases by activity or care in establishments (slide 26).* ○ *So far, no outbreaks have been reported from schools. The Bild newspaper has reported on an outbreak in a daycare centre in Saxony. FG32 is in contact with the state authorities, who want to investigate the incident.* • *The BMG uses a map for the 7-day incidence with a threshold value of 35/100,000 inhabitants, which is also mentioned in the CDS document. The RKI uses other values and has already communicated this distribution to the BMG. However, the BMG has its own maps because the RKI maps are not high-resolution enough (not feasible with the RKI programme). Therefore, the BBK creates maps for the BMI based on the RKI data, which the BMG uses. Here there is then the limit value of 35/100,000 inhabitants.* • *Test figures: Approximately 425,000 tests were carried out; of these, 1.7 were positive for SARS-CoV-2. This is a significant return from the positive proportion.* • *AG-Influenza: The map (slide 38) shows that there is virtually no active ARE activity. The influenza web data show the lowest values ever since registration. They are at the summer level. The AG Influenza also shows the lowest values ever measured in the system. There are very few virus detections. In the last few weeks there have been 50 samples, 2 RSV positive, which indicates very little virus circulation. In ICOSARI, the number of SARI cases is stable in all age groups. After the end of the flu epidemic (CW*	

RKI	*12/2020), there was an exceptionally rapid decline in SARI cases among children under the age of 15 (nationwide school closures in force from week 12/2020). From week 16 of 2020, the total number of SARI cases was also lower than in the same weeks of the previous seasons. The proportion of COVID-19 patients (in SARI) has remained relatively constant at 11-12% since CW 18/2020.* • *Emergency admissions: Mrs Schranz has carried out a new evaluation; a report is to follow. After the slump in the number of visits to emergency departments, things are slowly returning to normal and the reasons for visits are changing. This affects all age groups, albeit to varying degrees: a less pronounced drop was observed among the very old than among younger people (most pronounced among children). In particular, there was a decline in presentations due to neurological and cardiological problems, but not due to respiratory diseases.* • *The decline in the utilisation of clinical treatments is in line with the general recommendations to postpone unnecessary operations. This is not necessarily only due to the idea of the population. Is there something similar for the outpatient sector, where there were also recommendations to postpone certain preventive examinations? There is currently no data available for outpatients. There is the AGI practices and otherwise the KV, which has such data - but only after the end of the quarter. Mr Wichmann is in contact to obtain data quickly.* • *Excess mortality from DESTAIS: There is no increase for Germany as a whole, but rather a decrease. The data for each federal state is only available in tabular form.* • *EuroMOMO: A decline can also be seen here for Germany. France and Spain are moving into negative territory, which may be due to the high mortality rate in previous weeks. Among the Nordic countries, only Sweden continues to stand out.* • *Capacity monitoring: The number of overload reports has decreased. There were only 4 reports, 2 of which were recalled.* • *"Surveillance strategy": You can see that the press and political perception often cling to certain terms. The RKI uses some surveillance systems to make recommendations based on the data. Surveillance strategy is part of the test strategy. It would be better to move away from the term "testing strategy" and bring the term "surveillance strategy" to the fore to show what tools exist for noticing changes. Various scenarios have already been developed by ZIG that also cover the area of*	

RKI	*should be taken into account.* • *ARS: The number of days between sampling and testing is low, which shows the rapid processing of samples in the laboratories. The proportion of positive tests is decreasing. Over time, there are two upward peaks: The first peak reflects an outbreak in a refugee hostel in St. Augustin. It is interesting to note that only a few children tested positive despite a high level of testing. The second peak is probably due to an outbreak near Osnabrück and the general delay in testing. The situation in Bremen is almost not recognisable in the ARS data. It was also observed that testing has increased in the over-80s, which is good - especially in view of the fact that outbreaks still often occur in retirement and nursing homes.*	
2	**International (Fridays only)** • *ZIG continues to work with various countries, including an initial exchange with South Africa. In addition, a request for EMTs in Tajikistan was received via WHO Euro, which the RKI intends to fulfil. Within the framework of SEEG (together with GIZ and BNI), enquiries have increased, including for Togo, where ZIG4 has expressed interest. ZIG was heavily involved with the question of how to deal with the lifting of travel restrictions. For example, there was an enquiry from the Egyptian ambassador, who said that Egypt would like to open individual resorts specifically for German tourists only. However, when and where travel warnings are lifted is a political decision.*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** • *Study results - not discussed*	
5	**Current risk assessment** • *Risk assessment: There was a lot of feedback on the revision of the risk assessment text. It is important to communicate the risk assessment clearly. It must be emphasised that this is a general assessment and that the individual risk can vary. However, the RKI cannot assess individual behaviour, but can only name factors that have an influence. In the public health sector, a distinction is made between behavioural and situational prevention. Circumstances are, for example, regional, but also the accommodation in, for example, retirement and nursing homes. As many aspects of one's own behaviour are systemic, both behavioural and situational aspects must be taken into account. A combination of both determines the risk. Mrs Hanefeld will find a formulation for this.* • *A downgrading of the current risk assessment (risk high; very high for risk groups) to moderate would be very*	*All*

RKI	*de-escalating. The risk assessment is also dependent on many parameters, the effects of which are not yet known (e.g. school openings, travelling). It is therefore still difficult to change the risk assessment at the moment. The virus still exists in the country. A lower risk assessment can also be misinterpreted.* • *As in the past, the 3 basic principles (transferability, resources, severity) should be considered in the risk assessment. These are becoming increasingly important.* • *Conclusion: The risk assessment should initially remain unchanged (high and very high for risk groups). If the situation worsens, the rating can still be upgraded to "very high".* *ToDo: The Situation Centre will add the feedback on the risk assessment sent back by the members of the crisis unit to a joint document. This will be discussed at the meeting on Monday.* • *Definition "Community transmission" / level of transmission at subnational level (e-mail Mr Haas 21.5. 22:41 and progress) - not discussed*	
6	**Communication** **BZgA** • *Risk assessment: The relaxation of the measures leads to laissez-faire behaviour among the public. The BZgA is looking at which films etc. are suitable to once again point out the importance of the A-H-A rules and masks. It should be emphasised that this continues to make sense.* • *The BZgA receives enquiries from citizens through various channels: the number of enquiries about coronavirus is declining, but the explosive nature and severity of these calls is increasing. The BZgA provides both specialist advice and crisis intervention and has the opportunity to refer people to regional advice centres. This is because communication via telephone or electronic media cannot pick up what is picked up in face-to-face conversations. Issues for single parents are multiple stresses and for older people isolation, lethargy and suicidal thoughts. Other topics include ongoing therapies that have been discontinued due to coronavirus, addiction problems and depression. Non-COVID-19 issues such as eating disorders, depression, gambling and addiction problems are also on the rise again.* **Press** • *The links under "Travelling" on the RKI website have been checked. They are all up to date; the leaflets may need to be updated/replaced. U. Rexroth has already contacted the BMG about this; clarification is still pending. The situation is still unclear, as some federal states have already changed their quarantine regulations.* • *"Open Data Appeal": A group of journalists is calling for an*	*BZgA* *Press, FG34, FG32*

RKI	*Access to RKI data. It was not intended that this request would go to the press as an open letter. The RKI is in dialogue with the group of journalists.* • *Media presence of the SeBluCo study (blood donor seroprevalence study): Last Tuesday was the start of the hotspot studies in Kupferzell. The district announced this prominently. There was no press release from the RKI side, as the start of studies from the RKI is not communicated so strongly to the outside world. However, it might be a good idea for the RKI, rather than external project partners, to communicate with the press. However, the press office does not consider it strategically sensible to communicate actively. As far as possible, RKI has supported the press work of the district. T Lampert, for example, was present at a press conference. The necessary contracts have still not been signed. In addition, the 3 major studies have been announced, so that a second announcement is not necessary. This may only lead to further enquiries, which would tie up the press office's capacities. It is better to then announce the results etc.* • *DESTATIS has asked whether there should be a joint press release regarding the analyses of excess mortality. However, the RKI press office considers it more sensible for DESTATIS to do this alone and for the RKI to supply the data.* • *U. Rexroth has an interview with C. Drosten next Monday to talk about the RKI situation report. He would like to talk about the situation report in his podcast.*	
7	**RKI Strategy Questions** **a. General** • *Quarantine and entry regulations of the federal states with reference to assessments of the RKI (EU and outside the EU) (slides here)* o *A distinction must be made between EU and non-EU countries, which refer to countries outside the EU, and both the quarantine and entry regulations must be considered. Questions that will arise are for which countries can travel warnings be lifted and to what extent.* o *So far there has only been a verbal request by Mr Holtherm to the RKI to define certain parameters for assessing the countries; a written order is to follow.* o *In a communication from the European Commission dated 13 May 2020, the criteria and principles of a coordinated approach to lifting restrictions on freedom of movement and internal border controls were discussed. According to this, travel restrictions are to be lifted gradually and in a coordinated manner according to a common European roadmap, starting with internal border controls.* *before, in a second step, the restrictions are*	*ZIG1, all*

RKI	*can be relaxed at the external borders. The procedure should be harmonised, but there are still no guidelines for the procedure. Some countries already have their own guidelines. France and the UK, for example, require quarantine for all travellers.* o *The ECDC, in cooperation with the Member States, is drawing up a map of the degree of transmission of COVID-19, including at sub-national level (NUTS3 level). It is still questionable whether this map will ever be created or regularly updated.* o *On 17 March 2020, the Member States complied with a recommendation from the Commission and agreed on a coordinated approach at the external borders to restrict non-essential travel into the EU for an initial period of 30 days. This period was extended until 15 June 2020. Travelling by third-country nationals for tourism purposes is no longer permitted ⇒ this also applies accordingly to tourist travel by EU citizens to third countries. The aim is to limit the influx of travellers to the European Union and thus contain the spread of the coronavirus.* o *The Federal Ministry of the Interior has announced that the federal and state governments have decided that a mandatory two-week quarantine will be ordered for all persons entering the Federal Republic of Germany from a so-called third country. This was confirmed during a CdS broadcast. Also that this will be extended until 15 June 2020. However, the quarantine regulations do not apply if a different epidemiological assessment has been made on the basis of reliable medical evidence. Both the BMI and Bavaria and North Rhine-Westphalia state that the quarantine obligation does not apply if it has been established for a third country that the incidence of infection there is at a low level. According to the BMI, Bavaria and NRW, the Robert Koch Institute is to publish a corresponding statement on its website. However, such exceptions should be clarified by the federal states and not the RKI.* o *After 15 June, a joint regulation/agreement at EU level makes sense. Possibilities would be criteria such as a 7-day incidence of 50/100,000 population or the WHO criteria (e.g. community transmission) in order to use this to assess other countries. If one were to use the 50/100,000 population mark, only 3 countries (Chile, Saudi Arabia and Russia) would be affected; even larger incidents such as in Brazil would not appear here due to the high number of inhabitants. The country incidence therefore reveals relatively little. If data from other countries are available, then rarely*	

RKI	*also at a subnational level. However, the RKI will be forced to define a value.* ○ *For people leaving Germany, this is the task of the AA, but they may return as travellers and then the task lies with the RKI.* ○ *For the RKI, the question remains as to what impact the renewed travel activity will have on the situation in Germany (e.g. more cases/outbreak incidence)* ○ *Due to foreign deployments, the Bundeswehr has already been dealing with the question of how countries can be evaluated for 3 months and has carried out analyses for over 180 countries. Algorithms have been developed for this purpose, which the Bundeswehr is happy to share with the RKI. It would make sense to carry out an interdepartmental assessment.* ○ *The airlines etc. need some kind of reference point. Even if it is only an imprecise rough value. You could possibly add a new level such as "from a 7-day incidence of more than 25/100,000 p.e., travellers must inform themselves again separately". However, the solution should be as simple as possible. Maps showing the 7-day incidence can be created automatically.* ○ *The evaluation of travel destinations is actually the task of the AA. The task of the RKI is to create indicators, which the AA then fills with life. However, caution must be exercised when proposing indicators, because if the RKI proposes a large number of indicators, the AA may not collect the data but return the task to the RKI.* ○ *The only problem is that the BMI, Bavaria and NRW refer to the RKI website. The situation centre has already received enquiries about this. Even if there are only 3 weeks left (until 15 June), it is still a considerable effort. The RKI can provide a worldwide map with the same criteria that are already used for the European map (with borders of 25-50, 50-100 and over 100/100,000 inhabitants). The federal states can look at these and make their own judgements.* *ToDo: INIG creates such a worldwide map for the RKI website.* *ToDo: In parallel, the BMG should be asked what the statements from the BMI, Bavaria and NRW mean. The RKI was not present at the coordination meetings. Question as to whether this results in a mandate for the RKI. The RKI does not accept orders from the BMI, but only via the relevant specialised supervisory authority, i.e. the BMG.* • *Readmission of pupils who have fallen ill - not discussed* • *Shortening the quarantine period - not discussed*	

RKI	• *Recommendations for meetings after relaxation (how many people and units (e.g. 1 household) can meet, what group size is acceptable, ...) - not discussed* **b. RKI-internal** • *Dealing with content-related interventions by politicians - not discussed* • *Role of and exchange with RKI liaison in the BMG - not discussed* • *Communication channels RKI-BMG - not discussed* • *Update ÖGD contact centre - not discussed*	
8	**Documents** • *Contact person management - not discussed* • *Contact person management (Cat III)* • *Contact person management medical personnel (adaptation for testing)* • *Draft publication of the ECDC on the 30-day projection on the progress and effectiveness of the measures - not discussed*	
9	**Laboratory diagnostics** • *Status of diagnostics - not discussed* • *Supplement from ZBS1:* ○ The HCW study started on Monday; from Monday to Wednesday, ZBS1 received 387 samples, which were analysed by PCR and serology. One sample was positive in the PCR and 15 in the serological tests. ○ On Thursday, the first 72 samples of the corona monitoring study from Kupferzell were received by ZBS1, all of which were PCR negative. ○ Cultivation trials: ZBS1 has analysed almost 175 samples with different Ct values and found that in the system used, samples with a Ct value greater than 32 do NOT grow in the cell culture, with Ct>30 98% do not grow, with Ct>29 96% do not grow. ZBS1 expressly points out that this applies to the system used at the RKI and cannot be transferred 1 to 1 to other systems. • *Adaptation of testing of medical staff and staff shortages in retirement and nursing homes - not discussed*	*ZBS1*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *IfSG amendment: negative test - not discussed*	
13	**Transport and border crossing points**	

	• *Entry requirements (see Top 2: International matters)*	
14	**Information from the situation centre** • *From Monday exchange with BMG liaison - not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting:* **Monday, 25 May 2020, 13:00,** *via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*25.05.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Sebastian Voigt*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*

- *BMG liaison*
  - *Iris Andernach*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Not discussed* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 178,570 (+289), thereof 8,257 (4.6%) deaths (+10), incidence 215/100,000 population,* *approx. 161,200 recovered* ○ *Due to the bridge day and thus the long weekend, it is possible that even more cases will be reported later. There were problems with the transmission of cases in Lower Saxony. In Mecklenburg-Western Pomerania, Saxony-Anhalt, Schleswig-Holstein and Brandenburg, no new cases actually emerged.* ○ *High numbers of cases have already been reported in Frankfurt am Main in the last 7 days. It is necessary to see which of the reported cases belong to the outbreak at a Baptist church service.* ○ *The majority of cases have recovered. The number of deaths is also falling. It remains to be seen how the data on this will be provided; there have already been enquiries from journalists.* ○ *R=0.94 (from yesterday, value for today is not yet available)* ○ *2 new outbreaks were reported* ▪ *LK Leer: several infections after visiting a restaurant. It was a closed* *This was a private celebration to mark the reopening and therefore cannot be equated with normal restaurant operations. Following investigations by the health authorities, there were indications that contact restrictions were not observed. These indications are currently being investigated further. The RKI is waiting for further information*	*FG32, all*

	▪ Frankfurt a.M.: There have already been high numbers of cases in the last few days, but due to the high population numbers did not raise the alarm about the outbreak during a service at the RKI. The situation is still being monitored. Frankfurt has the largest health authority. So far, no support has been requested from the RKI. So far 3 districts are affected. o 7-day incidence: There is one district (SK Regensburg) with a value of over 50/100,000 inhabitants. 110 cases have been reported in the last 7 days. In SK Regensburg there is an outbreak in an asylum centre. An admission stop was imposed here. o With regard to the 5-day incidence, there is one district (Lichtenfels) with an incidence of more than 25/100,000 inhabitants in addition to SK Regensburg with an incidence of more than 50/100,000 inhabitants. o The age/gender distribution is unchanged. o Settings: There are now 2,281 cases reported here in accordance with Section 42. These include slaughterhouses, where screening measures are carried out. o DIVI Register: There continues to be a decrease in intensive care COVID-19 patients to under 900, 63% of whom are ventilated. o Overload notifications: last week there were 4 overload notifications. Thuringia has withdrawn overload notifications for all districts; the reason for this has not yet been clarified. In the Sonneberg district there have been outbreaks in retirement homes etc. and no medical officer has been appointed. There is no official overload notification from Sonneberg. There was a request for administrative assistance to the German Armed Forces; they are also unable to provide a medical officer. In consultation with FG37 and the Bundeswehr, it is proposed to the district that colleagues from the RKI and the Bundeswehr travel to Sonneberg on Thursday to make an initial assessment. While a colleague from the Bundeswehr can then provide support on site from time to time, FG37 can provide support by telephone. o Request for administrative assistance: FG37 supports the public health department in an incident in Berlin-Marzahn as part of outbreak support. Serological and PCR tests are underway. A total of 387 samples have already	

	been analysed. Of these, in addition to an already announced positive sample from a hospitalised	

	patients, 13 other samples were positive in serology and 1 was borderline. o *The BMG currently uses a map of 35/100,000 inhabitants. It should be proposed to the BMG to use a map with an incidence of 25/100,000 so that the RKI does not have to create 2 maps. The maps are created automatically; the additional information from districts, which is shown in tabular form, must also be requested. With a lower limit, more districts will appear in the table, which the RKI will have to enquire about. However, this also offers the opportunity to discover interesting events. The situation report may then no longer be necessary. Other important data can be called up in the dashboard.* o *There are a few counties (15 of them) with over 500,000 inhabitants plus 4 others with over 1 million inhabitants, for which such a limit is not good. Due to the high number of inhabitants, there are no signals here.* *ToDo: O. Hamouda suggests to the BMG that instead of a map showing an incidence of 35/100,000 population, a map with an incidence of 25/100,00 population should be used and that the information should be integrated into the situation report and that the additional daily report to the BMG could be dispensed with.* • *Reported outbreaks as a signal: It is a political wish of the BMG to be informed about press events and outbreaks. The RKI already carries out press screening and enquires with the responsible state authority in the event of reports. Last week, an outbreak was reported in a daycare centre, but on enquiring with the state authority it turned out that there was only one case. The question is how to set a threshold of outbreaks to be reported so that state authorities are not unnecessarily inconvenienced. Feedback was also received from Bavaria that events should only be reported to the RKI if the incidence exceeds 50/100,000. The RKI must state more explicitly and again in the AGI TK and EpiLag that all outbreaks should be reported.* • *In the context of the outbreak in Frankfurt am Main, the head of the health department stated that he could not disclose any further information to the press due to medical confidentiality. The question is to what extent this is a new option if no information is available or people do not wish to comment. No one has yet spoken to the head of the* *Frankfurt's public health department has not spoken about this and the crisis team is not aware of it.*	

RKI	• *In the context of DIVI, the BZgA asked whether there is an overview of paediatric intensive care beds. This is also important for the care of such patients and also against the background that there could also be severe cases in paediatric patients. A survey on this is in preparation.*	
2	**International (Fridays only)** • *Nothing discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Tracing app: A workshop was held at the weekend which focussed, among other things, on how to take a more communicative approach in future. The original date (between 10 and 15 June) for the launch of the app is being adhered to. There are currently more and more documents for the RKI to assess and approve. In addition, there are discussions between SAP and Telekom about the functionalities. Increasingly, there are also critical questions, e.g. about the benefits of the app. The RKI has therefore started small calculations (e.g. how high the coverage must be in order to achieve the desired effect). Today, there is a meeting with the project management office of Telekom and SAP, which will be attended by the VP President, among others. There will also be a further exchange with data protection and the like to clarify, for example, whether a legal basis needs to be created or whether a declaration of consent can cover everything. From the RKI's point of view, the involvement of health authorities has not yet been satisfactorily resolved. The task of involvement still lies with the Federal Chancellery. It is currently planned that the person who receives a warning via app will independently contact the health authority and provide it with all relevant information (e.g. contact status).* • *Data donation app: At the beginning of last week, all documents were sent by the specialised public (e.g. Chaos Computer Club). Updates are currently being uploaded to the Google Play Store. In addition, an exchange is taking place with a Swiss university hospital to check to what extent the RKI can work with them for experiments to improve the informative value of the product (e.g. how strongly can a corona infection be mapped using the app's fibre thermometer).* • *CoVApp (chat robot): M. is responsible for the app. There are still open questions about data protection; medical device law etc. and no clarity in the process yet. Waiting for OK. The question of whether this should or can be directly integrated on the RKI website is also still open. When it comes to differential diagnosis, it is about individual medical advice. It must be clear here that the chatbot can no longer provide this.*	*FG21*
4	**New scientific findings** • *SARS-CoV-2-reactive T cells in COVID-19 patients and healthy donors - not discussed*	
5	**Current risk assessment**	

RKI	• Risk assessment: ○ There was a lot of feedback from the crisis team, which U. Rexroth has incorporated. There were also comments on the terms "transmissibility of the infection" as an assessment parameter and the "severity profile". Clinically critical disease progression is not defined (e.g. associated with hospitalisation). The change in the terms risk assessment and risk evaluation was also noted. The text will certainly be read critically by the public and therefore a standardised choice of words is important. ○ The risk assessment is based on the supplement to the National Pandemic Plan. However, different terms are also used in the National Pandemic Plan and the COVID-19-specific supplements. The terms used in the risk assessment should be congruent with the terms used in the supplement to the National Pandemic Plan. This supplement was agreed in the crisis team and the terms are easier to understand than those in the National Pandemic Plan. A standardised choice of words in the risk assessment makes it clear that this is not a new assessment strategy. ○ The risk assessment does not take into account the fact that asymptomatic people transmit the virus, for example. This must be described in more detail in the risk assessment. A further version to differentiate the potential of the virus in terms of transmissibility and severity of the diseases (also resource) is to be added in a later version. ToDo: Management LZ (Rexroth) adjusts the terminology. • Opening of daycare centres/schools, statement DGKH, DGPI, DVKJ, et al. (see e-mail, Mr Wieler, Sun 24.05.2020 19:39 or folder "Upload") - will be read and, if necessary, discussed at one of the next crisis team meetings. • Definition "Community transmission" / level of transmission at subnational level: ○ In a survey conducted by the ECDC, Germany stated that "community transmission" prevails at sub-national level. There was a choice of the categorisations community transmission, cluster and sporadic transmission. Most countries have also indicated the categorisation "community transmission". Countries such as the Czech Republic, Norway and Greece indicated "cluster". ○ It was a political wish that something be communicated to the ECDC. For travellers, however, an individual risk assessment is necessary, as this depends, among other things, on what people do on site. If you are travelling for airlines, politics needs a value, then it should be	All

RKI	*The value should be more generous so that politicians do not quickly take measures again.* ○ *When the RKI asked the ECDC, it was told that community transmission means a large number of unrelated outbreaks, many cases found in virological surveillance or a large number of unknown sources of infection. The only question is what is meant by "many/large number".* ○ *In Germany, however, there are already 96 districts that have not reported any cases and 206 districts with a 7-day incidence of <5/100,000. 75% of the districts. Otherwise, there are local outbreaks, which would no longer be described as community transmission. The categorisation is at federal state level, not district level.* ○ *To change a categorisation, it must be clarified how many of the cases are attributable to outbreaks. If the majority are clusters/known chains of infection, the categorisation can be changed. At present, Germany still has both (community transmission and clusters). Due to asymptomatic carriers, it is difficult to speak of clusters.* ○ *From this week onwards, the new Cube server will be available again for querying outbreaks. A recent, crude query revealed that 75% of cases can be attributed to outbreaks. It is often not known for certain where the source of infection was, the data is incomplete or is still being added. Just because a case has an outbreak identifier in SurvNet does not mean that it is an outbreak (e.g. if only one case is created under an outbreak and otherwise only other contact persons). The reporting system also does not differentiate whether it is an index case or a secondary case.* *ToDo: FG32 (M. Dierke) will use the cube to clarify by the end of the week what percentage of cases are attributable to outbreaks.*	
6	**Communication** **BZgA** • *There has been criticism from representatives of public transport regarding the general recommendation not to use public transport and to switch to other means of transport. With increasing relaxation, public transport naturally has more interest in their means of transport being used. But with a reduction in journeys, it also becomes more difficult to maintain social distancing. There was an exchange with the BZgA and the representatives of public transport sent the BZgA formulations of documents from their own health and safety concept, which the BZgA wants to incorporate into their documents.*	*BZgA*

	Press • *As the state regulations of some federal states refer to the RKI, there have been many enquiries regarding the handling of traveller returns from non-EU countries. The BMG has already been approached about this, but there has not yet been an official order to the RKI. So far, the map with an incidence of 50/100,000 inhabitants is only available for Europe.* • *On the RKI website, the table with the national case numbers is extended by figures on the 7-day incidence and the case numbers of the last 7 days.* • *AKNZ webinars for hospitals - are there any requests/suggestions from the RKI (question IBBS) - not discussed* • *BMG liaison report:* • *<u>Contact restrictions:</u> The BMG discussed the figure of 25 or 35/100,000. The technical assessment of the RKI was communicated; nothing has been decided yet - also against the background that the effects of the easing of restrictions in Thuringia and the results of the CdS switch that is currently taking place should be awaited.* • *<u>Strengthening the ÖGD:</u> A list is currently being drawn up at the RKI for the provisional ÖGD contact centre, which is expected to be sent to the BMG today. The BMG is preparing a paper for the Federal Chancellor summarising all measures that are currently underway and are to be established in the ÖGD. There is a desire for longer-term personnel and technical support. The Chancellor is also in contact with Ms Teichert (Academy for Public Health) to report on topics such as digitalisation, training and interfaces (e.g. to DEMIS). The question of whether the RKI is allowed to communicate directly with the municipalities is still open. I. Andernach will pass this on internally within the BMG. The feedback from the federal states was mixed. As long as the RKI does not receive official authorisation to contact the health authorities directly, this will not be done. This point can also be taken into account in the BMG document for the Chancellor.* • *<u>Aerosol transmission:</u> The question of aerosol transmission of SARS-CoV-2 in rooms and in connection with ventilators will be addressed by the RKI in the near future. Air exchange is important for tuberculosis, there is no experience to date with COVID-19; it may also have an unfavourable effect and also contribute to distribution. Fans have played a role in an outbreak in the USA, for example. It is important to consider different settings (clinic vs. private room)* • *<u>Coordination of European tourism</u>: The AA would like ECDC to specify parameters for this. The RKI is to be responsible for*	*Press, BMG-Liaison, FG32*

RKI	*be invited to a working meeting with the BMG. ZIG welcomes the opportunity to be actively involved in the discussion.* • *There was a question as to whether there was still feedback from the BMG on the "Second Act for the Protection of the Population in the Event of an Epidemic Situation of National Significance". I. Andernach is not aware of anything; she asks Mr Sangs again.* • *Demis status: Some aspects of data protection law are still being clarified. Due to limited capacities, an external law firm has been commissioned with this. In terms of content and technical aspects, the project is going well. Initial tests have been carried out; tests in health authorities will follow this week.*	
7	**RKI Strategy Questions** **a. General** • *Re-admission of pupils who have fallen ill: An enquiry about this has landed at FG14. There is a correlation between viral excretion and the severity of the disease. Children excrete RNA accordingly, but often only contract mild COVID-19. In some viral diseases, children excrete virus longer than adults. The contagiousness of SARS-CoV-2 in children has not been specifically researched, so a pragmatic approach makes sense. Therefore, unless other data is available, children should be treated in the same way as adults and the normal discharge criteria should be applied, i.e. children can return to school after 14 days of isolation. In addition, schools and daycare centres often have further requirements (e.g. medical certificate). It is important that the general recommendations are available on the RKI website. The re-admission guide only contains the diseases reported in accordance with §34 IfSG; it can be clarified with the BMG whether COVID-19 should be added.* • *Shortening the quarantine period: It is often discussed whether the 14 days can be shortened. There is still no data on this and the WHO has not yet made any changes. Abt 1 has looked at the literature and the 14 days are close to the pragmatically correct ones. There is much to suggest that in mild cases, contagiousness persists after 8 days, but the relationship between contagiousness and antibody formation is still unclear.* • *Recommendations on meetings after lockdown (how many people and units (e.g. 1 household) can meet, what group size is acceptable, ...): Feedback has been provided to the BMG. The BMG very much welcomes the proposal and the comments on the draft resolution.* **b. RKI-internal** • *Convalescent plasma donations, quote/"endorsement" by Mr Wieler - not discussed* • *Co-design of RKI recommendations (by BMI, BMAS, etc.) - not discussed*	*AL1, all*

RKI	• *Should the document on test figures also be broken down by BL? - Not discussed* • *Dealing with content-related interventions by politicians - not discussed* • *Role of and exchange with RKI liaison in the BMG - not discussed* • *Communication channels RKI-BMG - not discussed* • *Update ÖGD contact centre - not discussed*	
8	**Documents** • *Display of the "Quarantine on entry to Germany" map on the website also useful for past days - not discussed* • *Contact person management:* • *Contact person management (Cat III) in the latest version: According to the paper, a person who was previously reported as a COVID-19 case can be categorised as a contact person III by the public health department. At the same time, there was a discussion about generous testing of asymptomatic people. In the absence of symptoms, testing for SARS-CoV-2 should therefore be carried out 5-7 days after initial contact with the exposing case if possible in order to detect a pre- or asymptomatic infection at an early stage. The discussion on testing asymptomatic category 1 contacts has not yet been finalised and will be continued tomorrow.* • *Contact person management medical personnel (adaptation for testing) - not discussed* • *Draft publication of the ECDC on the 30-day projection on the progress and effectiveness of the measures - not discussed*	*FG36*
9	**Laboratory diagnostics** • *Status of diagnostics - not discussed* • *WHO may be planning to change the recommendation for discharge criteria, see e-mail from Mr Wieler to crisis team (Fri 22 May, 14:58) - not discussed* • *Adaptation of testing of medical staff and staff shortages in retirement and nursing homes - not discussed*	*ZBS1*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *IfSG amendment: negative test - not discussed*	
13	**Transport and border crossing points** • *Not discussed*	

14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting:* **Tuesday, 26 May 2020, 11:00 a.m.,** *via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*26.05.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Ruth Offergeld*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Jamela Seedat*
- *BZGA*
  - *Heidrun Thaiss*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Not discussed* **National** • *Not discussed*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** • *SARS-CoV-2-reactive T cells in COVID-19 patients and healthy donors → Lecture by Mr Voigt is still pending, he is basically ready and a new date will be found*	
5	**Current risk assessment** **Risk assessment** • *Was sent around again after agreed adjustments, there is nothing more to explain* **Opening of daycare centres/schools, RKI statement** • *There was a statement from DGKH, DGPI, DVKJ, et al. on the reopening of schools and daycare centres (Präs e-mail, Sun 24 May, 19:39 or here)* • *The RKI has also addressed the topic several times at the request of the BMG* • *Statement was assessed by Walter Haas through literature review, analysis and evaluation and an internal statement was prepared and shared* • *Numerous studies of varying quality are available, many of the studies used were carried out under contact restrictions or lockdown contexts, they are often not peer-reviewed and some are methodologically suboptimal* • *Summarised results:* ○ *The positivity rates in children are similar to those in adults, and the data from Christian Drosten on virus excretion do not differ fundamentally in children either* ○ ~~*There are no studies that prove whether children as index persons in households transmit the virus*~~ ○ *There are at least three studies that use children as index cases in* *Document budget transfers (addendum by e-mail*	*VPresident* *FG36* *FG37/all*

RKI	*to nCoV location by Anna Stoliaroff-Pépin 27.05.20)* ○ *If the median is considered, there tends to be less excretion in children* ○ *Viral load is one aspect, another is the context: how close is the contact and what are the possibilities of transmission?* ○ *It is not yet possible to make a fundamental statement about what this means in terms of transmission in the situation of close contact between children and with carers, as there is currently no data known to the RKI (which assesses this in this setting)* ○ *If facilities are to be opened, it is better to do so in summer than in autumn* ○ *Openings should be scientifically and epidemiologically monitored and people in the household must be taken into account with regard to possible increased risk* • *The internal document is for the information of the crisis management team and does not constitute a publishable assessment or recommendation; it is merely an opinion* • *For a publishable statement, further work would be necessary to ensure that all existing publications have been taken into account* • *An RKI statement is currently not (urgently) necessary* • *Continuous literature review and evaluation is part of the RKI's task* • *BZgA comment: it would make sense to provide educational institutions with something action-orientated and based on currently available evidence; implementation is left to the institutions, monitoring is subject to the local authorities* • *There is currently no need to revise the existing RKI recommendations* **Breakout Baptist church in Frankfurt** • *There is an outbreak in a Baptist church in Frankfurt* • *This was also discussed this morning in the EpiLag and RKI support was offered* • *There are currently 157 cases of which 9 have been hospitalised, 7 LK in HE and 1 LK in BY are affected* • *The church service reported in the media took place on 10 May, but the infection may have started a week earlier (confidential information from colleagues in HE: church service on 3 May by a sick preacher who was infected by a seriously ill case in the hospital).* • *It was apparently sung without MNB* • *The affected community consists of families with many children and there were probably transmissions in many households. The RKI cannot intervene operationally, but it would be very interesting to analyse these*	*FG32*

RKI	*To accompany the outbreak investigation*	
6	**Communication** **BZgA** • *Public transport complaint, BZgA has received and passed on the link from Ulrike Grote, a leaflet on this is currently being prepared* • *Increased enquiries on the subject of aerosols, this has now also reached the general public, various questions on protection options, it is being determined what can be passed on to the general population*	*BZgA*
	AKNZ (department of the BBK) Webinars for hospitals • *There is the possibility of organising webinars with AKNZ - are there any requests/suggestions from the RKI (question IBBS)?* • *Tim Eckmanns once organised a seminar for the BBK on the topic of outbreak management in the KKH, which is a good opportunity to reach a broad audience (>100 participants)* • *RKI papers/recommendations could be explained and disseminated so well* • *Tim Eckmanns is taking part in Mrs Teichert's ÖGD webinar today, the topic is discharge management* • *Further topics could be suggested* • *Addition from BZgA: at the beginning of the COVID situation there were requests for training videos on protective clothing*	*IBBS/FG37*
	Press • *The first calls are being made to the RKI regarding the position of the professional associations on school closures* • *Recommendations on contact person management, the press is waiting for RKI feedback and multiple questions on the topic are received*	*Press*
	Contact person management • *The document was revised in FF by FG36 (Link)* • *Two things were discussed and will be adjusted:* • *1. categorisation of recovered cases as Category III contacts (CP) (also discussed in EpiLag as it leads to confusion)* ○ *For KP Cat. III, which relates to medical personnel, different measures are required than for other KP Cat. I, e.g. no quarantine but self-monitoring, self-isolation and testing only in case of symptoms* ○ *Partial immunity is assumed for recovered cases, which is why it was suggested that these should be treated in the same way as CP Cat. III for these cases* ○ *However, the measures mentioned for KP Cat. III are very extensive in terms of documentation, handling with KP, etc., if analogue reference is made to this, this may lead to confusion regarding the*	*FG36/FG37/ all*

RKI	*Measures that are not applicable to non-medical personnel* o *The measures to be applied generally pose a challenge when dealing with CoNa and there is a lot of confusion here, e.g. not every person who has been in close contact with a Cat. I has to be quarantined, only if the CP Cat. I becomes a case* o *An additional category for KP is not desired* o *We would like to propose a wording that takes this complexity into account* o *The KP Cat. III analogy is cancelled for recovered patients, only applicable measures remain* o *The immunity is mentioned in the relevant documents (profile, FAQ), not here, where this is not the central statement* • *2. time of testing, extension of the test strategy* o *The document recommended testing of asymptomatic KP 5-7 days after initial exposure, if time is not known, two-stage testing on day 1 and day 7-10 after identification* o *Firstly, it is assumed that there is no risk of infection with these KP, otherwise testing would have to be carried out immediately* o *Mention of 5-7d can lead to delays, prefer earlier testing, KP Cat. I have to be segregated anyway and a negative test does not mean that KP does not have to be segregated* o *There is also a risk that 80% of KP are lulled into a false sense of security because they have not yet tested positive* o *In general, early testing is desirable in order to detect follow-up cases and this must take place at the earliest possible time, rather testing as soon as CPs have been identified* o *Testing should be carried out when there is a high probability of a positive result; the test is carried out immediately after exposure anyway* o *First half-sentence (5-7d) is removed, re-insert the sentence "In order to recognise an infection in KP as early as possible, testing should take 5-7 days..." if the initial exposure is not clear in rare cases* • *Tim Eckmanns makes a proposal for adapting KoNa management* *ToDo: FG37 completes revision by tomorrow* **Identification of adaptations in RKI recommendations** • *There is a lot of praise for the RKI's work, but there are often requests for changes in RKI recommendations to be more clearly recognisable.*	*Pres/ Press/ All*

RKI	*be made so that they can be better understood* • *Problem is also known from other situations/recommendations, current approach is to note above what is new* • *In addition, customised documents are mentioned in the daily management report, including the specific adjustments* • *Specific identification of changes (as in the management report) is very error-prone depending on the size of the changes, therefore it is now relatively well specified what has changed, this is preferred to coloured markings, users are specifically made aware of subsections with changes, especially in the profile many changes* • *In some documents, initial changes are mentioned in italics; this should be standardised for all recommendations documents* **Face visors** • *There have already been statements on this, according to the RKI, a visor cannot fulfil the function of an MNS, this is further reinforced by the aerosol situation* • *Does anyone know whether a systematic investigation or study is being carried out to determine antibodies in dentists, as they are particularly exposed to aerosols?* • *No, nobody is aware of such a study*	*VPresident*
7	**RKI Strategy Questions** **a) General contact restrictions** • *Recommendations for meetings after easing restrictions (how many people and units (e.g. 1 household) can meet, what group size is acceptable, ...) (results of the CdS call of 25 May)* • *CdS decision received during the crisis team meeting and sent to RKI corona distribution list* • *Includes essential aspects: Keeping your distance, compulsory masks in certain public areas, minimising the number of people in contact, requirements for private events, sufficient ventilation, limiting the number of people, preferably outdoors (excluding daycare centres and schools), staying with up to 10 people or members of two households, etc.* • *RKI ideas should be incorporated more intensively, which is not so easy, BKAmt asks directly, but RKI has to answer with BMG reservation* • *Recommendations are adapted in the respective state ordinances* **b) RKI-internal** **Convalescent plasma donations** • *Quote/"endorsement" from Mr Wieler [see e-mail, Sun 24.05.2020*	*All* *Pres/FG34*

RKI	*16:28 or folder "Upload", see also Ruth Offergeld's offer to obtain an opinion from AK Blut Mon 25 May 2020 17:30]* ○ *Präs was quoted as supporting this approach, he is now examining whether this should be left as it is or whether it needs to be corrected* ○ *Präs conveyed general support for the approach in a press briefing, and is now checking whether there was an explicit question about this elsewhere* ○ *A survey on an initiative of a specific grouping did not take place; a check is carried out to ensure that correct quotations were made.* • *Report Ruth Offergeld* ○ *There is an initiative by people who are active in marketing who want to set up a convalescent donor initiative analogous to stem cell donors* ○ *These are to be pre-screened and then forwarded to the regional offices* ○ *The group itself has no funds but is very active* ○ *PEI and RKI have repeatedly mentioned that it is still open whether this makes sense, it seems premature to create such a platform and disseminate it (also internationally)* ○ *In principle, it could be bundled, and contact should also be maintained to help orientate the activity* ○ *FG34 offers a survey of blood donation services on the need, so far no such need has been communicated verbally* ○ *This approach would save PEI a lot of money in terms of advertising/donation appeals* ○ *The RKI currently sees no need to do this from a technical point of view* ○ *Therapeutic criteria are not currently used/suggested to measure therapeutic value* ○ *Clinical parameters are measured, only antibody detection, e.g. number of ventilations, no testing of the preparations, ad-hoc production and use* **Co-design of the content of RKI recommendations by other departments** • *How should the RKI deal with content-related interventions by politicians (e.g. BMI, BMAS, etc.)?* • *Example: Recommendation for shared accommodation and asylum seekers agreed with the AGI, this cannot be finalised as various feedback (BMI, BMG, Ministry of Social Affairs) is being awaited, although their comments have been included*	

RKI	• *Does this have to be the case for technical recommendations if the opinions of the departments have already been incorporated?* • *Mrs Ziegelmann mentioned that this should be done by the end of the week* • *Document is in BMG coordination, feedback by the end of the week* **Update ÖGD contact centre** • *Proposal for the gradual establishment of the ÖGD contact centre at the RKI has been sent to the BMG and will be discussed with Blasius and Kupfer today or tomorrow* • *There will be a provisional arrangement with people employed for the LZ/in FG32, starting with initially 6 people in the library in House 5 on Seestraße* • *This is currently the LZ position for international communication, but as soon as travel picks up again, there will be significantly more work for this position* • *These are to take over tasks that are already being carried out in the LZ and FG32, e.g. reporting on outbreak events, capacity monitoring, coordination of RKI support* • *How to proceed with external contacts and where other people are to be added still needs to be clarified* • *How to proceed must be considered with the BMG and RKI ZV, possibly also setting up additional containers* • *Feedback from the BMG on the above proposal is still pending (Blasius, Rottmann), may still lead to adjustments*	
8	**Documents** **Designation of risk areas for quarantine recommendation** • *Presentation of the map "Quarantine on entry to Germany" on the website* • *RKI should create world map with incidence limit (>50/100,000), but persons travelling to/returning from the country and GA must obtain additional information independently* • *BMG (Holtherm) has announced that a decree will follow in this regard* **Contact person management** • *See also above under Communication* • *Contact person management* ○ *Contact person management medical personnel (adaptation for testing)* ○ *Testing of asymptomatic category 1 contact persons* • *Two documents were revised by FG37 and sent to the crisis team last Thursday evening, they contain nothing new or critical* • *AL1 has commented on the document, among other things it was not clear in a heading whether the regulation applies in the event of staff shortage or absence of staff shortage*	*AL3* *FG37*

RKI	*ToDo: Suggestions by Mr Mielke will be taken up by FG37 and documents will be published today*	
9	**Laboratory diagnostics** **Test strategy** • *The draft bill has been submitted to the BMG, it was prepared with RKI participation, the eligibility of asymptomatic persons (certain groups) for testing and the authorisation of the ÖGD have been included* **Transmission of notification facts negative tests** • *IfSG amendment came into force on 23.05.2020, adjustment of the reporting facts, on the one hand, obligation to report by name according to §7 IfSG: Specification of indirect evidence that indicates an acute infection, AL1 had made a draft text for this* • *In addition, establishment of the obligation to report negative testaments by name, for which a technical solution is still being sought to prevent fax transmission* • *From the RKI's point of view, this non-named reporting obligation can only be implemented as an electronic report in connection with DEMIS; it will take a few more weeks before this is possible* • *Due to the data protection uncertainty (see below under Surveillance), it is unclear when DEMIS will start and whether a transitional solution is necessary; a standardised implementation is desirable* • *The RKI has sent an enquiry to the Federal Ministry of Health as to whether the transmission can be suspended until electronic reporting is established* • *A statement from the BMG on this is urgently needed, as the laboratories are acting illegally if they do not fulfil the reporting obligation* • *An alternative for laboratories that absolutely want to report would be the transmission of negative tests via ARS or as part of the weekly VOXCO query, but both alternatives are not ideal, as the reporting contents are different, they do not fulfil the legal requirements and a subsequent search from several sources is not desirable* • *Initially, the result of the BMG enquiry is awaited; the RKI is not allowed to make any official statement until the BMG has responded; so far, the laboratories have been informed that only electronic reporting is sensible and legally compliant* • *BMG feedback will hopefully follow soon* • *From the EpiLag: BL want data to be presented at BL and local level* **Virological surveillance** • *Some samples contained respiratory pathogens, especially RSV and rhinoviruses*	*FG32/AL1* *FG17*

10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *IfSG amendment: negative tests, see above under laboratory diagnostics* **Update DEMIS** • *Is well advanced, the system is currently being tested with 5 participating laboratories whose data can be received, tomorrow data will be sent to 5 participating GA to test the reception with them* • *We are currently working with test data as the data protection review is still pending; this is lengthy as the serological studies have been prioritised* • *A law firm has been called in to deal with DEMIS data protection in order to relieve the RKI in this regard; an initial meeting will be held with them on Friday, also to clarify how many resources are available in the law firm* • *This afternoon there will be a TC with BMG, AL3 and Mr Lekschas* • *The BMG is getting a little restless, as they have made timely announcements about the readiness of DEMIS* • *The data protection requirements that must be met in order to start the system are assessed differently by the RKI than by the BMG* • *If the BMG were to put this in writing, the process could possibly be accelerated*	*FG32*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *13-15:00 AGI conference call on COVID-19, in this context demand on vitamin D deficiency and COVID-19 mortality, what is the RKI position on this?* ○ *Occurs again and again with infectious diseases* ○ *BfR homepage contains general statement (link)* ○ *There are several publications on this topic, which can be evaluated by FG17* ○ *IBBS (Niebank, Ruehe) have also already dealt with this issue* • *This afternoon 15:00 TK with BMG on DEMIS* • *Freitag TK with law firm on data protection DEMIS*	*all*

16	**Other topics** • *Crisis team meeting in future* o *If the meeting only takes place three times a week, only matters that are urgent or require a decision should be discussed* o *National and international management report should be shortened and only the most important points summarised* o *Info points out, decision points in* • *Next meeting: Wednesday, 27 May 2020, 11:00 a.m., via Vitero* → *Then next meeting Friday, 29 May 2020, 1:00 pm*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*27.05.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *IBBS*
  - *Bettina Rühe*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *BZgA*
  - *Heidrun Thaiss*

- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Over 5.5 million cases and more than 350,000 deaths* • *Top 10 countries by number of new cases in the last 7 days:* o *USA, followed by Brazil and Russia* o *Downward trend in the USA and Russia, upward trend in Brazil* o *Downward trend in the UK (will probably soon no longer be among the top 10 countries)* • *Map: 7-day incidence per 100,000 inhabitants (based on ECDC data) :* o *High cumulative 7-day incidence in Chile, Peru, Brazil, Iran, Belarus* • *Map: Change in 7-day incidence compared to the previous 7-day incidence, per 100,000 inhabitants:* o *Strongest momentum worldwide in South America, the Middle East* o *High momentum also in Africa, but also due to the low number of cases in Africa (weakness of the map)* • *Countries with >70,000 new cases/last 7 days* o *Brazil (approx. 390,000 cases) and the USA (approx. 1.6 million cases),* o *An upward trend is expected in both countries in the coming weeks. In the USA, it is questionable whether a transition to a plateau is more likely.* • *Countries with 7,000 - 70,000 new cases/last 7 days* o *Bangladesh: sharp rise for some time, increasing number of cases in the Rohingya refugee camp, no/limited containment measures there; situation far from under control* o *Chile: further increase; measures were quickly withdrawn again* o *Iran: renewed increase, mainly cases in southern Iran* o *Important for the assessment of countries in the Middle East and parts of Asia: Not all countries have taken sufficient measures with regard to the festival of breaking the fast (last weekend). The effects will probably be seen in the next few days.* • *Countries with 1,400-7,000 new cases/day* o *Afghanistan is one of the countries at risk.* o *Increase also in Argentina and Armenia. The increase in Armenia is also related to the increase in testing capacities following the virtual mission in which the RKI was involved.* o *In Cameroon, due to the age structure and politics in*	*ZIG1*

RKI	*an increase in the near future.* o *Sweden: plateau with a slight upward trend, approx. 600 new infections, over 4,000 deaths* • *Countries with >100 cases and an R eff. > 1:* o *Syria: R-value >3, is one of the most vulnerable countries in the region, low number of cases (approx. 120), but highly dynamic* • *Approx. 10 minutes per meeting should be scheduled for the presentation of the international situation in the crisis team, possibly alternating between a general overview on one day and a presentation of the situation in specific countries on the next.* • *There is a desire to find out more about the scope of testing in other European countries as part of the deliberations on freedom to travel.* o *There is no information on this in the WHO. However, the WHO recommendation of a positive rate of 3-4% is adhered to throughout the European Union.* **Laboratory-based surveillance SARS-CoV-2 in ARS** *(slides here)* • *Slight decrease in the number of tests, probably due to the bank holidays last week.* • *Proportion of positive tests has fallen slightly over time, current positive rate < 2%* • *Number of positive tests over time by federal state: flattening of the curve in all federal states; slight increase in Thuringia.* • *Mr Eckmanns will be travelling to Sonneberg with the Bundeswehr for a day next week and is already in contact with the office management. The Bundeswehr will be involved in the longer term.* • *Number of tests per 100,000 inhabitants by age group: significant increase in the over 80s in recent weeks. Currently declining again, possibly due to the public holiday, but possibly also because there is actually less testing.* • *Number of positive tests per 100,000 inhabitants by age group: has remained roughly the same for over 80-year-olds.* • *Ansgar Wübker from the Leibnitz Institute has asked the VW Foundation to submit an application with the participation of the RKI. In general, there is nothing to be said against participating in the application. Funding by a foundation is sponsorship, so Mrs Hanke's application would have to be reviewed and forwarded to the BMG for a sponsorship review.* • *Note from Mr Rottmann: There is an ECDC document on care facilities with the participation of experts from FG37 that the BMG was not aware of. The BMG requests that the BMG be informed of any collaboration on ECDC papers.* • *This is presumably a paper that has not yet been published and is to appear as rapid communication in EuroSurveillance. Such documents could be submitted to the BMG for information (not for voting) in the future.*	*FG37* *FG37*

RKI	**National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 179,364 (+362), of which 8,349 (4.7%) deaths (+47), incidence 216/100,000 inhabitants, approx. 162,800 recovered, Reff=0.68* ○ *DIVI: currently on ITS: 763, of which ventilated: 482* ○ *Estimate of the reproduction number: R has fallen slightly, including the more stable value* ○ *Deaths: nationwide approx. 10/100,000 inhabitants, but differences between the federal states, highest in Bavaria with 18.4 deaths per 100,000 inhabitants.* ○ *Geographical distribution, 7-day incidence: SK Regensburg stands out as well as LK Lichtenfels and LK Hof (screening in schools)* ○ *Trend comparison of the COVID19 incidence of the last 7 days vs. the week before (produced daily by Mr Faber): LK Leer stands out (opening restaurant), you can also see a number of other districts with major changes. The map is for internal use only.* ○ *Counties with 7-day incidences > 50 or > 35 cases /100,000: now only affects 2 LCs. The question arises as to whether the criterion should be changed to > 25. This was requested from the BMG and would have the advantage of consistency with the management report.* ▪ *> 50 cases: SK Regensburg (outbreak in shared accommodation for asylum seekers)* ▪ *>35 cases: Lichtenfels district (outbreak in nursing home)* • *No new insights gained from outbreaks in Leer and Frankfurt/Main* • *Outbreaks (information from the press): e.g. Potsdam-Mittelmark letter centre, cross-border slaughterhouse, secondary school. In future, the press service should be used and the search terms for this should be specified. IOS could possibly also be used.*	*FG32*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** • *Will be discussed on Friday*	
5	**Current risk assessment** • *Not discussed*	
6	**Communication** **BZgA**	*BZgA*

RKI	• *Strategy issue: Vaccination campaigns are to be readjusted and there is a desire for input from the RKI. There is a paper from PEI and RKI with an initial strategy for the introduction of the COVID-19 vaccination. It was not possible to involve the BZgA in the short time available.* • *The plan was to relaunch the measles campaign, but the BZgA is now considering prominently advertising the influenza vaccination instead. Close coordination is desired, AP Mr Wichmann.* **Press** • *There are still many enquiries about returning travellers. Some people are also referred to the RKI by the BMI and the Federal Foreign Office.* • *There is a decree on the technical evaluation of measures to ease entry bans/restrictions* o *It is not only in Germany that the health side is being urged to create criteria. The European map of ZIG could be placed on the website. Reference could then be made to it.* o *Other criteria could be checked. However, extensive criteria cannot be used to determine where you can go and when you have to go into quarantine.* o *An incidence of > 50/100,000 was also named by the AA as a value for a travel warning.* o *The decree will be answered first and only then will the map be put online.*	*Press* *All*
	News from the BMG • *Entry and exit have been extensively discussed and will continue to be a topic.* • *Asylum paper: feedback from the Ministry of the Interior is planned by the end of the week, the document is to be published promptly. Remark RKI: Processing time is very long.* • *7-day incidence: the Federal Chancellery has currently decided to stick to 35/100,000 inhabitants. For the RKI, this means that only a few outbreaks remain in the extra report for the BMG, while the situation report contains more content.*	*ZIG4*
7	**RKI Strategy Questions** **a) General** • *Language regulation/definition of risk groups: Letter from Dr Garg to Jens Spahn. Supplementary proposal FG36 (email)* o *The discussion was started in the AGI. The background to this is that there is a desire at state level for clear guidelines on who is considered a risk group and should not work as an educator or teacher. In other words, information on specific age*	*All*

RKI	*and pre-existing conditions from which a doctor may issue a certificate. The intention is not to base this solely on age. However, the decision must always be made by a company doctor on a case-by-case basis.* o *This is not yet an order from the BMG. This will probably be submitted to the RKI, but perhaps it will also go directly to occupational health and safety.* o *If a response is necessary, occupational health and safety must be included. Formulations from the "Information for persons with a higher risk" could be adopted.* **b) RKI-internal** • *There are 2 articles on overdispersion (by Sebastian Funke and from Hong Kong), in which it is assumed that approx. 80% of infections can be traced back to only 20% of those infected.* o *Mr Schaade has already asked Mr an der Heiden whether this could also be calculated for Germany.* o *Consideration should be given to whether this distribution pattern could be utilised in the containment strategy. And whether it would be helpful to identify particularly risky situations.* o *Objection: the data originates from a situation under contact blocking, then the focus on certain superspreader events is presumably caused by the contact blocking.* • *<u>Containment Scouts</u>: if possible, an extension until summer 2021 or a continuation should be initiated before the summer break.* o *An evaluation of whether they were actively used would be useful.* o *Problem: Students who were available this semester are not necessarily available in the next semester.* o *Capacity monitoring of the GAs: only 2 GAs have submitted overload reports. However, many areas, such as school entry examinations, dental and social psychiatric services, have been postponed in all LAs.* o *In this context, a concept could also be discussed that provides more general support for the GAs in the form of additional PAEs. This could be a somewhat shorter, lower-level training programme at hygiene inspector level.* o *The federal states should be asked what long-term measures are planned and how the ÖGD could be strengthened in the long term.* o *FG37 has already submitted an application for evaluation.*	*All* *FG37*

RKI	*ToDo: Submit follow-up application for extension of containment scouts or alternative concept by summer 2021, FF FG37* • *Is the overview of who is being tested ready? On the part of Dept. 1, yes. The BMG has created a graphic that was discussed in the diagnostics working group. The diagnostics paper is being revised accordingly and still needs to be agreed with the BMG; the course of PCR and antibodies is to be integrated.*	*Dept. 1*
8	**Documents** • *Contact tracing (here):* o *Changes: Testing should be done as early as possible, additionally 5-7 days after first exposure.* o *Mr Mielke would favour day 1 after becoming aware of the contact and additional testing on days 7-10. The diagnostics working group has agreed on day 7-10, the 2nd test should increase sensitivity* o *Agreement: "(day 1 after contact tracing)" is inserted after "as early as possible". The 2nd test remains at 5- 7 days after initial exposure, as this corresponds to the incubation period. The probability of a positive pathogen detection is then highest.* • *The flow chart for contact tracing should also be adapted before publication on the website:* o *Testing of contact persons cat. 1 still needs to be adapted to what was discussed above (testing as early as possible on day 1 after identification and testing on days 5-7). Mr Haas will send Mrs Schulz-Weidhaas the exact wording.* *ToDo: after wording adjustment, both go to webmaster* • *The flow chart for CoNa for medical staff must be adapted accordingly. It has already been sent to Mr Eckmanns for hospitals and nursing home staff.* *ToDo: re-present the document to the crisis team*	*FG36/ FG37 / All*
9	**Laboratory diagnostics** • *AGI Sentinel* o *Submissions: 24 samples on Monday, declining again yesterday and today* o *No more positive detections since the number of cases fell below 2,000* o *In the meantime, rhinoviruses have also been detected again, but not as many as before* o *The change in categorisation from community transmission to cluster cannot be inferred from the sentinel, as the sensitivity for this is insufficient.*	*FG17*
10	**Clinical management/discharge management**	

	• *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Data protection capacities are so overloaded, even with the involvement of the law firm, that the BMG's schedule is untenable. Warning app, serological projects on COVID-19 and DEMIS are prioritised.* • *Surveillance with Ms Gastmeier could not be realised for this reason either. In general, research projects cannot be realised if there is no data protection capacity. This must also be communicated to the outside world.* • *If reference is made to the Federal Data Protection Commissioner (BFDI). This is not an authorising authority, approval must be given by the data protection of the implementing authority.* • *A meeting with the DEMIS law firm is scheduled for Friday. After that, it will probably be easier to estimate what time capacities the law firm has.*	*FG32*
13	**Transport and border crossing points** • *Not discussed*	
14	**Information from the situation centre** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Friday, 29 May 2020, 13:00, via Vitero* → *then next meeting Tuesday, 02/06/2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*29.05.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Sebastian Voigt*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Ute Rexroth*
  - *Meike Schöll (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *ZBS1*
  - *Janine Michel*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1a	**Current situation** **International** • *International trend analysis, measures (slides here)* • *The top 10 countries by number of new cases in the last 7 days include, in descending order, the USA, Brazil, Russia, India, Peru, Chile, Mexico, the United Kingdom, Saudi Arabia and Iran* • *Map: 7-day incidence per 100,000 inhabitants (based on ECDC data): With a 7-day incidence of >50/100,000 inhabitants, Brazil, Peru, Chile, the United Arab Emirates and Belarus stand out in particular. The map may be displayed on the RKI website.* • *Countries with >70,000 new cases/last 7 days* o *Brazil continues to show an upward trend, with the final spike in the curve most likely due to reporting.* o *In the USA, the number of cases is falling, but an increase is projected in the coming days. A state of emergency has been declared in Minneapolis, where there has been a high incidence of COVID-19 and large protests; an analysis of the situation there will be prepared in the coming days.* • *Countries with 7,000 - 70,000 new cases/last 7 days* o *Iran is the first country with a second wave of infections; the causes of this will be discussed in more detail next week* o *There were no significant changes in the other countries; the downward trend in Russia was confirmed.* • *Japan:* o *On 25 May 2020, Science Magazine reported that the state of emergency in Japan had ended, meaning that Japan had successfully contained the pandemic despite the low level of restrictions. This reporting is problematic.* o *In Japan, there have been > 16,000 cases to date, including almost 900 deaths (5.2% case fatality rate). The epidemic appears to have peaked; there are around 10 to 50 new infections per day and R is well below 1.* o *The total number of approx. 281,300 tests is very low relative to the population, with a positive rate of 5.9%. While testing is controlled at national level, decisions on measures are made at prefecture level.* o *Comparably mild restrictive measures were taken; in particular, offences were not punished. Despite this, there was a high level of compliance ("lockdown effect") without a strict lockdown). In the public perception*	*ZIG1* *FG32*

RKI	*everyone can do what they want, with the exception of the recommendation to avoid confined spaces, crowds and close contact.* o *The aim is to achieve <0.5 cases/100,000 inhabitants primarily through cluster tracing without widespread testing. This target has already been achieved in some cities.* o *The cluster strategy is often emphasised as being particularly important, but there are hardly any differences to management in DEU in this respect. A significant underreporting of cases is likely. The role model character of Japan described in the media does not stand up to analysis. The German strategy is much broader in its approach and keeps the clusters in mind.* o *The wish expressed in an earlier meeting for a presentation of the testing strategies in Taiwan and Scandinavia is recalled.* *To Do: Press drafted text to present the principle of contact tracing and cluster approach for presentation at a press conference* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 180,458 (+741), problem that BW researched subsequently (after Octoware changeover), of which 8,450 (4.7%) deaths (+39), incidence 217/100,000 inhabitants, approx.* *164,100 Recovered* o *DIVI: currently on ITS: 729 people, of which ventilated: 426* o *Estimate of the reproduction number: 0.85 (95%-PI: 0.70-1.02)* o *With regard to the number of cases in the federal states, data corrections (due to double counting) must be taken into account for SL and for SN (transmission problems with Octoware conversion). The 7-day incidence in MV and ST is below 0.5/100,000 inhabitants.* o *Geographical distribution, 7-day incidence: as on the previous day, 1 district falls into the category with 51 to 100 cases/100,000 inhabitants (SK Regensburg, due to screening in asylum centres), a further 4 districts have a 7-day incidence of 26 to 50 cases/100,000 inhabitants (LK Lichtenfels, LK Coburg, SK Coburg, SK Gera), 91 districts have not reported any cases.* o *In the trend comparison of the COVID19 incidence of the last 7 days vs. the week before, LK Dachau, SK Wolfsburg and LK Leer stand out. In Dachau, this appears to be due to late notifications. Further information is to be clarified with the help of the ÖGD contact centre.* o *Counties with 7-day incidences > 50 or > 35 cases /100,000: SK Regensburg is the only district with a 7-day incidence greater than 50 cases/100,000 inhabitants, which is due to an outbreak in a shared accommodation centre for asylum seekers. It would be desirable to reduce the reporting frequency.*	

RKI	○ *There have been no significant changes to the previous day with regard to outbreak events. In particular, no new requests for administrative assistance based on these outbreaks have been received.* ○ *Laboratory: Since the start of testing in Germany up to and including week 21/2020, 3,952,971 laboratory tests have been recorded so far, of which 210,255 tested positive for SARS- CoV-2. In CW21, the positive rate was 1.5%. Testing capacities are stable.* ○ *Mortality surveillance: A press release from destatis is being published today in which the excess mortality is presented together with the COVID-19 mortality based on the RKI figures. The findings on excess mortality are consistent with the data on confirmed COVID-19 deaths when looking at the absolute figures. The temporal development was also almost parallel: both the deviation from the average in the total figures and the number of COVID-19 deaths were greatest in the 15th calendar week. At first glance, the COVID-19 curve appears to be somewhat delayed, but this should be be verified again.*	
1b	**Update on the current status of vaccination/vaccine development** • *The STIKO was commissioned by the BMG to set up a working group on vaccination issues in connection with COVID-19. A work plan was drawn up this week. It can be assumed that the availability of a vaccine will be limited at the beginning; reviews are necessary; unpublished data from the vaccine manufacturers must also be made available for this purpose.* • *Status of vaccine development: Over 140 candidates are in development worldwide, most of them in the preclinical phase and around a dozen in the clinical phase. A vaccine in England is already in phase 2/3, with possible approval next autumn. AstraZenica has already started production of this vaccine.* • *There are 10 to 20 vaccines in the pipeline in Russia, for which phase 3 may be omitted. Production capacities are problematic.* • *The working group is currently developing an age-stratified transmission model, for which an application for 2 to 3 MA has been submitted to the BMBF. An advisory board is to be set up, in particular to involve external modellers. Data on contact behaviour is to be used (contact matrix study), but this has yet to be approved by data protection authorities.* • *The BMG would like a concept that addresses key aspects of vaccination against SARS-CoV-2 in DEU, including production capacities, evaluation, vaccination rate recording, monitoring of vaccination effectiveness and safety, and the question of who vaccinates where. Antibody-dependent enhancement is not currently recorded. If necessary, DEMIS can also be used; discussions on this are taking place with FG31 and FG32. The RKI will take the lead in updating such a concept.*	*FG33*

	lie. Discussions with the BCs must be held promptly; central purchasing, central distribution and vaccination in vaccination centres would be favoured. • *At the request of the BMG, FG33 took part in the Health Security Council, where a European immunisation plan was discussed. This includes not only a needs assessment for Europe (the USA has already concluded preliminary agreements with manufacturers), but also a harmonisation of vaccination strategies and target groups. The latter is clearly within the mandate of the member states; the plan is a recommendation for an evidence-based approach. There is a risk of duplication, as several international organisations are working on this topic.* • *It is made clear that phases 1 and 2 are more frequently combined and that phase 3 trials should be skipped in Russia, but not yet in other countries. Antibody dependent enhancement is not recognised via phase 3, but rather via postmarketing studies, for which the EMA or PEI would be responsible.* • *It is suggested that the flu web app be taken into account when recording vaccination rates. In addition, it is requested that all external modelling offers be bundled and used (not only with regard to vaccine development); the Advisory Board is to be set up for this purpose. Suggestions for the composition of the Advisory Board can be made in the course of the meeting.* • *The BZgA emphasises the long lead time for the development of a multi-level campaign on vaccination; however, according to FG33, the timing of vaccine availability remains difficult to predict and the type of vaccine and its effectiveness in different age groups is essential for the development of a targeted communication campaign.*	
2	**International** • *Unscheduled for 02/06/2020*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** *J. Braun et al. : Presence of SARS-CoV-2-reactive T cells in COVID-19 patients and healthy (slides here)* • *The study at Charité comprised 18 COVID-19 patients and 68 Healty Donors (HD). Peripheral blood cells were stimulated with peptide pools derived from SARS-CoV-2 spike (S) protein. S protein-specific CD4+ T cells were found in most COVID- 19 patients, but also in some of the HD. It is possible that the S protein-specific CD4+ T cells in HD are cross-reactive cells following previous exposure to endemic coronaviruses. In HD, pre-existing SARS CoV-2-*	*FG12*

	cross-reactive T cells could have a protective effect or also influence the course of the disease. A larger study should clarify this.	
5	**Current risk assessment** • *It is suggested that the RKI should consider a more differentiated risk assessment, similar to the ECDC, so that, for example, risk-minimising behaviours are taken into account accordingly: For both the general population and for groups with risk factors, the ECDC distinguishes between the implementation of distancing measures and low incidence or declining trends and a lack of distancing measures and high community transmission. The above points should be discussed further when the risk assessment is next updated; a risk assessment stratified by risk group should be well communicated in the press briefing. Further discussion is postponed.* • *In this context, the wish expressed by the federal states in the AGI that the risk groups be narrowed down or general recommendations for individual occupational groups such as teachers be drawn up was again reported. However, the risk groups named in the RKI recommendations are based on age and previous illnesses, i.e. groups in which an influence on the severity of the course of COVID-19 disease has been identified at population level. These factors cannot be equated with an assessment of individual risk. Treating physicians can make recommendations for the continued employment of individual employees based on existing recommendations and their knowledge of a patient's state of health in collaboration with occupational physicians. This has already been communicated to the federal states on several occasions but can be presented again proactively.*	*FG32/all*
6	**Communication** **BZgA** • *In view of the large number of new products, there is sometimes a lack of clarity for the public, which is why the website is currently being revised and news is to be displayed more prominently, e.g. as a slider.* • *Increasingly, telephone counselling and social media activities are also dedicated to other topics, e.g. cannabis use.* • *The dynamic nature of the situation makes traditional campaign work more difficult.* • *The suggestions to emphasise social distancing rules in summer too and to encourage medical clarification of colds with regard to SARS-CoV-2 are taken on board. Another focus should be COVID-19 in connection with summer heat.* **Press** • *Press informs about shorter webmaster presence from 2 June 2020 (guaranteed until 6 p.m., thereafter via telephone contact, for which telephone numbers will be circulated in the course).*	*BZgA* *Press*

RKI	• *The topic of ventilation in the sense of fresh air supply should be communicated more strongly. Air recirculation in closed rooms, on the other hand, is problematic. Aircraft are a special case (HEPA filters, vertical ventilation systems, high frequency of air exchange and the fact that passengers mainly remain in their seats); transmission is possible in aircraft, but the evidence is limited (a Canadian publication finds no evidence of this, a Chinese and a French publication possibly provide indications of transmission in aircraft). Social distancing rules must also be observed outdoors.* • *On Wednesday, 3 June 2020, a video from the BMG will be circulated, which addresses closed rooms and spending time outdoors.* • *An extensive media campaign for the Corona-Warn-App is expected to start in mid-June.* • *Reaction to publication by the ECDC: An article by the University Hospital of Cologne will soon be published in Eurosurveillance describing that PCR tests were carried out on travellers returning from South Tyrol and X (?) before these areas were declared risk areas. In order to be able to counter the accusation that the RKI has reacted too slowly, a statement should be developed now describing the process of designating risk areas.* *ToDo: FG32 (who?) prepares a statement in the form of a letter to the editor (sample for any press enquiries) as soon as possible* • *Gates Foundation paper: The paper takes up the epidemiological course and management of 3 countries worldwide, which are recognised as examples of best practice, including DEU. Co-authors are Mr Wieler and Mrs Rexroth.*	*All*
7	**News from the BMG** • *Not discussed*	
8	**RKI Strategy Questions** **a) General** • *Designation of international risk areas again? Recommendations for EU-wide tourism were initially to be discussed in the Cabinet, but were then postponed. It can be assumed that the BMG will ask the RKI to develop further criteria which, following discussion in the Health Security Council on the incidence of 50 cases/100,000 inhabitants go beyond this. If necessary, risk areas should be identified again, initially in Europe and later worldwide. The foreign representations could play a role in this. A corresponding mandate is awaited.*	*FG32*

RKI	**b) RKI-internal** • *Situation centre activities and times (e.g. situation report): In view of the current epidemiological situation, it is questioned whether the preparation of the situation report at the WE until further notice.* *could be discontinued. The crisis management team proposes informing the BMG on 2 June 2020 that the management report will no longer be prepared on the WE in future.*	*FG32*
9	**Documents** • *New KoNa infographic on contact person management:* *For medical staff or staff in care and nursing homes* *Nursing homes categorised as KP 1 are required to undergo testing on days 1, 5 to 7 and before resuming work. However, the assumption of costs for this has not been clarified. The crisis team is in agreement with the versions.* • *Paper for shared accommodation - Update:* *Feedback is expected from the Ministry of the Interior today and the refugee commissioner is to be directly involved.*	*FG37 / all*
10	**Laboratory diagnostics** • *Draft legal ordinance on testing* • *The legal ordinance was discussed in the WGI; Section 4 is to be worded much more strictly, completion is planned by Friday, 5 June 2020. Sections 4 and 5 were heavily criticised in a subgroup of the diagnostics working group; the frequency of testing and cost coverage were unclear, and there was also a great deal of scepticism regarding non-event-related testing. The ÖGD would like to see clearer framework conditions.* • *A threshold value is discussed that would provide assistance with regard to the inclusion of series tests in asymptomatic persons. This cannot be determined by population incidence. The threshold according to* *§ The tests possible under Section 4 (2), taking into account the local epidemiological situation, relate more to regional conditions than to the clinical context.* *The decisive factor would be the additional benefit of regular testing, e.g. of nursing staff, regardless of whether they are caring for COVID-19 cases, in the sense of a "number needed to test" or "number needed to quarantine" in order to prevent further transmission. It should be noted that this could be modelled, but ultimately requires a political assessment (how much risk is tolerated, how much money is invested in testing). In the case of low incidences, testing would have to be carried out very frequently in order to prevent a further case, which would be associated with high costs and would possibly be limited by the available laboratory capacities.* • *The regulation opens up the option of passing on the costs from the ÖGD to other cost bearers. It could be*	*Dept. 1/all*

	politically	
	pressure on the ÖGD to offer these tests without any additional benefit being guaranteed. A comparison with the testing of blood reserves may be helpful. Additional costs due to false-positive results would also have to be taken into account. ToDo: The situation centre should assign a task to analyse the "Number needed to test". • 789 samples were analysed, of which 2 were borderline positive; these will be re-analysed on site. The number of samples this week was 280 (compared to almost 400 in the previous week), the positive rate was 12%. A list of when the samples were taken is currently being compiled. In the cell culture, all long-term excretors have so far been negative. No SARS-CoV-2 viruses were found among the 265 submissions. • In the media, 7-day isolation of patients has sometimes been considered sufficient, but there is not enough evidence for this. 14 days should be maintained. This will be included in the instructions for testing.	ZBS1 Dept. 1

11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Role of aerosols in SARS-CoV-2 transmission: The lead person is asked to review all relevant documents with regard to the role of aerosols and, if necessary, to adapt the documents, as aerosols seem to be more important than assumed 6 weeks ago.*	*VPresident*
13	**Surveillance** • *Update DEMIS, role of SORMAS:* *In discussions between Mr Wieler and Mr Hamouda with the Federal Minister of Health, the desire for nationwide use of SORMAS was expressed. The RKI emphasised that this could involve a lot of duplication with regard to the functionality of DEMIS and that the interfaces would be complex to create. However, SORMAS is to be used nationwide for contact tracing. Currently, together with the Helmholtz Centre for Infection Research (HZI) has applied for funding.*	*Dept. 3*
14	**Transport and border crossing points (Fridays only)** • *Border regime: see agenda item 8a* • *Management contact persons in air traffic:* *From 16.06.2020, the resumption of the Contact tracing planned for air travel. The RKI's internal recommendation is to classify the direct seat neighbours of a confirmed case as KP1, but the persons in the*	*FG32*
	Aisle opposite or in the 2 rows in front and behind as KP2. The deviation from the international recommendations of the WHO and the ECDC to categorise all passengers sitting in the 2 rows in front of and behind a confirmed case as contact persons should be well justified. The evidence regarding SARS-CoV-2 transmission in air travel is limited (only 3 publications known). The deviation from the international recommendations relates primarily to the different measures depending on the category of contact person and is therefore justifiable. The RKI took over contact tracing as a service for medical practitioners until mid-March, after which it was suspended. *Establishment of the ÖGD contact centre not justifiable.*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	

17	**Other topics** • *Next meeting: Tuesday, 02.06.2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*29.05.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Sebastian Voigt*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Ute Rexroth*
  - *Meike Schöll (minutes)*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *ZBS1*
  - *Janine Michel*
- *BZgA*

TOP	Contribution/Topic	contributed by
1a	**Current situation** **International** • *International trend analysis, measures (slides here)* • *The top 10 countries by number of new cases in the last 7 days include, in descending order, the USA, Brazil, Russia, India, Peru, Chile, Mexico, the United Kingdom, Saudi Arabia and Iran* • *Map: 7-day incidence per 100,000 inhabitants (based on ECDC data): With a 7-day incidence of >50/100,000 inhabitants, Brazil, Peru, Chile, the United Arab Emirates and Belarus stand out in particular. The map may be displayed on the RKI website.* • *Countries with >70,000 new cases/last 7 days* o *Brazil continues to show an upward trend, with the last spike in the curve most likely being a reporting artefact.* o *In the USA, the number of cases is currently falling, but an increase is projected in the coming days. A state of emergency has been declared in Minneapolis, where there has been a high incidence of COVID-19 and large protests; an analysis of the situation there will be prepared in the coming days.* • *Countries with 7,000 - 70,000 new cases/last 7 days* o *Iran is the first country with a second wave of infections; the causes of this will be discussed in more detail next week* o *There were no significant changes in the other countries; the downward trend in Russia was confirmed.* • *Japan:* o *On 25 May 2020, Science Magazine reported that the state of emergency in Japan had ended, meaning that Japan had successfully contained the pandemic despite the low level of restrictions. This reporting is problematic.* o *In Japan, there have been > 16,000 cases to date, including almost 900 deaths (5.2% case fatality rate). The epidemic appears to have peaked; there are around 10 to 50 new infections per day and R is well below 1.* o *The total number of approx. 281,300 tests is very low relative to the population, with a positive rate of 5.9%. While testing is controlled at national level, decisions on measures are made at prefecture level.* o *Comparably lenient restrictive measures were taken; in particular, offences were not punished. Nevertheless, there was a high level of compliance ("lockdown effect" without a strict lockdown). In the public perception*	*ZIG1*

RKI	*everyone can do what they want, with the exception of the recommendation to avoid confined spaces, crowds and close contact.* o *The aim is to achieve <0.5 cases /100,000 inhabitants / day at local level, primarily through cluster tracking without widespread testing. This target has already been achieved in some cities.* o *The cluster strategy is often emphasised as being particularly important, but there are hardly any differences in this respect compared to management in DEU, where it was continuously part of the strategy to recognise outbreaks and identify clusters. A significant underreporting of cases is likely. The role model character of Japan described in the media therefore does not stand up to closer analysis. The German strategy is much broader in its approach and also keeps an eye on the clusters.* o *The wish expressed at an earlier meeting for a presentation of the testing strategies in Taiwan and Scandinavia is recalled.* *To Do: Press drafted text to present the principle of contact tracing and cluster approach for presentation at a press conference* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 180,458 (+741), This does not correspond to the actual number of new infections. In some municipalities, software updates have resulted in artificial data fluctuations. In BW, for example, cases are subsequently reported that were initially no longer recognised by the algorithm due to software changes. 8,450 (4.7%) deaths (+39),* *Incidence 217/100,000 inhabitants, approx. 164,100 recovered* o *DIVI: currently on ITS: 729 people, of which ventilated: 426* o *Estimate of the reproduction number: 0.85 (95%-PI: 0.70-1.02)* o *With regard to the number of cases in the federal states, data corrections must be taken into account for SL (due to double counting) and for SN (transmission problems with Octoware conversion). The 7-day incidence in MV and ST is below 0.5/100,000 inhabitants.* o *Geographical distribution, 7-day incidence: as on the previous day, 1 district falls into the category with 51 to 100 cases/100,000 inhabitants (SK Regensburg, due to screening in asylum centres), a further 4 districts have a 7-day incidence of 26 to 50 cases/100,000 inhabitants (LK Lichtenfels, LK Coburg, SK Coburg, SK Gera; but all below 35/100,000), 91 districts have not reported any cases.* o *In the trend comparison of the COVID19 incidence of the last 7 days vs. the week before, LK Dachau, SK Wolfsburg and LK Leer stand out. The usability as a signalling device still needs to be tested. Further information will be provided in future with the help of the ÖGD contact point.*	*FG32*

RKI	○ *Counties with 7-day incidences > 50 or > 35 cases /100,000: SK Regensburg is the only district with a 7-day incidence greater than 50 cases/100,000 inhabitants, which is due to an outbreak in a shared accommodation centre for asylum seekers. It would be desirable to reduce the reporting frequency.* ○ *There have been no significant changes to the previous day with regard to outbreak events. In particular, no new requests for administrative assistance based on these outbreaks have been received.* ○ *Laboratory: Since the start of testing in Germany up to and including week 21/2020, 3,952,971 laboratory tests have been recorded so far, of which 210,255 tested positive for SARS- CoV-2. In CW21, the positive rate was 1.5%. Testing capacities are stable.* ○ *Mortality surveillance: A press release from destatis is being published today in which excess mortality is presented together with the COVID-19 mortality based on the RKI figures. The findings on excess mortality are consistent with the data on confirmed COVID-19 deaths when looking at the absolute figures. The development over time was also almost parallel: both the deviation from the average in the overall figures and the number of COVID-19 deaths were highest in the 15th calendar week.*	
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	vaccines. Antibody-dependent enhancement is not currently recorded. If necessary, DEMIS can also be used; discussions on this are taking place with FG31 and FG32. The RKI will be in charge of updating such a concept. Discussions with the BCs must be held promptly; central purchasing, central distribution and vaccination in vaccination centres would be favoured. • *At the request of the BMG, FG33 took part in the Health Security Council, where a European immunisation plan was discussed. This includes not only a needs assessment for Europe (the USA has already concluded preliminary agreements with manufacturers), but also a harmonisation of vaccination strategies and target groups. The latter is clearly within the mandate of the member states; the plan is a recommendation for an evidence-based approach. There is a risk of duplication, as several international organisations are working on this topic.* • *It is made clear that phases 1 and 2 are more frequently combined and that phase 3 trials should be skipped in Russia, but not yet in other countries. Antibody dependent enhancement is not recognised via phase 3, but rather via postmarketing studies, for which the EMA or PEI would be responsible.* • *It is suggested that the flu web app be taken into account when recording vaccination rates. In addition, it is requested that all external modelling offers be bundled and used (not only with regard to vaccine development); the Advisory Board is to be set up for this purpose. Suggestions for the composition of the Advisory Board can be made in the course of the meeting.* • *The BZgA emphasises the long lead time for the development of a multi-level campaign on vaccination; however, according to FG33, the timing of vaccine availability remains difficult to predict and the type of vaccine and its effectiveness in different age groups is essential for the development of a targeted communication campaign.*	
2	**International** • *Unscheduled for 02/06/2020*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** *J. Braun et al. : Presence of SARS-CoV-2-reactive T cells in COVID-19 patients and healthy (slides here)* • *The study at Charité comprised 18 COVID-19 patients and 68 Healty Donors (HD). Peripheral blood cells were stimulated with peptide pools derived from SARS-CoV-2 spike (S) protein. S protein-specific CD4+ T cells were found in most COVID-*	*FG12*

RKI	*19 patients, but also in some of the HD. It is possible that the S protein-specific CD4+ T cells in the HD are cross-reactive cells following previous exposure to endemic coronaviruses. The clinical relevance is unclear. SARS CoV-2 cross-reactive T cells pre-existing in HD could have a protective effect or also negatively influence the course of the disease. A larger study should clarify this.*	
5	**Current risk assessment** • *It is suggested that the RKI should consider a more differentiated risk assessment, similar to the ECDC, so that, for example, risk-minimising behaviours are taken into account accordingly: For both the general population and groups with risk factors, the ECDC distinguishes between the implementation of distancing measures and low incidence or downward trends and a lack of distancing measures and high community transmission. The above points should be discussed further when the risk assessment is next updated; a risk assessment stratified by risk group should be well communicated in the press briefing. Further discussion is postponed.* • *In this context, the wish expressed by the federal states in the AGI was again reported that the risk groups should be further specified or narrowed down or that general recommendations should be drawn up for individual occupational groups such as teachers. However, the risk groups named in the RKI recommendations are based on age and previous illnesses, i.e. groups for which an influence on the severity of the course of COVID-19 disease has been identified at population level. These factors cannot be equated with an assessment of individual risk. Treating physicians can make recommendations for the continued employment of individual employees based on existing recommendations and their knowledge of a patient's state of health in collaboration with occupational physicians. This has already been communicated to the federal states on several occasions, but can be presented again proactively.* *To Do: FG 32 responds in advance to the letter from SH with a supplementary sentence to the BMG clarifying that the RKO comments on risks at population level and that risk assessments at population level are not to be confused with risk assessments at individual level.* *are to be equated.*	*all*
6	**Communication** **BZgA** • *In view of the large number of new products, there is sometimes a lack of clarity for the public, which is why the website is currently being revised and news is to be displayed more prominently, e.g. as a slider.* • *Increasingly, telephone counselling and social media activities are also dedicated to other topics, e.g. cannabis use* • *The dynamic nature of the situation makes traditional campaign work more difficult.*	*BZgA*

	• *The suggestions to emphasise social distancing rules in summer too and to encourage medical clarification of colds with regard to SARS-CoV-2 are taken on board. Another focus should be COVID-19 in connection with summer heat.* **Press** • *Press informed about shorter webmaster presence from 2 June 2020 (guaranteed until 6 p.m., thereafter via telephone contact, for which telephone numbers will be circulated in the course).* • *Due to the increasing relevance of aerosol transmission, the topic of ventilation in the sense of fresh air supply should be communicated more strongly. However, recirculation ventilation in closed rooms is problematic. Aircraft are a special case (HEPA filters, vertical ventilation systems, high frequency of air exchange and the fact that passengers mainly remain in their seats); transmission is possible in aircraft, but the evidence is limited (a Canadian publication finds no evidence of this, a Chinese and a French publication possibly provide indications of transmission in aircraft). Social distancing rules must also be observed outdoors.* **All** • *On Wednesday, 3 June 2020, a video from the BMG will be circulated, which addresses closed rooms and spending time outdoors.* • *An extensive media campaign for the Corona-Warn-App is expected to start in mid-June.* • *Reaction to publication by the ECDC: An article by the University Hospital of Cologne will soon be published in Eurosurveillance describing that PCR tests were carried out on travellers returning from South Tyrol and before these areas were declared risk areas. In order to be able to counter the accusation that the RKI has reacted too slowly, a statement should already be developed now describing the process of designating risk areas.* *ToDo: FG32 prepares a statement for VPräs in the form of a letter to the editor (sample for any press enquiries) in good time* • *Gates Foundation paper: The paper takes up the epidemiological progress and management of 3 countries worldwide, which are recognised as best practice examples, including DEU. The publication needs to be reviewed. Mr Wieler and Mrs Rexroth are planned as co-authors.*	*Press* *All*
7	**News from the BMG** • *Written report by Mrs Andernach:* • *Currently relevant topics in the BMG are* 1. *Third countries and external borders (RKI closely involved)* 2. *Topic aerosols.*	*BMG liaison*

	○ *General.* ○ *The BMG social media team has produced a video that is well-founded in terms of content (see also email below). This is to be played on Wednesday. Questions can therefore be expected next week.* **3.** *in my opinion, we do not want to move away from the current measures. It was discussed, for example, in the context of the current easing of restrictions to raise awareness of aerosols* *(closed rooms vs. outdoors, etc.).*	
8	**RKI Strategy Questions** **a) General** • *BMG morning round: Is there a threat of international risk areas being designated again?* *Recommendations for EU-wide tourism were initially to be discussed in the Cabinet, but were then postponed. It can be assumed that the BMG will ask the RKI to develop further criteria which, after discussion in the Health Security Council, go beyond the incidence of 50 cases/100,000 inhabitants. If necessary, risk areas are to be designated again, initially in Europe and later worldwide. The foreign missions could play a role in this. A corresponding mandate is awaited.* **b) RKI-internal** • *Situation centre activities and times (e.g. situation report): In view of the current epidemiological situation, it is questioned whether the preparation of the situation report at the WE until further notice.* *could be discontinued. The crisis management team proposes informing the BMG on 2 June 2020 that the management report will no longer be prepared on the WE in future.*	*FG32* *FG32*
9	**Documents** • *New KoNa infographic on contact person management:* *For medical staff or staff in care and nursing homes* *Nursing homes categorised as KP 1 are required to undergo testing on days 1, 5 to 7 and before resuming work. However, the assumption of costs for this has not been clarified. The crisis team is in agreement with the versions.* • *Paper for shared accommodation - Update:* *Feedback is expected from the Ministry of the Interior today and the refugee commissioner is to be directly involved.*	*FG36/ FG37 / All*
10	**Laboratory diagnostics** • *Draft legal ordinance on testing* • *The legal ordinance was discussed in the WGI; Section 4 is to be worded much more strictly; completion is planned by Friday, 5 June 2020. Sections 4 and 5 were heavily criticised in a sub-group of the diagnostics working group, the*	*Dept. 1/all*

	The frequency of testing and cost coverage are unclear, and there is also a great deal of scepticism regarding non-event-related testing. The ÖGD would like to see clearer framework conditions. • *The regulation opens up the option of passing on the costs from the ÖGD to other payers. There could be political pressure on the ÖGD to offer these tests without any additional benefit being guaranteed. A comparison with the testing of blood reserves may be helpful. Additional costs due to false-positive results would also have to be taken into account.* • *The additional benefit of regular testing, e.g. of carers, regardless of whether they are caring for COVID-19 cases, should be quantifiable. It is being discussed whether a threshold value for random screening in risk groups could provide assistance with regard to the inclusion of serial testing in asymptomatic people. At what pre-test probability is it worth testing Heathcare workers, for example? This cannot be determined purely on the basis of population incidence, as the risks of the population being screened may differ from the general population. Exemplary calculations could be made in terms of a "number needed to test" or "number needed to quarantine" in order to prevent another case. Modelling could help. But ultimately a political assessment will be necessary (what residual risks are tolerated, what costs are accepted?). In the case of low incidences, testing would have to be carried out very frequently in order to prevent a further case, which would be associated with high costs and would possibly be limited by the available laboratory capacities.* *ToDo: The situation centre should assign a task for the sample calculation. In Department 3, the question must be specified and it must be clarified who can do this.*	*FG32/AL3*
	• *789 samples were analysed, of which 2 were borderline positive; these will be re-analysed on site. The number of samples this week was 280 (compared to almost 400 in the previous week), the positive rate was 12%. A list is currently being compiled of when the samples were taken. In the cell culture, all long-term excretors have so far been negative. No SARS-CoV-2 viruses were found among the 265 submissions.* • *In the media, 7-day isolation of patients has sometimes been considered sufficient, but there is not enough evidence for this. 14 days should be maintained. This will be included in the instructions for testing.*	*ZBS1* *Dept. 1*
11	**Clinical management/discharge management** • *Not discussed*	

12	**Measures to protect against infection** • *Role of aerosols in SARS-CoV-2 transmission: The lead person is asked to review all relevant documents with regard to the role of aerosols and, if necessary, to adapt the documents, as aerosols seem to be more important than assumed 6 weeks ago.*	*VPresident*
13	**Surveillance** • *Update DEMIS, role of SORMAS:* *In discussions between Mr Wieler and Mr Hamouda with the Federal Minister of Health, the desire for nationwide use of SORMAS was expressed. The RKI emphasised that this could involve a lot of duplication with regard to the functionality of DEMIS and that the interfaces would be complex to create. However, SORMAS is to be used nationwide for contact tracing. Funding is currently being applied for together with the Helmholtz Centre for Infection Research (HZI) in order to develop a* *to enable SORMAS and DEMIS to work together.*	*Dept. 3*
14	**Transport and border crossing points (Fridays only)** • *Border regime: see agenda item 8a* • *Management contact persons in air traffic:* *From 16.06.2020, the resumption of the* *Contact tracing planned for air travel. The RKI's internal recommendation is to classify the direct seat neighbours of a confirmed case as KP1, but the people in the aisle opposite or in the 2 rows in front of and behind as KP2. The deviation from the international recommendations of the WHO and the ECDC to categorise all passengers sitting in the 2 rows in front of and behind a confirmed case as contacts should be well justified. The evidence regarding SARS-CoV-2 transmission in air travel is low (only 3 publications known). The deviation from the international recommendations relates primarily to the different measures depending on the category of contact person and is therefore justifiable. The RKI took over contact tracing as a service for medical practitioners until mid-March, after which it was suspended; a re-delegation of these tasks does not appear justifiable, also in view of the establishment of the ÖGD contact point.*	*FG32*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	
17	**Other topics** • *Next meeting: Tuesday, 02.06.2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.06.2020, 11 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade
Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 2 Management*
  - *Thomas Lampert*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Marc Thanheiser*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Dierke*
  - *Inessa Markus (protocol)*
- *FG 34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
- *ZBS1*
  - *Janine Michel*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*

- *Mrs Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *6,136,085 cases /371,857 deceased* • *The top 10 countries by number of new cases in the last 7 days include, in descending order, Brazil with an upward trend, the USA, Russia, India, Peru, Chile, Mexico, the UK, Iran and Pakistan.* • *Rising trend primarily in South America and the Middle East; USA continues to show an increase in cases and new political developments with ongoing protests* • *Map: 7-day incidence per 100,000 inhabitants (based on ECDC data): With a 7-day incidence of >Brazil, Peru, Chile, Oman, the United Arab Emirates, Armenia, Belarus and Djibouti stand out in particular. Armenia has major problems implementing the measures, particularly in rural areas. In Saudi Arabia/Oman, illnesses among guest workers continue to be a problem.* • *Countries with >70,000 new cases/last 7 days* o *Brazil continues to see an upward trend, although the situation in the country is very heterogeneous. Currently, Sao Paolo and Manaus are particularly affected. There will be an update on this in the course of the week.* o *A plateau is visible in the USA and the current curfews imposed due to the protests could have a positive impact on the figures.* • *Countries with 7,000 - 70,000 new cases/last 7 days* o *In Russia, the trend continues to decline.* o *Bangladesh: Over 100 cases in Cox's Bazar with very limited diagnostic and therapeutic options. A positive aspect is the young average age (approx. 20 years), but the prevailing malnutrition and numerous other illnesses must be taken into account.* • *Countries with 700-7,000 new COVID-19 cases in the last 7 days* o *Some countries have been showing a plateau, which should not be possible in the context of modelling according to*	*ZIG1*

RKI	*Publications.* o *Sweden shows a reef of 1.1 and has levelled off at around 600 cases per day and a decreasing number of deaths.* o *Armenia shows an increase due to problems with the implementation of measures.* • *Countries with >100 cases and an R eff. > 1* o *Conspicuous here are Israel, Malawi, Brazil and Zimbabwe* *Overview of the tests carried out internationally is currently being processed by ZIG1.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 182,028 (+213), late registrations are possible with this data. It is also known that less testing takes place over the weekend and public holidays and is reported accordingly.* o *The comparison over the weeks will therefore be made tomorrow.* *8,522 (4.7%) deaths (+11), slight increase in incidence 219/100,000 inhabitants, approx. 166,400 recoveries* o *DIVI: currently on ITS: 689 people, of which ventilated: 378* o *Estimate of reproduction number: 0.89 (95%-PI: 0.73-1.06), estimate Reff (7-day-R) 0.87 (95%- PI: 0.8 - 0.95); both values falling again compared to 01.06.* o *Case numbers in the federal states: Bremen is conspicuous with 38 new cases (no transmission on the We and outbreak events). The 7-day incidence in Thuringia due to outbreaks in the Sonneberg district and surrounding municipalities is conspicuous at 5.9/100,000.* o *7-day incidence by reporting date nationwide since 26 May no clear decline visible as before, currently development of a plateau visible.* o *Geographical distribution, 7-day incidence: Sonneberg district is the only district in the category with 51 to 100 cases/100,000 inhabitants due to an outbreak in a nursing home.* o *Geographical distribution in Germany: Trend: 103 LK have not reported any cases. Hotspot still northern Bavaria.* o *Counties with 7-day incidences > 50 or > 35*	*FG32*

	Cases /100,000: LK Coburg and SK Bremerhaven *SK Bremerhaven (difficult to see on the map) reports an outbreak in a church congregation, although it is not yet clear whether the transmission took place during a church service or in a private context.* ○ *Signal detection is possible from this week, so far lack of server capacity. Help from the RKI to combat the outbreak is always offered as soon as an outbreak becomes known.* *Pentecostal church in Bremerhaven:* *No feedback yet from the local authorities.* *Jehovah's Witnesses Berlin: Today an outbreak was reported in a denomination associated with Jehovah's Witnesses with 17 cases in connection with a Romanian congregation. The investigation and combating of the outbreak is proving difficult due to language barriers.* *Retirement home in LK Sonneberg:* *Presumably transmission through nursing home MA.* *Gütersloh meat processing:* *Today in Epilag, an outbreak in Gütersloh with 26 cases to date was reported as part of a larger screening campaign of meat processing plants in week 23 in NRW. Several thousand employees from neighbouring districts and NI also work in this company. 2/26 cases reported symptoms, otherwise no information was provided or the cases were asymptomatic.* *Individual cases of infection in daycare centres are often picked up and reported by the press, but no transmissions or large outbreaks are known.* *Outbreak detection is based on the epidemiological connection of several cases (church services) or, for example, the mother of a child who tested positive was working in a nursing home.* *FG36 prepares a manual for the systematic collection of information on outbreaks in daycare centres and infections in children in order to make better use of the existing variables in the reporting system.* *Following consultation with FG32, this idea is to be AGI will be presented.*	*FG 36* *Pres/all*

	○ *Outbreaks/Involvement of the RKI* *Data/detailed information on outbreaks tends to be incomplete or it takes a long time for the RKI to receive detailed information on outbreaks. This data is important for the situation assessment that the RKI has to make.* *Deployments of RKI employees (especially PAE) are coordinated by K. Alpers, S. Haller, J. Walter. There is a list of available staff, but personnel capacities are limited. The need to expand personnel capacities at the RKI for this work should be communicated to the BMG.* *Requests for administrative assistance must be officially submitted to the RKI by the federal states. For example, the HLPUG has responded favourably to a request for administrative assistance, but none has yet been received from the state of Hesse.* *Göttingen has requested containment scouts for outbreak control. As none are currently available, the help of the RKI is being offered as part of administrative assistance.*	*FG37/all*
	A working group of epidemiologists and statisticians (across all departments) is to be set up to look at and analyse the existing data (reporting data, etc.). A group on modelling already exists. *Self-assessment WHO/ECDC* *Analysis of the proportion of cases belonging to the cluster and the proportion of cases indicating community transmission is still in progress. Dispersion parameter k is calculated by M. an der Heiden. This week there will be a meeting with Mr Funk (co-author of the publication on dispersion parameter k/K value), this could be used as a external expert should be involved.*	*VPresident/all*
2	**International (exceptionally on 2 June, otherwise only on Fridays)** • *Letter from the WHO-EURO Regional Director requesting support from Tajikistan is currently being processed with BMG and the organisation is taking place to comply with the request.* • *Numerous serological studies are underway with various partners (at different stages of implementation) and proactive efforts are being made to*	*ZIG*

RKI	*Coordination endeavours with extra resources if necessary.* • *ZIG4 is expanding existing webinars on PCR testing to include webinars on serological testing in collaboration with WHO AFRO and African CDC.* • *Efforts are currently being made to fulfil the request for assistance from the city of Manaus (Brazil) in cooperation with Charité.* • *We continue to receive enquiries about the assessment of travel warnings, for example from the AA.* *are answered very cautiously, as there is already an official statement/assessment by the RKI.*	
3	**Digital projects update (Mondays only)** *Mr Schmich not present due to time constraints*	
4	**New scientific findings** *TODO: FG14 presents the publication on "Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis" by Chu et al.* *https://www.thelancet.com/journals/lancet/article/ PIIS0140-6736(20)31142-9/fulltext*	*VPresident*
5	**Current risk assessment** • *In view of the falling number of cases and deaths, the risk assessment should be adjusted. The increased probability of infection in the event of non-compliance with the rules, situations in groups in closed rooms with longer periods of stay with an increased risk of aerosol formation should continue to be emphasised in as differentiated a manner as possible. It should be emphasised that the rules continue to apply despite the change in the risk assessment.* *Mr Wieler may have a press conference with Mr Spahn this week, so it should be prepared this week.* *TODO: LZ will prepare a proposal by tomorrow*	*VPresident/all*
6	**Communication** • *BMG video on aerosol (approx. 10 min long, therefore not shown)* *Question about changing the communication strategy, as the distance rule in the video is being questioned. The role of aerosols has still not been conclusively clarified; droplet infection as the main transmission route and a distance of 1.5 metres should still be maintained.* *FG32 shares the video with the crisis team.* • *FAQs should be expanded to include the role of aerosols and possible/necessary measures TODO: Press with FG36 and FG14 create a new FAQ on aerosols*	*FG32/BZgA* *VP President/Press*

RKI	• *Question about known scientific literature on comparisons of frequency and incidence of mental illnesses in connection with quarantine/isolation and/or neurological late effects/residues after COVID-19 diseases. No studies are currently known.*	*BZgA/all*
7	**News from the BMG** • *SORMAS is to be rolled out across Germany and integrated into DEMIS wherever possible. Today it takes place afternoon a TK with BMG and HZI will take place.*	*AL3*
8	**Strategy questions** **a) General** **b) RKI-internal** *Re/de-escalation group (FG36/ZIG) presents the further development of the strategy supplement to the crisis management team on Friday.*	*Press/ZIG/FG36*
9	**Documents** • *The document on contact person management will be adapted. Contact persons cat. 1(KP1) should be isolated before the test result is available. This procedure is already described in the text, but is not visible in the table.* • *Document on the handling and testing of mildly ill people who receive outpatient care in nursing homes should be adapted with regard to the recommendation of testing after 14 days and in the absence of symptoms. The question of a similar procedure as for mildly ill outpatients (no further testing after 14 days if symptom-free) must be discussed, as this is an environment with people at risk. FG37,* *IBBS and AL1 exchange views on a possible procedure/recommendation.*	*FG36* *FG37/IBBS/AL1*

10	**Laboratory diagnostics** • *Corona monitoring: 1208 samples in total; 2 samples borderline positive, new samples requested.* • *HCW study: No more swabs to be expected, from tomorrow only serological testing.* • *Total: 432 samples, 60 positive. External senders for retesting in case of unclear results.* • *Primary diagnostics: 47/359 positive samples (13%) last week* • *Update of the information on testing is to be put online today after coordination with the pathogen profile to avoid contradictions in the documents.* • *Concrete calculation example for "Number needed to test" in order to*	*ZBS1* *AL 1*
	to prevent another case is still pending.	*VPräs/FG32*
11	**Clinical management/discharge management** •	
12	**Measures to protect against infection** •	
13	**Surveillance** •	
14	**Transport and border crossing points (Fridays only)** •	
15	**Information from the situation centre (Fridays only)** •	
16	**Important dates** • *AGI-TK 13:00-15:00* • *ALM e.V. press conference on laboratory issues and test figures 12:00-13:00* • *8th webinar (DG SANTE) by the "COVID-19 Clinical Management Support System" on "COVID-19 and Intensive Care Medicine" 17:00-18:00*	*all*
17	**Other topics** • *Next meeting: Wednesday, 03.06.2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.06.2020, 11 a.m.*
Venue:	*RKI, Situation Centre Meeting Room*

Moderation: Lars Schaade

Participants:

- *Institute management*
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8	**Strategy questions** **a) General** **b) RKI-internal** *Re/de-escalation group (FG36/ZIG) presents the further development of the strategy supplement to the crisis management team on Friday.*	*Press/ZIG/FG36*
9	**Documents** • *The document on contact person management will be adapted. Contact persons cat. 1(KP1) should be isolated before the test result is available. This procedure is already described in the text, but is not visible in the table.* • *Document on the handling and testing of mildly ill people who receive outpatient care in nursing homes should be adapted with regard to the recommendation of testing after 14 days and in the absence of symptoms. The question of a similar procedure as for mildly ill outpatients (no further testing after 14 days if symptom-free) must be discussed, as this is an environment with people at risk. FG37, IBBS and AL1 exchange views on a possible procedure/recommendation.*	*FG36* *FG37/IBBS/AL1*

10	**Laboratory diagnostics** • *Corona monitoring: 1208 samples in total; 2 samples borderline positive, new samples requested.* • *HCW study: No more swabs to be expected, from tomorrow only serological testing.* • *Total: 432 samples, 60 positive. External senders for retesting in case of unclear results.* • *Primary diagnostics: 47/359 positive samples (13%) last week* • *Update of the information on testing is to be put online today after coordination with the pathogen profile to avoid contradictions in the documents.* • *Concrete calculation example for "Number needed to test" in order to*	*ZBS1* *AL 1*
	to prevent another case is still pending.	*VPräs/FG32*
11	**Clinical management/discharge management** •	
12	**Measures to protect against infection** •	
13	**Surveillance** •	
14	**Transport and border crossing points (Fridays only)** •	
15	**Information from the situation centre (Fridays only)** •	
16	**Important dates** • *AGI-TK 13:00-15:00* • *ALM e.V. press conference on laboratory issues and test figures 12:00-13:00* • *8th webinar (DG SANTE) by the "COVID-19 Clinical Management Support System" on "COVID-19 and Intensive Care Medicine" 17:00-18:00*	*all*
17	**Other topics** • *Next meeting: Wednesday, 03.06.2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.06.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept.3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Basel chequered*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*
  - *Iris Andernach*
  - *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Lecture cancelled due to illness* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 182,370 (+342), of which 8,551 (4.7%) deaths (+29), incidence 219/100,000 inhabitants, approx. 167,300 recovered, estimate of the reproduction number (R) = 0.71 (95% CI 0.59-0.85), estimate 7-day R = 0.83 (95% CI 0.76-0.90), (as at 03/06/2020)* o *Declining trend continues even after Whitsun, no accumulation of reported cases. The number of people treated is also declining.* o *The R-value is also declining, yesterday and today it is well below 1, whereas it was above 1 during the week.* o *No cases were reported from HH, MV and ST. HH has carried out a software update but has not reported any problems. The 7-day incidence in ST is below 1, as is also the case in MV. However, the R-value for MV had risen sharply - this was due to 4 COVID-19 cases in the last 7 days. With such low case numbers, the R-value fluctuates greatly (see TOP9 documents).* o *HB shows the highest 7-day incidence (18.2/100,000), this is due to the outbreak in the Pentecostal community.* o *Compared to the previous week, there has been a decline in almost all CCs, with an overall change in the number of cases of 13% compared to the previous week.* o *The nationwide 7-day incidence is currently 3 and continues to fall. The majority of DE has a low incidence of infection. In the Sonneberg district, 45 cases/100,000 were still recorded, but there, as in the Bremerhaven district, Coburg district, Cuxhaven district, etc., the increased 7-day incidence is due to outbreaks.* o *LK Oberallgäu shows a conspicuous trend that still needs to be clarified.* o *Current outbreaks:* ▪ *LK Bremerhaven: Almost half of the cases are resident in Cuxhaven, outbreak report from GA Bremen, LK level The authorities were in good dialogue with each other and at the BL level (HB and NI), all necessary measures were taken on site, help was offered by the RKI, but there was no response.* ▪ *Berlin: Outbreak among Jehovah's Witnesses, complicated by language barriers* ▪ *LK Sonneberg: Outbreak in retirement home,*	*FG32*

RKI	*Support from Mr Eckmanns and the Bundeswehr* ○ *Analysis of the breakout settings:* ▪ *Smaller outbreaks mainly in private households.* ▪ *Larger outbreaks in old people's/nursing homes, private households and hospitals.* ▪ *The visualisation should take place over time so that changes can be seen.* ○ *Exposure to confirmed case:* ▪ *Input is not available in all software versions, current version may be required. Input in SurvNet is possible. Overall, the completeness of the information is 38%. However, even among those doctors who have the option of entering data, only 40% are complete. This has already been pointed out in AGI and EpiLag, but should be addressed again.* ▪ *90% of cases with exposure data had contact with confirmed cases, but overall this is only a proportion of 34% of all cases, as the information is missing in so many cases.* ○ *Cases with outbreak ID:* ▪ *In the beginning, outbreak IDs were also issued to record contact persons, so the proportion in Reporting week 10 very high. In reporting week 12/13, the proportion decreases due to the increased activity.* ▪ *Overall, only around 50% of cases can be linked to a confirmed case or the affiliation of a confirmed case. be declared an outbreak. But here, too, it is probably a problem of the completeness of the reporting data.* ○ *ECDC map: Map is based on the countries' own assessment. France has classified individual regions on the Atlantic coast differently (clusters instead of community transmission). There are also major regional differences in DE (MV vs. BY). One could also consider classifying individual BL differently for DE. The evaluation of outbreaks/sporadic cases is necessary for this. (see also TOP8 Strategy questions)* ○ *Age distribution by reporting week: In the reporting weeks 15/16, the age of the cases was relatively high, meanwhile again younger persons (rather working population, (slaughterhouses, postal delivery centres) and church communities).* ○ *Activity or care in an institution: This does not indicate whether cases have been infected in this setting.* ▪ *Looked after in care facilities (pink), many cases in reporting week 17/18, now declining.* ▪ *Food sector (orange), mainly slaughterhouse employees* ▪ *HCW (light blue/purple): Share decreasing* ▪ *However, there are many cases where the status is not filled in. Data completeness is even somewhat The current more relaxed situation had actually led to expectations of greater completeness.* ○ *Exposure abroad: Slowly increasing (55 out of 1800 cases),*	

RKI	*should be observed.* ○ *It should be considered whether a 7-day risk difference/100,000 should be shown (between the 7-day incidence of the week and the previous week) in order to distance oneself somewhat from the relative figures and the R value for small numbers of cases. However, smaller incidents in small clusters are much more noticeable, whereas clusters in larger clusters may no longer be noticeable. One could also specify a limit for the absolute number of cases.* ○ *Laboratory-based surveillance SARS-CoV-2 in ARS (slides here)* ▪ *The test delay has decreased again, the result is usually available in just under a day.* ▪ *Slightly more tests this week, previous week (week 21) decline due to public holiday/bridge day* ▪ *Proportion of positive tests has continued to fall.* ▪ *Proportion of positive tests in all tests over time per day: In general, positive results are available more quickly than negative results.* *negative. The visible peak comes from NI (and can be explained by events in Göttingen/Hanover)* ▪ *There is a downward trend in the SUs - with the exception of NI.* ▪ *Testing in the age groups is relatively stable - in general, slightly more tests were carried out in all age groups.* ▪ *Proportion of people tested positive similar in all age groups, slight increase in 5-14 year olds.*	*AL3* *FG37*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** • *Not discussed*	
5	**Current risk assessment** • *The timing for the revision and de-escalation is appropriate, as the risk assessment was set from moderate to high with similar, then increasing case numbers.* • *General approval by the crisis unit to adjust the general risk assessment for public health from high to moderate and for risk groups from very high to high.* • *Also approval of the adaptation of the section on transferability. Possible risk of sporting activity in the fitness study is not initially included. There is evidence for the examples included (singing, speaking loudly, shouting/shouting). There is not yet as much evidence for a risk associated with physical activity (also due to*	*FG32/all*

	of the measures). However, the risk assessment can be adjusted if evidence is added. • *General approval of the crisis unit to supplement transfers in retirement or nursing homes and hospitals in the event of illness severity.* • *The wording in the section on resource strain on the healthcare system on "locally increased" was also accepted by the crisis unit.* • *In the section on further information from the BZgA "Citizens" replaced by "General population and specific target groups".* • *In addition, further editorial changes have been incorporated.* *ToDo: Mrs Rexroth adapts the risk assessment and agrees it with Mr Schaade.* • *A change in risk assessment should be actively communicated and explained, otherwise questions will be asked. In principle, changes in behaviour should be proactively announced and explained.* • *The preferred method would be a press statement this week explaining the change in the risk assessment. Mr Wieler coordinates the procedure with Mr Spahn and informs the crisis team.* *ToDo: LZ prepares speech sheet for Mr Wieler.*	
6	**Communication** **BZgA** • *Ms Thaiss passes on the information on the updated test strategy. Information is to be placed prominently on the website. The BZgA website is changed, sliders or spoilers for the insertion of daily updated information are installed.* • *Translation of the quarantine information sheet into other Eastern European languages is possible, capacities are available.* **Press** • *Ms Degen has prepared a letter to the data journalists, which is currently with Mr Wieler for approval.* • *Next Tuesday there will be maintenance on the editorial system of the internet - nothing can be changed on the website for 3 hours.* **Further topics:** • *Sonneberg district Example of extended civil-military cooperation: The German Armed Forces send a doctor in charge of hygiene (trained with the Containment Scout materials) to Sonneberg for monitoring and also an epidemiologist (reservist). Mr Eckmanns from the RKI is also on site to provide support. The joint response should be well evaluated and can serve as an example for similar collaborations. The evaluation is also interesting for external communication.* • *A "letter to the editor" on an article dated 28 May from*	*BZgA* *Press* *German Armed Forces*

RKI	*Authors from Cologne wrote in Eurosurveillance that they did not understand the RKI recommendations correctly and were critical of them (https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.21.2000531).* • *The planned publication of the Bill and Melinda Gates Foundation is currently being commented on.* • *Accompanying publication to ECDC recommendation on retirement and nursing homes is planned for Do in Eurosurveillance. As experts are consulted and also named by the RKI for the ECDC recommendation, Mr Rottmann would have liked to have received advance information from the BMG. However, this is not feasible for all RKI activities.*	*FG32* *FG37/AL3*
7	**News from the BMG** • *The topic of external borders continues to dominate the BMG LZ, primarily by the AA and BMI. The BMI's report has been intensively commented on by the BMG; no further mention is made of testing, only a sentence on the examination of further methods remains.* • *There are also a large number of parliamentary questions.* • *Currently preparing for the BMG/BMI crisis team on Thursday. One topic will be the ÖGD contact point (Mr Rottmann will present), as well as the topics of aerosols and infections caused by contact persons. A written statement has been requested from the BMI on these two topics. Support from the RKI may be required for these topics.*	*Mrs Andernach*
8	**RKI Strategy Questions** **a) General** • *The tourist zones in DE should be considered in terms of community transmission and categorised differently. Especially in comparison to other countries, one cannot speak of community transmission in many areas. However, the criteria to be applied are not clear and data quality is the main limitation.* • *The topic has been discussed in the AGI and EpiLag, but due to the unclear criteria, it should be a political decision.* • *However, it could be determined that it is assumed that there is no community transmission if no cases have occurred in the majority of the CCs of a CC in the 7 or 14 days before.* • *The ECDC is also considering showing a subnational categorisation without more detailed analysis and further coordination. In addition, the ECDC makes the evaluation more susceptible to reporting artefacts etc. due to the reporting date. There should be an exchange with the ECDC on these topics.* *ToDo: FG32 and AL3 develop a proposal for the evaluation of community transmission.* **b) RKI-internal** • *Not discussed*	*FG36/all*

9	**Documents** • *Nowcasting/R report for the federal states (do not show R for small case numbers in the last 8 days, as this may be misleading)* o *Mr an der Heiden suggested that the R value should no longer be shown for case numbers below 16.* o *The problem is that Berlin uses the R provided by the RKI in its traffic light system.* o *The other BCs do not usually communicate the RKI R-value. BY, for example, calculates an R-value itself.* o *It is announced in the AGI that the designation of an R-value below the specified limits is not appropriate and should be discontinued.* *ToDo: FG32 brings the topic to the AGI.* • *Revision of the documents relating to aerosols* o *The level of detail should be standardised in the RKI (e.g. information on ventilation), what level of detail should be selected? Coordinated text for standardised information would be desirable.* o *In principle, depth of detail is limited by evidence; where there is no evidence, it should remain general.* o *FG14 is currently revising the hygiene document and sending the proposal to the crisis team distribution list.* o *FG14 has also analysed the literature on aerosols and can send the information to everyone after internal coordination.* o *Yesterday, the press was commissioned to create FAQs on the subject of aerosols (e.g. people about time in the room, behaviour in the room and ventilation), FG14 and FG36 will be involved in this.* *ToDo: FG14 and FG36, together with the press, draw up a proposal for FAQs on aerosols.* o *It should be noted that if aerosols were the main transmission route, the infection rate would be much higher. The measures and recommendations are basically effective and it is rather a further aspect/specification and not a trend reversal regarding the mode of transmission.*	*AL3* *IBBS*
10	**Laboratory diagnostics** • *Series testing - not discussed* • *Concrete calculation example for "Number needed to test" to prevent another case: Mr Hamouda has spoken to Mr an der Heiden, but no further information is available yet.*	*AL3*
11	**Clinical management/discharge management** • *Specialist Group for Intensive Care Medicine, Infectiology and Emergency Medicine - (COVRIIN) is publicly named and active. A link can be found on the website under Therapy/Supply.*	*IBBS*

12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *A monthly report on the syndromic surveillance of AGI is only published every 4 weeks in summer. If there are no unusual circumstances, the data will only be presented to the crisis team when the corresponding monthly report is published. However, a weekly text will continue to be written for the situation report and reported on a COVID-specific basis.*	*FG36*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre** • *AGI and EpiLag will only hold a TC once a week from this week onwards.* • *There should only be one shift at the LZ on weekends (10 a.m. - 5 p.m.). In future, the LZ should also only work one shift during the week - orders from off-peak times would require longer processing times.* • *In principle, it would be helpful if the liaisons worked towards being involved in all assignments and paid attention to feasible deadlines.* • *The LZ will also be reduced in the BMG and partly returned to line structures. The situation/situation report team (approx. 4 people) remains in place, as does team 7 (liaison)* • *The plan was to suspend the situation report at the weekend, but BMG (Mr Rottmann) has lodged an objection. It could be that there are fears that the population will interpret this as a signal that the all-clear has been given. In addition, the BMG/BMI situation report is based on the RKI situation report.* • *Liaisons communicate the RKI position on the situation report. Adaptation of the products to the easing of the situation. Large part of the data also available via dashboard. Map with limit of 35/100,000 could pose a problem and must be clarified in principle.* • *However, the management report could generally be streamlined/reduced; some parts may not have to be reported every day.* • *Anything that deviates from the rule should be communicated and explained publicly. (see current risk assessment) A change to the management report could be communicated as part of the change to the risk assessment. Mr Wieler will inform Mr Spahn that a reduction is planned.*	*FG32*
16	**Important dates** • *AGI-TK 13:00-15:00* • *ALM e.V. Press conference on laboratory issues and test figures 12:00- 13:00* • *8th webinar (DG SANTE) by the "COVID-19 Clinical Management*	*all*

RKI	*Support System" on "COVID-19 and Intensive Care Medicine" 17:00-18:00*	
17	**Other topics** • *Next meeting: Friday, 05.06.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.06.2020, 13:00*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Meike Schöll (protocol)*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Basel chequered*
- *ZBS1*

- *Janine Michel*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*
  - *Iris Andernach*
  - *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *6,475,644 cases / 386,544 deaths.* • *The top 10 countries by number of new cases in the last 7 days include, in descending order, Brazil, the United States, Russia, India, Peru, Chile, Pakistan, Mexico, Iran and Bangladesh.* • *Map: 7-day incidence per 100,000 inhabitants (based on ECDC data): no major changes, hot spots are in Latin America. Within Europe, the 7-day incidence in Sweden, Belarus and Armenia is above 50 cases/100,000 inhabitants.* • *Wuhan, China: no cases in April, clusters of 6 people in early May. To prevent a new outbreak and a return to lockdowns, there was a 10-day plan to test all citizens in Wuhan (11 million) with PCR from 14 May 2020. During the testing of 9.89 million inhabitants (from 14 May to 1 June 2020), 206 asymptomatic cases were identified (positive rate 0.003%). All contacts of asymptomatic cases tested negative. Environmental samples were taken and tested, all negative. It was officially declared that the spread of COVID-19 was largely contained. Mass testing was based on pool testing with 5 samples in one test; as part of quality control, over 35,000 samples were repeatedly tested (with unchanged results). The tests were performed with throat swabs. The total costs amounted to USD 280 million.* • *The crisis team is discussing what conclusions can be drawn from the mass testing. It is unclear whether the positive cases were followed up; even in the case of double testing, the PCR results are not sufficiently reliable; there is no reliable statement on false-positive or false-negative results. Pooling procedures are considered feasible up to a size of 20; this is explained in more detail in a Lancet paper. A serological*	*ZIG1*

RKI	*Testing might have been useful. It is pointed out that mass testing should be categorised in connection with great fear of a second wave. Further discussion of mass testing is postponed until scientific publications are available.* **National** *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 183,271(+507), of which 8,613 (4.7%) deaths (+32), incidence 220/100,000 inhabitants, approx. 168,500 recovered, estimated reproduction number (R) = 0.68 (95% CI 0.56-0.83), estimated 7-day R = 0.83 (95% CI 0.76-0.93), (as at 05/06/2020)* • *DIVI: 595 people currently on ITS, of which ventilated: 339* • *The downward trend continues, with only NW in the 3-digit range in terms of the difference to the previous day. It should be noted that the highest values of the week are regularly observed on Fridays. The R value is also declining.* • *7-day incidence by date of notification shows a downward trend. In the geographical distribution, SK Bremerhaven, LK Coburg and LK Göttingen are conspicuous with incidences of over 25/100,000 inhabitants, while 119 districts have not reported any cases.* • *Compared to the previous week, there has been a decline in almost all CCs. The majority of Germany has a low incidence of infection.* • *Current outbreaks:* ○ *Bremerhaven: Support was offered in a telephone call, but was rejected by the public health officer as there was no time for academic investigations. The RKI emphasised that a scientific investigation could help to show that it was not the church service, but possibly the environment in the congregation that could have triggered the outbreak. However, there are fears that parishioners could be stigmatised.* ○ *Göttingen: There were many cases after family celebrations, blocks of flats are currently being tested, support was strongly offered, plus there were including talks between BM Spahn and the State Ministry of Health in NI. Lower Saxony's epidemiological officer was in favour of support from the RKI, but at the same time referred to the public health officer, who could use "helping hands" rather than "strategic advice". The public health officer ultimately declined support and pointed out that 2 containment scouts were already in place.*	*FG32*

	The first three were on site, another three were added and other employees from the administration were called in. ○ *Sonneberg: Tim Eckmanns was on site with Ms Bender (PAE) on 3 May 2020 to provide support. The situation is characterised by outbreaks, in some cases across the district, and in particular by an outbreak in a RegioMed clinic with many infected employees. According to the health authority and the district administrator, the hygienist working there does not have the situation under control and is not taking care of it. The problem in Sonneberg is z.* *T. of a structural nature: the public health officer has been ill for several years, her deputy has also been absent, the position has so far been advertised without success, the work has fallen to a competent but now overburdened hygiene inspector. In one affected nursing home for the elderly, an employee has reportedly turned up for work despite having symptoms; 13 residents and a total of 6 employees have tested positive there. Contact has been made with the University of Jena.* • *Level of transmission: The ECDC would like to see an indication of the level of transmission at subnational level. Slovenia and Croatia already report sporadic transmission, while France and Portugal have indicated cluster transmission for certain regions. The HSC does not believe that this classification is likely to be maintained in the long term. For Germany, however, the question currently arises as to what extent the reporting data can be used for the corresponding categorisation of the federal states.* ○ *For the federal states, the number of cases with contact to a confirmed case or outbreak ID and their proportion for CW21 is shown. In Mecklenburg-Western Pomerania, the proportion is 100%, which is due to a reporting artefact; the outbreak reference definition is to be adjusted accordingly. Overall, there is great heterogeneity. This can be attributed in part to different software products, e.g. in HH and SN, where Octoware is used, only outbreak events are taken into account; however, the completeness of the data is not always high even in federal states that only use SurvNet (e.g. HB). It is unclear which criteria should be used for cluster transmission.* ○ *It should be noted that almost 90% of Circles in Germany no cases (119 circles) or*	*FG37* *FG32 / all*

RKI	*have fewer than 5 cases/100,000 inhabitants (237 districts) in the last 7 days. It is much easier to visualise transmission at district level than at federal state level. For the federal states, the absolute numbers and incidences should be included in the sense of a rough grid. Coordination with the federal states would be necessary. It would be interesting to separately identify the affiliation to a confirmed case and to a cluster.* ○ *In 60% of cases, there is an affiliation to a cluster or a confirmed case, but the data is incomplete. Information that the data should be added by the health authorities is provided on a weekly basis. It is suggested that the completeness of data should be communicated to the GÄ more in the sense of benchmarking. The GÄ should not be exposed, but by specifying a national and state-specific average for data completeness, incentives could be provided to ensure that this data is increasingly updated.* ○ *The analysis could be limited to those cases for which the relevant information is available. In principle, missing data can also be imputed, but the available data would have to be representative.* • *Tests: A total of almost 4,350,000 tests for SARS-CoV-2 have been carried out. In the last week, the positive rate was 1%. Multiple testing must be taken into account. Capacities have increased and a small backlog of samples has been documented. With regard to multiple testing of a person, the ARS shows that some people who initially tested negative became positive in the course of the test and some people who tested positive became negative in the course of the test. This roughly balances out.* • *As part of capacity monitoring, a new report has been received from SK Wiesbaden, although the number of cases there has not increased significantly; it is possible that this is primarily a politically motivated report.*	
2	**International (Fridays only)** • *Following a request from WHO-Euro, a scoping mission involving ZIG (Jan Baumann, ZIG4) and Public Health England is currently being planned in Tajikistan, with Poland providing support with a military aircraft. The number of cases in Tajikistan is low, but the government there has asked for extensive assistance.* • *There are many activities with regard to serological studies. One study*	*ZIG*

RKI	*Coordinator is to be hired; talks are underway with Abt.* *2. a request has been received today from the AA in Namibia regarding the development of capacities for serological testing. Materials are to be carried on a return flight and local TV coverage is planned.* • *Negotiations are currently underway with the BMG regarding GHPP (project to be extended by 1 year) and a coronavirus global package for 2020-2021.*	
3	**Update digital projects** • *The publication date of 15 June 2020 for the coronavirus warning app should be adhered to. This will require technical support in the coming weeks, particularly with regard to the involvement of the health authorities. Next Tuesday, the Corona-Warn-App will be discussed in the AGI. Coordination is sometimes difficult and the project is not sufficiently prioritised. The RKI will be the publisher of the Corona-Warn-App, but there is an impression that the BMG is determining the process. Department 2 is not involved in the upcoming media campaign for the app.* • *The prioritisation problem is well known; in many cases there are competing work orders (Corona-Warn-App, SORMAS, DEMIS, vaccination concept development), which are submitted to the RKI by the respective departments as the top priority. The RKI cannot exert any influence on this.* • *It should be noted that the Corona-Warn-App will directly affect the local health authorities via frequent enquiries, so that an exchange with the countries seems urgently necessary.* • *The introduction of a pilot phase had already been suggested at an earlier stage. Even if the app is now to be launched nationwide at the same time, a pilot phase with subsequent evaluation would still be conceivable. Neither a pilot phase nor an evaluation are currently planned.* • *It is suggested that a crisis management concept be drawn up with regard to the Corona-Warn-App.* *ToDo: FG21 prepares information on the coronavirus warning app for the AGI. Dept. 3 discusses capacities for support regarding the coronavirus warning app with the management. The coronavirus warning app is to be discussed again at the next crisis unit.*	*FG21* *all*
4	**New scientific findings** • *Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review (Chu et al., Lancet)* *The review based on a systematic literature search of studies in the healthcare sector (period from 2003 to May 2020) supports previous findings on social distancing rules, the use of face masks and eye protection.* *At least 1 metre distance, 2 metres would be better*	*FG14*

RKI	*(moderate evidence). Eye protection had a slight additional protective effect in health care settings.* • *WHO issues new recommendation today on masks (patients and staff should wear MNS in hospital).*	*Pres*
5	**Current risk assessment** • *Does the updated version (downgrade) still need a more detailed technical justification?* *The crisis management team agrees in principle with the new risk assessment. The appropriate accompanying form of communication (tweet or press release) is still being discussed. The BMG is still being consulted.* *ToDo: Further consultation with the BMG should take place regarding the risk assessment. ZIG1 prepares comparison with risk assessments of the ECDC and other countries (task ID 1289).*	*all*
6	**Communication** • *We are currently receiving many enquiries about school closures, with reference to existing documents.* • *There were technical problems with the map of Europe on the website, which have since been resolved. It is striking that the 7-day incidence in Sweden exceeds the value of 50/100,000 inhabitants.* • *A major press conference to present the coronavirus warning app is planned for 15 June 2020; this was also originally intended for the communication of the new risk assessment. The crisis unit considers the publication of the new risk assessment in this context to be inappropriate and suggests an earlier publication.*	*Press*
7	**News from the BMG** • *The entry regime continues to be decisive, including in the interministerial crisis team. A document relating to Germany/France is currently being coordinated by the departments and could possibly serve as a template for the EU.* • *The aim is to establish parameters for the entry regime at EU level, although it remains unclear what these parameters should be.* • *The presentation given yesterday by FG14 generated a lot of positive feedback. The topic of aerosols will probably be on the agenda of the crisis team at the BMG again.* • *The German embassy in Bolivia has once again raised the issue of convalescent serums with the BMG. The BMG is in contact with the Situation Centre to coordinate a response; the press office is to be involved in this.* • *In view of a TC with the federal states planned for 8 June 2020, new findings regarding the role of children and adolescents as carriers are being sought. According to FG36, nothing has changed in the basic assessment that*	*Mrs Czogiel/ Mrs Andernach*

RKI	*However, the existing overview will be reviewed again with regard to new publications. It is still the case that the role of children in the overall process has not been clarified and this should be examined more broadly in the context of daycare centre and school openings.* • *With regard to the paper on shared accommodation, no feedback has yet been received from the BMG. In the meantime, the migration commissioner should be directly involved, but this is currently no longer desired. The BMG will clarify when feedback can be expected.* • *With regard to the Corona-Warn-App, an active role of the BMG (with the involvement of Dept. 5) is desired, an e-mail has already been sent, so that the topic will be introduced at the next AGI and presented to the federal states.*	*FG32*
8	**RKI Strategy Questions** **a) General** *COVID-19 response strategy* • *The de-escalation working group has compiled a strategy paper outlining possible scenarios, recommendations for action and measures up to April 2021. The aim is to keep the number of cases as low as possible. A 2nd wave is not currently expected, but rather from October.* • *The recommendations emphasise 6 areas, namely 1) the prevention of infections, 2) strengthening the capacities of the healthcare system (including barrier-free access to testing and medical care as well as long-term strengthening of the public health service; it should be noted that the first cohort of containment scouts is expected to leave in October); 3) changing the circumstances, e.g. regulatory measures in refugee homes or adjustments in the workplace; 4) communication; 5) monitoring and supporting the course of the epidemic (e.g. by using parameters from previous work on de-escalation). regulatory measures in refugee centres conceivable or adjustments in the workplace; 4) communication; 5) monitoring and supporting the course of the epidemic (e.g. by using the parameters described in previous work on de-escalation and re-escalation); 6) mobility in Germany, the EU and worldwide (including testing and medical care regardless of documentation and insurance status; mobility data as a basis for targeted support for specific regions).* • *Research questions have been identified that could be addressed promptly as part of systematic reviews, and discussions are already underway in ZIG2. Topics include: the effectiveness of measures, the role of superspreaders or superspreading events, the role of children and young people, seasonality of COVID-19, border openings and mobility, effects on the health of the population.* • *The extent to which the specification of an endpoint (vaccine available? therapeutic agent available?) appears possible or sensible is being discussed. However, the availability of a vaccine or therapeutic agent does not mean that the pandemic is over; new aspects, e.g. vaccine*	*ZIG* *All*

	distribution, come into focus.	

	Foreground. • *It is proposed that greater emphasis be placed on strengthening the ÖGD. In view of the knowledge gained from outbreaks, there are often local structural deficiencies (no public health officer, poor equipment) that make it difficult to implement infection control measures.* • *From a clinical perspective, it should be noted that peak loads and thus overloading of intensive care capacities should be avoided. In addition, epidemiological and social effects should be weighed up; more attention should be paid to collateral damage and overall health. A discussion of the infectious dose and clinical outcome would also be relevant. In addition, a future wave of influenza cannot be decoupled from a second COVID-19 wave in the coming winter; flu prevention should therefore be a particularly important topic.* • *It is suggested to rethink the title "Covid 19 Response Strategy", possibly describing rather fields of action for living with SARS-CoV-2.* • *Further feedback is welcome.* • *It is proposed that the main pillars of crisis management in Germany (test strategy, contact tracing, adaptation of flow charts, development of risk areas) be summarised in a paper "Public Health Response Germany" should be summarised. The crisis unit welcomes this proposal.* **b) RKI-internal** *Dealing with requests from data journalists and enquiries about the IfG* • *An NDR data journalist has requested all nowcasting results and reports from the federal states, citing the Freedom of Information Act (IFG). However, the federal states do not wish to publish them. They have asked which documents will be published in accordance with the IFG. Mr Mehlitz has already signalled that the IFG grants extensive rights.* • *In principle, all documents must be released as long as no personal data or other exceptions apply. There is discussion as to whether ongoing projects (as they are not yet final products) must already be released. The crisis management team considers a fundamental clarification to be necessary, also with regard to future reporting and internal documents. L1 is responsible for this. Corresponding enquiries have so far been answered by L1 with input from the relevant specialist areas. The automatic notification of absence in response to citizens' enquiries may result in further enquiries under the IFG.* *ToDo: Mr Schaade talks to Mr Mehlitz about dealing with*	*Matthias an der Heiden* *VPresident/all*

RKI	IFG enquiries.	
9	**Documents** • Nowcasting/R report for the federal states (R no longer for small numbers of cases in the last 8 days, because then possibly misleading) • With low case numbers, as recently in Mecklenburg-Western Pomerania and Saxony-Anhalt may result in high R-values. The calculation of the R-value or whose communication under certain criteria (e.g. if on average fewer than 2 cases per day within the 8 days (R-value) or 11 days (7-days R-value) have occurred). Likewise, criteria for the resumption of the calculation of the two values which, in order to prevent too frequent ingestion and To prevent the calculation from being suspended, higher thresholds should include. A systematic approach would be important. The crisis team considers this approach to be sensible. • It is being discussed whether the output of both R values should continue to be makes sense. A change to the 7-day value would only be to communicate well if both values are below 1. The criteria for the suspension or resumption of the calculation as well as the possible limitation to the 7-day R value would have to be described in the management report. ToDo: Management clarifies whether the reporting is based on an R value can be limited. • Hygiene document adapted / aerosols The document was agreed with Mrs Gastmeier (Charité). The crisis management team approves the publication. • Customisation of the profile The profile will be circulated again at the beginning of next week, revised and expected to be published next Thursday published. In order to avoid any discrepancy with other documents on the website, minor changes to the Incubation period and time of the infectious phase already adjusted in the meantime. It is proposed that the frequency of the update be reduced to every 14 months. days. The crisis management team agrees to this rhythm.	FG34 FG14 FG36

10	**Laboratory diagnostics** • *Series testing: not discussed* • *As part of the Health Care Worker Study, 459 sera have been received and more are expected. Only a few positive samples have been found so far; retesting of the positive samples is planned. In the corona monitoring study, all samples were negative. A total of 300 samples were received this week, the positive rate has fallen.* • *FG17 received 228 entries, 4 of which were RSV positive,*	*ZBS1* *FG17*
	no Sars-Co-V-2 detection.	
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Resumption of contact tracing in air traffic planned from 16 June 2020. Discussion postponed to 08/06/2020.* • *GA Frankfurt and GA Düsseldorf draw up proposal for dealing with acutely respiratory patients at the airport and for a nationwide regulation on wearing surgical face masks at the airport for submission to AGI. Discussion postponed to 08/06/2020.*	*FG32*
15	**Information from the situation centre** • *The reduction of the RKI output has not yet been discussed with BM Spahn. The downgrading of the risk assessment provides a good argument for reducing reporting. The BMG has already named some content that will continue to be reported on a daily basis.* *ToDo: FG32 prepares example of abridged management report and agrees this template with BMG so that an abridged version would be sufficient for the weekend of 13/14 June 2020.*	*FG32/Präs/ all*
16	**Important dates** •	*all*
17	**Other topics** • *Next meeting: Monday, 08.06.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*08.06.2020, 13:00 h*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept.3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Madlen Schranz*
  - *Meike Schöll (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *ZIG1*
  - *Basel chequered*

- *ZBS1*
  - *Janine Michel*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*
  - *Iris Andernach*
  - *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *The map of the 7-day incidence per 100,000 inhabitants (based on ECDC data) does not show any major changes, with the hot spots mainly located in Latin America. Within Europe, the 7-day incidence in Sweden and Belarus is above 50 cases/100,000 inhabitants.* • *South Korea: There are concerns about a 2nd wave, as 57 new cases have been reported, 27 of which are in Seoul and 19 in Gyeonggi-do. While clubs, bars and discos in Seoul are closed indefinitely, nightclubs and bars in Gyeonggi-do will initially be closed for 2 weeks.* • *On 5 June 2020, the WHO recommendation on wearing masks was updated, but the guidelines for symptomatic persons (medical masks), nursing staff in the outpatient sector (medical masks) and medical staff in the treatment and care of suspected and confirmed COVID-19 patients (medical masks) have not changed.* • *In healthcare facilities, a distinction is made between areas with community transmission and those with community transmission.* *"sporadic transmission or clusters". With* *In areas with "community transmission", medical staff should wear medical masks (with the exception of administrative staff), including in outpatient settings. In areas with "sporadic transmission or clusters", medical masks are recommended for medical staff in contact with suspected or confirmed COVID-19 cases. Filtering half masks should be used in settings with aerosol-generating procedures.* • *For the general population in areas with community transmission and where physical distancing is not possible, wearing a medical mask is recommended for people at higher risk and those with*	*ZIG1*

RKI	*respiratory symptoms.* • *Non-medical masks are recommended for the general population in areas with "community transmission" and no or limited possibility of physical distancing as well as in settings with high population density.* • *The WHO recommends that masks consist of at least 3 layers. Different materials are described in terms of their filtration efficiency and quality.* • *With regard to aerosol-producing measures, reference is made to occupational health and safety and the recommendations of the German Dental Association; the latter has also addressed the definition of aerosol-generating measures in particular. It is unclear whether FFP2 masks should be used when treating all patients or COVID-19 patients. A mask with an exhalation valve is not suitable for third-party protection.* • *It is being discussed whether a mask should always be worn due to aerosol formation in enclosed spaces. With regard to covering the nose and mouth, factors such as density, room size and ventilation could also be taken into account, but the corresponding recommendations must also be feasible and acceptable to the general population. It is noted that wearing masks "torpedoes the core of every lesson" (Chairwoman of the German Philologists' Association Susanne Lin-Klitzing).* • *It is discussed whether the recommended distance of 1.5 metres can be maintained. With regard to the findings on aerosol formation, a distance of 2 metres could make sense, but this distance is hardly practicable in public transport and other settings. If the distance cannot be maintained, wearing a face mask is recommended. The WHO recommendation addresses a minimum distance of 1 metre; the crisis unit rejects such a reduction.* • *Prof Rösler is conducting experiments with an aerosol chamber in a hamster model; the results may be useful for further considerations.* • *The results of the TU Berlin on the distribution of aerosols in the room are to be circulated promptly.* • *Making masks compulsory in schools could possibly reduce the burden of influenza in winter.* • *It is discussed whether the design of non-medical masks should be included in the RKI recommendations. Pneumologists have already dealt with this; hoover bags as the basic material for a mask would result in too much breathing resistance for many patients, for example. The crisis team is against making specific recommendations for the construction of non-invasive masks.*	*FG14/FG36/ all*

RKI	*medical masks.* • *An individual recommendation as to which mask would be appropriate for which risk group is not expedient; this is a decision for the attending physician. For a patient who cannot wear a mask for health reasons, herd protection by others is important.* • *There is currently no pressure to act, as the number of cases continues to fall despite the easing of measures. Knowledge should be gained from the current outbreaks as a basis for any stricter recommendations in the autumn. The previous recommendations on social distancing and wearing a face covering are being maintained.* *ToDo: FG14 provides the recommendation of the German Dental Association.* **National** *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 184,193 (+214), of which 8,674 (4.7%) deaths (+6), incidence 222/100,000 inhabitants, approx. 169,600 recovered, estimate of reproduction number (R) = 1.11 (95% CI 0.90 - 1.33), estimate 7-day R = 0.87 (95% CI 0.78-0.97), (as of 08/06/2020)* • *The fluctuations in the R-value over the last few days are of little significance when the number of cases is low.* • *DIVI: 540 people currently on ITS, of which ventilated: 316* • *The downward trend continues, with all federal states reporting case numbers in the 2-digit range compared to the previous day. The cases that occurred in MV after church services are not yet visible.* • *The 7-day incidence by date of notification shows a downward trend.* • *In the geographical distribution, 4 districts are conspicuous with incidences between 26 and 50 cases/100,000 inhabitants (Bremerhaven district, Göttingen district, Coburg district, Cuxhaven district). Bremerhaven and Cuxhaven are connected. The incidence in Göttingen is also known. The high incidence in the district of Coburg must be seen in connection with the outbreak in the neighbouring district of Sonneberg. The request for administrative assistance regarding the outbreak in Göttingen has been withdrawn; if, contrary to expectations, further support is required, the public health officer will be in touch.* • *Current outbreaks:* o *Bremerhaven: The GA is prepared to make certain data available if this involves little additional effort. In addition, the desire for the preparation of the* *the outbreak; the same applies to the*	*FG32*

	applies to the outbreak in Frankfurt. It is suggested that the ÖGD contact centre take on these tasks during the course of the outbreak. ○ *Many outbreaks can be categorised in the context of religious events (Pentecost, church services, Eid). There are also still outbreaks in logistics centres, meat processing plants and among harvest workers.* • *Utilisation of emergency rooms:* • *The new report format contains information on the data basis (currently 10 emergency departments in 5 federal states with approx. 30 to 260 contacts per day), on the temporal course using a 7-day moving average (from mid-March, a 30 to 45% drop in presentations is evident, since mid-April a slight increase, but not at the initial level), on age distribution (the downward trend is evident in all age groups), on urgency assessment (significant drop in the 3rd and 4th urgency level of presentations) and on reasons for presentation coded according to CEDIS (cardiovascular and neurological reasons associated with a sharp decline). and 4th urgency level of presentations) and the reasons for presentation coded according to CEDIS (cardiovascular and neurological reasons for presentation associated with a sharp decline).* • *Publication is planned once a week; some of the data will also be published in the management report. The first publication is planned in the Epid. Bull. is planned.* • *It is suggested that the report be sent as a supplement to a written question from the Bundestag.* • *The crisis unit suggests that the title Surveillance Monitoring (SUMO) be reconsidered, firstly because surveillance in the emergency departments only represents a small part of all surveillance areas, and secondly because the terms used to be associated with Department 2 (Health Monitoring) and Department 3 (Surveillance).* • *It is unclear whether there were more presentations in the outpatient sector from mid-March or whether the cases as a whole only visited an emergency department later or did not seek medical help. This cannot be answered from the data available from the emergency departments. However, an estimate could be made using the total number of all outpatients available*	

		in the AGInfluenza and the number of all inpatients available for ICOSARI. This comparison could possibly be made in	

RKI	be included in the report.	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** *Corona-Warn-App (status, discussion)* • *The launch date for the Corona-Warn-App is 15 June 2020. It is an open-source product in which many players (SAP, Telekom) are involved. In view of the time pressure, some points that were originally to be implemented in the first phase of the project have been postponed or cancelled. Dealing with enquiries from the public and the press will be a major challenge. Telekom will set up a hotline. Neither all laboratories nor the GÄ will be connected by 15 June 2020, nor will there be any major evaluation options available.* • *The Corona-Warn-App provides for an exchange of data (location, time) via Bluetooth when two users who have downloaded the app meet. If a user is tested during the process, the test result can be verified either digitally or manually (activation via call centre) and shared with other users. Laboratories print out a QR code. The test result is transmitted to the laboratory server and the user is informed within the app that they are infected. The user must actively ask for the test result themselves. The user is free to share the positive result with other users via the app. For this purpose, they receive a pin together with the laboratory result to prevent false signalling. Technical and content-related questions can be answered via a Telekom hotline. Training is planned to equip this hotline with additional functionality. The contact with the GÄ has not yet been clarified in detail.* • *Support from Dept. 3 is requested for the planning and implementation of the 2nd project phase. The technical status will be presented further in the crisis team on 10 June 2020.* • *The epidemiologists are to be informed about the Corona-Warn-App on Tuesday, 9 June 2020 as part of the AGI. Representatives of the BMG Division 512 and Justus Benzler (FG32) will take part in the AGI.* • *Mr Wieler will take part in a telephone conference between BM Spahn and GÄ on this topic later this week.*	*FG21* *FG32* *Pres*
4	**New scientific findings** • *Not discussed.*	
5	**Current risk assessment** • *The new version of the risk assessment has been finalised. It will be published next week as part of the major press conference, when the Corona-Warn-App will also be presented. A corresponding vote at the time of the*	*President/President*

RKI	*Publication took place this morning with Mr Holtherm.* • *It is suggested that the general sentence on the AA's worldwide travel warning be deleted.*	*Press*
6	**Communication** • *A FAQ is currently being set up to provide an overview of the apps currently available.* • *The BZgA was asked by a law firm to comment on the transmission risk posed by magazines. This concerns the massive drop in sales of reading circles, on which around 2.5 million jobs depend. It is asked how this enquiry is assessed by the RKI. According to the crisis unit, there is no evidence that SARS-CoV-2 can remain active on cardboard surfaces for 24 hours. The recommendation to stop reading magazines comes from the federal states.* • *It is asked whether an expansion of the language offer (Romanian, Slavic languages, easy language) is planned with regard to the outbreaks in meat-processing companies or shared accommodation centres. According to the BZgA, there are already offers in 13 languages; additional content is planned in Polish and Romanian as well as in easy language. Pictograms and video messages are already available.* • *On Tuesday, 9 June 2020, maintenance work is planned on the website between 16:00 and 19:00.* • *It is suggested that the situation report should include a general assessment of the situation, e.g. in the sense of "the numbers are still falling, there have been an average of X cases per day in the last 7 days, most districts have X cases".* *ToDo: FG32 prepares a proposal for the assessment of the situation in the management report.*	*BZgA* *Press*
7	**News from the BMG** • *The border regime in third countries continues to determine the agenda, and the test strategy should be taken into account. In view of the situation in Brazil and other countries, no comparable data is available; even at EU level, a data-based border regime appears difficult to implement. Proof of a negative test result upon entry is therefore currently being discussed as a prerequisite. This would be decoupled from the issuing of visas. Instead, testing 48 hours before arrival, testing at airports or a 14-day quarantine are being discussed. Many logistical issues need to be clarified, e.g. dealing with health certificates in different languages, the question of certification, avoiding queues for testing at airports. Mr Rottmann had asked for the topic to be discussed further in the AGI.* • *A quarantine order on entry from European countries*	*Mrs Czogiel/ Mrs Andernach*

RKI	*Countries with a 7-day incidence of more than 50/100,000 inhabitants are known from NI, but not from other federal states. Work is currently underway on a model quarantine regulation.* • *The RKI emphasises that both the Airports Working Group and the RKI have spoken out against testing at airports and corresponding entry screening. Symptomatic travellers should be able to be tested regardless of their origin and insurance status.*	
8	**RKI Strategy Questions** **a) General** *Not discussed.* ***b)* RKI-internal** *Recommendation on reception facilities.* • *The draft prepared by the RKI was forwarded to the BMI and subsequently amended by the BMG and the BMI at the level of the relevant experts. In the process, some of the RKI's technical recommendations were substantially changed. In principle, it should be questioned how to react to such a procedure with technical recommendations of the RKI. It would be conceivable to publish a preliminary version or to refrain from publication.* • *In the BMG, Team 3 under Ms Ziegelmann was primarily involved, which had seen the problem. If necessary, consideration should be given to developing two documents: one for the technical recommendations of the RKI and a second for the political decisions, which can then go through political departmental coordination between the BMG and BMI, etc. It is mentioned that dpa received a version of the paper from the beginning of May via the BMI and enquired about the current status.* *ToDo: Mr Schaade discusses the next steps with Mr Rottmann.*	*FG32/BMG/ all*
9	**Documents** • *Not discussed.*	
10	**Laboratory diagnostics** • *As part of the corona monitoring study, 1973 samples from Kupferzell have been analysed cumulatively to date, 2 of which were borderline. The HCW study has received 1167 samples, 391 of which include swabs, the rest are exclusively serological samples. A total of 570 samples from routine diagnostics were tested for SARS-CoV-2 last week, 50 of which were positive. The coronavirus monitoring study will be continued in another hotspot from 24 June 2020.* • *In FG17 there are 221 submissions, of which 4 are RSV-positive and 5 are rhinovirus-positive, there were no SARS-CoV-2 detections.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	

12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points** • *Resumption of contact tracing in air travel is planned from 16 June 2020. Travellers 2 rows in front of and behind a confirmed COVID-19 case will be informed; only the person sitting directly next to them will be considered a close contact. This procedure will be presented tomorrow in the EpiLag. The crisis management team approves the procedure.* • *GA Frankfurt and GA Düsseldorf draw up a proposal for dealing with acutely respiratory patients at the airport and for a nationwide regulation on wearing surgical face masks at the airport for submission to the AGI.* • *It should be noted that EASA and ECDC recommend wearing a self-organised surgical face mask (due to the certification process) at airports, the procurement of which should be made possible at airports via vending machines if necessary. There are different rules in the federal states. A standardised nationwide procedure has already been discussed in the AGI, but was assessed very heterogeneously. The proposal of the GÄ DUS and FRAU will be discussed in the AG Flughafen and later again in the AGI.* • *It is being discussed whether different recommendations depending on the mode of transport appear to make sense. The current distinction between mouth-nose coverings for the general population and mouth-nose protection for medical staff may be easier to communicate. A discrepancy in the recommendations at European level might be easier to understand than different procedures for different modes of transport in Germany.*	*FG32*
15	**Information from the situation centre** • *It is planned to use a questionnaire to gain feedback on the perception of current work challenges as well as suggestions for improving the management of the situation at the RKI during the COVID-19 situation. Meike Schöll (FG32) is in charge of the questionnaire.*	*FG32*
16	**Important dates** • *AGI meeting, various TCs with BMG, crisis team meeting BMG - BMI,...*	*all*
17	**Other topics** • *Next meeting: Wednesday, 10 June 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*10.06.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept.3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Basel chequered*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days remain constant* • *7-day incidence per 100,000 inhabitants:* o *Hotspot Latin America with 30% of cases worldwide.* o *In Africa, the situation appears to be constant, but due to the limited testing capacity, there may be an unnoticed increase. There is an increasing number of enquiries and reports from Africa on rising case numbers and in South Africa, too, case numbers are rising following the easing of restrictions. WHO AFRO is somewhat concerned and the situation is being monitored.* • *Countries with over 70,000 new COVID-19 cases in the last 7 days:* o *Brazil no longer publishes cumulative case numbers on the official MoH website, only daily figures by region are published.* o *There has been a slight increase in the USA for the past two weeks. There are some states with a stronger trend (e.g. Texas)* • *Countries with 7,000 - 70,000 new COVID-19 cases in the last 7 days:* o *Strong trend in Bangladesh, India and Pakistan, in Bangladesh there was a first COVID-19 death in the Rohingya refugee camp (>1 million people).* o *A second wave of infections is emerging in Iran following the easing of restrictions.* o *There was a sharp increase in Sweden last week.* • *Countries with 700 - 7,000 new COVID-19 cases in the last 7 days: No increase in case numbers is visible in European countries after 2-3 weeks of easing restrictions. Only in France there has been a slight increase, they still have community transmission in some areas according to MoH.* **National** *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 184,861 (+318), of which 8,729 (4.7%) deaths (+18), incidence 222/100,000 inhabitants, approx. 170,700 recovered, estimated reproduction number (R) = 0.86 (95% CI: 0.71 -1.04), estimated 7-day R = 0.86 (95% CI: 0.76 - 0.95),* *(as at 10 June 2020)* • *Only one BL (NW) with over 100 newly reported cases. With small numbers of cases, a large percentage increase between reporting weeks is quickly visible (cf. MV).*	*ZIG1* *FG32*

RKI	• 6 CC over 25 cases reported in the last 7 days per 100,000	

RKI	inhabitants, only SK Bremerhaven today over 35, yesterday also LK Göttingen. LK Göttingen then began to discuss what measures could be taken. • Cases reported by activity or care in facilities: The proportion of cases cared for according to §33 IfSG, has increased slightly. The incidents in food establishments are no longer as pronounced. However, there are still many cases with the status unknown. As this is last week's data, it is possible that the data will be added later. The need for complete data collection is regularly emphasised in EpiLag and on other occasions. • Current outbreaks: o LK Göttingen: ▪ LK Göttingen has officially requested support. Above all, they need epidemiological assistance and help with the compiling data and compiling an overview of the measures taken. There is also an exchange of information on what is happening with children. ▪ Mr Spahn has sent a table (tally sheet) showing the severity of the illnesses by age group. can fill in. ▪ There are around 175 infected people, entries in retirement homes, 3 schools have been fully tested, a daycare centre is involved and a High-rise complex. The narrative that the entire outbreak was due to an Eid celebration is incorrect. Media screening by Mrs Sarma. Ms Broistedt, Head of Health of the City of Göttingen, will speak to Mr Wieler in person tomorrow. • Outbreak settings: Standardised guidelines are to be developed as to which data the healthcare professionals should enter and how. • Overload reports: SK Wiesbaden has reported an overload but has not requested support. LK Enzkreis no longer wants support and SK Salzgitter has not enquired. • Laboratory-based surveillance SARS-CoV-2 in ARS (postponed to Friday) • Enquiry about the amount of underreporting: o There is no data on this in the reporting system, but initial findings from the serological studies and other publications are available. As a rule, the number of infected people is 2-10 times higher than the number of SARS-CoV-2 positive cases. In Heinsberg, the factor was around 3, in the current RKI serostudy it is currently around 8. A recent publication in Nature also models the underreporting. In the modelling, the factor is never above 5-8. o The underreporting in DE has changed over time. In times of very high case numbers, household members were not tested despite the RKI recommendation to the contrary (due to lack of test capacity or overload). This means that the underreporting was higher at that time than it is now.	

2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects** • *Timing/general information:* ○ *There will be an appointment with Mr Wieler and Mr Spahn on Monday at which the doctors will be informed directly about the Corona-Warn-App. An information flyer is to be prepared for this purpose (by the BMG and BKAmt) in which the recommendations of the paper discussed today in the crisis team will be incorporated. Mr Helmke will pass the paper on to the BMG/BKAmt after coordination, where the information flyer will be created.* ○ *Tuesday press conference at the BKAmt with Mr Spahn, Mr Seehofer, Chairman of Telekom and SAP, and Mr Wieler. The app will then be launched. The RKI is the publisher of the app and will therefore also be responsible for the app in the future. We have been working with an external agency for weeks, which will continue to be responsible for communication. In the coming weeks, however, more in-house support will be needed (at least 4, possibly 6 weeks, hotlines etc.). A separate communication channel will be created. The RKI will be continuously involved in epidemiological questions about the app for weeks and months.* ○ *So far, the RKI's influence on the app has been manageable and it is only a relatively simple version (rump) for the time being. There will be fortnightly updates and the app will improve over time. It is part of the "toolbox" - this must be communicated in order to keep expectations realistic. However, it is basically a lighthouse project. All European countries are currently developing an app. As the publisher, the RKI has more influence on the further development of the app.* ○ *A major press campaign is being prepared by the Federal Press Office and BKAmt, BMG and RKI are not yet aware of it.* • *The Corona-Warn-App was presented to the AGI for the first time on Tuesday. There were major concerns about how the resulting tasks could be realised in the short time available.* • *RKI flowcharts and procedures should be adapted and the present proposal "Options for the procedure for notification due to an increased risk of infection by the CoronaWarn-App for the outpatient sector/primary medical care and the public health service" was discussed.* • *Procedure in the event of a positive SARS-CoV-2 test result: If the index case tests positive and activates its app, the warning appears for various people for whom a cumulative contact threshold has been exceeded. This is calculated by an algorithm that takes distance and duration into account. The quality of the contact cannot be determined. The app*	*FG37/all*

RKI	*sends information on when the last contact was and how many contacts there were in total.* • *The message sent "Go home immediately or stay at home" is supplemented by the addition "If possible...". However, further changes to the text sent by the warning app are not possible at this time. In particular, the order in which the authorities are to be contacted (1st GP, 2nd on-call doctor on 116117, 3rd general practitioner) has been criticised. In principle, only the general practitioner can carry out the necessary assessment and also the testing of non-symptomatic people, so the GPs should not be named.* • *In any case, the GA should first try to clarify the contact situation to determine whether KPI.* • *It is proposed to add the hybrid warning app category to the categorisation of contact persons (offer of testing, but no quarantine): Symptomatic persons should be tested, asymptomatic persons should be offered testing, warning message on smartphone must be shown, possibly additional second testing as with KPII 5-7 days after initial contact. Information on COVID-19 (contact reduction, social distancing, hygiene rules, wearing a face mask and what to do if symptoms occur).* • *Cost issue: The regulation on the assumption of costs for testing asymptomatic persons has been available since 8 June. It is aimed at the ÖGD, e.g. to test for KPI. For GPs, the question of costs is more problematic and cannot be settled. The BMG is endeavouring to incorporate cost coverage. Until then, people must bear the costs themselves or the GP must refer them to the GA.* • *It would be better to refer them directly to the GA, as only they can clarify the contact situation, including isolation if necessary. However, the GPs are afraid that they will receive a lot of enquiries.* • *An addendum is added to this text stating that even if the test is negative, transmission cannot be ruled out.* • *Infection epidemiological monitoring of the app is important. In SurvNet, the warning app will not immediately be possible as a variable, but this can be considered in the further course. Initially, however, studies may be the better way forward.* • *The document is due to be finalised this afternoon. The first part of the document is an internal evaluation, the second part will be for the ÖGD and the GPs/KBV. The text for the website still has some time to go.* • *The basic restrictions regarding billing/testing should be written down and communicated to the BMG.* • *Although the current recommendation addresses all 3 levels (GPs, KBV and GÄ), it is primarily a recommendation for the GÄ* • *The RKI should not say anything about the exact procedure of GPs, but should instead address relevant points to the KBV*	

RKI	*who then formulate and distribute them.* • *It is unclear whether the RKI will be given the opportunity to comment on the flyer.* *ToDo: FG37 finalises the document and sends it to Mr Helmke.* • *The role of the BZgA is unclear. The communication campaign is being prepared by the Federal Press Office and BKAmt and the content is not available to either the RKI or the BZgA.*	
4	**New scientific findings** • *Not discussed*	
5	**Current risk assessment** • *The procedure presented to the crisis management team on Monday for the publication of the adjusted risk assessment as part of the press conference to present the Corona-Warn-App is no longer up to date. The adjusted risk assessment should only be changed in consultation with the BMG. We are waiting for a signal from Mr Wieler.* • *The Cabinet was due to discuss the extension of the general travel warning until August today. However, the item has been taken off the agenda by the Federal Foreign Office. There is a lot of pressure from other countries*	*FG32* *ZIGL*
6	**Communication** **BZgA** • *The BZgA will compile an overview of the various apps for the population.* • *The BMSFSJ carried out a nationwide postcard campaign in which all households with children were contacted. Postcards with contact details were sent out, offering help with mental health problems, for example. The campaign was controversially discussed beforehand, but was very well received. As a result, the number of calls to the BZgA's telephone counselling service increased.* **Press** • *There were problems with the maintenance window yesterday evening. These have been resolved and all documents have been uploaded this morning.* • *Still many enquiries about returning travellers. So far, reference has been made to the BMG handout.*	*BZgA* *Press*
7	**News from the BMG** • *A decree is to be sent by the BMG this afternoon, according to which the RKI is to designate risk areas.* • *The parameters to be used are not clear. As incidences and other parameters are dependent on data quality, the risk areas should be determined on the basis of a "best educated guess" - taking into account the quality of the data.* • *It should be an interdepartmental assessment (coordinated between the BMG, BMI and AA), within the framework of the function*	*Fr Andernach/ AL3/ZIGL*

RKI	*of the interministerial crisis unit. The RKI is required to provide assistance and an individual assessment.* • *There is to be a consultation with the AA and BMI next Monday.* • *Offer from Ms Rossmann to Ms Hanefeld for cooperation on this point. The Bundeswehr is currently assessing the risk for the areas of operation and the countries in which military assistance is provided.*	
8	**RKI Strategy Questions** **a) General** • *Mr Schaade has asked for an update on the draft strategy paper. The comments were collected by 9 June and Ms Hanefeld will send a proposal to the crisis team for discussion on Monday 15 June.* • *In principle, responsibility for many issues is currently unclear - it is unclear what are political and what are technical decisions. This is unavoidable up to a certain point in the crisis, but increasing attention should be paid to who makes which decisions.* • *Risk areas:* o *When designating the risk areas, the RKI tried to avoid involvement as far as possible. However, we now have to specify criteria.* o *It should be clearly communicated on the possible website for the designation of risk areas that the designation is an interdepartmental process.* o *Note that the enquiries will be received by the RKI if the designation is made on the RKI pages. It would be better to issue a statement on the AA pages, which have also previously issued travel advice.* o *There was a lot of dialogue between the ZIG and the AA. Due to the additional aspect that was not previously included in the travel warnings, the AA initially wanted to have the risk areas identified elsewhere.* o *The sample ordinance from the BMI sent out by the BMG during the crisis management team meeting stipulates that the RKI should designate the risk areas. In addition, some of the indicators are already specified. The harmonisation process is not clarified in this document.* o *Note that the RKI should participate as little as possible in the process, as it is a very arbitrary process. The case numbers are the only objective data, but these are collected very differently in the countries.* **RKI-internal** • *Not discussed*	*ZIGL* *FG32/all*
9	**Documents** • *Not discussed*	

10	**Laboratory diagnostics** • *There is a parallel regulation to the ordinance of 8 June on testing asymptomatic persons for hospitals. Additional fees have been negotiated with the German Hospital Federation (e.g. for new admissions screening).* • *In the last 4 weeks, 205 samples were submitted to the NRC Influenza, of which 3 were RSV-positive and 6 rhinovirus-positive. There were no other pathogen detections (7 respiratory viruses are tested in total), in particular no SARS-CoV-2 detection.*	*AL1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Management Report:* ○ *~~The management report~~ should ~~include a brief addition suggested~~ by Ms Glasmacher on the general trend of ~~declining~~ case numbers. The wording should be checked by the shift manager or Ms Diercke.* ○ *There are also theme days in the situation report: a weekly comparison is carried out on Tuesdays. A graph ~~comparing the incidence case numbers~~ per reporting week to show the trend has been created and can be included after final approval. ~~The wording for this should be checked by the shift manager or Ms Diercke.~~* ○ *Suggestion that a note be added to the focal points on the days of the week.* *ToDo: LZ/Position Management Report adds a note on the focal points on the various days of the week to the management report.* • *The slides for the press briefing should no longer be updated, as they are rarely used and the data can also be obtained from other sources. In the event of a press briefing, slides should be kept in the LZ that can be quickly adapted and revised as required.*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *See discussion under RKI strategy*	
15	**Information from the situation centre** • *Not discussed*	
16	**Important dates** • *Not discussed*	

17	**Other topics** • *Next meeting: Friday, 12 June 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.06.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Basel chequered*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

- BMG
  - Iris Andernach
  - Irina Czogiel

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • ECDC report SARS-CoV-2 (from 12 June 2020, slides here): o Slides on 14-day incidences in Europe (p.13) and the change in 14-day incidences from week 21/22 to week 22/23 (p.14) o Transmission status of the individual European countries (p. 15): At the moment, community transmission is still recognised in Germany. It must be discussed when and under what conditions this should be changed. ToDo: to be discussed next week in the crisis team o >50/100,000 in 7-day incidence (p.16): only in Qatar, Bahrain, Chile, Armenia, Oman, Kuwait, Peru, Brazil, Panama, Saudi Arabia, Sweden and Belarus is the incidence above 50. o There is a slide from ZIG in which the regions are broken down further in very populous countries. ECDC data is used for this. The incidences have already been broken down by region for the USA and Russia, and this is also planned for Brazil and India. China might also be useful, awaiting comment from BMG. ToDo: ZIG circulates the film **National** • Case numbers, deaths, trend (slides here) o SurvNet transmitted: 185,674 (+258), of which 8,763 (4.7%) deaths (+8), incidence 223/100,000 inhabitants, approx. 171,600 recovered, Reff=0.87 , more stable R = 1.04 o 447 patients are currently still on ITS. o Cases and deaths per federal state: ▪ Data correction from Brandenburg, no transmission from RP, difference to the previous day in no BL in the 3-digit range. o Estimation of the reproduction number: ▪ Overall slow approach to1. ▪ 7-day R-value is higher than 4-day value, this must be commented on. ▪ It could be an echo of the repeatedly increased 4-day R-value. ▪ The R-value should not be overinterpreted and a look at the absolute figures, which have hardly changed, should be avoided.	FG32 ZIG FG32

	should not be lost.	

RKI	▪ The impact of the relatively large mass events on the last 2 weekends can be predicted. cannot be predicted. ▪ The R value varies in individual BCs, with some having R above 1. The absolute case numbers are low. The R value is not calculated for BL if the number of cases is below a certain limit. ▪ In general, the 4-day R-value should be changed to the 7-day R-value. ▪ Reasoning in the management report: The 7-day R-value follows the 4-day R-value with a certain delay, which has been relatively high in recent days. The number of cases is low, but has remained stable rather than continuing to fall. ToDo: pre-approved contribution for management report o 7-day incidence by date of notification nationwide: ▪ Slight decline continues o Counties with 7-day incidences > 50 or > 35 cases /100.000: ▪ > 50 cases: LK Aichach-Friedberg: Outbreak on asparagus farm among harvest workers ▪ >35 cases: no CC between 25 and 50 cases o Current outbreaks ▪ Asparagus farm, LK Aichach-Friedberg: 1 index case, since then 95 asymptomatic positive tests, hygiene rules were complied with, no contact with the general population, no request for administrative assistance ▪ Göttingen: unclear whether support from RKI is desired, initially rejection by GA, then but request for support in the preparation of a mass test at a school, initially for Friday, now 2 Containment Scouts and 2 WA are to support the evaluation on Monday ▪ Several smaller outbreaks o Breakout settings from SurvNet ▪ Please provide more complete information from the GA o Death rates in Germany: ▪ are not available as promptly as required by EUROMOMO • Laboratory-based surveillance in ARS o Test delay, i.e. delay between collection and testing, is stable below 1 day. o Number of tests decreased slightly. There is generally a reduction in the number of tests in weeks with public holidays. o Proportion of positive tests in all tests continues to fall and is well below 5%. o The proportion of positive samples is relatively stable in the BC and has also fallen again in Thuringia. o Number of tests is in the highest age group > 80	FG37

RKI	*decreased slightly. Testing in this age group is still at a high level.* ○ *The proportion of people testing positive is in the region of 2.5% for all age groups. The distribution of tests is therefore relatively good.* ○ *The age group 5-14 crosses the curves slightly, which should be analysed more closely as this affects schools.* • *Question from the press: how should the increasing proportion of children and young people be explained (2 enquiries from taz and Tagesspiegel on Tuesday assigned to Ms Diercke)* ○ *There are outbreaks in daycare centres and schools, and this has to do with the increase in contacts.* ○ *Closer cooperation with the countries is planned in order to improve quality and completeness and to obtain more information on what is happening. At the moment, the GA is still making relatively little active contribution, e.g. in the EpiLag. At the moment, it is more a matter of episodic events, which must first be observed over a certain period of time.* ○ *Reports by age group: the proportion may be increasing, but the number of cases is very small and the overall number of cases is decreasing.* ○ *The effect of increased testing can also contribute to this; studies on this have been initiated in various countries.* ○ *However, the number of tests has not increased significantly in ARS (although not 100% coverage).* ○ *The answer should be argued as follows: Overall, the number of cases is also falling in this age group, as well as in all age groups. However, the number of cases among <20-year-olds is not falling quite as sharply, which means that their share is increasing.* *ToDo: In the longer term, FG36 will take a closer look at the process and work on more information.* • *The age distribution will be cautiously interpreted in next Wednesday's management report.*	*Press / FG36*
2	**International (Fridays only)** • *The international situation is characterised by the rapidly growing epidemics in South America. This has resulted in further requests for help from this region. A SEEG mission to Mexico may take place, and participation in a mission to Honduras is also possible.* • *A new COVID wave is feared in Africa, which is reflected in requests for help from Africa.* • *In South Africa, coronavirus restrictions have been eased, which has led to an increase in cases. ZIG is in contact with South Africa regarding serological studies. South Africa has also offered itself for vaccine studies and has been referred to the PEI for this purpose.* • *A rapid increase in cases has also been reported in Ethiopia,*	*ZIG*

RKI	*although the case numbers are not yet that high at the moment. However, there is also little testing taking place.* • *The scoping mission in Tajikistan has begun.* • *Several international projects from the 2nd package of measures have been launched: the first results of the project on risk communication in Nigeria and ?? are expected in autumn. The partners are the health ministries and scientific institutions.*	
3	**Update digital projects (Mondays only)** ○ *Not discussed*	*FG21*
4	**New scientific findings** • *Not discussed* • *The majority is in favour of retaining the agenda item on a voluntary basis. At the crisis team meeting, a request should be made for the following date as to whether a publication should be presented and, if so, who will present it.* Next week the publication in Nature on the efficacy of non-pharmaceutical interventions should be presented https://www.nature.com/articles/s41586-020-2405-7_reference.pdf *ToDo: Mr. an der Heiden should prepare a few slides for Friday or forward the task to one of the other modellers.* • *On Monday, Mrs Rexroth will present the publication in Eurosurveillance on the evaluation of the measures in England.*	*All*
5	**Current risk assessment** • *Communication strategy* ○ *Mr Holtherm (BMG, Dept. 6) decided on Tuesday evening that the risk assessment should not be changed next week.* ○ *Two weeks ago, a draft was sent to Mr Rottmann with the proposal to change the risk assessment to moderate. This is only a draft.*	*All*
6	**Communication** **BZgA** • *The number of questions is decreasing; instead, there are more individual questions relating to specific regions. Other topics are gradually gaining in importance again. There are also more questions about mental health crises.* **Press** • *Communication activities for the CoronaWarnApp* ○ *Ms Beermann has developed a detailed concept on how to deal with enquiries regarding the app.* ○ *Interview requests will be forwarded to Ms Glasmacher and Ms Beermann. Technical enquiries*	*BZgA* *Press / ZIG / All*

RKI	*can be*	

RKI	*be forwarded to the Telekom hotline.* o *Employees have been seconded to answer questions from doctors and health authorities. They will be located in the IT training room on the north bank.* o *An SOP has been drawn up with telephone numbers, email addresses and names of the organisational groups. The situation centre is informed about the procedures.* • *Flyer on the CoronaWarnApp for GA and doctors* o *1st version of the flyer was only made available yesterday, so no more revisions were possible in this version. The flyer will be revised again in 2 weeks.* o *What happens to someone who has an increased risk? The app first refers them to their GP, then to the GA. The GP conducts a consultation and, if symptoms are present, testing takes place as part of the treatment.* o *In asymptomatic cases, a discussion with the GA about the contact situation would be useful. A categorisation could possibly be made in this way.* o *If possible, people should stay at home. Employers were concerned that they would have to bear the costs. The GA can order quarantine.* o *Yesterday there was no agreement with the BMG that symptomatic people should go to their GP and asymptomatic people should go to the GA. The points were deliberately left open.* o *A webinar on the WarnApp will take place on 17.06.2020, from 14-15:30: Mr Eckmanns can participate.* *ToDo: Mrs Schulz-Weidhaas speaks to Mr Schmich and Mrs Beermann.* • *A press conference will be held on Tuesday at 10.30 a.m. at the Federal Press Office.* • *Bundeswehr: All doctors in the hygiene department and other employees are trained as containment scouts.* • *There is to be an algorithm for evaluating traveller returns; a discussion on this will take place with Ms Hanefeld on Wednesday.*	*German Armed Forces ZIG*
7	**News from the BMG** • *CoronaWarnApp: handed over to the RKI by decree today* • *Third country regulation, quarantine sample ordinance: close exchange with RKI* • *Information sheet on quarantine when entering Germany is being revised and could be helpful for text modules.* • *BMG Situation Centre: Restructuring and changes in the teams are planned. Liaison RKI-BMG will remain with 1 person. How this can be well organised must be determined.*	*BMG liaison*

RKI	*still need to be considered.* • *Thanks from the BMG for the report on the outbreak in Aichach:* o *Question about this: Will the LGL carry out further investigations into how people became infected? The setting is interesting, as people have become infected despite implementing the recommendations. This is a very isolated outbreak, with no contact with the general population.* • *Leaflet: Flyer for travellers returning home:* o *The RKI was asked by Mr Sangs to create a link to the RKI website to show the countries from which laboratory tests are accepted. There was no deadline in the decree. The link is being prepared.* o *The flyer still needs to be commented on in the BMG and will then be passed on for information. The link to the risk areas should be valid from Monday. When the countries It is not yet clear how this will be implemented in state ordinances.*	*ZIG*
8	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Criticism of Malu Dreyer* o *There is a quote from a dpa report with the accusation that no clear information is available on what the RKI is doing to coordinate the countries.* o *As a result, a first draft of what the RKI coordinates was compiled. This compilation serves as an internal thought support, but should also be designed as an initiative report to inform the BMG. For this purpose, the ÖGD contact point is to be included and the plea for more scientific independence removed.* o *The criticism from RP is not only directed at the RKI, but also at the federal states' own organisation.* • *ÖGD contact centre - UpDate* o *Verbal feedback from the BMG: the concept is heading in the right direction. The interim financing until the 2021 budget is still unclear. The uncertainty is making planning more difficult; a provisional solution must be started.*	*All*
9	**Documents** • *CoronaWarnApp "Handout for ÖGD"* o *see above* • *Information for shared accommodation - draft in media* o *The document was provided with many comments by the Ministry of the Interior.* o *However, the document in the version from the RKI from the beginning*	*FG32*

RKI	*This information was published in the press (Tagesschau, online via the Refugee Council) without the BMI's comments. This information should be made available to the BMG.*	
10	**Laboratory diagnostics** • *The corona monitoring study has been completed, approx. 2,000 samples were analysed, 2 of which had borderline results.* • *As part of the Health Care Worker Study, 1,101 samples were analysed. Positive and borderline samples are retested.* • *Last week, 137 samples were received, 16% were positive. The proportion of positive samples is usually above the national average. The question arises as to whether the Berlin health authorities are taking the samples primarily as part of outbreak investigations. There are 2 Berlin health authorities (Reinickendorf and Tempelhof-Schöneberg) that send almost all samples. There was a small outbreak among Romanians in Reinickendorf. The GA Mitte only sends the samples that are taken from people at home.* • *Comparative tests according to WHO standards and an ECDC round robin test are currently being carried out.* • *FG17 received 213 samples, of which no SARS-CoV-2 was detected.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points** • *A TC is held every Thursday with the working group of the IGV-named airports. A concept developed here will be presented to the AGI next Tuesday; the proposal is to wear a face mask at airports and on aeroplanes. As soon as the concept is finalised, it will be posted on the website.* • *Quarantine regulation* ○ *One problem is the definition of risk areas. The tests that are to be used for exit screening would overstretch laboratory capacities. Due to court judgements, exceptions, e.g. for flight personnel, have been greatly reduced.* • *Communication / approach to boundaries* ○ *The leaflets and posters for travellers are being updated, with feedback from the BMG and the federal states. The Translations must be available promptly. Presumably they will initially only be available in German, English and Turkish.*	*FG32*

RKI	*be available, the rest will be delivered later.* • *The GA, which is responsible for airports, would like to see a standardised approach, but this is the responsibility of the federal states.*	
15	**Information from the situation centre** • *De-escalation of the situation centre* o *The frequency and scope of the outputs should be significantly reduced. Among other things, the management report at the weekend should be shortened considerably.* o *In the future, the staffing of the situation centre should also be reduced to one shift during the week and weekends should be dispensed with altogether.* o *This is to be discussed with the BMG next week. The BMG itself is downsizing its situation centre, while at the same time the RKI's tasks are increasing.* o *Presumably these plans cannot be implemented immediately in the current situation: launch of the app, resumption of travelling, opening of borders.* o *The BMG's internal management report will be adapted. The changes must be taken into account.* o *There was a question from the AFD: how many deaths are due to postponed elective operations, is there any information on this? Answer: no.* o *Request from Mr Wieler for a different organisation of the management report:* ▪ *The first sentence should be revised as it is difficult to understand.* ▪ *The block with descriptive reporting data should be separated from the part in which the reporting data is* *other data sources can be added. If you have any questions, please contact Mr Wieler or Mr Schaade.*	*FG32*
16	**Important dates** • *WHO Europe/ECDC COVID-19 network meeting (TN: S. Buda/R. Dürrwald or T. Wolff)* • *HSC Audio Meeting (TN: J. Thelen/W. Haas)*	*All*
17	**Other topics** • *Next meeting: Monday, 15.06.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*15.06.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
  - *Ulrike Grote (minutes)*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
  - *Andreas Nitsche*

- *ZIG1*
  - *Basel chequered*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Iris Andernach*
  - *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Currently almost 7.8 million cases worldwide; 430,126 deaths (5.5%)* • *In the top 10 list of countries by number of new cases in the last 7 days, Brazil and the USA (both with an increasing trend) continue to lead the way. The increasing number of cases in the US can be attributed to increased testing and outbreaks in the South in prisons, meat distributors and packing plants (e.g. Amazon). India is now in 3rd place, having reported more than 70,000 new cases in the last week. A strong trend can be observed in New Delhi in particular. One minister estimates that there will be 500,000 new cases by the end of the month and that around 80,000 hospital beds will be needed (there are currently only 8,000 beds).* • *In terms of the 7-day incidence per 100,000 population, Sweden and Belarus again stand out in Europe. Saudi Arabia, Bahrain and Latin America also show values of over 50/100,000 inhabitants.* • *In the presentation of countries with 7,000-70,000 new cases, Iran is experiencing a strong second wave. According to diplomatic correspondence, the sharp increase in the number of cases in Sweden is due to more testing.* • *Beijing cluster: after 56 days without a case, 77 symptomatic laboratory-confirmed cases were reported from Thu-Sun. 2 cases linked to this cluster were detected in another province (Liaoning). There were another 46 cases without symptoms. Most cases were linked to the Xinfadi market in Beijing. Measures are including contact tracing and closure of 6 food markets.* • *A population-based study on seroprevalence was conducted in Geneva. More than 2,700 participants were tested within 5 weeks. In the first week, the estimated seroprevalence was 4.8 and in the last week 10.8% in the population. There was no difference between men and women. The highest seroprevalence was in the age group of*	*ZIG1*

RKI	20-49 year olds. • As of today, risk areas are again listed on the RKI website (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html). The RKI was asked to name various indicators for this purpose. Of the 3 indicators initially named (7-day incidence 50/100,000, mortality rate and test performance), only the 7-day incidence is now used to designate risk areas and is paired with an evaluation of the AA. The page will be updated weekly. The list serves as a basis for assessing the need for quarantine by the health authorities. An exception is made for people travelling from a country on the list who have a negative laboratory test (not older than 48 hours) from a designated laboratory. Today at 3 o'clock there will be a TC to discuss the combined values. As this is a political decision, the merge will be done by BMG- BMI-AA. The AA will also use the values/identification of the risk areas for the travel warnings. Although the assessment is carried out by the AA, the list will not be published on the AA website, as the model quarantine ordinance refers to the RKI. A link to the AA website will probably not be sufficient, but Mrs Hanefeld asks. Therefore, this must be published on our website. Link is not enough; Mrs Hanefeld asks. The text on the RKI website, which has been agreed with the AA and the BMG, makes it clear that the analysis is carried out in consultation with the AA, BMG and BMI. In general, it can be problematic that it says that a negative test is sufficient to not prescribe quarantine, but the RKI says in many places that a negative test result does not rule out an infection. The RKI stands by this professional judgement. • Mr Wieler reports on a meeting with the head of the CDC China. Several gene sequences (from patients and environmental samples) were obtained and analysed. The results show very similar sequences and a European lineage. **National** • Case numbers, deaths, trend (slides here) • There are 4 deaths among newly reported cases. The number of patients requiring intensive care is also decreasing. • Yesterday's as well as today's 2 R-values (4-day and 7-day R-value) include the value 1, 7-day R below 1. The development is possibly heading towards plateau formation. • Hesse and Baden-Württemberg have not reported any new cases, while North Rhine-Westphalia has the highest number with 74 new cases.	FG32, all

- *The 7-day incidence for the whole of Germany is decreasing. In Bremen and Berlin, the incidence is higher than in other federal states. In Bremen, the value was always higher than in other federal states; in Berlin, an increase can be seen. There are several incidents here (partly religious community, partly ethnic groups).*
- *There is 1 district (district of Aichach-Friedberg) with a 7-day incidence of over 50/100,000 inhabitants. There was an outbreak on an asparagus farm and many tests were carried out as part of a screening programme.*

- *Information on current outbreak events:*
  - *Berlin: In Berlin there have been several outbreaks, including in a school in Spandau. There are 58 cases involving members of one religious community plus 64 cases from 5 districts with the same ethnic (Romanian) origin. There are links/contacts between an incident in Magdeburg involving people of Romanian origin and Berlin, although these are difficult to trace. The LaGeSo also suspects contacts among the clusters in Berlin. However, the registration data does not record nationality. It is therefore difficult for the regional office to assess which cases are connected and which are not.*
  - *Perhaps there is a central council for the group that can be involved and helps to simplify communication. However, a central council does not cover everything and there are very heterogeneous groups. They are not all Roma, but many are in a similar situation, i.e. they have difficulty accessing the healthcare system and language barriers. Services and information must be tailored to such groups. Romanian-speaking people are also increasingly affected in other federal states (Bavaria, Lower Saxony) It would make sense to set up a small working group to deal with this. There are already people at the RKI who are active in this area and have experience from Berlin from the refugee crisis. Mrs Bremer, for example, has a telephone call tomorrow with a public health officer in Gütersloh. There is a high number of people from slaughterhouses (many of Romanian origin) who have contracted COVID-19. The public health officer should consider whether a study should be set up. The question/objective must be clarified with the public health officer. If necessary, the problem can also be addressed in the EpiLag.*
- *The presentation of the 7-day incidence of the federal states as a curve is very good, the individual R value is becoming increasingly difficult to assess. It gives the impression that we have reached a plateau, but the number of cases is decreasing. The situation report (frequency, content) should tend to be reduced. If necessary, something else could be cancelled.*

RKI	*ToDo: The graphical representation of the 7-day incidence of the federal states should be included in the management report in future.* • *Both the 4-day and the 7-day R value are reported in the management report. However, the 4-day R value should not be cancelled in order to avoid inconsistencies.* • *A ratio of symptomatic to asymptomatic people of 60-40 to a maximum of 50-50 is often reported. One question is whether this corresponds to the experience of previous outbreaks in Germany. For Tirschenreuth, there have already been some asymptomatic people. However, the number of asymptomatic cases always depends on how much you screen.* • *The number of patients requiring intensive care is decreasing. Is there a change in the clinical course? Is this due to more knowledge (e.g. therapies)? It is probably a mixture of several factors. One factor is certainly the adaptation of therapy recommendations to avoid complications in advance.* • *Are there any findings as to what is more of a risk factor for a more severe course of the disease - age or underlying diseases? Among other things, the number and type of previous illnesses have an influence on a severe course of the disease. FG36 is attempting to analyse this in a model based on the ICOSARI data.*	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Last week, the communications company became more involved in providing support to RKI Wieler. For example, they are helping with texts for the press. As of tonight, the app will be available and the work will probably increase. There is a team of about 20 people working on the enquiries. An Epibull article is in preparation and a website will also follow.* • *By involving Mr Eckmanns, the side of the health authorities should be better included. Given the speed and dynamics of the situation, there are assumptions as to how health authorities, for example, will be integrated; however, this still needs to be discussed in detail and can then be included in the next update. As of tonight, the RKI will be the owner of the app and can exert more influence. So far, for example, the integration of the KV has taken a very long time despite early indications from the RKI.* • *In a 1-hour video conference with 200 health authorities, Mr Spahn and Mr Wieler presented the app and answered questions (e.g. How does the app work? What is the role of the health authorities? How do you deal with someone who has received a warning via the app?) The exchange was perceived as very positive. The health authorities express concern that people are calling who have not received a warning at all*	*FG21*

	(is there verification of the warning?) or the app is being misused. • *The person who receives a warning can choose whether to contact their family doctor or the public health department. However, most people would probably turn to their (known) GP rather than the public health department. In addition, since Friday it has been possible for GPs to test asymptomatic people, so there may be more people who consult a GP. The health authority side is well covered in terms of information, the GP side is missing. The GP would have to carry out the risk assessment, advise on measures if necessary or also point the way to the health authority. Mr Eckmanns has therefore set up a working group (including the KBV, plus the BMG) to look at how complex this is and whether it can still be included in the existing flow chart or whether a separate document should be created. There is a first draft today.* • *An evaluation of the data is important. Ask whether there are problems with data protection, as many things would be stored centrally. The evaluation must already somehow record who would receive a test, for example. If necessary, the QR codes sent out for the test results can also be used for this.* • *Some people have been assigned to the Corona-Warn-App by the situation centre. The workload for the situation centre should therefore be reduced.* *ToDo: Ask the RKI management to consult with the BMG. Proposal is to offer 1-shift operation during the week for the situation centre; no situation centre work at the weekend.*	
4	**New scientific findings** • *The impact of social and physical distancing measures on COVID-19 activity in England (confidential, as not yet published; slides here): For the analysis, different surveillance systems (mortality surveillance, syndromic surveillance, etc.) were considered. The aim was to show the effects of the measures. It was considered how long it takes on average from exposure to the development of symptoms, first contact with the health service, etc. In England, the first cases occurred at the end of January, with a sharp increase in mid-March. First recommendations were given on 12 March (e.g. self-isolation for severe ILI), from 23 March there were stricter measures. Masks were not mentioned. Behaviour showed a decrease in visits to the GP. There were more calls and fever and cough were reported. After the measures were introduced, there was an increase in outbreaks in institutions (mainly in care homes). Overall, there was a clear impact of measures in the surveillance system. A table shows how long it took for this impact to be seen*	*FG32*

RKI	*were.* • *There is already an overview of the various surveillance systems in Germany. An analysis of the effects of the measures in Germany based on these systems would certainly also be interesting.*	
5	**Current risk assessment** • *The RKI's risk assessment is currently still high. The question is how long this should be maintained if the number of cases is now declining. The RKI is in an ongoing dialogue with the BMG and is waiting for a signal.*	*All*
6	**Communication** **BZgA** • *Corona-Warn-App: The social media group of the BZgA is in close contact with the group of the BMG. The BZgA should advertise the app on all available channels.* • *The topic of hygiene is very present. Around 47,000 different materials (stickers, brochures, etc.) were requested and sent out. Requests include schools.* **Press** • *The risk areas have now been published on the RKI website. The list of countries also includes European countries (e.g. Sweden). The ECDC map graphically shows the incidence of the last 7 days in Europe. There is no reason why this should not continue to be published on the RKI website. It just needs to be updated regularly.* • *Document on shared accommodation: The as yet unpublished document (in the version 07.05.2020, with "draft") has appeared on the Internet. The BMI had further changes that the RKI would not want to adopt from a technical point of view. The BMG has not yet given its approval for publication. Today there was another meeting at working level between Ms Mylius (BMG) and Ms Sarma and Ms Vygen-Bonnet. The further procedure regarding the publication is still to be agreed with the BMG. If the BMI insists on its changes, it should not be labelled as an RKI document. If there are press enquiries about the document, the answer can be that the document is still being coordinated.*	*BZgA* *Press, all*
7	**News from the BMG** • *There is now a TC on the travel regime and the strengthening of the ÖGD.* • *The topic of vaccination is moving centre stage. Six million doses of the flu vaccine have been ordered and there are discussions about how they should be distributed.* • *There are plans to restructure the BMG Situation Centre. The individual teams are to be dissolved and work in their specialist areas again. Emails will be redirected. Team 3*	*BMG liaison*

RKI	*under Ms Ziegelmann will therefore be back in Unit 614. In the future, the RKI liaison person will also be linked to Unit 614.* • *The RKI is also planning to streamline the situation centre. Mr Rottmann wanted to have already held a meeting on this, which will hopefully take place this week.*	
8	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
9	**Documents** *Discharge criteria:* • *The discharge criteria have been updated. The reason for this was a new evaluation of ZBS1 (slides here).* • *Samples of ZBS1 and additional information from 194 patients were analysed. The samples were analysed by PCR and cell culture. It was found that (with the exception of one outlier under immunosuppression) nothing grew in the cell culture >7 days after symptom onset. A cut-off was set at a CT value of 30. It was seen that nothing grows from a CT value of 25, but there was an outlier of 29, which is why the cut-off was then set at 30. Of course, the values always depend on which patients are examined. The RKI had probably received samples of mild to normal infections from the health authorities. The problem is the comparability of the patients. There was an exception in the case of a sample from a patient with previous illnesses, as she still had a CT value of 15 after 55 days and was still able to contract the virus. The results are to be published soon.* • *Changes to the flow chart (here): Instead of the previously required 14 days, 10 days should now be recommended, which seems to be increasingly becoming the international consensus. The 10 days should be used for all courses, i.e. also for severe courses, as severe hospitalised courses, including the symptomatic phase of the disease before and during hospitalisation, generally exceed the 10 days without any problems and, above all, the criterion of 48h symptom freedom is an obstacle to too early, purely time-based de-isolation. In addition, in severe cases in an inpatient setting, samples are taken more closely from the outset and isolation is therefore not purely time-based. Nevertheless, a suggestion to supplement the note that severe courses could be associated with longer-lasting viral excretion. The 10 days should also be applied to asymptomatic infected persons* *are to be paid. In the case of medical personnel, the 10 days*	*ZBS1, IBBS*

RKI	*as well as 48h freedom from symptoms and a negative PCR.* • *Final isolation in hospital: There was initially a discussion as to whether isolation should be lifted at all. But isolation can have negative effects and also make processes more difficult in general. In hospitals in particular, it is a doctor's job to assess such individual cases.* • *Follow-up isolation: This is no longer as prominent as in the old document. The notes at the bottom state that follow-up isolation can be carried out individually on discharge from hospital.* • *Calculation of the recovered: This is an algorithm defined by FG36 that refers to the 14 days. It would be difficult to change the figures retrospectively, which is why the algorithm should continue to be based on the 14 days.* • *The draft will be discussed today in a TC with the STAKOB. Tomorrow it will be presented to the AGI in a TC. Feedback may then be given by Thursday, so that there is also enough time for internal feedback.* *ToDo: Please send feedback on the document to Mrs Ruehe.*	
10	**Laboratory diagnostics** • *ZBS1: There has been feedback from various health authorities that there is an increase in cases among people of Romanian origin. The Reinickendorf health authority suspects that the origin lies with meat distributors and has asked ZBS1 to sequence the requested samples.* • *ZBS1: There are high positive rates in Mitte. On Friday, this rate was 45%, but many samples were taken as part of an investigation of a residential complex. On Saturday, ZBS1 received a further 32 samples from residents of this housing complex, of which only 4 were positive. If any more samples were positive, the entire apartment complex would b e quarantined. Otherwise, the positive rate was relatively high at 18.7% of 535 samples (i.e. 100 samples positive).* • *FG17: There were 92 submissions for ARE/ILI surveillance as part of the AGI last week, of which 1x RSV and 4x rhinovirus were detected. In general, respiratory diseases are at a relatively low level, as is normal for this time of year.* • *There was an interesting presentation from Israel at a meeting with the ECDC. Israel opened daycare centres/schools earlier (13 and 17 May 2020). By the end of May, the numbers had risen to over 80 cases per day. In a school with 1,200 pupils, 135 pupils and 29 teachers are infected. There is no data on secondary cases yet. The school has been identified as the site of infection.* *ToDo: Mr Wolff will review the slides from Israel in detail.*	*ZBS1* *FG17*

	introduce. • *Mr Spahn has set up a group of 17 scientists (aerosol researchers, epidemiologists, etc.) to advise him. The group met for the first time on Friday. Mr Wendtner (infectiologist) reported that of the patients he examined at the Webasto Cluster, 4 had no detectable antibodies. None of them were severe cases. In the case of coronaviruses (including SARS), it is generally described that titres drop very quickly after an infection. T-cell immunity remains longer. However, if antibodies really d i s a p p e a r so quickly, the actual prevalence can never be recorded. The prevalence studies would then not be correct.*	*Pres*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *DEMIS update: All contracts and data protection aspects were clarified last week. Today at 3.30 pm there will be a test run with a laboratory and a health authority. If the test run is successful, further health authorities and laboratories will be connected. The transmission of negative test results will only be integrated in a second expansion stage. This must first be technically justified and legal feedback must also be received from the BMG that data collection from healthy people is permitted. There is 4 weeks time for clarification. However, the first expansion stage can be implemented independently of this.*	*FG32*
14	**Transport and border crossing points** • *Quarantine regulation - not discussed* • *Communication/ Procedure at borders: Border lifting in Europe has started today. There is a list of laboratories that are good enough to test negative. But everything is still in flux.*	*AL3*
15	**Information from the situation centre** • *Not discussed*	*FG32*
16	**Important dates** • *Not discussed*	
17	**Other topics** • *Next meeting: Wednesday, 17 June 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*17.06.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
  - *Meike Schöll (minutes)*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
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- *ZIG1*
  - *Basel chequered*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Iris Andernach*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *Currently over 8 million cases worldwide; 436,632 deaths (5.7%)* • *The top 10 countries by number of new cases in the last 7 days include Brazil, the USA and India (each with more than 70,000 new cases in the last week).* • *In terms of 7-day incidence per 100,000 inhabitants, Sweden and Belarus continue to stand out in Europe, while Brazil, Chile, Peru, Saudi Arabia and Oman stand out outside Europe.* • *Europe: The situation is stable. However, Russia is recording more than 8,000 new cases every day. The first wave of infections continues in Poland and Sweden.* • *America: Brazil is recording 25,000 to 30,000 new cases per day, while the situation in the USA appears to be stabilising at around 20,000 new cases per day. The USA and Brazil lead the world in terms of the number of deaths.* • *Asia: India and Pakistan are severely affected, with India reporting up to 10,000 new cases per day since the easing of measures and ranking third among the countries with the highest number of cases in the last 7 days.* • *Beijing, China: Since 11 June 2020, 106 new cases have been reported in Beijing, most of them linked to the Xinfadi market; another market is affected; there are indications that the cases in the markets are linked. The first sequence analyses indicate a source in Europe. In the meantime, 21 city districts have been sealed off, daycare centres and schools in these districts as well as the two markets have been closed.* • *Africa: Africa accounts for around 4-5% of the new cases reported worldwide every day. The countries most affected include Algeria, Egypt, Nigeria and South Africa.* • *New Zealand: After 24 days without new cases, 2 cases imported from the UK via Australia were reported on 16 June 2020. The two people had had no contact with other people.* • *The question is to what extent the high number of cases in the USA is having an impact. Some states are more affected than others; further information on the situation in the USA will be provided later.* • *The presentation emphasises that this is a pandemic that cannot be tackled on a national basis alone.* • *It is suggested that the situation in Sweden (increasing*	*ZIG1* *all*

RKI	*case numbers, but decreasing deaths, comparison of measures) will be discussed in more detail at the next crisis team meeting. The increase in testing plays a role.* **National** *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 187,184 (+345), of which 8,830 (4.7%) deaths (+30), incidence 225/100,000 inhabitants, approx. 173,600 recovered, estimate of the reproduction number (R) = 0.86 (95% CI: 0.73 -1.02), estimate 7-day R = 0.89 (95% CI: 0.83 - 0.96), (as at 17/06/2020)* • *DIVI: currently 419 on ITS, of which 258 are ventilated* • *Only one BL (NW) with over 100 newly reported cases. BY has the highest cumulative incidence (Dubai 400 for comparison). Significantly higher incidences in individual municipalities (Tirschenreuth 3,000 to 4,000).* • *When comparing reporting weeks 23 and 24, individual BCs (BE, ST) show increasing case numbers, BE has a higher level than ST.* • *The reproduction rate appears to be levelling off at a plateau.* • *The 7-day incidence for the whole of Germany is decreasing.* • *The 7-day incidence after BL shows the increase in BE and ST. The increase in BE is partly due to an outbreak in a Romanian-speaking group. The 7-day incidence in HB differs significantly from that of the other BCs.* • *With regard to the geographical distribution of the 7-day incidence, it is striking that over 250 districts have reported no or <5 cases in the last 7 days.* • *In a weekly comparison, the districts of Sonneberg and Coburg were more conspicuous in the previous week than in the current week.* • *There is one district (Aichach-Friedberg) with a 7-day incidence of over 50/100,000 inhabitants. This is a localised outbreak among asparagus harvesters, so no population-based measures are planned.* • *When presenting the age distribution over the reporting weeks, it should be noted that these are changes in the relative proportion of the respective age groups with an overall decline in the number of cases.* • *Reported cases by activity or care in institutions: The relative proportion of those cared for in institutions (pink) decreases over the reporting weeks. The data on activity or care is not available in full.* • *There are some new travel-associated cases, this will tend to increase over time, the relative proportion of travel-associated cases remains small. With regard to the cases associated with the Netherlands, an outbreak could possibly be relevant.*	*FG32*

- *Information on current outbreak events:*
  - *Göttingen: Ruth Zimmermann and Navina Sarma were on site on 15/06/2020/16/06/2020. A further presence in Göttingen is planned from 18 - 21 June 2020, with a TC with the outbreak team, the GA and MA at the RKI on 18 June 2020. The expectations of the RKI are support with test campaigns and contact tracing, swabs, preparation of an anonymised list of lines, preparation of a good practice presentation.*
  - *Gütersloh: The situation there is worsening, mainly Romanian-speaking group affected, but mixed events (outbreak in a meat-processing company and in an independent church community), swabbing campaign in the company has already started, some of the cases include new employees who are said to have recently travelled from Romania. Viviane Bremer is in contact with the local public health officer; the GA is requesting an investigation and an official request for assistance is expected. Christina Frank and Raskit Lachmann are available as the breakout team, and an employee from FG34 is also expected to join them.*
  - *Recommendations for dealing with employees of meat-processing companies (keyword: work quarantine) are discussed. At one company, employees were able to continue working despite a positive test result on the assumption that they would circumvent a quarantine order (e.g. by continuing to work in other companies). This practice was justified by language barriers, a lack of willingness to co-operate and the disappearance of individual employees in the event of a quarantine order on the part of the company and was also accepted as a matter of necessity by the GA in the Enzkreis district. The crisis team advises against this approach, even a work quarantine in small, non-mixing groups would be contrary to the current recommendations of the RKI.*
- *With regard to capacity monitoring, Mr Spahn contacted the Lord Mayor of Salzgitter. The overload notice that has been in place there for weeks is a political signal and, according to the Lord Mayor, is to be withdrawn (but no notification of change has yet been received). With regard to the Enzkreis district, the responsible state authority today requested that it be downgraded to category 1.*
- *Level of Transmission:*
  - *The data basis for the assessment remains difficult. The proportion of cases with an outbreak ID varies between 0 and 70% in the federal states, whereas the proportion of cases with contact to*

	confirmed case of all cases with corresponding data fluctuates between 50 and 100%. Based on the latter approach, cluster transmission could possibly be justified. The crisis unit suggests also taking into account the 7-day incidence, where the vast majority of districts had no and few cases per 100,000 inhabitants. • *The procedure for entering the cases varies not only from one BC to another, but also between GCs (software, existing staff, qualifications of existing staff, etc.). Even within a GA, certain databases are not compatible.* • *It is decided to switch the level of transmission for Germany to clusters.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** • *An article on the interpretation of the results of PCR tests for SARS-CoV-2 has been published in the current Ärzteblatt. It primarily emphasises the relevance of the pre-test probability. The crisis team does not consider it necessary to comment on the article. The issue of dual target tests was discussed in yesterday's diagnostics working group; clarification is planned in the diagnostics paper.*	*AL1*
5	**Current risk assessment** • *No new status*	
6	**Communication** • *The Corona-Warn-App is currently being advertised on all channels. There has been feedback regarding the inclusion of foreign guests and other systems, among other things. Are improvements to the app planned, including in a simpler form? Can the app also be used on older generation smartphones?* • *Please forward this feedback directly to the project group responsible for the app. The app will not be compatible with older devices due to the low-energy Bluetooth technology.* • *Enquiries are primarily received about the app and the risk areas. With regard to the risk areas, it should be emphasised more strongly that the creation of the list is ultimately an interministerial decision between the BMG/AA/BMI.* • *Please continue to forward e-mails (e.g. from the BMG) internally.* • *The BMG prepared a communication on how to deal with risk areas and made it available to the LZ.*	*BZgA* *All* *Press* *ZIG/Press/*

RKI	*A two-stage process is described based on the incidences and a qualitative assessment of the foreign representations. A language regulation for the laboratory list is still pending; Ronja Wenchel is preparing a proposal for this. There should be a separate list for enquiries; the volume of enquiries should be fed back to the BMG. Enquiries from embassies should be forwarded to the AA (BMG in CC) and enquiries from other health ministries should be forwarded to the BMG, while enquiries from private individuals or companies should be answered by the RKI with a standard text.* • *If the RKI identifies an increase in the number of cases due to imported cases, this should be brought to the regular Thursday TC with the BMG/AA. An update of the risk areas is regularly scheduled for Fridays. The current regulation is valid until 1 July 2020, as an EU-wide regulation is then to be presented by the EU.*	*all*
7	**News from the BMG** • *According to the BMG, the model quarantine regulation provides for the publication of risk areas on the RKI website. It is not clear why this was included in the ordinance.* • *The entry regime continues to be a key topic in the BMG. The amendments to the Model Quarantine Ordinance were necessitated by recent case law, which is taken into account by the introduction of a negative list. The creation of the negative list involves a complex survey of all foreign representations (questionnaire with 7 questions on qualitative parameters, in particular assessment of data quality). The assessments of the foreign representations and the incidence are entered in a master Excel list, on the basis of which the vote on possible risk areas is conducted. The reliability of the data situation was decisive in the previous qualitative definition of risk areas. For the next list, in addition to the incidence, an illustration of the trend is also desired.* • *A European procedure with the creation of a positive list is planned for 1 July 2020; the 14-day incidence with a sliding cut-off of 16.1/100,000 inhabitants is to be decisive. In view of extensive coordination, it is doubtful whether the regulation will be in place by 1 July 2020. Adaptations of the regulation to the European procedure may be necessary in the course of time. The BMG will approach the Situation Centre for an assessment of this procedure.* • *Tomorrow, the FDP intends to apply for the cancellation of the "epidemic situation of national importance" established by the Bundestag in March. A possible consequence of the cancellation would be, for example, the discontinuation of capacity monitoring. In view of the current risk assessment, however, the cancellation is unlikely.*	*BMG liaison* *all*
8	**RKI Strategy Questions** **a) General** • *Not discussed*	

	b) RKI-internal • *Reduction in operating hours for the Situation Centre: Operating hours have been reduced to 9 a.m. to 5 p.m. The press liaison position has been cancelled as employees have been seconded to the Corona-Warn-App. Further outputs are to be reduced; in particular, the situation report is to be shortened. Coordination with the BMG regarding operating hours is not planned.* • *The Internet team is regularly staffed between 9 a.m. and 5 p.m., so that a shift plan is no longer necessary. An on-call service is available until 9 pm. The telephone number is circulated.* • *The nCoV location folder was successfully migrated to S:\ Wissdaten on 13 June 2020, but some links may no longer work as a result. The folder structure is otherwise unchanged.* • *The crisis management team decides to hold regular meetings on Fridays at 11 a.m. The presentation on the national situation may be shortened further.*	*FG32/ Press/all*
9	**Documents** • *Presentation of strategy paper: postponed to Friday* • *Guidance for doctors in private practice on how to deal with people who report an "increased risk" of SARS-CoV-2 infection (Corona-Warn-App, CWA)* • *Patients with a CWA warning and symptoms of a SARS-CoV-2 infection should receive the same medical treatment as symptomatic patients without a CWA warning (PCR testing, AHA rules, reduction of contacts, reportable suspected case).* • *For asymptomatic persons with a CWA warning, a medical consultation is planned. 2 questions: 1) Was there a contact situation relevant for an infection on the day of the last risk encounter? 2) Is there an above-average risk of further spread or a risk of serious consequences in the event of further spread?* • *If there is a relevant increased risk, PCR tests should be offered (will be taken over by the KBV), AHA rules must be adhered to, contacts reduced, person should report to the GA (appeal to user compliance).* • *If there is no relevant increased risk, then no test, but compliance with the AHA rules and reduction of contacts.* • *It is being discussed whether the CWA warning is not already linked to the definition of KP1 (more than 15 minutes at a distance of less than 1.5 metres) and therefore the GA should be contacted directly. However, the app cannot distinguish whether the user has encountered the same person with a positive test result several times in one day or several different contacts; the warning cannot be equated with the categorisation as KP1.*	*ZIG* *FG37*

	initially involved in the process, so automatism is not sensible. • *It is noted that GPs are assigned an epidemiological role.* • *The contact reduction for 14 days refers to the last day of risk contact.* • *Routine sick leave for asymptomatic persons who have received a warning is denied. The indication for carrying out a test is given by the doctor.* • *The extent to which general practitioners can be charged for counselling sessions in addition to testing is to be clarified by the KBV.* • *It is suggested that a flyer for GPs or a presentation in the flow chart be created in the course of the project.*	
10	**Laboratory diagnostics** • *There has been no SARS-CoV-2 detection in the submissions for weeks. Rhinoviruses are returning to normal levels. Relaxation measures may be reflected in these data.* • *In the diagnostics working group, the BMG's catalogue of questions was discussed, in particular the significance of antibody tests in the context of the testing strategy. Their value lies primarily in the sero-epidemiological studies; antibody tests are of secondary importance in the testing strategy. The report is to be finalised in the near future and made available to the BMG. Mr Voigt will present the results of antibody testing next week.* • *Results from the copper cell data are expected by mid-July 2020. Neutralisation tests are still pending, the preliminary results indicate similarities with the situation in Gangelt. Continuation in other hotspots (possibly also Straubing) is planned. Preparations are also underway for a nationwide study in which around 28,000 people are to be sampled.* • *It should be noted that 1/3 of the conspicuous blood donors (2%) had neutralising antibodies.*	*FG17/AL1/ AL2*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** *Laboratory-based surveillance ARS (slides here)* • *66 laboratories, including 24 laboratories with serological results, are taking part, covering 870 hospitals and almost 17,000 doctors' surgeries. Almost 2 million PCR test results are available. A correlation with clinical data is not possible.* • *The delay in testing is low, with an average of less than one day between collection and testing. However, outliers must be taken into account, e.g. there is no laboratory in the Sonneberg district, so that there is a 2 to 3-day wait for results (in the district there are*	*FG37*

RKI	cases and an accumulation of cases in hospital). • Fewer tests were carried out in week 24 than in the previous week, 11.06.2020 (Thursday) was a public holiday in many BL, which could explain the lower number of tests. • Proportion of positive tests continues to fall slowly. This is evident also in the presentation by federal state. • The number of tests per 100,000 inhabitants according to age group and KW decreases in the >80 age group, while it is rising slightly in the group of 0 to 4-year-olds. The latter is possibly due to the opening of the daycare centres. The Proportion of people testing positive in all age groups largely the same. • The serological results (IgG antibody tests) show that a positive percentage of 7%, but the prevalence is probably significantly lower (the data are not based on a representative study). In a study at a hospital with a COVID-19 outbreak in Marzahn was a prevalence of 2% among medical staff found. Other studies also indicate a low prevalence. • In the reporting of serological results by age group a relatively high proportion of positives among 0- to 9-year-olds stands out. For 30 people were tested positive for Ig-G on the same day. after the first positive PCR test. Further Analyses are planned in the course of the project. • The companies from which the antibody tests originate are discussed in the AG Diagnostics subsequently submitted. The presentation with regard to the Distribution of positive IgG results after first positive PCR is being revised to show percentages. Whether neutralisation tests were carried out is unclear. • The BLs have agreed on the number of tests and and intend to exchange the results of the Publication in the Epid Bull under the auspices of the RKI. This Concerns have not yet been brought to the attention of the diagnostics working group but is being advocated. DEMIS • DEMIS successfully went live yesterday, with 1 laboratory and 1 GA connected and the SurvNet update was rolled out. Further GÄ and laboratories are to be connected in the course of become. • No press work is currently planned. The health authorities should be requested via the epidemiological officers to submit certificates request. Syndromic surveillance (slides here) • ARE rates are still at a low level compared to the previous year.	FG32/AL1 FG32 FG36

	lower level in the previous year. The ARE consultation incidence in the *The number of cases within the framework of the AG Influenza is also very low.* • *Among the samples sent in as part of the sentinel was in no detection of influenza or SARS-CoV-2 in the 24th calendar week, but*	
	there was an increase in the proportion of rhinoviruses (with very few samples overall). • *SARI surveillance up to week 23 continues to show a decline in SARI case numbers at a lower level than in previous seasons. The proportion of COVID-19 cases among all SARI cases increased slightly from week 22 to week 23.* • *Global influenza surveillance (WHO Update 369) shows that hardly any samples are sent in from many African countries or the Indian subcontinent (transmission zones). Influenza A dominates in the Caribbean, while influenza B is more common in North America. In the ECDC-WHO TK on Fridays, the concern was expressed that influenza surveillance is currently functioning poorly and that the information situation for COVID-19 may also be limited as a result. The lack of data in some cases could have an impact on the next recommendations for the influenza vaccine for the southern hemisphere. However, the effect of the measures taken in the context of COVID-19 may also be evident in the case of influenza.* *ToDo: FG36 will present the results of the data analysis in children next Monday.*	
14	**Transport and border crossing points** • *Not discussed*	
15	**Information from the situation centre** • *Not discussed*	
16	**Important dates** • *BMG would like to discuss the paper on shared accommodation, but the authors are currently unable to attend. A suitable date is being sought.*	*FG32*
17	**Other topics** • *Next meeting: Friday, 19 June 2020,* **11:00 a.m.** *(new), via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.06.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG33*
  - *Sabine Vygen-Bonnet*
- *FG35*
  - *Christina Frank*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Ronja Wenchel*
  - *Jamela Seedat*
- *ZBS1*

- *Marica Grossegesse*
- *Dept. 3*
  - *Michael Höhle*
  - *Felix Weidemann*
- *ZIG1*
  - *Basel chequered*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/ last 7 days, >8 million cases, top 3 Brazil, USA, India* ▪ *Chile: >70,000 new cases for the 1st time, ongoing health authority problems with Reporting, approx. 30,000 cases not previously reported, sharp increase* ▪ *Also Russian Federation, Pakistan, Peru, Mexico, Saudi Arabia, South Africa* ○ *16 countries with 7-day incidence >50/100,000 inhabitants, in Europe Armenia, Sweden, Republic of Moldova, North Macedonia, Belarus, Russia* ▪ *USA: >2 million cases, incidence 48/100,000, Case numbers have been slowly rising again since the end of May due to strong trends and new areas being affected, Large clusters especially in prisons, >67,000 cases, also packaging and meat processing plants, Amazon, According to NYT, 40% deaths linked to nursing homes and healthcare facilities, easing of measures begins, South and Midwest particularly affected, 3 states with strong growth, including Florida, Texas Strong upward trend in some countries, possibly in connection with relaxation of measures, testing >26 million, positive rate approx. 10%* ▪ *Sweden: 53,000 cases, 4.3% in intensive care, deaths 9.3%, 7-day incidence 71.2/100,000, New cases have risen sharply since mid-May, test strategy mainly hospitalised persons, HCW and nursing home MA, Language is of a "late pandemic phase"; test capacities have been greatly increased since May, including Testing of suspected cases with mild*	*ZIG1* *FG32*

RKI	*Symptoms, approx. 50,000 tests/last week, positive rate 12%* *→ should be below 10% to ensure that not only severe cases are identified;* *Seroprevalence in the population 4.8-6.1%; measures in contrast to Germany: catering, schools and group sports remained permitted, but approx. 25% of people were not present in daycare centres and primary schools* **National** • *Case numbers, 7-day incidences, trend (slides here)* o *SurvNet transmitted: 188,534 (+770), thereof 8,872 (4.7%) deaths (+16), 7-day incidence 3.2/100,000 inhabitants, approx. 174,400 recovered* o *Highest number of cases in a month and not all reports have been made yet* o *Various large BLs (NW, SA) also do not transmit at the weekend, impact will only become visible with a delay next week (Tue or Wed)* o *Both R-values are above 1, as numerous late reports are still to be expected, this should be mentioned in the situation report in the sense of "there are major outbreaks in Magdeburg, Berlin, Göttingen, Gütersloh, this will also be reflected in the R-value"* o *Incidence nationwide increase to 3.2, states above average incidence, BE, HB, NS, SA, all others below the average of 3.2* o *For the outbreak in Göttingen, the RKI has offered to sequence samples, which is not easy because the university and the Göttingen crisis team are working partly without the involvement of the GA* o *Outbreak in Gütersloh, Tönnies Fleischverarbeitung* ▪ *Incidence is 94/100,000, it is to be expected that this will soon exceed 100, possibly still to be* *neighbouring districts are affected* ▪ *The event is very large and complex and will possibly also affect other BLs* ▪ *>700 employees of Tönnies and sub-companies tested positive, denominator is not entirely clear, approx. 2,000 of 7,000 employees* ▪ *If testing is expanded, outbreaks may also occur in other companies.* *recognised, it will take days and weeks until all tests and results are available* ▪ *Outbreak probably the largest in Germany to date, there are many overlapping factors,* *Living and working conditions are problematic,*	

RKI	*Added to this is the restored freedom to travel → Travelling home to countries of origin of the MA can lead to infection exports* ▪ *Gütersloh experienced a wave of returnees from Austria in March.* ▪ *At the beginning of May, Tönnies had already tested all MAs* ▪ *Sporadic cases and a slow rise in cases in the meat industry from mid-May (onset of the disease) data), origin is not quite clear but according to public health officer Mrs Bunte it was a mixture of tests by Tönnies on returning travellers and new hires as well as symptomatic persons (minority)* ▪ *Epic curve (Christina Frank) with peak on 16 June is not based on new cases. Onset of illness but probably test date* ▪ *Tönnies is relatively open and assumes that low temperatures are a favourable factor, Sequences could be compared with those of others in the meat industry* ▪ *GA needs support to secure CoNa and management, to ensure qualitative Data poses a challenge* ▪ *Overall high level of complexity, also due to works contracts* ▪ *15 containment scouts are on site and were already requested from there before the outbreak* ▪ *The people affected live in cramped conditions under precarious living conditions (6-7 people per room), and the working conditions are also suboptimal → the RKI should comment on these conditions* ▪ *A group from Department 3 deals with this and prepares the operation, Viviane Bremen coordinated, the breakout team is ready* ▪ *The exact request for administrative assistance is awaited to understand what is desired by the RKI* ▪ *The German Armed Forces and Fr Teichert/ÖGD have also received requests for support* o *Other major outbreaks in Germany should also be analysed so as not to miss a possible trend* o *From experience, it makes sense and is better not to rush ahead too proactively, but to wait until the order and contact person have been finalised* o *In addition to the large outbreaks mentioned above, there are also outbreaks in private homes, retirement and nursing homes* o *In MF at the RKI, an automated pipeline has been established in which 1,000-e genomes can be quickly can be sequence analysed, this should be considered and, if possible, samples should be transferred there*	

RKI	*become* • *Test capacity and testing: Positive rate is 0.8%, >2,600 positive, >320,000 tests (>5 million in total)*	
2	**International (Fridays only)** **Designation of risk areas and laboratories** • *RKI PHI and press team are busy with this and are handling the challenge very well* • *Next vote today following the crisis unit* • *RKI press office requires a complete Word document on the risk areas, which can also be archived* • *Yesterday, Mr Sangs sent an e-mail via the LZ that countries must be correctly identified, this is not politically easy and not the RKI's task* • *The expectation from outside/BMG is that things are put on the website extremely quickly (often demand after 10 minutes), sometimes more time is needed* • *Johanna Hanefeld again discusses the framework conditions with the BMG/AA* **Other international news** • *Central Asian republics* o *Turkmenistan: Muna Abu Sin (FG37) travels to Turkmenistan in 10d on a joint mission by RKI and WHO, the country denies having cases although a new form of pneumonia has been identified in cases* o *Tajikistan: a WHO, PHE and RKI scoping mission is planned, the EMT offer from Germany was not accepted by the country in the last instance* o *Armenia: Request for assistance via AA, a WHO mission starts on Monday, currently an EMT proposal is also being prepared by the RKI on request; Armenia is generally more open with information and currently has a strong increase in cases, there is a lot of labour migration and population movement in the agricultural and farming sector which is seen as a driving factor* • *Ethiopia: also request for support, recently there has been an increase in cases, the country is endeavouring to build up testing capacities, ZIG is in contact with BMZ and the German embassy on site regarding possible support, is also considered important due to the close collaboration with Africa CDC, whose headquarters are in Addis* • *Brazil: Requests for assistance to several institutions in Germany, the Brazilian federal government does not want help, and the requests are made by states or cities, politically not easy* • *These requests for help received by ZIG do not always lead to implementation; they are often sent by the countries to many recipients, RKI and other institutions and organisations learn,*	

	how this is best approached	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**New scientific findings** **Study results: Estimatig the effects of non-pharmaceutical interventions on COVID-19 in Europe (Nature publication link), Flaxman et al, see slides** • *A group from Division 3 summarised and presented their assessment of the above-mentioned study (see slides)* • *Aim of the study: Estimation of the various individual effects of the measures in 11 European countries* • *Method: Transmission modelling based on the number of deaths based on the data submitted to the ECDC* • *Results for Germany: With the last measure introduced (lockdown 23 March) significant reduction of R, all previous measures showed hardly any effect* • *Limitations:* ○ *Deaths are calculated back to R, central assumption is the delay when R change has influence on the deaths* ○ *Study does not take into account that the data reported to the ECDC does not represent the observed trend that can be seen in SurvStat* ○ *Reporting delay of at least 5 days is still included but not taken into account in the modelling, changes could occur earlier* • *Transmission in Germany has reached the risk groups with a delay, which is an implicit transmission delay that also affects R* • *Study assumes that R changes with the date of the decision on measures and does not take into account that measures may have delayed effects, a discussion of the individual effects of measures is difficult* • *Conclusion:* ○ *Study is an attempt to analyse the connection between measures and infection incidence* ○ *The authors recognise that the assumptions are crude and hope that this will be ironed out by the data from the numerous countries* ○ *Deaths are far removed from the transmission events, only part of the population reflects the transmission events* ○ *Connections are not causal* ○ *Conclusion that decline in R is almost solely due to lockdown is not plausible* ○ *The effects of the measures are not based on data from vulnerable groups, but on the data available in the*	*Dept. 3/ FG34*

RKI	*general population* o *Result for Germany not very meaningful* • *Discussion* o *The desire behind the study is to justify lockdown measures; the preventive nature of the measures was not sufficiently emphasised* o *Evaluation very interesting: Influence of other effects (e.g. images and news from Italy) and data delay were not taken into account, it is likely that measures or effects with a delay of approx. 9 days will have an impact, e.g. the peak decrease in Germany could start from the 18th - 20th of September.* *19.03 may be due to the first deaths in Germany* o *It would be very good to present and publish the development in Germany, possibly supported by a model; without sufficient knowledge of the situation, this data cannot be interpreted meaningfully* o *The preventive effect of the measures is essential; it is not possible to act reactively* o *Narrative on the course of events would also be in relation to the procedure in the strategy paper*	
5	**Current risk assessment** • *Feedback still expected from the BMG*	
6	**Communication** **BZgA** • *CWA: approval and criticism, known points* • *There are more and more questions about the regional hygiene requirements* • *Topic from telephone counselling: psychological distress in the broadest sense and across the entire population (regardless of age)* • *Cross-institutional preparation of the topic of influenza* **Press** • *CWA: similar to BZgA, some enquiries, was well prepared* • *Next week, EpiBull will publish an article on the utilisation of German emergency departments (Madlen Schranz, FG32)* • *Weekend services are on-call duty, i.e. the press must be actively called if required, numbers are communicated to the LZ every Friday*	*BZgA* *Press*
7	**News from the BMG** • *Not discussed* • *Iris Andernach goes on holiday and Irina Czogiel takes over and will take part in the crisis team in future*	

RKI		
8	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	
8	**Documents** **Presentation of COVID-19 Response Strategy Paper, Update No. 4, (Link)** • *Draft is essentially similar to the previous paper, motto: no massive increase but individual clusters expected* • *It contains several clear recommendations for action to further minimise incidents* • *The only major change since the last draft is the inclusion of preparation for a vaccine* • *At the end of the paper are the 6 major research questions* • *Further procedure:* o *Please send comments and additions to Johanna Hanefeld by Monday* o *It will be sent to BMG at the beginning of next week with the note that it should be published in EpiBull* • *The main features of the strategy paper can serve as a narrative for an overview paper on the strategy in Germany, which could be partly retrospective and partly forward-looking and include aspects that are important or need to be considered until a vaccine is widely available* • *Crisis team agrees with procedure* **Recommendations for the prevention and management of COVID-19 diseases in reception centres and shared accommodation for people seeking protection (Link)** • *There was a considerable need for comment by the BMI and BL, the document is in its RKI version on the Pro Asyl homepage, the aim is a harmonised paper, yesterday there was a 2-hour negotiation with the BMI and BMG* • *The challenge is the accommodation situation in initial reception centres, where many people share a room in a confined space, sometimes unrelated and unknown to each other; this situation leads to a significant increase in infections* • *Residents of a room cannot automatically be regarded as a household, these people should also have the right and the opportunity to protect themselves and keep their distance, equalisation is necessary* • *BMI would like to define groups that involuntarily live closely together as one household so that it is acceptable that*	*ZIG* *FG32/FG34*

RKI	*distancing is not feasible and is very much sticking to it* • *The RKI cannot support this, distancing should be possible for unrelated/known persons* • *Affected paragraphs (also related to prevention and not only outbreak situations) were commented on by the RKI in a coordinated manner, feedback must be sent to the BMG by 1 p.m. today* • *This has parallels to hospital rooms, in which patients are generally categorised as KP category I, even if they share a bathroom* • *Where does the term "household" come from? Not quite clear, the BMI is not very familiar with the IfSG, but wants to adhere to the regulation* **Draft discharge criteria (link), 3 adjustments** • *1. severe courses in the hospital were separated from mild ones, little is known about this collective (e.g. duration of infectiousness), therefore the 10 days should not be undercut, tests are easily available in this setting* • *2. asymptomatic cases: generally little data basis for this group, only by analogy with symptomatic cases, no opening by early testing is planned, in the outpatient context 14-day testing, in low-prevalence settings follow-up PCR tests should be carried out on two days and sample locations to prevent the risk of discharging false-negative cases* • *3. medical staff: it is justifiable through adjustments that they are not burdened with additional requirements, testing should take place in severe cases, no testing in mild cases (well supported by RKI data); additional testing should only be carried out in asymptomatic cases where it is unknown where they are in the course of the disease due to the possible consequences* • *Next steps: Draft will be graphically improved and then shared with KL, STAKOB, crisis unit and AGI, followed by publication* • *Discussion* ○ *If negative PCR is required for severe courses, this affects quite a few cases and may lead to a problem with those who are PCR-positive for a long time and have to be isolated further; most hospitals carry out tests; here the CT value and possibly the results of the culture (symptom-free?) must be used for support and decision-making* ○ *Is double testing for asymptomatic cases excessive? It is being considered whether single testing is sufficient, Charité does it several times but possibly not all, this is also prevalence-dependent; Mr von Kleist has calculated how many cases would possibly not be reached with single testing (6%), more cases would be identified through a series connection; in the low prevalence setting, the rate of false positive*	*IBBS*

RKI	*higher and can lead to the imposition of unauthorised isolation for 10 or 14 days (e.g. if a person is admitted for another reason and surprisingly tests positive and is therefore admitted to the isolation ward), the KKH do not sit this out but test* ○ *Shortening the isolation period (less than 14 or 10 days) was originally considered possible, but has now been dropped? This is being reconsidered and would mainly apply to mild cases* ○ *PCR is less reliable for SARS-CoV-2 than for some other pathogens, the specificity in ring tests was sometimes 92% and not over 98%* • *The document is put to the vote in its current version to see the reactions*	
9	**Laboratory diagnostics** **Topic** • *Many and almost 900 samples were received, positive rate is 13.5% (almost 120), this is due to many samples from residential complexes, residential and nursing homes and family clusters* • *MF Sequence analyses (see above under Location National): please send samples here, also from FG17 and ZBS1 to gain information about the dynamics of outbreaks,* • *Prior cultivation is not necessary per se and depends on the methods of primary extraction (in FG17 and ZBS1)* • *The above samples have already been collected by Mrs Pilz (MF)* • *Update FG17 (unfortunately not understood acoustically, please add if necessary)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *See under Documents Discharge criteria*	
11	**Measures to protect against infection** **Breakout Gütersloh** • *See above under Location National*	
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points (Fridays only)** **Cruise** • *Cruise ships would like to resume operations, initially at sea and in the second stage in Europe, this will be implemented with appropriate hygiene concepts*	*FG32*

	• *The responsible working group (AkKü) will hold a TK on Mon.* **Air traffic** • *Flight CoNa has been implemented again since Monday, this week there have already been 6 incidents in this regard which were processed by the International Communication position of the LZ* • *Discussion with the AGI on the topic will continue next Monday* • *EASA and ECDC recommendation on air traffic will be further discussed, e.g. who will sign it and a country survey will take place*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 22 June 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*22.06.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
  - *Ute Rexroth*
- *FG33*
  - *Sabine Vygen-Bonnet*
- *FG34*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*

- *Marica Grossegesse*
- *Andreas Nitsche*

- *ZIG1*
  - *Basel chequered*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*
  - *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 8.8 million cases and > 460,000 deaths (4.5%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Most cases still in the USA and Brazil* ○ *India: strong upward trend* • *7-day incidence per 100,000 inhabitants* ○ *fewer countries in Europe with an incidence of > 50 cases per 100,000: Sweden and Belarus are no longer above this threshold (but Sweden is only just below it)* ○ *Latin America and the USA are heavily affected.* • *Publication: Contact Tracing Assessment of COVID-19 Transmission Dynamics in Taiwan and Risk at Different Exposure Periods* ○ *Transmission dynamics and risk were analysed at different exposure periods* ○ *100 index cases with 2,761 contacts were followed up to 14 days after the last exposure.* ○ *Definition of exposure time: begins 4 days before the onset of symptoms of the index case, for asymptomatic index cases: from the date of confirmation,* ○ *Definition of contact: Face-to-face without mask for > 15 min, for HCW: 2 m without N95 mask* ○ *Results:* ▪ *100 index cases, 9 of which were asymptomatic; 2,761 contacts: Household contacts, non-household contacts Family contacts, HCW contacts, Other* ▪ *22 secondary cases, 4 of which were asymptomatic, were identified. None of the 9 asymptomatic index cases transferred a secondary case.* ▪ *All 22 secondary cases had their first exposure within 5 days of symptom onset of the index case.* ▪ *Higher risk of infection with household and Family contacts, with one contact before and up to 5*	*ZIG1*

RKI	Days after symptom onset. Higher risk with older age and severe symptoms of the index case. o Conclusions: ▪ Higher risk of transmission at the onset of symptoms, lower risk later in the course of the disease. Illness of the index case. ▪ suggestion to shorten the isolation period to 5 days after the onset of symptoms and to Focus contact tracing on 4 days before and 5 days after symptom onset ▪ Hospitalisation for isolation to reduce transmission does not appear to be necessary. o It should be borne in mind that this is a special situation with a very low R. **National** • Case numbers, deaths, trend (slides here) o SurvNet transmitted: 190,359 (+537), of which 8,885 (4.7%) deaths (+3), incidence 229/100,000 inhabitants, approx. 175,300 recovered, Reff=2.76 o Cases and deaths per federal state ▪ BW and Saxony no longer transmit data at the weekend. MV has explicitly transmitted 0 cases. At the Saarland, it is unclear whether no cases were reported or no new cases emerged. ▪ BCs that have not submitted any cases are marked with * in the management report, but this is not always the case. It is not possible to recognise whether there were no cases or whether they were not reported. Perhaps active zero reports would be useful? ▪ The fact that not all BLs transmit at the weekend and therefore the difference to the previous day is difficult to assess, the BMG should be informed and addressed in the AGI. Reporting incomplete reports makes no sense from a technical point of view. The reports on Sunday and Monday should then be omitted, as they show an incomplete picture. ▪ The TC with the BMG was reduced to Tue and Thu, so the topic could not yet be discussed in the TC. be addressed. Mrs Diercke will take over the TC with the BMG on Tuesday. o Difference to the previous day in the districts ▪ Slide describes transmission artefacts and is related to how many GAs are used at the weekend. transmit. o 7-day incidence by reporting date nationwide ▪ Since 18.06 increase to approx. 3,600 cases in the last 7 days. Does the presentation make sense? At the moment they can be dispensed with, since the increase is primarily	FG32

RKI	*is attributable to clusters.* ○ *7-day incidence by reporting date Federal states* ▪ *Strong increase mainly due to events in Berlin and NRW (limited to 2 districts). This drives the nationwide incidence is rising, in Lower Saxony there is also an increase, the other BL are not yet conspicuous.* ▪ *Bremen has not yet caught up with the other federal states, due to various outbreak-related factors. Happening in Bremen. Possibly similar to other independent cities.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *No cases in 148 LK. Cases are still missing in Gütersloh, the high incidences in Warendorf are related to the Outbreak in Gütersloh together.* ○ *Counties with 7-day incidences > 50 or > 35 cases /100.000:* ▪ *> 50 cases: LK Gütersloh* ▪ *>35 cases: LK Göttingen, LK Warendorf* ○ *Current outbreaks* ▪ *Requests for administrative assistance from Berlin, Gütersloh/Warendorf and Göttingen* ○ *<u>Gütersloh</u> Meat processing:* ▪ *Mrs Frank, Mr Koppe and Mrs Lachmann are on site. 1,331 positive test results, > 1,000 are still pending.* ▪ *There is a different attack rate. Particularly in the pig dissection, the positive portion very high.* ▪ *The employees also live in the neighbouring districts. Further measures are being considered.* ▪ *14 infected persons have no connection to the company. Also problematic are18 lorry drivers.* ▪ *There is a backlog during input. The connection with the addresses is difficult, in some cases the Data also entered incorrectly. The GA does not use SurvNet, but ISGA.* ▪ *It was extensively cancelled. Communication is difficult, interpreters are needed and the willingness to provide information is not very high. There is a fear of the authorities and the medical system.* ▪ *Are there reliable reasons for the late discovery of the outbreak in Gütersloh? Clues: People had the They were instructed not to present themselves to the doctor and only went to the doctor as a whole group, as otherwise they were afraid of being discharged (Ms Frank). There was obviously no low-threshold access to the German healthcare system.* ▪ *Whether the infection occurred at work or in the accommodation is still unclear at the moment. In the mainly affected operating areas, live*	

RKI	employees are also rather precarious. ▪ A study is to be carried out. ▪ Does it make sense to recommend a contact ban for this class? Political decisions do not lie within our hand. ▪ Almost 4,000 of the 7,000 employees are Romanians, who are relatively segregated from the rest of the population, For this reason, general measures have not yet been implemented. o Goettingen ▪ The city district is mainly affected. The breakout team is back. The containment scouts stay a little longer. ▪ 120 people were positive. Language mediators were also necessary here and there were problems with the Communication with various stakeholders. ▪ 1 case in Friedberg in a reception centre for asylum seekers o Magdeburg: Several cases were reported over the weekend. • R-value increases: Is this a general trend or is the increase due to outbreaks? (slides here) o Development Nowcasting + R-value: Increase in the last 30 days, due to smoothing the increase is shifted to 16 June. o Development excluding Gütersloh, Warendorf, Göttingen and Magdeburg: Scale is reduced to half, but a slight increase can still be observed. The R-value is still above 1. o The rise cannot be fully attributed to the 4 outbreaks; there are probably also several smaller outbreaks. o The peak in NRW has an impact on the calculation of other BL, many cases have 16 June as the date of illness, which is actually the date of diagnosis. This illness date could be set to miss. for the calculation. o Question: Measures must be taken at an early stage. How many weeks can the current development be observed without recommending a tightening of the measures? o The R-value is above 1 in some CCs, but the number of cases was very low in SH, Saxony and Saarland. The R-values are therefore difficult to assess. The number of cases is also falling sharply in Bavaria. o Events in Berlin were not initially excluded from the calculation, as they are much more diffuse and affect many city districts. o There are still no major concerns with many other BLs, 148 LK are completely without cases.	FG34

RKI	○ *The R-value must be considered together with the absolute number of cases.* ○ *The press conference tomorrow should emphasise that poverty causes infectious diseases (Robert Koch).* ○ *There are two different developments: precarious situations with major outbreaks in certain CCs and general developments in the population. How do major events affect the incidence of infection? Now is a difficult time, with a lot of knowledge we need to react in good time.* ○ *Cluster analysis goes in this direction, the totality of all clusters must be considered.* ○ *There is now a team from Dept. 3 under the leadership of Ms Buda. The data is discussed together in an internal dashboard at weekly meetings.* ○ *In the geographical representation, there are many white districts in the south, NRW stands out at the moment.* ○ *The report should be reorganised and each BL should be considered separately with corresponding clusters and infection events.* ○ *Large cities should be viewed more specifically.* ○ *The data quality of the reporting system should be improved; this requires more staff on site. The system is suitable for recognising signals.* ○ *Syndromic surveillance, testing and media screening are data sources for current developments. The flu web will be rolled out on a larger scale in the autumn and the population will then be able to actively participate.* ○ *Systematic information about major events would be useful, but is not realistic.* ○ *Precarious groups that are currently triggering events are not likely to use the Corona-Warn-App.* ○ *The absolute number of cases should be analysed every day to see what can and cannot be attributed to outbreaks. If a widespread occurrence can be recognised, politicians must be approached.* ○ *At the moment, 1/3 of all cases come from one district, in 350 out of 400 districts there is only minimal incidence.* ○ *If it is foreseeable that containment scouts will be needed, the Bundeswehr should be kept up to date so that these containment scouts can be trained and deployed.* *can provide.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Now over 10 million downloads* • *Overall good feedback in the media and positive feedback from the public,*	*FG21*

RKI	*as extremely data protection compliant.* • *Points of criticism:* ○ *A newer operating system is required; according to the latest statement from SAP, the cheapest usable smartphone could be purchased for €50. However, perhaps the requirements regarding the operating system can still be changed.* ○ *More languages should be available.* ○ *No purchase possible in app stores outside of Germany.* • *Workflows are working well right now. So far, around 4,600 emails have been received and processed by around 25 active people.* • *The first activation codes have been provided by the laboratories. However, the connection to the laboratories is still poor with regard to the question of how to access the QR codes. SAP still needs to make some improvements here.* • *In addition to troubleshooting, the question arises as to how the app should be evaluated.* • *The app costs a lot and is currently scheduled to run until May 2021. It could then be considered what potential the app could have beyond this date.* • *How many positive findings have been reported to the app so far? There is no information on this at the moment, but it would be useful.*	
4	**New scientific findings** **Corona-KiTa study: Disease figures in children < 10 years** *(slides here)* • *Cooperation between the DJI and RKI under the leadership of the DJI: has been running since 1 June and is intended to gradually accompany the opening of daycare centres.* • *Objective: To clarify the extent to which opening is associated with frequent infections in children and adults.* • *Research questions:* ○ *Under what conditions is the gradual opening currently offered?* ○ *What challenges are of particular importance for the facilities, the staff, the children and the parents?* ○ *Under what conditions is a gradual, controlled opening possible?* ○ *How high are the associated risks of illness for everyone involved?* ○ *What role does the organisation of care play in the further spread of SARS-CoV-2? What role do children play in this?* • *There are 4 modules, 2 of them under FF of the RKI:* ○ *Module 3: Evaluation of reporting data and syndromic surveillance (Dept. 3). Disease monitoring in children using existing surveillance instruments + reporting system. Objective: to improve the information content of these.* ○ *Module 4: Occasion-related testing in daycare centres in the event of*	*FG36*

RKI	*Infection (Dept. 2). On-site symptom assessment + sampling; interviews to better understand infection networks.* • *This will begin with a systematic monitoring of the literature and the creation of a platform for ongoing studies. How many studies are being conducted in Germany and with what aim?* • *1st monthly report: DJI has surveyed all federal states on the opening of daycare centres. In week 18, phase II of opening daycare centres started after a complete lockdown in almost all federal states.* • *FluWeb: acute respiratory illnesses have declined significantly since daycare closures and lockdown.* • *Development of case numbers for children aged 0-5: approx. 1.4% of all cases submitted. Daycare centre closures and lockdown had a significant impact; a possible increase in case numbers is currently visible.* • *Compare reporting incidence with > 10-year-olds, total reporting incidence, age groups children under 10 years, relatively constant incidence, proportion of all cases increasing, absolute case numbers at a low level,* • *The plan is to contribute 2-3 slides every Monday in future.* • *Questions:* o *Is regionalisation possible with regard to BL? The data should be viewed regionally and in relation to outbreaks. There are no findings here yet. Most clusters are familial.* o *How many are symptomatic, how many are hospitalised? Symptoms are included in the reporting figures.* o *Are the hygiene concepts in facilities comparable? It is analysed which hygiene concepts are used and which have proven their worth.* o *To what extent is the education sector of the federal states involved? The Ministry of Family Affairs is involved and is informed on a monthly basis. There is close co-operation with the specialist associations.* • *The BMG has asked the diagnostics working group about the usefulness of screening carers. To what extent are carers involved? They are included in the infection network during on-site examinations. The information content should be improved in the reporting data.*	
5	**Current risk assessment** • *Not discussed*	
6	**Communication** **BZgA** • *Postponed to Wednesday* **Press** • *A press briefing will take place tomorrow. The press briefing will be held in 2*	*BZgA*

	be divided into two parts. Mr Wieler will be responsible for the first part and Ms Rexroth for the second. It is planned that Mrs Rexroth will communicate actively and not just be available to answer questions. • *There will be no new designation of risk areas within Germany. The risk areas have been replaced by the 7-day incidence > 50/100,000.*	*Press*
7	**News from the BMG** • *ÖGD contact centre: no objections to the proposal in the ministerial meeting.* • *50 million euros for modernisation of public health services: administrative agreement on practical implementation is in progress.* • *Pact for public health services: long-term from 2022; recruitment of medical staff; draft being prepared.* • *EU vote on entry from third countries: A regulation is planned to be drawn up by 1 July. Germany's proposal to include qualitative criteria was approved. The threshold above which the quantitative criterion should be set is still being discussed.*	*BMG liaison*
8	**RKI Strategy Questions** **a) General** • *AGI: Support between the federal states in the event of major incidents (e.g. Gütersloh) (see e-mail Mr Schaade, 19/06/2020, 21:07)* o *There were 100 teams of 5 people with cars.* o *Are there any plans for BL to support each other? Mrs Rexroth had already asked in the AGI with regard to laboratories. This proved to be more difficult than expected, but is now partly possible in the laboratory area.* o *The idea of mutual support should be intensified and put on the agenda of the AGI.* o *It must be borne in mind that state authorities have very limited capacities in terms of human resources.* o *Containment scouts could be moved across national borders.* **b) RKI-internal** • *Assessment of the current situation: accumulation of outbreaks or change in the general trend?* o *See current situation*	*FG32*
9	**Documents** **Recommendations for the prevention and management of COVID-19 diseases in reception centres and shared accommodation for people seeking protection**	*FG32 / All*

RKI	• *On Friday, an agreement was reached to the effect that residents of a room cannot automatically be regarded as a household and that these people should also have the right and the opportunity to protect themselves and keep their distance.* • *This proposal was rejected by the BMI. The BMI considers people who share a room to be a household. The background to this is the fear of lawsuits against the accommodation situation. People with risk factors have already been granted the right to move out for the duration of the pandemic.* • *A TC will be held this afternoon.* • *The RKI position remains: People who are not in a reference group must be given the opportunity to keep their distance. It is not possible to give in here; the recommendation will not be published by the RKI.* • *A draft version of the RKI paper can be found on the Pro Asyl website, for example. Enquiries from the press could be referred to this.* • *If the BMI insists on its position, the paper will be published under the name of the BMG/BMI. The RKI will then not appear as the author of the paper.*	
10	**Laboratory diagnostics** • *Last week, 400 samples were received, not many of which were positive.* • *FG17 received 73 samples, of which no SARS-CoV-2 was detected.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Proposal by Ms Suckau-Hagel/Mr Drosten -> Shortening the lockdown (see email, 19/06/2020, 21:19)* o *A consultation between the Berlin Senate and Mr Drosten resulted in the proposal to take sick people living in overcrowded flats out of their home environment for four days and isolate them in another place.* o *The RKI paper on final isolation specifies 10 days.* o *Suggestion: The paper from the RKI will be discussed in the AGI tomorrow anyway. The proposal from Berlin should be briefly addressed on this occasion. There should be no additional recommendation from the RKI.*	*All*
12	**Measures to protect against infection** • *Breakout Gütersloh* o *See current situation* • *Request for administrative assistance Berlin Neukölln* o *Dept. 3 will determine what is feasible.*	*Dept.3*
13	**Surveillance** • *Laboratory-based surveillance ARS*	*FG37*

RKI	○ *Postponed to Wednesday*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	*All*
17	**Other topics** • *Next meeting: Wednesday, 24 June 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*24.06.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
  - *Sebastian Voigt*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
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- *FG37*
  - *Tim Eckmanns*
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  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Marieke Degen*
- *ZIG1*
  - *Sarah Esquevin*
- *BZGA*

- *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* o *Top 10 countries by number of new cases/last 7 days: >9 million cases and >470,000 deaths* ▪ *For all 10, R-value fluctuates around 1, Russia and Pakistan show decreasing trend, all others rising* ▪ *Top 3 Brazil, USA and India have roughly the same doubling time, all three have >70,000 new cases/last 7 days* ▪ *Brazil: Peak is based on late registrations due to reporting delays, the situation remains positive share of up to 31% depending on the province* ▪ *India: Relaxation of measures for economic reasons, followed by an increase in the number of cases, Healthcare facilities are under pressure, a mobile laboratory is available but insufficient* ▪ *USA: Case numbers are rising in many states, e.g. California, Texas, etc. recently introduced relaxations* o *7-day incidence per 100,000 inhabitants: 16 countries in Europe, Asia and America* ▪ *New on this list are Bolivia and San Marino, the others have remained the same* ▪ *Saudi Arabia: easing since Sunday, Hajj in July will be severely restricted, only 1,000 Pilgrims from Saudi Arabia are planned* o *Change in 7-day incidence compared to previous year* ▪ *Australia: stable and good situation for a long time, now increased outbreaks e.g. in quarantine hotels and in family cases, 1st death after >1 month without, increasing number of cases* ▪ *South Korea: renewed surge in autochthonous cases, e.g. among people travelling to work, in Houses of worship and clubs go; outside Seoul only minor local transmissions* ▪ *Americas: worrying developments, half of cases worldwide* o *Countries with 7,000-70,000 new cases/last 7 days, little new compared to last week* ▪ *Peaks in Iraq and Chile are attributable to reporting delays and*	*ZIG1*

RKI	*Subsequent reporting of cases* ▪ *The trends have generally remained the same* ▪ *In several countries, the measures are being relaxed for economic reasons, resulting in Increase in the number of cases leads* ○ *WHO announcement: Influenza season starts slowly in the southern hemisphere, capacity problems are possible* ○ *There is no new information among those present on the issue of seasonality (also due to the start of the influenza season)* ○ *Capacity monitoring GA: no circle was shown as overloaded in yesterday's report* ○ *Please: Be careful with the term "second wave", not every increase in the number of cases represents a second wave, the terminology should be used carefully*	

	National • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 191,449 (+587), thereof 8,914 (4.7%) deaths (+19), incidence 230/100,000 inhabitants, approx. 176,300 recovered* o *R-values are both retained, 0.72 and 1.17 (7-T)* o *7-day incidences: high and above average in BE, NW, HB* o *The BMG is endeavouring to amend the law regarding case transmission at weekends* o *In addition to the large known outbreaks, there are also other different outbreaks, e.g. a large Italian family in Saxony* o *Warendorf and Gütersloh have both been in lockdown since yesterday* • *SARS-CoV in ARS (slides here)* o *More cases last week, weekly evaluation is not yet available, number of tests has remained at the same level and relatively high* o *Daily peaks are tests as part of screening tests (nationwide and also in the BL), overall positive rate around 1%* o *Testing by age group and KW: >80-year-olds are tested the most in relative terms, increase in testing among children, which could be explained by testing in schools* o *In all age groups, the positivity is (clearly) <5%, even in children it seems to be levelling off at this level* o *Muna Abu Sin will present more on serology next week* • *Corona testing costs* o *The costs for corona testing will change from 1 July (from 59 to 39 euros), the health insurance funds have brought this about and*	*FG32* *FG37* *AL1*

RKI	*The evaluation committee is now concerned that this (falling remuneration?) may lead to a reduction in capacity at contract laboratories* ○ *An expert council has been convened and AL1 has sent an enquiry to the RKI-MA concerned (Janna Seifried Dept. 3/FG37) as to whether any assessments of the effects in this regard are possible* ○ *This will also be discussed today at the meeting of the diagnostics working group* ○ *If something changes in the test behaviour, this will be seen in ARS, change is not expected* ○ *Generally discuss which data should be published and in what form* • *Presentation of outbreaks and after BL from the RKI data (slides by Matthias an der Heiden)* ○ *Visualisation of the progression of case numbers and transmitted ~~outbreaks~~ Cases with outbreak ID* ○ *The proportion of cases in outbreaks in the reporting data is increasing, while that of outbreaks with an unknown setting is decreasing* ○ *There is no clear instruction on categorisation and this is not entirely consistent/comprehensible, e.g. Gütersloh was categorised as a hotel/guesthouse/hostel* ○ *Cases in outbreaks in nursing homes, hospitals and medical facilities have fallen sharply, which is an important success story as the most vulnerable groups are affected here and are easy to classify* ○ *There are reporting delays in general and also from Gütersloh* ○ *Often no breakouts were created, or in some cases breakouts were created for only one case in order to record contacts* ○ *The latency between drop detection and breakout in the system still needs to be analysed* ○ *It would be interesting to analyse the connection between the spread in the general population and outbreaks, e.g. in care homes? Is there evidence that staff are bringing COVID-19 into care homes? This has not yet been evaluated and should be analysed based on local data, in the KKH it was visible that it was partly brought in from outside, this can be evaluated individually locally but cannot be generalised* *To Do: Friday presentation by Matthias an der Heiden on nowcasting for the last 30 days and by Alexander Ulrich (FG31) on signals*	*FG34*

2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** **AK detection after infection** *(slides here)* • *Sebastian Voigt has analysed various studies on SARS-CoV-1 and SARS-CoV-2 and summarised the results* • *Data from 2007 on SARS-CoV 1 from people who were followed up for 36 months: IgG peaks after 4 months and then drops, IgG(neutralising antibodies no longer detectable after 30/36 months in most cases* • *Difference between cases requiring intensive care (IST) and non-ITS cases: ITS titer significantly higher overall, more likely spike IgG response, non-ITS more likely nucleocapsid IgG response* • *Also visualisation of IgM & IgG response types (strong, weak, no Ig measurable) and time course (see slides)* • *Conclusion: much more data and serostudies (including comparison of symptomatic and asymptomatic infected persons) are needed, an immunity passport does not appear to make sense* • *Discussion* ○ *Very little is currently available on long-term neurological effects* ○ *In general, the available data are difficult to interpret due to different methods, the tests were carried out with different ELISAs, therefore not/only very limited comparable, the cut-offs used are not validated* ○ *Immunological memory: data on this is being collected in a larger study at the Charité, more information should be available in autumn, at present it is too early to say anything concrete* ○ *Reference to seroprevalence studies: if antibodies are no longer detectable, is the prevalence in the population underestimated? This is likely, there may be more clarity when the seroprevalence data are presented next week*	*FG12*
5	**Current risk assessment** • *Waiting for signal from BMG*	
6	**Communication** **BZgA** • *With the exception of a few enquiries about local regulations and requirements, e.g. regarding entry bans from Gütersloh, the trend of declining pandemic enquiries is confirmed*	*BZgA*

RKI	• *Increasing number of enquiries on topics such as existential threats, addiction problems, often relatives seeking help via the regular BZgA counselling hotline in other areas* **Press** • *Website teaser has been changed to timeless and a new photo has been uploaded* **German Armed Forces** • *The topic of alcohol and addiction was included for BW-Infekt Info* • *Currently no feedback from the BW experts who are on site and support GA in the event of outbreaks? Mrs Rossmann enquires* • *There was a Containment Scout training on Friday and the CS were deployed immediately, next week training in Hanover*	*Press* *German Armed Forces*
	News from the BMG • *No change in focus topics, slow preparation for the coming autumn* • *A request was sent to the RKI-LZ for comments on recommendations by FG14, which will be the subject of the next CdS programme on Monday* • *Yesterday joint crisis team: including the situation in Göttingen* • *Generally very willing to provide support* • *Question as to whether a handout using the example of Göttingen would be useful, how help can be requested at/from district level, BMG may approach RKI; idea behind this: various requests, coordination would be good, how can help be requested from various institutions at local level? Interaction between THW, Bundeswehr, RKI* **Travelling theme laboratory list** • *There is to be a solution at EU level regarding the handling of risk areas/borders from 1 July, will this EU regulation include the country list regarding laboratories, or must the country list with laboratories continue to be maintained?* • *This is not currently seen as a priority criterion at EU level; in general, coherence with the model regulation is being sought (Gesa Lücking is leading the negotiations as the BMG representative)* • *Mrs Czogiel enquires and gives feedback to Mrs Hanefeld*	*BMG* *ZIG/BMG*
7	**RKI Strategy Questions** **a) General** **Overview of prevention measures** *(Link)* • *Due to the re-escalation in LK/SK, VPräs has designed a step-by-step scheme of basic measures to illustrate what the RKI recommends, initial comments have already been incorporated* • *In general, the first blocks of anti-epidemic measures should be*	*VPresident*

RKI	*actively recommended; from a certain number of cases, population-based measures make sense in addition to classic epidemiological measures* *Opinion poll:* • *1. presentation and level categorisation of the measures* ○ *A weighting for the cancellation of events could be incorporated, with a lower threshold or perhaps a step-by-step approach* ○ *Not entirely clear: "General wearing of MNS in healthcare facilities and nursing homes", also mention of AHA rules* ○ *Public houses should not be placed on the same level as clubs, but further down (so as not to close all public houses with clubs)* ○ *The measures presented are binding in different ways, recommendations and legally binding measures are more or less equated, this could still be differentiated* • *2. Possible further coordination and publication* ○ *The document provides a good basis for discussion and should be discussed with the countries* ○ *RKI recommendations are already frequently generalised, and there is a risk that they will be oversimplified and implemented incorrectly* ○ *When it is published, it will fit in with the new strategy being developed by ZIG, publication could be targeted at the same time* ○ *Better to communicate clearly than to stimulate speculation about the RKI's stance* ○ *It must be emphasised that these should not be individual measures but complementary packages of measures* ○ *Before publication, a discussion with other specialist groups would be useful in order to achieve agreement and take other opinions into account; there has already been communication (enquiries and responses) on many of the points, which provides evidence of the importance and evidence (or lack of evidence)* • *Next steps* ○ *Document is quickly adapted and harmonised with expert groups* **b) RKI-internal** • *Not discussed*	
8	**Documents** **Flow chart for doctors, test criteria and measures** • *There were requests to adjust the flow chart:* • *1. from HB to reference to information on Cat I contact persons*	

	○ *These people do not come to the doctor and actually end up at the GA (which determines the status KP)* ○ *The flowchart document refers to symptomatic persons* • *2. from BMG with request for reference to CWA* ○ *Communication around CWA should remain separate from existing documents* ○ *This may cause more confusion* ○ *CWA notice does not automatically trigger suspicion* • *It was decided that separate consideration and the original logic of dealing with suspected cases would be maintained* • *Scheme is left in the old version, feedback to the BMG that the proposal was technically reviewed and rejected* • *Online there are extended recommendations for doctors on risk assessments* • *There are occasional enquiries from doctors who are not satisfied with having to gather all the information together and are want a summarised presentation → can be referred to KV-en, which also prepares information*	
9	**Laboratory diagnostics** **AGI Sentinel** • *Sentinel tests are running at the normal summer surveillance level, approx. 10 submissions per day, testing takes place 1-2 times per week, parainfluenza was detected for the first time on Monday*	*FG17*
10	**Clinical management/discharge management** • *A lot of substantive feedback on the discharge criteria from the STAKOB, which is now being incorporated and will then be commented on* • *Enquiry from Berlin on shortening isolation <10d was clarified, this related to a specific setting and should not be considered a general recommendation* • *Discharge criteria will be discussed again promptly, possibly on Friday*	*IBBS*
11	**Measures to protect against infection** **Gütersloh** • *RKI team on site is very involved in the outbreak response and has few resources for creating and analysing the databases* • *Request for additional personnel support from the RKI, lockdown and quarantine regulations make it more difficult, testing in ZIG ongoing, MF negative* • *Telecounselling initiated by FG31, the ministry in NRW was informed* • *Mutual support between BL does not work,*	*FG32*

RKI	*should perhaps be expanded in the future* • *Dept. 2 is asked again whether someone from there is available and willing to support the RKI team on site* **Neukölln** • *RKI team was at the GA yesterday, friendly and openly received* • *Outbreak was detected by chance through voluntary testing at schools, as pupils from 7 schools gave the same address* • *There are 13 (or more?) residential buildings with 396 residential units affected, the residents are very heterogeneous but include members of the Pentecostal church from Romania, some with large families* • *The affected residential buildings were completely quarantined, albeit not very restrictively (no fences or identity checks) and with "flanking measures" (social counselling, language mediators, games for households)* • *The quarantine was not always well observed and there were rumours that church services were held in cellars* • *Friday evening the quarantine of the entire residential buildings ends (except for individual households), today and tomorrow the residents will again be offered voluntary swabbing, RKI-MA will support this with (at least) 3 people* • *Request for support in the descriptive analysis of the existing data to understand and evaluate what has happened and what recommendations for action result from this, as well as possible early signal detection and cut-offs* • *RKI team has received the data set, but it is suboptimal, raises many questions and may not be able to provide as many answers* • *Also need for SurvNet support, contact will be established* • *Testing of the new swabs by ZBS1 has been organised* **Testing in schools and daycare centres** • *Questions about testing in schools and daycare centres are increasing and are also being discussed in the diagnostics working group, including at the invitation of the BMG with representatives of the BMFSJ* • *Diagnostics working group, professional societies and associations have spoken out in favour of symptom-based testing, which has met with resistance from paediatricians (due to ARE season from autumn)* • *Testing without cause is being discussed, but how to deal with it remains unclear* • *The coronavirus daycare centre study addresses many of these aspects* • *RKI approach: diagnostics should be carried out if there are corresponding symptoms, if children with symptoms and COVID-19 detection were in a facility (school, daycare centre), it is a potential outbreak situation, then KP should also be tested in close circles due to the high rates of asymptomatic cases* • *Regular testing without cause is introduced to give teachers (possibly also in risk groups) security, should be good*	*FG32* *AL1*

	be discussed in a differentiated manner • *Berlin has tested random samples in schools, if such events are identified it is a tool/method to sensitively recognise clusters* **School resumes after the summer break** • *Expert panel on influenza yesterday: Consensus that it is not yet time to return to normal school operations without any measures is not yet possible from a professional point of view* • *Coordination with countries still pending*	*AL1*
12	**Surveillance** • *Preparation of the next SurvNet version with additional variables (e.g. ~~reason for infection, infection environment~~)* • *DEMIS: further integration of GA* • *SORMAS ties up certain RKI capacities*	*FG32*
13	**Transport and border crossing points (Fridays only)** • *Travel and the associated cross-border CoNa is on the rise again* • *Discussion of mask vs. face mask continues and was also discussed in the AGI, now a recommendation is to be prepared by the IGV-PoE GA group* • *Of 3 buses with Croatian compatriots travelling from Zagreb to Germany, 1 was stopped at the Austrian-German border* • *Lorry drivers, 1 of whom tested positive, were asked to serve 14d quarantine in their lorries or return to their country of origin Romania as KP Cat I as no accommodation could be provided*	*FG32*
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *Not discussed*	*all*
16	**Other topics** • *Next meeting: Friday, 26 June 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*26.06.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG17*
  - *Dschin-Je Oh*
- *FG31*
  - *Alexander Ullrich*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Nadine Litzba (protocol)*
- *FG34*
  - *Ruth Offergeld*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*
- *BZGA*

- Heidrun Thaiss
- BMG
  - Irina Czogiel

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • International trend analysis, measures (slides here) o Top 10 countries by number of new cases/last 7 days: >9 million cases and >470,000 deaths ▪ Case numbers in Brazil, USA and India are rising, with short doubling times of only 15-19 days. Also in South Africa, doubling from 50,000 to 100,000 within 14 days (previously doubling to 50,000 within 94 days). o 7-day incidence per 100,000 inhabitants: ▪ Of 16 countries, the threshold of 50 cases in the last 7 days/100,000 inhabitants was exceeded. exceeded. Belarus and North Macedonia are just below. South Africa and Equatorial Guinea have been added. No change in Asia. ▪ Saudi Arabia: No foreigners will be allowed to travel to the Hajj this year. o Change in 7-day incidence compared to previous year ▪ Increase of >50% is due to 15 new travel-associated cases that are currently in "managed isolation". ▪ In Australia, a "testing blitz" was carried out with vans and ambulances that were offer testing at the hotspots. ▪ Overall, there has been an increase in the number of cases in Europe, mainly due to outbreaks and the increase in Eastern Europe. ▪ Due to the high number of cases in the past week, DE has also been affected by the outbreak at Tönnies. an increase of >50%. However, the same problem as with the R value is evident here with small case numbers. o Countries with 7,000-70,000 new cases/last 7 days ▪ Brazil: The number of cases is constantly increasing. It has been announced that the testing strategy will be changed: Until now, only hospitalised people have been tested, but now milder cases are also to be tested. ▪ India: The number of cases in India continues to rise, especially in Delhi. ▪ USA: Increase mainly in the southern states, due to easing of measures despite continued high case numbers.	ZIG1

RKI	○ Countries with 7,000-70,000 new cases/last 7 days, ▪ Colombia is particularly noteworthy here: 80,000 cases in total and 20,000 cases in the last 7 days alone. ○ Countries with 7,000-70,000 new cases/last 7 days ▪ Kyrgyzstan: 4000 cases in total, 1300 cases in the last 7 days. **National** • Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 192,556 (+477), thereof 8,948 (4.6%) deaths (+21), incidence 232/100,000 inhabitants, approx. 177,100 recovered ○ Lower increase in cases than on Thu/Fri of the previous week. The proportion of deaths falls by 0.1% to 4.6%. In NRW, mainly middle-aged adults affected. ○ R-values: R = 0.57 (95% prediction interval: 0.48 - 0.70), 7-day R = 1.02 (95% prediction interval: 0.95 - 0.70). 1.10) (as at 26/06/2020) ○ R-value is so low due to the strong rise in the previous days. The more conservative 7-day R-value is currently also around 1, but both will rise again in the next few days. ○ Most of the BL have only single-digit 7-day incidences. BE currently has the highest 7-day incidence at 11 and NRW at 9.2. ○ However, the 7-day incidence shows that it is declining overall, as in NRW, BE and HB. Only LK Gütersloh continues to have more than 50 cases/100,000 inhabitants, decreasing in LK Warendorf and SK Hamm (where cases of the outbreak also reside at Tönnies). ○ Breakouts: ▪ Outbreak LK Gütersloh: Mrs Frank and the outbreak team write a daily report that is also forwarded to the BMG (including Mr Spahn and Mr Holtherm). There are various smear sites, but only very few cases have been detected. Of 46 cases in the last few days, no contact has yet been established with other cases in 23 cases spread across the district. ▪ Outbreak Moers/LK Wesel: Outbreak also at a meat producer, but less so employees and currently 67 tested positive. ▪ Outbreak in Berlin-Neukölln: RKI outbreak team on site, quarantine measures also in the Media, unclear according to which strategy tests were offered. ▪ Berlin-Friedrichshain outbreak: Overall, BE is one of the most active areas, BE-Friedrichshain also has a block of flats under	FG32/all

RKI	Quarantine. ▪ Oldenburg outbreak: This is a chicken slaughterhouse. At first it was said, that only permanent staff who have lived in DE for a long time work there, but there are now also other indications. ▪ Domestic quarantine for entire blocks of flats not an ideal approach, alternative accommodation would be important. As far as is known, the RKI recommendations for individual quarantine have been implemented in Göttingen. However, decisions are made individually on site. Quarantine is generally difficult in complex situations (structural, organisational), such as cruise ships or apartment blocks. There should be an organisational recommendation for this. ▪ In the opinion of the regional office, the events in BE are connected, as there are common church events and private contacts. These were mainly Roma. Overall, the situation is unclear, but it is now possible to obtain information about the people on site. o Laboratory tests: ▪ The proportion of positives rose in line with the number of cases in CW25. In week 25, a total of significantly more tests. Test capacities have increased again compared to the previous week to 1.1 million tests. o The statement that "outbreaks spill over into the general population" sounds discriminatory, as it excludes the people in the outbreak from the general population. It can also change the population's perception of risk so that they do not feel affected. It could perhaps be communicated that only if the population adheres to the recommendations will there be no transmission to other parts of the population. The risk groups must nevertheless be identified (working and living conditions). o According to the COSMO study, risk perception has not changed significantly. Slight increase in perception as low risk (21% to 26%), but constant trend. • Signals report (slides here): o It is about an early detection tool at district level, inspired by the Berlin traffic light, the internal paper on early detection factors and the PISA indicators. SurvNet, DIVI and ARS data are bundled. The report is available in the situation report folder of the current day available. There is currently a simple voting	FG31/all

	used - this can still be improved. Just as the limit values can still be adjusted. *Further analyses of outbreak data are to be added.* ○ *It is currently unclear whether it is intended for quick assessment or exploration. It is also unclear whether it is intended to be a simple, quick tool or a more complex one.* ○ *Very positive feedback from the crisis team. Note that intensive care beds (severity in the PISA system) are not necessarily used for early warning, as the cases are already recorded in the reporting system at that time. Other tools are currently being developed for the early warning of intensive care beds. In principle, the platform should ideally also be usable for other diseases. Threshold values should be adjusted so that it is not too sensitive, as otherwise an actual situation may not stand out. The indicators could be weighted and a combination used. A consideration of the various age groups would be a good addition. Age groups would be a good addition. The trend over time could also give a clearer picture ("fingerprint" of the LC over time), but no historical data available, only trend.* ○ *Firstly, experience should be gained with the Signale report and it should be presented regularly to the crisis team. In a second step, the regional offices could be involved and, if necessary, it could then be published once it has been optimised accordingly. The aim is for the public to be able to view the report, but this would need to be well communicated.*	
2	**International (Fridays only)** • *Another vote on risk areas today, South Africa has high 7-day incidences. Mrs Hanefeld will address the process, but the EU regulation will probably come into force from the middle of next week.* • *Today, ZIG4 is travelling to Togo on a SEEG mission to support the development of diagnostics.* • *Mr Baumann is supporting the establishment of a laboratory network in Tajikistan.* • *The date for the WHO mission to Turkmenistan is 6 July and Ms Abu Sin from the RKI is travelling with us. The government there denies the presence of COVID-19.* • *An emergency medical team will be travelling to Armenia. However, the final approval of the government is still pending.* • *Mr Baum is in Cameroon to provide support.* • *Mr Ellerbrok has a meeting with the WHO country office in Ethiopia, support may be provided there.* • *Head of the Medical Research Council from South Africa is*	*ZIGL*

	endeavouring to	
	partnerships, was referred to the PEI. Offer of possible vaccine trials in the region. Johnson and Johnson will conduct vaccine trials there and studies from DE are also welcome. • *There was a meeting about a collaboration with the United Arab Emirates and the Fraunhofer Institute, organised by PricewaterhouseCoopers. The actual project is not so interesting (as the research and role of pwc is unclear), but the Fraunhofer Institute is carrying out a very interesting monitoring of measures at district level in the form of modelling (with healthcare data). There is also a project for monitoring measures in Bielefeld. Further co-operation with the Fraunhofer Institute should be sought.* • *In principle, all business trips in the RKI are suspended, at most possible in the context of COVID-19, but here too should be checked carefully. Above-mentioned DR organised via SEEG etc., which have insurance cover.*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**News from the world of science** • *Not discussed*	
5	**Current risk assessment** • *Not discussed*	

6	**Communication** **BZgA** • *Next week, application errors when wearing the MNB will be discussed again.* • *Testing is also to be advertised more prominently in order to achieve greater test acceptance.* • *Tools are being developed for communication with regard to risk (risk of infection vs. risk of severe progression - currently no clear differentiation).* • *Early warning systems: It should be investigated whether there are situations, living conditions, etc. that favour outbreaks. In this context, some groups (e.g. Roma) should be addressed more strongly so that preventative action can be taken here. This could be done via the representatives of the community or via the Central Council of Sinti and Roma. Generally speaking, there is resentment towards state institutions in certain areas of society. BZgA has access via the Ethnomedical Centre. In the case of measles, it has been shown that contacts should ideally be established in advance so that it works in the event of an outbreak. Local contact is important here.* **Press** • *Currently mainly enquiries about the app that have been forwarded, otherwise only minor issues.*	*BZgA, all* *Press*
	News from the BMG • *The concrete text of the Commission proposal for the designation of risk areas by the EU is available and an agreement is to be reached today. There are quantitative (surveillance, contact tracing, etc.) and qualitative criteria. The foreign representations of the member states are to support the qualitative criteria. The individual member states can apply stricter rules, but cannot soften them. Groups of persons (HCW etc.) are exempt. In DE, however, the quarantine regulations apply, which would then have to be adapted. However, it is not clear whether this will happen.*	*BMG*

7	**RKI Strategy Questions** **a) General** **Statement for Min Spahn** • *Enquiry***: "***If we set the risk in Germany to moderate, wouldn't we also have to include the mask requirement?" AE Haas Mail 25.06.2020 11:49* • *The reason for this was an article that was to be published in Pneumologie, in which the authors were rather critical of MNB.* • *The professional recommendation to wear the MNB should not be withdrawn; the professional recommendation is not dependent on the risk assessment.* • *The risk assessment and the general recommendations should also not be confused, as this could lead to confusion among the population. Overall, it will be difficult to communicate that if the risk is set to moderate, the rules must still be observed. In principle, risk is difficult to communicate at population level.* • *The ECDC risk assessment was differentiated; if necessary, it could be communicated based on this that people who do not adhere to AHA rules have a higher risk. - In principle, consideration could be given to referring directly to the ECDC risk assessment.* **Dealing with travellers and transients:** • *Until now, it was assumed that travellers would be isolated and close contacts would be quarantined locally. However, there are increasing discussions/enquiries about handling and travelling through DE in the car of laboratory-confirmed SARS-CoV-2 cases or close contacts.* • *A distinction must be made between technical and regulatory issues: The RKI clearly recommends isolation/quarantine on site. It would be difficult to explain if cases were isolated here in Germany but cases from other countries could travel through. As with other diseases, there should at most be special transport.* • *However, there could be regulatory problems, as, for example*	*FG36/all* *FG32/all*

	Spain has no legal basis to prevent contact persons from travelling and the costs of accommodation are not covered. These questions could be clarified by the AA. **b) RKI-internal** **Continuation of the discussion under agenda item Communication on contacting the Central Council of Sinti and Roma:** • *At best, contact should be established by the political side (BMG) and could be prepared by the RKI: Report to BMG with proposal to establish contact at political level.* • *Ms Rexroth was put in touch with the integration officer. It should be clarified whether contact has already been established.* • *Mrs Sarma and Mrs Vygen-Bonnet have experience in involving different communities and would be very suitable to take on the task.* *ToDo: Work out ways of improving compliance and creating acceptance for the measures by addressing the communities at local level (integration officer, GÄ) or via the political route (BMG - Central Council of Sinti and Roma).*	*all*
8	**Documents** **FAQ: Blood groups as risk factors for severe courses of COVID-19** • *Study showing that polymorphisms with severe COVID-19 are associated with lung failure. A polymorphism is located on the locus for blood group A.* • *Overall, the proportion of people with blood group A Rh+ is higher. Patients with blood group 0 may have a protective effect.* • *However, the study situation is unclear and the evidence is not very strong; there may also be an influence on infectivity and ACE receptors, possibly distributed differently in different blood groups. It could also be an effect of the antibodies in blood group 0 against A, which cannot be defined more precisely.* • *Therapeutically and prophylactically there are no consequences, FAQs have been prepared.*	*FG34*
9	**Laboratory diagnostics** • *ZBS1: 1500 samples, 171 SARS-CoV-2 positive, previously 1078 samples, 79 SARS-CoV-2 positive. COMO study: 289 samples, all negative.* • *FG17: 199 submissions to the NRZI, of which 30 rhinovirus positive, 1 parainfluenza positive, 1 RSV positive, no SARS-CoV-2 positive samples*	*ZBS1* *FG17*
10	**Clinical management/discharge management** **COVID-19: Discharge criteria from isolation** • *The document was revised and simplified following feedback from the medical profession.* • *De-isolation at a Ct value >30 is only mentioned in the context of severe courses.* • *In the case of medical personnel, in situations of*	*IBBS*

	A possible shortening in individual cases (after 48 hours of symptom freedom and two negative PCR tests at least 24 hours apart) should be provided for due to staff shortages. The information on the premature de-isolation of medical staff cannot be found in any other paper and should therefore be mentioned here. • *The crisis management team approves the paper.* **Change in the KoNa criteria** • *According to the WHO recommendation, people are symptomatic 4 days before the onset of symptoms. This is checked by FG36 and discussed in the crisis team.* • *Currently only "contact with a confirmed case of COVID-19 from the 2nd day before the onset of the first symptoms of the case". A wording similar to "contact with person with laboratory-confirmed SARS-CoV-2 detection 2 days before date of collection" should be added.*	*Mr Schaade* *FG32*
11	**Measures to protect against infection** **Outbreak Gütersloh enquiry BMG** • *The team on site sends a daily outbreak report, an abridged version is sent to the BMG.* • *The BMG has made an enquiry about a possible entry in the wider population.* • *Around 1300 people tested positive, 46 of them in the wider population, of which no connection has been found in only around 2%.* **Further outbreaks** • *S.o.*	*FG32*
12	**Surveillance** **Report from Signals** • *S.o.*	
13	**Transport and border crossing points (Fridays only)** **Concept paper** • *The concept paper COVID-19 processes air traffic is currently being coordinated between the AGI and the AG IGV designated airports. It is to be published either as a recommendation of the AGI or as a recommendation of the RKI in cooperation with the highest state health authorities and health authorities responsible for the International Health Regulations (IHR).*	*FG32*
14	**Information from the situation centre (Fridays only)** **Increasing the shift in international communication** • *In the last few days, there have been more and more KoNas in the increasing international air traffic. The International Communications position has therefore been increased again to 2 people per shift.* **Shortened position centre layers**	*FG32*

	• *The times of the situation centre have been shortened to 9 a.m. - 5 p.m., but the current workload suggests that they should be extended again. The second shift is usually very long.* • *The situation centre shift at the weekend from 10 a.m. to 5 p.m. is sufficient, there are not as many requests at the weekend.* • *There is no new information regarding the preparation of the situation report at the weekend. The BMG received a written request from the LZ to reduce the frequency of the situation reports. The BMG has pointed out to the AGI that it is essential that reports are also submitted at weekends. Otherwise, a legal basis for this should be created.* **General:** • *Next week is the Bundestag's last sitting week before the parliamentary summer break until the end of August. A significant reduction in the number of parliamentary questions is expected.*	*Mr Schaade*
15	**Important dates** • *Committee for Health on 01.07.* o *Mr Wieler has an item on the agenda and is to present the current situation, particularly with regard to outbreaks in slaughterhouses.* *ToDo: LZ creates a speaking note for Mr Wieler*	*FG32, Hr. Wieler*
16	**Other topics** • *Next meeting: Monday, 29 June 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*29.06.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Sarah Esquevin*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Marica Grossegesse*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*

- *Katalyn Rossmann*

- *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 10 million cases and approx. 500,000 deaths (5.01%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *USA and Brazil still in first place* ○ *Declining trend in Russia and Pakistan* ○ *South Africa with the shortest doubling time. Some measures were lifted last week, although the number of cases is rising.* • *7-day incidence per 100,000 inhabitants* ○ *15 countries with 7-day incidence > 50* ○ *Little change overall, still well over 50% of new infections in the American region* ○ *Cases in the Western Balkans and Eastern Europe on the rise, increased testing in this region* • *Countries with > 70,000 new cases/last 7 days* ○ *Brazil, India, USA* ○ *India: In New Delhi, the entire population is to be tested using a rapid test (door-to-door campaign). Parallel antibody study with 20,000 participants selected by lot. The aim is to adapt containment zones and quarantine people who have tested positive in special facilities.* ○ *USA: Adjustment of risk groups: People at high risk and people who may be at increased risk: concerns pregnant women. There is a study in the USA (MMWR) that pregnant women have to be hospitalised and ventilated more often, but do not have an increased risk of death.* ▪ *Reporting data is subject to limitations, FG36 will take a closer look for the profile.* • *Countries with 7,000 - 70,000 new cases/last 7 days* ○ *Little change* • *Countries with 700 - 7,000 new cases/last 7 days* ○ *Trends remain similar* ○ *Mass testing in France using PCR to detect undetected clusters, initially in the greater Paris area* • *Beijing cluster* ○ *256 cases, of which 22 asymptomatic* ○ *Earliest onset of symptoms at the beginning of June, age 1 - 86 years* ○ *Export to 5 other provinces, link to a market in almost 100% of cases, further subclusters defined* ○ *Environmental samples of food and objects tested (40/5,424 positive)*	*ZIG1*

- *Virus has been analysed, is not linked to previous virus in Beijing or Wuhan. Europe type, but older than the currently circulating virus in Europe.*
- *The market was quickly closed. All cases are treated in a hospital. Quarantine for all contacts in a separate facility. Active case search in the population, partial lockdown in some residential areas.*
- *No background information on asymptomatic cases available.*

National

- *Case numbers, deaths, trend (slides here)* — *FG32*
  - *SurvNet transmitted: 193,761 (+262), of which 8,961 (4.6%) deaths (+4), incidence 233/100,000 inhabitants, approx. 178,100 recovered, Reff=0.74*
  - *The number of people on ITS is relatively constant.*
  - *Cases and deaths per federal state*
    - *Not all BL submitted data over the weekend. MW and SH had no new cases. BW and SN transmit no cases at the weekend. In HB and TH it is unclear whether there are any new cases.*
    - *In Berlin, the number of cases has fallen again.*
  - *Nowcasting - Estimation of the reproduction number*
    - *R value has fallen significantly and is back below 1. This is partly due to the high figures in the comparative period.*
  - *7-day incidence by reporting date nationwide*
    - *The nationwide incidence is falling again, but not yet to the level of mid-June.*
  - *7-day incidence by reporting date Federal states*
    - *The incidence is also falling significantly in NRW and Bremen.*
  - *Geographical distribution in Germany: 7-day incidence*
    - *In the Gütersloh district, the incidence has fallen significantly, but is still 112/100,000 inhabitants; 410 new cases in the last 7 days.*
    - *Incidence > 25: SK Coburg, SK Delmenhorst*
  - *Counties with 7-day incidences > 50 or > 35 cases /100.000:*
    - *> 50 cases: LK Gütersloh*
    - *More cases are found in the "rest of the population". Probably also due to increased Testing.*
  - *Most frequent exposure locations abroad*
    - *Enquiry via EWRS: more cases were imported to Austria from the Western Balkans.*
    - *Very low proportion of imported cases in Germany overall. Within the exposure sites in abroad, the proportion from the Western Balkans is relatively high.*
  - *Current outbreaks*
    - *Gütersloh: approx. 107 cases in the rest of the*

		population,	

	probably no community transmission in the LK, results are still expected. Tomorrow TC with ECDC: The air conditioning systems in the companies seem to play a role in transmission. The theory has not yet been proven epidemiologically, but does not seem unrealistic. ▪ Oldenburg: meat processing company ▪ Delmenhorst: in connection with operations in Oldenburg ▪ Coburg: Church service ▪ Friedland: Number of cases in border transit camp increases, information from the press. Demand in Lower Saxony, are waiting for further information. ▪ Moers: Meat producer, number of cases no longer rising sharply. ▪ Starnberg: New outbreak in refugee accommodation, 16 cases, 10 at a catering company worked. ▪ Cologne: Nursing home ▪ Munich: Asylum accommodation ○ The majority of the people affected in the remaining Population in Gütersloh is apparently asymptomatic. Asymptomatic or rather detection of people in the early phase of infection? Is it possible to find out the proportion of pre-symptomatic among the asymptomatic people? Please use the term asymptomatic/presymptomatic carefully. Differentiation is important, asymptomatic people do not play a major role in transmission. ○ Is it possible for the outbreak team to find out how many of the asymptomatic patients go on to develop symptoms? ○ Of 107 cases in Gütersloh, only 25 cases had traceable contact with Tönnies employees. Is it known where the rest could have been infected (possibly community transmission after all)? ToDo: Pass on these questions to the breakout team (Ms Diercke)	
	• Corona daycare centre study (slides here) ○ FluWeb: Frequency of acute respiratory diseases ▪ update shows that the incidence of ARE remains well below the disease rates of previous years. lies. ▪ The circulation of other viruses in this age group increases after lockdowns. ○ Development of case numbers: 0 - 5 years ▪ Reporting data: Rise from previous week does not continue. ○ Incidence and proportion by age group ▪ Proportion of 0-5 and 6-10 year olds is increasing. ○ Incidence of children with/without reference to a SurvNet described breakout to BL	FG36

	▪ *Data is not complete.* ▪ *Bremen in particular is conspicuous: an outbreak in a refugee centre.* ▪ *In Berlin: Outbreaks in a private environment.* ▪ *Saxony-Anhalt: all isolated cases; also outbreaks in Lower Saxony* ○ *Care in a facility* ▪ *Transmission quality is to be improved.* ▪ *Slight upward trend. No indications yet that the opening of childcare will thus related.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Corona-Warn-App* ○ *Approx. 14 million downloads, new version with bug fix from 1 July* ○ *Approx. 7,000 enquiries about the app, great willingness on the part of the population to improve the product* ○ *The first warnings were generated about this. Question, how can/may this be communicated?* ○ *Pure download figures are communicated, observation of a slowdown in download figures.* ○ *Mr Benzler gave a presentation on the accompanying research to the Advisory Board.* ○ *A kind of dashboard from SAP and Telekom is to be presented to the crisis team on Friday. 2 meetings on this this week.* ○ *Connection ÖGD not so simple, to be discussed tomorrow at the AGI meeting.* ○ *Connecting the laboratories is also not as trivial as the manufacturers had imagined.* • *Mobility data can continue to be analysed, will continue to be financed.* • *How are events in Gütersloh reflected in digital projects?* ○ *No statement possible with Corona-Warn-App. Currently only total figures, no regionality.* ○ *The data donation app has seen a movement in the data. However, it is too early to link this to COVID-19.* • *Addition: the research proposal for SORMAS will be submitted to the BMG this week. There are still many unanswered questions, but the application will be submitted nonetheless.*	*FG21* *FG32*
4	**New scientific findings** *ToDo: This item will be permanently removed from the agenda*	*All*

	(situation centre).	
5	**Current risk assessment** • *Still high risk, specification from the BMG: nothing will be changed until 1 July.* • *The sentence: "The number of newly reported cases is currently declining." should be adapted.* *ToDo: Mrs an der Heiden will prepare a draft for a minor adjustment.*	*All*
6	**Communication** **BZgA** • *Increased promotion of the test strategy is on the agenda, which messages for which target groups.* • *Test strategy to be made better known in cooperation with GP association, extended test capacities are available, exchange with Mr Mielke on this tomorrow.* • *Report of the laboratory diagnostics working group to be submitted to the BMG next week. Finalisation of the report tomorrow. Report to be presented to the crisis team on Wednesday or Friday.* *ToDo: Mr Mielke sends the report to Ms Thaiss.* **Press** • *Pre-publication of an article on the utilisation of German emergency departments and the use of routine data from emergency departments last week online in Epid. Bull.* • *The fact that the press office is only on call at weekends has proved its worth, with far fewer enquiries than in the past.*	*BZgA* *Press*
7	**News from the BMG** • *No agreement yet on EU entry restrictions, further action to be discussed, possible extension of entry restrictions.* • *Ministry of Labour, Health and Social Affairs NRW: new infection protection regulations for meat processing companies with more than 100 employees. From 1 July 2020, companies must fulfil the following requirements: negative testing of employees twice a week; informing employees that working with cold symptoms is not permitted; list of employee addresses must be available in the company.* • *RKI: Extreme bottlenecks in staffing the situation centre, working hours must be reduced. Extremely heavy workload at the moment due to small enquiries and requests under the Freedom of Information Act. The workload is very high, but at the same time there are more and more requests for on-site support. Resources are also needed in places that are not considered technically appropriate.* ○ *The situation is similar at the BMG. Ms Czogiel will pass the point on to Mr Rottmann.* *ToDo: Addressing the bottlenecks in the BMG morning situation by Mr.*	*BMG liaison* *Dept. 3*

	Hamouda	
8	**RKI Strategy Questions** **a) General** • *Populations of interest: Cross-sectional testing Gütersloh* ○ *Proposal by Mr Mielke to test certain populations based on their accessibility and/or importance for the infection process in addition to co-tracing.* ▪ *Basis: all symptomatic persons, then* ▪ *1) All patients admitted to hospitals (vulnerable population)* ▪ *2) Residents of retirement homes who are admitted to them (vulnerable population)* ▪ *3) HCW (often mothers of children; contact with vulnerable groups)* ▪ *4) Schools/ daycare centres/ carers/teachers* ▪ *5) Police/ fire brigade (easily accessible population)* ○ *The idea is at least in breakout situations also to test asymptomatic individuals in certain subgroups as a useful addition to the testing strategy and to generate information (sporadic detection, clusters, community transmission) for the management of measures.* ○ *Would a sentinel be useful for certain groups (e.g. slaughterhouse employees), in addition to the AGI sentinel, regardless of outbreak situations?* ○ *What is the purpose of testing in schools, for example? Is a sentinel even sufficient to represent groups in the current circulation of the virus?* ○ *Fear: Testing is increasingly being used to dispense with other measures. There is a danger of false security with a massive expansion of testing. There is a perception among the population that a negative test can provide freedom, e.g. holidays in another country. It must be communicated that a test that is negative today can be positive again tomorrow.* ○ *Targeted testing of vulnerable groups should be expanded Asymptomatic patients should also be tested in the case of co-testing. Untargeted mass testing is not advisable.* ○ *Many of these questions are discussed in the report of the diagnostics working group. The fundamental question is: data for action (which are needed) versus voluntary testing by society (not useful).* *ToDo: Mr Mielke sends the report to the crisis team distribution list.* ○ *The delay in Gütersloh was handled well and was not due to the reporting system; the employees at Tönnies were specifically asked not to report it.* *to go to the doctor.*	*VPräs / AL1 / FG36*

	○ *Practical proposals on how syndromic surveillance, i.e. influenza web and influenza web+ (involving the population), could be strengthened and stabilised have been available for some time.* ○ *Proposal: Expand AGI-Sentinel and Flu Web by a factor of 10. However, this is not possible with current resources and without a longer-term perspective.* ○ *Nevertheless, the RKI should comment on testing, that is not a contradiction. Testing should be steered in a certain direction. How can the political desire for increased testing be met?* ○ *There is a decree from the BMG (feedback by 09.07.) with a request for additional work on upgrading "symptom-triggered ARE sentinels" for autumn/winter 2020/21.* *ToDo: FG36 (and FG17) draft a letter to the BMG to expand and strengthen the surveillance systems.* ○ *The sensitivity of the surveillance systems must be sufficient. The specific outbreak should define how testing should be carried out. The list from the e-mail should be taken into account here.* • *Formulation regarding the end point of the infectious period* ○ *A video conference on the length of the quarantine period will take place on 7 July with Minister Spahn, during which the paper is to be finalised.* ○ *Ms Ruehe has compiled data on discharge management for quarantine after exposure and the shortening of isolation for sick or asymptomatic infected persons.* ○ *The infectivity of upper respiratory tract infections is well summarised in the current guidance on testing; in the case of pneumonia, the topic has not yet been fully discussed.* **b) RKI-internal** • *Incoming enquiries about laboratories for SARS-CoV-2 testing of travellers from various countries* ○ *There is a list of laboratories where people can enter Germany without quarantine if they have tested negative. There are many enquiries as to which laboratories are on this list.* ○ *The BMG has not authorised the publication of this list.* ○ *The enquiries do not always have to be answered by the RKI. The RKI is not responsible for finding out which laboratory is accredited for every region of the world.* • **Dealing with requests under the Freedom of Information Act (IFG)**, *see also NDR article: https://www.ndr.de/nachrichten/info/Corona-Informationen-des-RKI-The-Overstretched-Institute,rki124.html* ○ *There are numerous enquiries about the Freedom of Information Act.*	*FG32 / AL3*

	Due to the high workload, Mr Fouquet deprioritised these enquiries, which meant that they were not answered within the deadline, resulting in an unfavourable image for the RKI's public image. The author of the NDR article has already reported critically on the RKI in the past. There are many comments on the article that have categorised the criticism well. ○ *Mr Fouquet is currently seconded to the BMG and should not be contacted regarding IFG requests. Agreements between the RKI and the BMG are in progress. Enquiries should always go through the legal department. This department is in direct contact with the legal department of the BMG.* ○ **Important:** *Answers are published verbatim on a website (example: https://fragdenstaat.de/anfrage/interne-unterlagen-des-rki- zum-neuen-corona-virus/). Final dispatch must always be made via the generic email address of the legal department (not via the situation centre) - Informationszugang@rki.de.* ○ *If data is not to be disclosed, reference can be made to data protection. Individual parts of minutes can also be blacked out.* ○ *In order to answer the questions, it would be useful for the press or the legal department to assess whether the enquiries are from journalists or private individuals.*	
9	**Documents** • *Not discussed*	
10	**Laboratory diagnostics** • *FG17 received 87 samples, including 1 parainfluenza positive and 27 rhinovirus positive, no SARS-CoV-2 positive samples.*	*FG17*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *See under "News from the BMG"*	
16	**Important dates**	

	Tuesday: • *TC with ECDC about outbreak in meat processing plant (TN: FG32, FG35, FG36)* ○ *ECDC plans updated Rapid Risk Assessment* ○ *Outbreaks in slaughterhouses in the Netherlands, France and Ireland in addition to the USA* • *Appointment with data journalists* ○ *Criticism: RKI provides too little data and not in the right format, therefore joint meeting with a selection of data journalists and Ms Degen, Ms Diercke and Mr an der Heiden, moderated by Mr Stollorz.*	
17	**Other topics** • *Next meeting: Wednesday, 01.07.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*01.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Luisa Denkel*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Bettina Rühe*
- *BMG*
  - *Irina Czogiel*

TOP	Contribution/Topic	brought in from
1	**Current situation** **International INIG** • *International trend analysis, measures (slides here)* ○ *10,273,001 cases and 505,295 deaths (4.9%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *USA rising trend* ○ *Russian Federation slows down* ○ *South Africa shows comparatively rapid doubling* • *7-day incidence per 100,000 inhabitants* ○ *In red: Honduras and Turks and Caicos Islands newly added* ○ *Turks and Caicos Islands have only a few cases, but small populations in this list. Probably soon no longer listed here.* • *Countries with > 70,000 new cases/last 7 days* ○ *Brazil: also cases in the interior of the country* ○ *India: mainly New Delhi affected* ○ *USA: sharp rise in hospitalisations, especially in Texas and California.* • *Countries with 7,000 - 70,000 new cases/last 7 days* ○ *Strong increase in Argentina, Colombia, Oman, among others, South Africa* ○ *In South America: Argentina, Brazil, Peru, the peak is expected in August* ○ *In South Africa 50% increase: Cases concentrated in Western Cape and Eastern Cape, assumption continues to rise* • *Countries with 700 - 7,000 new cases/last 7 days* ○ *Eastern Europe sharp rise, also due to increased testing* ○ *Algeria shows steep increase; nevertheless, easing of measures was introduced.* • *EU lifts travel restrictions for 15 third countries* ○ *This slide raised questions because the EU list differs from the German list.* ○ *The press also reports an increase in enquiries about the discrepancy between the EU and German positive country lists.* ○ *See point 6 "News from the BMG" for clarification* ○ *AL3: Many BLs describe the solution for entry from risk*	*ZIG/INIG* *Head of Press* *Department* *Dept. 3*

		areas as a medical certificate plus a negative Covid-19 test result.	

	test as not feasible. ○ FG32: reports from the AGI that the federal police and interior ministries would like to see stricter implementation. As they fear that voluntary reporting after entry will not be honoured. But this was not welcomed by AGI.	FG32
	National • Case numbers, deaths, trend (slides here) +466 cases low increase also in deaths, few changes in DIVI ITS and R stable • Cases and deaths per federal state ○ Slight increase BW BY but due to outbreak ○ Berlin declining • Comparison KW26/KW25 per BL ○ Declining case numbers, most cases of outbreaks, especially Gütersloh is being tested more • Nowcasting - Estimation of the reproduction number (R) ○ R remains below 1 • 7-day incidence by reporting date Federal states ○ BE, NRW trend downwards, BY rises slightly • Geographical distribution in Germany: 7-day incidence ○ Gütersloh is down on previous days; Delmenhorst in connection with the Oldenburg outbreak; Düsseldorf good case detection causes the case numbers • Weekly comparison current/previous week ○ NRW west of Essen probably outbreak • Age distribution by reporting week: total cases ○ Most cases in middle-aged groups ○ Increase in minors because outbreaks in families in BE and Göttingen affect children. • Reported cases by activity or care in institutions by reporting week ○ Facilities: Food establishments larger share compared to other categories • Reported COVID-19 cases by exposure location ○ For foreign exposure locations, primarily the Western Balkans • Current outbreaks ○ New team of 3 RKI MA in Gütersloh ○ Cases in Gütersloh in the population also with reference to Tönnies ○ Delmenhorst and Oldenburg belong together ○ new outbreak LK Karlsruhe in connection with	FG32

	Church service ○ Friedland transit camp: positive evidence for Family from Kazakhstan; the camp mainly accommodates ethnic German repatriates, but also asylum seekers. They all use the same Sanitary facilities. An improvement to separate the groups of people in the implementation phase. It is planned that People arriving from Kazakhstan are more specifically SARS-CoV-2 screening. Other countries of origin do not. • Report from the TC with ECDC: The deadline for RRA until 08.07. It RRA will not only be slaughterhouses in several settings, e.g. Corona parties, mass gathering on the beach, air circulation system in the Cutting plant ○ Regarding the air circulation system for the cutting plant in Gütersloh same air only recirculated, first results with higher Attack rate in the vicinity of the cutting plant; Fr. update on Friday	FG36
	• FG36: Received decree on increased outbreaks in free churches compared to larger churches. Do we have reliable data? ○ In outbreak lists some outbreaks in faith communities, but rather anecdotal and no Compare with other faith communities. If smaller rooms are used, this also has an influence. ○ Summarises this with emphasis on the merely anecdotal data as Decree Reply together.	Dept.3/ FG32/ Dept.1 FG36
	• SARS-CoV-2 in ARS (slides in here) • Delay in sampling and testing ○ Time delay of approx. 1 day • Proportion of positive tests out of all tests over time per KW ○ pos. Share remains low • Percentage of positive tests over time per day - federal state ○ NRW small peak matches the outbreak • Number of tests per 100,000 inhabitants by age group and Calendar week ○ significant increase in children; since calendar week 24, these clearly too ○ FG36 has received an enquiry from the professional association of paediatricians, as	FG37 FG36

	in practice, this has not led to an increase in infections with respiratory symptoms. Why the increase here? ○ Mielke: Mini-Sentinel Dr Carsten: Children more often with Fever. But still outside the Mini Sentinel less	Dept.1
	pos. SARS-CoV-2 tests in paediatric practices. Presumption: symptomatic children tested less. ○ Muna: It's due to the screening examinations • Proportion of people tested positive by age group and calendar week ○ Significant increase in children • First results: Time interval between first positive PCR-Testing and serological testing ○ After positive PCR comes first positive AK detection: Some tested for AK before PCR; this is still being tested • First results: Serological testing and results by care and ward type ○ Stratefication according to care situation; in ITS an AK test more often positive. • First results: Serological testing and results by care and age groups ○ Age structure in the hospital tends to be older and in the doctor's practice tends to be professionals • First results: Proportion of patients with IgG detection after positive PCR per week over time ○ Slide shows the percentage of AK positive or negative after positive PCR testing per week ○ In week 4, many still have no AK proof ○ Please add further observations/weeks here • First results: Serological testing and results after first positive PCR test over time ○ Slide shows seroconverter: positive in the course of the PCR test ToDo: None specified	FG37
2	**International (Fridays only)** • Not discussed	
3	**Update digital projects (Mondays only)** • Not discussed	

4	**Current risk assessment** • *Presentation of the new wording of the sentence that the case numbers remain stable (document here).* ○ *MadH presents proposed wording. LS and Oha agree to the change to the sentence that the case numbers remain stable.* *ToDo: Ms an der Heiden adjusts the wording. Should be on 02.07.2020*	*FG32/dept.3 / institute management*
	The following changes will be made both on the website and in the management report.	
5	**Communication** **Press** • *FG32 reports from the science/data journalists meeting together with Mr an der Heiden. Journalists want daily updated data in tabular form, already use data hub, want more about this at LK and BL level; this also needs to be discussed with BL.* • *Reaction to the NYTimes article quoted by Der Spiegel, Ms Glasmacher is working with the BMG press office.*	*FG32* *Press*
6	**News from the BMG** • *Positive list created from 15 countries* ○ *Discrepancies between the EU and German lists: The lists will be kept the same in future* ○ *Germany must not be more liberal than the EU, but it can be stricter than the EU.* ○ *It is still to be decided whether the model quarantine list needs to be adapted.* • *National testing strategy has been revised: targeted testing; this is to be placed on the website. Unclear whether RKI or BMG site.* *ToDo: BMG reports whether sample quarantine list is adapted and on which website national test strategy is posted.*	*BMG*
7	**RKI Strategy Questions** **a) General** *Not discussed* **b) RKI-internal** *Not discussed*	

9	**Documents** • *Change in management KoNA: Proposal (document here)* ○ *Suggestion: For asymptomatic cases: Use the laboratory findings as a proxy for symptom onset for CoNa.* ○ *The proposal was accepted by vote.*	*FG 36*
10	**Laboratory diagnostics** • *Update situation* ○ *Situation unchanged Few samples submitted* ○ *only avian swine influenza in a child; infection clarified; child recovered* ○ *FG36 submits case to FG32 for WHO notification*	*FG17*
11	**Clinical management/discharge management** • *Discharge criteria* ○ *Contradictory signals from the BMG* ○ *New information from PHE holds on to 14 days of quarantine, as they had (albeit little) successful virus cultivation during this time. In contrast, there was almost no further growth at the RKI after day 7.* ○ *Suggestion: For nursing home residents, apply the same quarantine as for severe cases.* ○ *From a technical point of view, Mielke and Haas signalled their agreement, but Haas also wanted data to monitor the situation* ○ *ZBS1 asks FG 37 for contacts to homes for data*	*ZBS1 (Fr. Ruehe)/ Dept.1/ FG36/ Inst. management*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	

16	**Important dates** • *01.07.2020: Committee on Health (Mr Wieler gives a speech on the COVID-19 situation, the role of meat-processing companies and the role of the RKI)*	*FG32*
17	**Other topics** • *Next meeting: Friday, 03.07.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 3*
  - *Osamah Hamouda*
- *Dept. 2*
  - *Katja Kajikhina*
- *ZIG*
  - *Johanna Hanefeld*
  - *Luisa Denkel*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Ruth Offergeld*
  - *Navina Sarma*
  - *Uwe Koppe*
- *FG35*
  - *Christian Frank*
  - *Raskit Lachmann*

- *FG36*
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- *ZBS1*
  - *Janine Michel*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	brought in from
1	**Current situation** **International INIG** • *International trend analysis, measures (slides here)* ○ *10.6 million cases and 515,973 deaths (4.8%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Overall unchanged with USA still leading with high doubling figure; Russian Federation increase has slowed; South Africa shows comparatively rapid doubling of case numbers; new addition is Colombia, Peru is no longer on the list* • *7-day incidence per 100,000 inhabitants (map)* ○ *In red (new):* *Africa: Western Sahara 74.86/100,000* *Asia: Kazakhstan 40,000 cases in total; reporting of 20,000 in past 7 days; clustering of reports USA reported most new cases ever yesterday; sharp rise in 36 states, coming weekend bank holidays (Independence Day)* • *Countries with > 70,000 new cases/last 7 days* ○ *India and USA a steep rise; Texas has newly introduced mandatory masks* • *Countries with 7,000 - 70,000 new cases/last 7 days* ○ *Bangladesh Case numbers are rising* ○ *Continuing upward trend in Colombia* ○ *Trend continues to decline in Russia* • *Countries with 700 - 7,000 new cases/last 7 days* ○ *Increase in Bosnia and Herzegovina, Kyrgyzstan and Kazakhstan* • *Rapid Risk Assessment ECDC* ○ *Re-emergence of new cases in the EU, UK and EU candidate and potential candidate countries. Comparison of the past 14 days with the previous 14 days shows an increase in reports* ○ *Since 16 June, an increase in all EU countries due to the easing of non-pharmaceutical interventions* ○ *Average 14-day incidence is 14 new cases per 100,000* ○ *Montenegro, Kosovo, Luxembourg, Serbia, Turkey exceed the average*	*ZIG/INIG*

The increase in the number of cases can be attributed to the ramp-up of testing capacities in Luxembourg, Serbia and Turkey.
The actual increase is in Montenegro, Kosovo and Bosnia, Bulgaria, Romania and the Czech Republic

- *New risk assessment:*
  Moderate for general population in countries where community transmission occurs or could occur in the near future and/or no adequate measures are in place (probability of infection very high; impact of disease low)
  Population with risk factors: very high probability of infection and high impact of the disease
- *Risk for countries with a further increase in case numbers if no suitable measures and capacities are in place: High if no monitoring systems are in place and no testing and contact tracing are carried out and non-pharmacological measures are relaxed even though community transmission is taking place*
  Probability of a further increase high; impact of a further increase moderate
- *Details on the indicators of the categorisation of community transmission or community transmission taking place in the near future are not known.*

- *Summary:*
  - *About 50% of new cases and more than 50% of deaths come from the Americas (Brazil and USA)*
  - *Asia: Increase and high number of cases in India, Bangladesh and Indonesia*
  - *Africa: about 6% of new global cases with 70% of them in South Africa*
  - *Europe: Russia high level with decline*
  - *According to the RRA ECDC, there was an overall decrease in cases compared to April, but currently an increase again. No travel restrictions within the EU/Schengen area recommended, as only a small proportion of cases in June indicated a possible place of infection other than their place of residence/stay.*
  - *Oceania: Major outbreak in Melbourne with 300,000 people in lockdown*
  - *Studies:*
    JAMA Neurology: COVID patients have a 7-fold higher risk of stroke compared to

	Influenza patients (OR 7.6; 95% CI, 2.3 - 25.2). Median age of COVID-19 patients: 69 years; influenza patients: 62 years *Pfizer / BioNTech report promising results for mRNA vaccine candidates in phase 1/2 study with 45 volunteers (IgG titres, SARS-CoV-2 neutralising titres (PrePrint)* **National** • *Case numbers, deaths, trend (slides here)* ○ *Situation has calmed down overall* ○ *446 new cases; proportion of deceased 4.6%* ○ *R0 and 7-day R >1* ○ *DIVI/IST: no changes* • *Cases and deaths per federal state* ○ *Many cases from NRW (50%)* ○ *Cases from Gütersloh and many spread to other districts; no other major incidents, lots of activity e.g. in Duisburg, Düsseldorf (approx. 10 cases per incident)* • *7-day incidence by reporting date Federal states* ○ *Significant decline in NRW too* • *Geographical distribution in Germany: 7-day incidence* ○ *126 LCs reported no new cases; last week there were 140 LCs, down 10%* *Highest incidence: LK Gütersloh, LK Germersheim, SK Düsseldorf, SK Delmenhorst, LK Dingolfing* • *Current outbreaks* ○ *Germersheim:* *Wedding with 150 guests; authorisation from the GA was available. Christian community with previously known individual cases, unclear whether the church or the wedding party were the cause. This incident is particularly interesting for the BMG.* *The proportion of outdoor/indoor events is not known and will be enquired about in RP.* *Distribution of reported cases by setting can be viewed in the Signals Dashboard.* *Overall, it is important to determine the transmission context (outdoor/indoor/outside and indoor). As there is an expectation that cases will decrease in summer and this does not appear to be the case. For this reason, communication should continue to be stepped up to ensure decency outdoors.* *Many incidents can be traced back to contact with a confirmed case.*	*FG32*

	M. Diercke presents detailed data on this. ○ *Dingolfing-Landau:* *Serial testing in the asylum centre. The positive cases are housed in separate accommodation, while the KP are quarantined in the centre.* • *Laboratory tests (data as at 30/06/2020)* ○ *CW 26 significantly more tested than in the previous week* ○ *Positive rate below 1%* *Capacities are at the same level, but not fully utilised* • *Place of exposure abroad: Of 157 cases with a place of exposure outside Germany, 71 (57%) came from Serbia* *TODO: Mrs Hanefeld will bring this (increase in the number of cases in Serbia) to the TK on risk areas with BMG, AA and BMI today; list of risk areas will go online between 6 and 7 pm.* *FG 32: BL will be informed via the AGI distribution list about the increase in the number of cases from Serbia so that this information can be taken into account under the quarantine model order and regulation.* *LZ: This information (increase in the number of cases in Serbia) will be included in the situation report next Tuesday (after consultation with M. Diercke)* • *Meeting at the BMG with the Turkish deputy minister (Osamah attends)* ○ *Activities in Turkey can be classified as very positive, events are limited to the east and south-east of Turkey* ○ *There are 6,000 teams of 3 people each carrying out contact tracing; 99% of contacts can be reached in 24 hours* ○ *The documents (in paper form) are shared with Mrs Hanefeld* • *Report of the breakout team from Gütersloh (slides here)* ○ *Team has been back since 01.07.2020; duration of operation: 12 days* ○ *Slide 2: First wave (blue) rather symptomatic cases; remaining population (green); Tönnies outbreak (red dotted line)* ○ *Outbreak began in mid-May as part of the screening of meat processing plants: 7 out of 7,000 employees tested positive* ○ *Neighbours LK Osnabrück large outbreak in Westcrown,*	*FG36* *Dept. 3* *FG35/34*

	Dissen; About a church service possible connections between the two companies. ○ MA were allowed to travel to their home countries at the end of May, exposure in the home countries is not retrospectively plausible for the introduction of the virus from there ○ Cases in the rest of the population (green): One cluster in connection with a wedding party with a church service with singing, venue unclear and 10 positive HCW in Gütersloh Hospital ○ Many asymptomatic cases are currently being identified through traveler's freedom testing ○ Heatmap: Places of residence of Tönnies employees; especially the immediate vicinity extends beyond district boundaries (in the GT district: approx. 1,000 cases with thousands of KP1) ○ The massive expansion of ~~the~~ testing of asymptomatic residents ~~helped to identify only a few infections as the number of cases~~ in the "rest of the population" ~~increased~~, but presumably late-positive people were also detected after undetected infections in the first wave. ○ All Tönnies employees with families/cohabitants must be quarantined ~~as well as~~ thousands ~~of~~ KP1 ○ In the first 14-day quarantine~~,~~ only a few positive MA ~~were~~ able to move out of the households, this resulted in households with positive employees from the screening in mid-June and later during the quarantine, people in the households tested positive in a new round of 14 days of quarantine.~~all roommates were KP1 and quarantine extension with additional positive cases~~. ○ Today, the first 14 days are over and new cases will be moved out of households in the future so that the chains of infection can be broken promptly. ○ Tasks of the RKI outbreak teams ○ Assessment of the labour quarantine (already completed) Root cause analysis (pending): Study with sequencing, on-site investigation and integration of Mr Exner's hypothesis (increased risk of aerosol transmission through the ventilation system in the cutting plants within Tönnies; sounds plausible, but has not yet been epidemiologically confirmed) ○ Description of risk factors, main transmission routes, Entry into the plant, role of accommodation and transport These tasks can only be processed now	

	Many additional tasks on site: Advice on outbreak control (quarantine management) and focus on the rest of the population ○ *Information flow/management:* ○ *Manual double entry in ISGA (transmission software) and separate COVID-19 access database; no Excel upload possible* ○ *An additional database had to be created for ~~the~~ COVID-19 ~~outbreak at Tönnies~~ to collate data on findings, tests and surveys. Employee lists from Tönnies were slow ~~and~~ incompletely ~~shared~~, Tönnies stated ~~that~~ it did not have a complete list of employees with reference to data protection, as many employees are employed by subcontractors ~~and legally no lists can be shared with Tönnies~~.* ○ *Sequencing plays a major role, current selection of samples.* ○ *Further problems: Interviewing the employees not possible due to the language, massive clustering by subcontractor, Flats, shifts, work locations and places of residence* ○ *Temporal classification not possible, many cases are asymptomatic, no information on symptoms, time of infection unclear* ○ *Only a few samples from the early phase of the outbreak are available for sequencing.* ○ *NRW wants a "court-proof" study, as Tönnies is sure to sue* ○ *Study and ramp-up of Tönnies are decoupled in time* *Problems with outbreak management:* ○ *Politics could not fully support GA* ○ *Risk-based testing is only now starting, massive asymptomatic testing of the general population is not helpful on this scale* ○ *Bundeswehr has 4 teams on site;* ○ *IT of the GA is inadequate* ○ *GA manager Mrs Bunte, who used to work at the Cologne GA, is very experienced but is also at the limit of her strength.* ○ *Next week Mr Gottschalk (GA Frankfurt) will come to help for a week* ○ *Many young, motivated employees from other areas, but*	

	lack of managers and doctors ○ *Labor Krone carries out most of the testing and makes good analyses instead of the GA* ○ *Replacement came too late and better replacement mechanisms for breakout teams are requested* ○ *Three RKI employees are currently on site and are providing support with outbreak counselling, logistics on how to dissolve and continue quarantine* ○ *New questions arise every day, also of a medical nature; doctors are needed on site.* ○ *RKI is endeavouring to provide additional support for outbreaks, but the workload in the LZ is extremely high. Support can be provided selectively and for a limited period of time, greater expertise required for GA* ○ *This situation offers learning opportunities for strengthening the ÖGD (Pact for the ÖGD).* ○ *Yesterday, Berlin issued an amendment to the CoronaVO on domestic quarantine from areas with increased risk (https://www.berlin.de/sen/gpg/service/presse/2020/pressemitteilung.954490.php). It is possible to shorten the quarantine by testing negative with a medical assessment. Colleagues must report to the GA.* *Testing can be organised at the institute (Mon-Sat).*	
2	**International (Fridays only)** • *At the request of the AA, Kosovo is to be supported in building up laboratory capacities by supplying material as the number of cases increases* *Mr Maas to visit Kosovo soon* • *Armenia has a high 7-day incidence. An EMT should support laboratory capacity and ITS for 2-4 weeks* • *Mr Baumann is currently in Tajikistan as part of a WHO mission to set up a decentralised laboratory system. The mission coincided with the government exchange. Coordination was very difficult. Mr Baumann is due to spend another 3 weeks there, but talks are still ongoing.* • *Ms Abu Sin is travelling to Turkmenistan on Monday as part of a WHO mission. This is politically important, as Turkmenistan is still not officially reporting any COVID-19 cases.*	*ZIG*

	• *Namibia is a GHPP partner country and has asked for support in setting up Go.Data for contact tracing. This is due to start in 3 weeks.* • *This week visit from the cultural counsellor of the Egyptian embassy. There is an interest in longer-term scientific exchange in the context of COVID-19, especially regarding travel restrictions and support for PPE and laboratory/testing* *If the crisis team is interested, contact can be arranged* • *ZIG 4 is in further dialogue with BMZ and KFW on further support for Ethiopia* • *There were several discussions internally that it would be interesting to exchange ideas with Sweden. ZIG would organise this if required, if there was interest on the part of the crisis team.* • *WHO EURO is organising a webinar on outbreaks in longterm facilities on Wednesday 11-12:30. We are looking for a panellist to participate. If interested/available, please contact Mrs Hanefeld* • *Two ZIG 4 employees are in Togo as part of a SEEG mission. They travelled to Togo via Ethiopia. Togolese students from Saudi Arabia 22 were travelling on the same flight and subsequently tested positive. The students were seated in Economy and MA of the RKI in Business Class.* *The training was cancelled and the MAs are in the GIZ building in Lomé. It is not yet clear whether they will complete their quarantine in Togo or travel back on Monday. All are symptom-free. There is an exchange with GIZ and BMG and this is the first complex situation within the framework of a SEEG mission.*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **Press**	

	• *Concretisation of the test strategy from the BMG is required* • *In telephone counselling, many enquiries/reports from the public about mental stress and illnesses* • *Brief report on the blood donation study* ○ *A short report was prepared for the BMG. Overall, an adjusted prevalence (adjusted for test performance) for the entire group is 1.3%; there are local differences, with Munich (3.5%) and Freiburg (4.5%) leading the way. More men than women are affected. The development over time is difficult to estimate. One third of the (positive) samples were examined in the neutralisation test and AK was detected in one third of them. The significance of this result has not yet been conclusively clarified and is still under discussion with the reference laboratory. It is planned to analyse all samples. It is currently not possible to draw any conclusions about immunity. The infection rate in the adult population is low.* ○ *There is a high level of media interest in the results.* ○ *The wording for neutralisation tests should be formulated carefully. Evaluated period 20 April - 23 June, the study runs until October.* ○ *When it is sent to the BMG, reference will be made to the publication and feedback will be awaited. It is planned to publish it in the EpiBull (possible in the middle of next week) and then link to the homepage.*	*BZgA* *FG34/VPräs*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** *Not discussed* **b) RKI-internal** • *Current status: Strengthening the concept for establishing contact and cooperation with marginalised groups such as Sinti and Roma* ○ *Sinti*zze and Rom*nja are the largest minority in Europe* ○ *Everyday and institutional (racist) behaviour Discrimination* ○ *Participation opportunities in terms of education, housing and The labour market is restricted and there is mistrust of the authorities and the measures ordered*	*FG34/Department 2 Navina Sarma/Katja Kajikhina*

	○ *heterogeneous population (origin, nationality, language, occupation, education, housing situation, religion, health insurance status, residence status and length of stay in Germany, etc.)* ○ *Aspects other than ethnicity should be taken into account when planning and implementing infection control measures* ○ *First contact: Central Council of Sinti and Roma; Amaro Foro (Berlin)* ○ *Results of the discussions:* *Anti-discriminatory approach: Avoiding the naming of supposed ethnicities in public statements; avoiding the reproduction of generalisations, stereotypes and prejudices in reporting and in the planning and implementation of measures* *Consideration of languages, use of language mediation if necessary, use of translated materials (e.g. RKI, BZgA, integration officers)* *Consideration of people's literacy, if necessary also offer oral or audio-visual formats for information and education* *Involvement of various stakeholders: Integration officers of the federal government and the districts, are networked with local stakeholders (addresses are available to district offices) and representative organisations such as self-organisations, advice centres, other civil society organisations, can provide support with their expertise (list of addresses compiled locally and nationwide) as well as participation in information on and implementation of infection protection measures, use as multipliers,* *Involvement of key persons* ○ *Paper with instructions for RKI and GA for assistance with the situation as support and guidance for various situations and institutions* *TODO: Ms Sarma/Mrs Kajikhina share a draft on 07.07.2020* • *Interim report of the serostudy* ○ *Already discussed*	

9	**Documents** • **Adjustment flow chart** ○ *The BMG wishes to modify the flow chart.* ○ *There is a need on the part of doctors to expand the overview of the Corona app, legal regulations and billing. Doctors are unsure when a test is ordered and when it is reimbursed. The need was not systematically surveyed.* ○ *This information can be found in the national testing strategy; the flow chart is intended to provide the procedure in the event of a suspected case. The national strategy provides an overview of the billing and ordering of PCR testing. The flowchart is aimed at the doctor and is intended to support the procedure in suspected cases.* *TODO: Mr Herzog clarifies the need with the KBV. FG 37 supports contacting Mr Hauch (KBV).* • **Concept paper on air traffic** ○ *The paper has already been circulated at an early stage and is publishable in its current form from the point of view of the AG Flughäfen/AGI. Publication on the homepage was seen as critical by Ms Glasmacher, as it is not clear from the title that it is not an RKI recommendation. This is important to avoid enquiries and demands for recommendations for other settings. AG Flughafen is a working group founded on its own initiative, not formally appointed by the AOLG.* ○ *The paper reflects a common interest of the federal states and the RKI as an aid for recurring questions/situations and is more of an attitude of the group. It will therefore be published as an expert paper in EpiBull.* *TODO: Ms an der Heiden prepares the paper for an EpiBull contribution as an expert paper and coordinates it with the stakeholders.*	*VPresident/all* *FG 32/all*
10	**Laboratory diagnostics** • **Virological surveillance** *201 entries in June Davon:*	*FG17*

	○ - 50 positive for rhinovirus ○ - 1 positive for RSV ○ - 1 positive for parainfluenza ○ - 1 positive for porcine influenza virus (no reassortant), this was reported in more detail at the last conference, the isolate is being investigated further ○ 825 submissions, 37 of which were positive for SARS-CoV-2 ○ COMA: 2nd hotspot investigation ○ Approx. 1,600 samples, 1 of which was borderline positive, and finally negative on further testing. ○ Study runs until Sunday and then again in September	ZBS1
11	**Clinical management/discharge management** • New scheme for discharge criteria from isolation has been published ○ KRINKO experts were involved in the creation of the document and the feedback should be taken into account. ○ There were good suggestions that should be taken into account in the next version. The sputum sample is particularly important for PCR testing prior to isolation. Currently, only 2 samples from the upper respiratory tract are required. ○ For recovered patients who do not produce sputum, sputum diagnostics are possible to a limited extent. ○ Improvement in symptoms can have different meanings. The wording should be more precise; this has already been discussed and agreed with STAKOB. TODO: Mrs Ruehe (IBBS) calls Mrs Arvand and discusses the possible introduction of changes in relation to deep airways.	FG14 /all
12	**Measures to protect against infection** • Not discussed	FG32
13	**Surveillance** • S. Management report	
14	**Transport and border crossing points (Fridays only)**	

	• *S. Documents*	
15	**Information from the situation centre (Fridays only)** ○ *Shift times (currently 9 a.m. - 5 p.m.): extension may be necessary again, work cannot be completed by 5 p.m. and the employees are busy for much longer with numerous enquiries and decrees from the Federal Ministry of Health. The deadlines for MP enquiries are fixed and cannot be changed. There is hope that the number will drop significantly with the summer break. Employees have been called back to their departments and employees who have been working a lot in the LZ.* ○ *The situation and workload will be finalised next week. and the working hours will be adjusted again if necessary.* *TODO: Proposal to have decrees submitted via the official channel via the management in order to make requests less low-threshold is being examined by the institute management.* ○ *Press liaison missing - situation centre cannot compensate for missing position. Many of the qualified press liaison officers are now working for the coronavirus app, so the position has been discontinued. The enquiries cannot be answered by the press as they are very tricky medical enquiries and require a specialist background. Background required.* *TODO: Consultation with Mr Schmich as to whether there can be a redistribution of employees with specialist expertise back to the LZ. Expertise back to the LZ. This requires the support of the management.* ○ *International communication: further increase in demand, currently 6 people per day targeted. Training for new employees will take place next week.* • **Vaccination report** ○ *Regular weekly meetings of the PEI, BMG in the crisis team can be reported.* ○ *Influenza: National reserves have been increased by 6 million additional vaccines (Bundeswehr storage) for the coming season. RKI and PAI have drawn up a concept for the roll-out. 500,000 doses are from the USA (other vaccine) and are being held back for the time being.* ○ *The aim for the coming season is to increase vaccination rates and there will be an intensification of the flu campaigns with BZGA.* ○ *COVID-19* *There is an urgent need for discussion between the federal government and the federal states on how to proceed. Federal government prefers vaccination centres. It is still*	*LZ/FG32* *FG33*

	unclear how vaccination rates and	

	vaccinated group should be recorded/monitored. *The federal states have already independently created a concept that is to go online. The RKI has co-developed FAQs, which have currently been under review by the BMG for three weeks. Consideration is being given to mandatory vaccination for medical staff.* ○ *Bilateral acquisition of the Covid-19 vaccine AZD1222 (Oxford/ AstraZeneca)* *Germany and three other EU countries have already purchased the vaccine (300 million doses) Authorisation is planned for September 2020 if the results show safety and effectiveness. Germany would receive 8-10 million doses. STIKO is considering how to prioritise distribution.*	
16	**Important dates** -	
17	**Other topics** • *Next meeting: Monday 06.07.2020, 13:00-15:00* • *Mr Schaade is going on holiday for the next 3 weeks (return: 27.07.2020)*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*06.07.2020, 13:00 h*
Venue:	*Viteroconference*

Moderation: Osamah

Hamouda Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Meike Schöll (minutes)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *INIG*
  - *Luisa Denkel*
- *IBBS*
  - *Bettina Rühe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *BMG*
  - *Irina Czogiel*

- *Heidrun Thaiss*

TOP	Contribution/Topic	brought in from
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *11,241,655 cases and approx. 530,000 deaths (4.7%)* • *Top 10 countries by number of new cases in the last 7 days:* • *The list of countries shows few changes. The USA continues to lead the way with a doubling time of 19 days, while Brazil and India continue to have a high number of new infections. South Africa shows a short doubling time of 13 days. Compared to 03.07.2020, Peru is once again on the list of the top 10 countries.* • *7-day incidence per 100,000 inhabitants (map)* • *Africa: South Africa continues to have a high incidence (South Africa accounts for the majority of all cases on the African continent). Equatorial Guinea and Cabo Verde are new additions.* • *America: In addition to Panama, Chile, Brazil, USA, Turks and Caicos Islands, Peru, Bolivia and Honduras, the Dominican Republic (new) also has a 7-day incidence of over 50/100,000 inhabitants.* • *Asia: Israel is new to the list.* • *Europe: Armenia and Sweden continue to have a 7-day incidence of over 50/100,000 inhabitants.* • *A total of 22 countries have exceeded the threshold of 50/100,000 inhabitants (on 3 July 2020 there were 18 countries).* • *Countries with > 70,000 new cases/last 7 days* • *Brazil, India and the USA continue to have more than 70,000 new cases in the last 7 days. The next two weeks will show whether the number of cases in the USA will rise due to the bank holidays on 4 July 2020.* • *Countries with 7,000 - 70,000 new cases/last 7 days* • *Iraq reports higher testing capacities, but the Iraqi Ministry of Health expects a real increase because not everyone seems to be adhering to the recommended measures. The WHO is providing support in Iraq.* • *Countries with 700 - 7,000 new cases/last 7 days* • *Israel has many new cases, as does Bosnia-Herzegovina*	*ZIG/INIG*

	and Kazakhstan. There is a nationwide lockdown in Kazakhstan for the next two weeks, so a real increase can be expected. • *Serostudy in Brazil:* *This study was presented by the Ministry of Health in Brazil and includes the testing (rapid antibody test with 85% sensitivity, 99.9% specificity) of more than 89,000 randomly selected people in 133 cities in 3 phases in June 2020. The prevalence has increased from 1.9 to 3.8% in the 3 phases. The proportion of asymptomatic people is comparatively low at 9%. The case mortality rate was 1.15%. There were more cases in the tropical north than in the south. Children were just as infected as adults.* • *In summary, most of the new cases are on the American continent, rising case numbers are being observed in Asia (especially India, Indonesia, Israel), 6% of the global case numbers are in Africa (70% of which are in South Africa). The number of cases is rising in Eastern Europe. In Melbourne, Australia, an increase in the number of cases has been reported.* • *The WHO terminated hydroxychloroquine and lopinavir/ritonavir arms in the Solidarity Trial because no or very small reductions in mortality were observed.* • *The NY Times has received an open letter from 239 scientists on the role of aerosols, in which the WHO is asked to adapt its recommendations. The letter is to be published this week in a scientific journal and deals primarily with the WHO's cautious communication and the slow adjustment of its recommendations.* • *With regard to the rising number of cases in Israel, it is noted that outbreaks in schools appear to be playing a greater role. The situation should be closely monitored and an exchange with Israeli colleagues should be sought, the results of which should be passed on to the BMG.* • *In the AGI, it became known that 13 of 45 ethnic German repatriates from Kazakhstan tested positive in Braunschweig. There was no relevant contact with the population.* **National** • *Case numbers, deaths, trend (slides here)* o *Weekend effect: low number of new infections reported (219)* o *196,554 cases, of which 9,016 deceased; proportion of deceased 4.6%*	*FG32*

	○ *R and 7-day R <1* ○ *DIVI: currently 298 on ITS, 149 of which are ventilated* • *Cases and deaths per federal state: BW and SN do not transmit on WE, SN considers it unnecessary, SL does not consider it necessary either, but has transmitted 1 case. In the AGI, great displeasure was expressed by the federal states after the request to also transmit on WE. Some BL (HH, MV) have 0 cases. The 7-day incidence has fallen significantly since last week.* • *7-day incidence by date of notification Federal states: compared to the other BL, BE and NW have a significantly higher 7-day incidence of between 6-8/100,000 inhabitants, whereby the 7-day incidence in NW is declining.* • *Geographical distribution in DEU: 7-day incidence* • *126 districts have reported no new cases in the last 7 days, a further 236 districts have reported fewer than 5 new cases.* • *Highest incidence: only one district, namely Gütersloh, is above the national threshold of >50 cases/100,000 inhabitants. Other districts with higher incidences are (most likely) due to outbreaks: LK Dingolfing-Landau (27/100,000), SK Düsseldorf (24.5/100,000), SK Duisburg (22.1/100,000), LK Germersheim (20.9/100,000).* • *In calendar week 27, Serbia, Mexico, Turkey and Austria were named as the most frequent exposure locations abroad.* • *The information on cases with contact to a confirmed case or with an outbreak ID is regularly incomplete. Information on contact with a confirmed case is available for 830 of 2,422 (only approx. 30% completeness), of which >90% can be attributed to contact with a confirmed case. Outbreak information is subsequently determined or added, here too there is a low level of completeness. A total of 44% of the cases in calendar week 27 can be attributed to contact with a confirmed case or an outbreak. For calendar week 25, this proportion is 73%. Technical problems with large transmission files (e.g. in the case of large outbreaks such as in Gütersloh) complicate the problem. Approx. 50% of medical practices use SurvNet and would have to enter the relevant case data. In many practices, the information is not provided despite low case numbers.* • *Benchmarking for the individual GÄ with details of the Completeness of the data (e.g. compared to the*	*FG32*

national average) is in preparation. However, communication about this must be cautious because the official communication channel is via the BC. Although the Containment Scouts could also be sensitised in this regard, the existing communication channels should be adhered to as a matter of principle.

- *Standardised reporting software is being sought, but the legal basis for this is currently lacking. In the first expansion stage of DEMIS, communication between the laboratory and the GA was levelled out, but the path from the GA via the state office to the RKI has not yet been touched. In the long term, the software (especially SurvNet) should be centrally located so that updates would be immediately available in the GA.*
- *Positive incentives from the point of view of the individual GPs should be depicted in the communication. If necessary, the validation of the TBc data can serve as a template and an evaluation can be presented at the ÖGD Academy seminar. Some BCs react angrily to direct contact with medical practitioners. Acceptance of the entry of all data should be increased by emphasising the added value for the BCs and the individual GPs. Standardised nationwide software should also be compatible with GBE data.*

ToDo: FG32 creates an evaluation of cases with contact to a confirmed case or with an outbreak ID, differentiated by software.

- *Current outbreaks:*
  - *As of 6 July 2020, the number of cases in the Gütersloh district is 2,431. Between 28 June and 4 July 2020, there were just under 90 cases in the general population. The number of positive tests in people without a direct Tönnies connection is at a low level. Team on site. Overall, things are calming down and the first people are now being released from isolation. Only people with symptoms or KP to confirmed cases and household contacts with confirmed cases are still in quarantine. In the afternoon, a meeting will be held with Ms Bunte (Gütersloh) to clarify what support is still needed and whether this can be provided remotely if necessary.*
  - *Dingolfing-Landau: increased 7-day incidence for the first time.*

- *Day-care centre study (slides here): The ARE calculated from*

	Grippe-Web	

	Incidence by age group shows an increase in young children since week 23; however, the number of cases of acute respiratory diseases is still below the previous year's level (in summer). The relative proportion of COVID-19 cases is increasing, but the incidence of COVID-19 cases in children and adolescents is significantly lower than in adults. Unchanged events in the BL. §33 reports are to be processed more intensively in the course of the year. The increase in week 24 is most likely due to outbreaks in the Gütersloh district (family members of Tönnies employees affected) and in Neukölln and Göttingen (many large families affected in each case).	*FG36*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Cancelled due to illness.*	
4	**Current risk assessment** • *With regard to the implementation of the risk assessment, the BMG's statement is still pending. Mr Wieler will discuss this again with the BMG.*	
5	**Communication** • *There has been a lot of feedback on the mask requirement and regional relaxations. A pictogram for the mask requirement is currently being created.* • *For the situation in Gütersloh, materials in Romanian, Bulgarian and Polish were found to be particularly helpful. Ms Bunte (Gütersloh) referred to a flow chart developed together with the RKI, which the BZgA would like to receive for further exchange. In conversation with Ms Bunte, it also became clear that social channels should be used in an even more culturally sensitive way, which the BZgA is currently implementing.* • *It is pointed out that not everyone wears a mask correctly (including covering their nose); this should be emphasised more strongly. In addition, it should be communicated even more strongly that the social distancing rules also apply outdoors. The BZgA explained that the social distancing rules do not differentiate between indoors and outdoors.*	*BZgA/all*
6	**News from the BMG**	

	• *With regard to the Pact for the Public Health Service, a conference between the Federal Minister and the federal states will take place on 8 July 2020.* • *Various video conferences on specialised topics will take place this week, in which the RKI will participate. Otherwise, the parliamentary summer break begins.* • *Regarding the document on shared accommodation the current status will be submitted later.*	*BMG*
7	**RKI Strategy Questions** **a) General** *How much longer should we keep pointing out the June outbreaks?* • *With regard to the R-value, it is suggested that the reference to the outbreaks in June be deleted or replaced by a general formulation to the effect that the R-value is dependent on outbreaks and the number of cases.* • *It is being discussed whether the 4-day R-value can be dispensed with in future. The R-value discussion is often highly publicised in the media; this could possibly be reduced by dispensing with the 4-day R-value. On the other hand, the fact that the R-value is shown twice makes it clearer that there are different methods and points of view. Many media would now categorise the R-value well and not view it in isolation. The crisis management team decides in favour of retaining both R-values.* *ToDo: The situation report should be adapted promptly, if necessary as soon as the 7-day incidence in the Gütersloh district falls below 50/100,000, with regard to the reference to the outbreaks in June.* **b) RKI-internal** *Situation centre activities in a tense personnel situation* • *Following on from the discussion on 3 July 2020, it is pointed out that, in view of the current infection situation, the months of July and August should be used for the "However, staffing levels are even more strained due to holidays, field deployments and a downward trend in support from other departments. The personnel for field operations necessarily come from Department 3. The elimination of the press liaison increases the general workload of the Situation Centre. It is suggested that colleagues with specialist expertise from Dept. 3 who are currently in the Corona-Warn-App-Team are replaced by other employees*	*Pres/all* *AL3/Pres*

	become. • *During the parliamentary summer break, it can be assumed that the workload will be lower, as BM Spahn is also going on holiday. Pres will address the issue with the BMG and provide feedback on 8 July 2020.*	
9	**Documents** • *Not discussed*	
10	**Laboratory diagnostics** • *ZBS1 received 1,088 samples, 65 of which were positive (positive rate of 6%). The number of samples has decreased. As part of the corona monitoring study, 2 samples were borderline in the 2 hotspots, but were negative in the retest. There is no positive evidence from the hotspots.* • *FG17 received 57 submissions, 19 of which were rhinovirus-positive.* • *Report of the laboratory capacity working group: The consolidated final paper is to be finally agreed with the BMG and external members on 7 July 2020 and will be published on new test strategy pages after consultation with BMG.* • *The communication of the testing strategy will be discussed in the diagnostics working group on 7 July 2020, for which the existing report provides a good basis.* • *It is suggested that a critical statement on voluntary testing and mass testing be prepared proactively with regard to the topic of testing, testing, testing. In particular, the "free testing" provided for in the Model Ordinance on Quarantine must be critically assessed with regard to current contact person management; it is also unclear to what extent the origin of a test (quality-assured diagnostics?) can be verified. The BL have also spoken out against "testing, testing, testing" pronounced.*	*ZBS1* *FG17* *AL1/all*
11	**Clinical management/discharge management** • *The conditional marketing authorisation for Remdesivir was granted on Friday. An update of the treatment instructions is planned by the end of the week (Remdesivir is planned for the early phase, Dexamethasone for the late phase).*	*IBBS*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *We regularly receive press enquiries about the comparison of*	*FG32/all*

	of the data of those who died from and with COVID-19. This data is of low quality (around 90% died of COVID-19, 10% with COVID-19). It is being discussed whether and, if so, how this data should be communicated. • *While an overestimation of the number of deaths from COVID-19 is discussed in Germany, an underestimation is assumed internationally and the German data situation is critically scrutinised from this perspective. The data quality does not allow for a discussion of individual cases; if necessary, information on the distribution (90/10%) can be provided with a corresponding discussion of the uncertainty of the data, e.g. as part of the evaluation of the surveillance group, in which the severity of the disease including deaths is discussed. It should be checked whether the ECDC has already prepared an overview of the calculation of COVID-19 deaths.* • *It is suggested that a review article on the calculation of COVID-19 death rates be prepared with foreign colleagues. Contact with Spanish scientists with regard to this problem can be established through ZIG become.*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *The inspector of the Bundeswehr medical service would like to visit the ÖGD contact centre; an introduction is to be made possible on Thursday, possibly via video conference.*	
17	**Other topics** • *Next meeting: Wednesday 08.07.2020, 11:00-13:00*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*08.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah

Hamouda Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
  - *Basel chequered*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Marjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
  - *Ute Rexroth*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *ZBS1*
  - *Bettina Rühe*
- *Press*
  - *Ronja Wenchel*
- *BMG*
  - *Irina Czogiel*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BZgA*

- *Heidrun Thaiss*

TOP	Contribution/Topic	brought in from
1	**Current situation** **International INIG** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *New members are: Kazakhstan and Pakistan (in red)* ○ *Increased most in USA India Pakistan* • *7-day incidence per 100,000 inhabitants* ○ *More and more countries >50 cases/100,000 inhabitants* ○ *There are currently 24 countries listed here* • *Countries with > 70,000 new cases/last 7 days* ○ *Most cases in North and South America* ○ *In the USA, especially in the southern states, outbreaks in prisons and meat-processing plants.* ○ *India mainly New Delhi and two other regions; nevertheless openings for economic reasons.* • *Europe - Current situation* ○ *particularly in the Western Balkans and Eastern Europe, the most recently reported increase in Luxembourg was caused by increased testing.* • *Asia Current situation* ○ *In many relaxations of the measures* • *Africa News Situation* ○ *South Africa is particularly affected. Reasons: weak surveillance, low testing capacity.* ○ *This applies to many African countries. A high number of unreported cases is suspected.* • *Australia Current situation* ○ *Many cases in Melbourne, outbreak in a quarantine hotel* • *Demand how the comparatively low number of deaths can be explained to the high number of cases.* ○ *We will report on this on Friday.* **National** • *Case numbers, deaths, trend (slides here)* • *Position National, 08.07.2020* ○ *Very quiet overall; little change at ITS* • *Cases and deaths per BL* ○ *You see fewer and fewer cases from the BL; several small*	*ZIG/INIG* *FG37* *FG32*

	Breakout events ○ Rise in cases in Bavaria • Comparison KW26/KW25 per BL ○ Week-on-week comparison: Outbreak in Oldenburg (Lower Saxony) and remnants of the outbreak in Gütersloh stand out ○ Strongest decline in cases in NRW ○ In Bavern Increase • Nowcasting - Estimation of the R ○ R under 1 • 7-day incidence by reporting date BL ○ Cases are falling steadily, but Bavaria is on the rise • Geographical distribution in Germany: 7-day incidence ○ 123 LK no cases; no LK was above the 35 incidence; see high activity Düsseldorf, Duisburg, Bavaria; this is observed. • Weekly comparison current/previous week ○ Compare current with previous week: Activity around Oldenburg is falling ○ But in southern Brandenburg a little more: some cases in a slaughterhouse. • Age distribution by reporting week: total cases ○ Proportion of cases among younger people now stable; reason: relative number of cases had initially risen. ○ Question on mortality rate by age group: risk group of old age no longer in focus, immunity? Rather not immunity, but improved hygiene protocols in care homes. • Cases reported by activity or care in institutions ○ cases in Section 36 facilities decreased significantly, while in week 17/18 the proportion was higher. • Reported cases by exposure location ○ Exposure abroad increasingly reported again: After almost zero, now almost 10% of cases; needs to be monitored • Most frequently exposed countries abroad ○ Serbia by far the most frequently mentioned ○ It is not possible to tell from the reporting data whether they were actually infected in the countries mentioned or in Serbia. Nevertheless, there are reports from the Epi-Lag of the GÄ that many cases indicate Serbia, e.g. in BW • Current outbreaks ○ Gütersloh: Activity of infections relatively low; just	BZgA BW/FG32

	Second testing of previously positive cases; increasing number of quarantine releases.	

	• *Laboratory-based surveillance SARS-CoV-2 in ARS (slides here)* • *Number of positive and negative tests per day - nationwide* ○ *68 laboratories have submitted their data to the RKI* ○ *Stable low number of positives with increasing number of tests* • *Number of positive and negative tests per week - nationwide* ○ *Stable low number of positives with increasing number of tests* • *Proportion of positive tests in all tests over time per day* ○ *Correspondingly, proportion of positive tests stable low since the end of May* • *Delay from collection date to test date in ARS* ○ *Delay in collection until testing in the laboratory shows an increase; explanation for this is still being sought* • *Time delay DateExplant - TestDate* ○ *Comparison of delays in CW24-25 with CW26-27* ○ *Shows very different test utilisation of the laboratories* • *Number of tests per 100,000 inhabitants by age group and KW* ○ *In comparison, many more tests on over 80-year-olds* ○ *Testing has increased significantly in nursery and school age since calendar week 23* • *Proportion of people tested positive by age group and KW* ○ *Share of positive age groups at a comparatively low level since CW24* ○ *To summarise: test as much as never before and find very few cases* *ToDo: None specified*	*FG37*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Mr Wieler has his last press conference with BM Spahn on Monday before the summer break. An adjustment to the risk assessment could be communicated here.* ○ *The following must be considered: 1. a lot of infections worldwide;*	*Inst. management/ FG32/dept.3*

	2. adjustment explain very well how we arrived at the new risk assessment; demonstrate what can trigger an upgrade. Opportunity in the last PK before the summer break, therefore consider separately what should be included in the PK. ○ *A downgrading is supported by the group, but with the measures retained* ○ *Proposals for a current downgrade:* *Wanted to wait for the first easing to take effect. Can now be downgraded.* *Tönnies showed how volatile the situation is, which is why the company was not downgraded beforehand.* *ToDo: Dept. 3 and press prepare draft content, the wording of which may be adapted by the new risk communication group. The draft risk assessment will be discussed on Friday.*	
5	**Communication** **Press** • *Top topics of the BZgA hotline: Mental health problems; uncertainty when travelling due to changing regulations, plus enquiries from the public and the press.* • *Finally, BW would like to thank Sonneberg for its action. The local authorities there were also very grateful for the support.* • *Wieler: would like to see external communication of the cooperation work with RKI and BW* • *Management encourages the BZgA to communicate again about the correct wearing of MNS (especially on public transport); solidarity between citizens and protective behaviour are important topics for the BZgA.* • *Press has many questions about travelling, especially Sweden; request from the* *Internet teams: Please change documents in change mode so that they can be exchanged in a more targeted manner and the changes can be tracked.* *ToDo: To all: Please send changed documents in change mode to webmaster*	*BZgA* *BW* *Head of department/dept.3* *Press*

6	**News from the BMG** • *Little new:* ○ *Update on technical room systems BMG with BMS, BAUA will organise this with the participation of RKI, PEI, BfArM; probably in the last week of July; in the BMG many questions about air conditioning systems and fans,*	*BMG/Press*
	○ *Proposal Link on RKI website to the FAQ of the BAUA* • *The BMG will not be attending on Friday due to holidays*	
7	**RKI Strategy Questions** **a) General** *No longer explicitly refer to June events* **b) RKI-internal** *Not discussed*	*Dept.3*
9	**Documents** ○	
10	**Laboratory diagnostics** • *Submissions are still at a low level (10 samples/day)* ○ *No corona evidence* • *Submissions and requests for swab material higher than in previous years, but lower than in the last quarter*	*FG17*
10	**Clinical management/discharge management** • *Updated discharge criteria are online: Make sure to adapt all documents accordingly. Especially the Ct value (FG36 pathogen profile; contradicts discharge criteria; F37 for contact management with medical staff only use current ones)* ○ *Stefan passes this on to the profile team* ○ *The tightening of the discharge criteria was a deliberate decision, as the quieter situation provided scope for this.* *ToDo: To all: Adapt all documents relating to updated discharge criteria.*	*ZBS1 (Fr. Ruehe)/ FG36/dept.3 /inst. management*
12	**Measures to protect against infection** • *Not discussed*	

13	**Surveillance** • *Update DEMIS Roll-out:* ○ *2 steps of the roll-out at GÄ:* 1. *First carry out a software update (148 GÄ one third of the GÄ could access DEMIS),* 2. *GÄ require a certificate (108 GÄ) 57* *GÄ have everything* ○ *Laboratories in SH, Bremen are DEMIS users, nationwide request further laboratories*	*FG32 (Fr. Diercke)*
	○ *AGI, there were many questions from the BL about the status: many things were clarified and epidemiologists were involved* ○ *Making good progress*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Still a lot to do in the LZ. Difficulties filling the shift supervisor position. Hope that there will be less during the parliamentary summer break.* • *Wieler has spoken to Mr Holtherm; BMG also has a lot to do* • *Decrees are now issued again via the line not directly LZ* • *Mr Wieler asks his department for willingness to support the LZ with personnel* • *There is a lack of shift leader and Int. comm. Both positions require experience; task and situation report can be carried out without experience; Presseliaison support with medical background can also carry this out; situation report a lot of work, support is also important for this;* • *Mr Wieler announces that the 40 positions for ÖGD contact points can be filled.* • *LZ is still desired by BMG at the weekend. But situation report shorter on Sat and Sun.* • *Clarification by Mr Wieler with BMG as to whether there will be no situation reports is no longer necessary.*	*Dept.3/Inst. management/ FG32*
16	**Important dates** • *Video conference of the German Pathologists' Association; Who would like to participate? (e-mail 6.7.20, 16:08)* • *Weekly report on occupational health and safety is postponed because Mrs Sasse is not present. Remains on TO!*	

17	**Other topics** • *Next meeting: Friday, 10 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*10.07.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Julia Sasse*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days: Top 3 are USA, Brazil and India, all three with R-values (just) above 1, Brazil decreasing, USA and India increasing trend* ○ *7-Tages-Inzidenz/100.000* ▪ *22 countries with incidence >50/100,000 today, slight decrease (previously 24), there are no new countries added* ▪ *In Europe, it is Armenia and Montenegro with just under 127 and 62/100,000 respectively.* ▪ *Sweden's incidence is now 40/100,000* ○ *Countries with >70,000 new cases/last 7 days* ▪ *top 3 Brazil , India and USA* ▪ *USA now daily new record case numbers, in Florida 84% of IST are utilised, there are many New cases also in prisons* ○ *Europe - current situation (>700/last 7 days)* ▪ *Sharp rise in the number of cases, particularly in Eastern Europe and the Balkan states: Bosnia & Herzegovina, Bulgaria, Kosovo, Serbia* ○ *Asia - current situation (>700/last 7 days)* ▪ *Further increase in the number of cases in India, Indonesia, Israel and the Palestinian territories, Philippines, UAE* ○ *Africa - current situation (>700/last 7 days)* ▪ *Still many new cases in South Africa, also in Kenya, Madagascar and Algeria* ▪ *Kenya: recognised community transmission* ▪ *Madagascar: steep rise with 1,270 cases/ last 7 days, still considered a "cluster of cases" and not traded community transmission* ○ *Oceania/Australia - current situation (>700/last 7 days)* ▪ *Australia exceeds threshold of 700 cases* ▪ *On Wednesday, for certain areas, for the greater Melbourne area and Shire of Mitchell was a complete lockdown has been in place for the next 6 weeks* • *Israel situation* ○ *>33,000 cases, 344 deaths, 7-day incidence now 82/100,000 and rising* ○ *>1 million tests, positive rate 3.2%* ○ *Development of case numbers (see slides): blue curve*	*ZIG1*

		Cumulative case numbers, grey recovered, green bars case transmission ○ *19 March State of emergency, first opening of shops at the beginning of May, daycare centres and school classes from 9 May* ○ *27 May there were public holidays for which the opening of hotels, pools, restaurants was arranged despite a further increase in the number of cases, in June further opening of venues or events (bars, nightclubs, weddings, with up to 250 guests)* ○ *School dropouts* ▪ *After the reopening, the classes were initially kept small, but things quickly improved back to normal operation* ▪ *Transporting children in school buses, which are often overcrowded and cannot keep their distance* ▪ *School cluster at the end of May: asymptomatic super- spreader at a high school in Jerusalem, 160 Cases were associated with this cluster, distancing rules and mask requirement were not observed* ▪ *There were also smaller outbreaks in other schools, >100 schools and daycare centres were closed again (1 positive case → closure), pupils, School bus drivers and teachers tested positive* ○ *In Israel, 10-19 year olds make up 18% of all cases, but the age distribution in the population is also very different from ours (median age in Israel 29, in Sweden and Germany >40/45 years)* ○ *The renewed increase in the number of cases is mainly due to the relaxation of social distancing rules and the obligation to wear masks* ○ *Public Health Director resigned on 07 July* ○ *Information from Julia Sasse (IBBS), who is in contact with local partners: Ministry of Health has the assessment that easing was too early, there is also too little testing capacity, too few staff for KoNa, the population's trust in the authorities is low* ○ *Another TC with Israeli colleagues is planned for next week, also specifically on the subject of schools, Julia Sasse,* *Walter Haas take part* ○ *No information on the distribution of cases by Orthodox vs. non-Orthodox community* ○ *Israel had a heatwave during which the MNB recommendations were temporarily withdrawn, leading to confusion among the population* • *Summary of the overall international situation* ○ *USA largest share of new cases (52%)* ○ *Further increase and high case numbers in Asia*	

	○ *Africa 5% of new global cases* ○ *Increase in Eastern Europe and the Balkans* ○ *Oceania surge and Melbourne lockdown* • *WHO has created a commission for the evaluation of the COVID-19 response (Independent Panel for Pandemic Preparedness and Response IPPR), headed by New Zealand's former Prime Minister Helen Clark and the former President of Liberia Ellen Johnson Sirleaf, first interim results are expected in November* • *UK study in Nature on risk factors for COVID-19 deaths* ○ *In addition to known factors (underlying diseases, male gender), socio-economic and ethnic factors were also identified* ○ *Important article, emphasises social factors* ○ *Public Health England has shared an interesting report on this (link here)* ○ *In many countries, it is clear that precarious groups are particularly affected; the RKI should also investigate this in Germany* ○ *Section 2 Evaluation of socio-economic index* ▪ *Case numbers of various regions classified according to this index are compared* ▪ *Initially, this seemed to be reversed by the ski holiday returnees in BY and BW* ▪ *Over the course of the pandemic, regions with a low socio-economic index are experiencing a decline,* *Increasing number of cases* ▪ *To be published in the Journal of Health Monitoring* ○ *ZIG is working with WHO EURO and LSHTM on a project on "health equity consequences", it is a policy analysis, Germany is one of 8 countries in the European Union that is being looked at in the comparative study, RKI-internal cooperation with FG28* • *Questions about the international situation at ZIG* ○ *Situation in Algeria: Rise of the fall and proximity to France* ○ *Situation Turkey* *ToDo: Zig should please take a closer look at both countries mentioned above for next week* **National** • *Case numbers, deaths, trend (slides here)* ○ *Situation generally calm, Fridays usually the biggest increase compared to the previous day, current*	*FG32*

		situation relatively stable ○ *SurvNet transmitted: 198,178 (+395), thereof 9,056*	

(4.6%) deaths (+8), incidence 238/100,000 inhabitants, approx.
184,000 recovered, Reff=0.80, 7T-Reff= 0.90 → R-values in decline

- BL: MV no case in the last 7 days, most cases from NW, spread over various districts
- Case numbers in "problem areas" in decline, 1/3 of all districts without cases last week, 235 districts with very few cases, only 1 district (Gütersloh) >25/100,000
- Minus cases in the case table
  - Unfortunately, this happens regularly due to daily data synchronisation and corrections
  - Case numbers are updated daily without quality control (e.g. for fulfilment of the case definition or not), some old cases are also removed again
  - Reasons include, for example, outbreaks in asylum centres or companies (Tönnies). Persons with different spellings listed twice and corrected afterwards
  - This has now also been accepted by the media on the basis of the RKI statements

- Breakouts
  - Gütersloh
    - Case numbers and incidence declining, extensive second personal testing of those who were negative, has not shown an increase in positive cases
    - Hardly/no additional cases in the general population
    - RKI support was highly praised and very much appreciated, a large number of RKI-MA were active for several weeks
    - Experience has shown where the difficulties lie: even when experienced people complicated political circumstances are an additional complicating factor.
  - Moers kebab meat producer: renewed positive testing of MA, number of infected increased, attempt to detect new cases at an early stage
- Laboratory tests
  - Reached a new high in CW27 (almost half a million), with a historic low in positive results (<3,000, 0.6%)
  - Number of transmitting laboratories was smaller than in previous weeks
  - Test capacities have increased again, >1 million tests can be carried out
  - Once again, some laboratories have reported backlogs and delivery problems
- Mortality surveillance destatis:

		○ *Red curve represents data on COVID-19 provided by the RKI*	

	represent ○ General death rates are at a similar level to previous years ○ Only data up to CW23 was analysed as the data is only available to the Federal Statistical Office with a delay (although currently faster than normal)	
2	**International (Fridays only)** **SEEG** • The colleagues from the SEEG mission to Togo, which was cancelled, are back in Germany safe and sound, no longer in quarantine and tested negative • Relatively many activities in the field of SEEG this week, BMZ Minister Müller has focussed on SEEG, meeting with parliamentary state secretaries, BMZ wants to expand SEEG as a central point in global health protection, also particularly focussed on Corona in the near future **WHO** • Muna Abu Sin is on a WHO mission in Turkmenistan • Jan Baumann returned from Tajikistan a week ago and is due to travel there again for laboratory training in 10 days' time • Armenia: very active COVID-19 events, an Emergency Medical Team (EMT) is travelling to Armenia on Monday thanks to RKI support, Armenian embassy has also strongly supported the mission **AA & risk areas** • AA plans pandemic dialogues within the framework of the EU Council Presidency ○ COVID-19 epidemic to be used as an opportunity for greater dialogue with partners ○ Various country divisions of the AA have contacted the RKI ○ e.g. last week Latin America and the Caribbean, where there are no GHPP projects yet and less experience ○ RKI is endeavouring to share the work with the Charité, which is very active in diagnostics there ○ AA has big plans to use this opportunity to get involved ○ Further discussions planned with BMG and AA, RKI will be invited to attend • Risk areas ○ AA, BMG and BMI have decided to update risk areas only every 2 weeks, today there is no new list, but considerations as to whether the Sweden travel warning will be cancelled tomorrow, RKI will be	ZIG

		informed about this later	

	○ *The list of risk areas (so far weekly, decided by BMI, AA, BMG) and the map of Europe (daily, based on transmitted data, although possibly not complete) on the RKI website cause confusion, e.g. for Sweden* ○ *BMG and AA want expansion on world map* ○ *Mr Sangs has asked whether RKI can publish a table with incidences, as the incidence is explicitly mentioned in the quarantine sample regulation and the population would like to have a reliable German source of information* ○ *Map would be clearer and preferable to the list with reference to ECDC (reliable data)* ○ *This will be further clarified next week* **Additions Pres** • *WHO is planning a mission to China, the aim is to clarify the animal reservoir, possibly Präs will take part, date not yet fixed (air traffic and acceptance of expert visit currently difficult)* • *STAG-IH is preparing a commentary for the Lancet on the description and significance of COVID-19 transmission, thoughts for the future, how do we get through the winter, etc., to be sent out next week*	*Pres*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *RKI may now downgrade risk assessment according to BMG* • *Präs held talks on this yesterday and is leaning towards maintaining the current valuation for the following reasons:* ○ *Increasing criticism and negligence, e.g. regarding the use of masks (more than initially expected), doctors generously issue certificates of freedom from MNB, etc.* ○ *Strong increase in travel, growing likelihood of imports* ○ *More evidence that the virus causes a range of secondary damage, including mildly symptomatic cases with sometimes severe consequences* • *Discussion* ○ *Attention to risk assessment is currently not so great, change would provoke enquiries* ○ *There is a broad spectrum of risk perception among the population, making it difficult to find the right path* ○ *Only the possibility of a step increase or Escalation (to the very highest level)*	*Pres/all*

	○ *We should be satisfied with how well things are actually going* ○ *Population remains attentive, press briefings will take place again and receive a lot of attention, these verbal statements have a greater impact than the adjustment of the risk assessment* • *The text on risk assessment and how this is obtained or harmonised should be tightened up* *ToDo: LZ/FG36/Department 3 Adaptation of the text, better explanation of how the risk assessment is obtained*	
5	**Communication** **BZgA** • *Comment on communication risk assessment: there is a discrepancy in the text, on the one hand the number of cases is declining, on the other hand the overall risk remains high (generalised value for the entire population), should be presented in a more differentiated way if necessary, still mainly local incidents with regionally significantly different risks* • *Update BZgA* ○ *Correspondence regarding the increasing number of fake news publications that deny the risks and existence of the virus, serious institutions must counter this* ○ *Increasing number of enquiries (also from colleagues and people from specific specialist areas) about the effectiveness of all types of cover, BZgA refers to publications or responsible institutions* ○ *Enquiry on immunity and infectivity: it is currently assumed that neutralising antibodies (AK) provide protection, but it is not clear to what extent immunity exists that is mediated other than via AK, and there is also a risk of false positive test results, these questions have all not yet been conclusively answered* **Press** • *Yesterday's publication on COVID-10 on the plane in EpiBull* • *Monday Publication of the SeBluCo interim report* • *The latter will also be a topic at the Federal Press Conference on Monday by Präs with Mr Spahn, as well as topics such as the epidemiological situation, appeal to AHA rules, interim results of the Corona-Warn-App* • *Shared accommodation paper* ○ *Has finally been published, many thanks to everyone who helped with this very difficult birth* ○ *Integration Commissioner Widmann-Mauz had contacted the RKI, but was then only involved (if at all) by/via the BMG*	*BZgA* *Press*

		○ *Voting went in a curious way overall*	

	COVID-19 under precarious living/working conditions • *There are more outbreaks in certain precarious working and living conditions (e.g. harvest workers), there are similar circumstances in the construction industry, are there any indications that there are also more cases here? The RKI is currently not aware of anything in this regard* • *Is there a list of known outbreaks in this context? (harvest, farms, etc.)* ○ *There is a list but no scientific evaluation of the outbreaks* ○ *Dept. 3 accepts this as a suggestion* ○ *Christina Frank has looked at data on meat-processing companies, and data on music events/choirs is also being analysed* ○ *The data from the reporting system is limited for this purpose and a quantitative evaluation may not be very reliable* ○ *During the peak phase, breakouts were not created systematically (or multiple times)* ○ *The evaluation group has already discussed this, Mr an der Heiden and Mr Schuhmacher have explored data to see what information could be extracted and evaluated*	*Pres/all*
	Report from the Ministry of Labour (Julia Sasse) • *The BAUA (Federal Institute for Occupational Safety and Health)/ABAS (Committee for Biological Agents) will now always report on Fridays* • *Occupational health and safety discussed with large group including countries, employees, employers, companies, etc., coordination therefore takes a long time and is underpinned by technical rules* • *ABAS resolution 609 on non-vaccine-preventable influenza will now be adapted to "non-preventable respiratory pathogens", this will also be sent to the LZ so that RKI input can be incorporated* • *BMAS (Federal Ministry of Labour and Social Affairs) is also always very interested in proactive involvement (employers' liability insurance associations), helpful if findings can be exchanged* *ToDo: Please add this item to the crisis team agenda every Friday (possibly under a different heading?)*	*IBBS*
	Intersectoral AG • *Mardjan Arvand was at a BMAS meeting yesterday with various institutions, including the BMG, about aerosols and the next winter* • *The establishment of a working group of various ministries and subordinate institutions (BMAS, RKI, Ministry of Transport,*	

	Ministry of Agriculture) was decided, further reports will follow	

6	**News from the BMG** • *BMG Liaison apologised today*	
7	**RKI Strategy Questions** **a) General** **RKI external advisory group** • *Informal expert advisor group (14-15 people) that advises Präs was established* • *A video conference takes place every 2-3 weeks to record their input* • *The ZIG strategy paper was shared with them and is currently being revised, hopefully ready by the end of next week* • *The paper will then be presented to the crisis team again* **b) RKI-internal** • *Not discussed*	
8	**Documents** **Exchange FG37 with KBV (Mr Hauch)** • *Changes to testing (who tests how): doctors in private practice are confused, Mr Hauch has asked that nothing be changed now due to the confusion, the KBV is producing papers to inform doctors* • *Question from Mr Hauch: Is it possible to record vaccinations via DEMIS?* ○ *Ole Wichmann is in close dialogue with BMG on this issue* ○ *COVIMO project may be applied for* ○ *Question: How can data be collected in Germany without a vaccination register?* ○ *Connection to DEMIS is possible, depending on how/where vaccination is carried out* ○ *If vaccination takes place in vaccination centres, it is relatively easy to integrate them and enable central recording* ○ *If vaccination is carried out by GPs, as the BMG would like, then it is difficult to involve them, this takes a lot of time* ○ *Weekly TC with BMG to prepare project* **Discharge criteria in retirement and nursing homes** • *Discussion about shortening to 10d, FG37 can try to conduct study on this, but this is not easy and resource-intensive, first FG37 develops a paper, in internal discussion agreement that 10d + 2d freedom from symptoms* • *Negative PCR always necessary in nursing homes due to the risk setting* • *Pres reported by Minister TK this week also with ECDC: the 14d were not challenged, should not be shortened*	*FG37*

	Revision of RKI recommendations and documents • *FG37 revises recommendations on KoNa management, to which other papers are also linked* • *When things are changed, the OEs/MAs in charge should always consider what is involved* • *There is currently a little more time to revise the RKI documents well before the autumn → Ensuring that the documents are congruent and consistent with each other* *ToDo: Review of documents in the quiet summer time, concerns those who have FF for the various documents* • *Science communication project group, represented on the crisis team by Mirjam Jenny, can also look over documents (e.g. to simplify language)*	
9	**Laboratory diagnostics** **ZBS1** • *721 samples received, of which 27 (<4%) positive, declining* **Diagnostics paper** • *Many queries that revolve around the discharge criteria and Ct values, these cannot simply be answered ad-hoc, as it depends on the methods* • *RKI documents are currently not consistent, adaptation of the diagnostics paper has been delayed, updated version of the fact sheet is online* • *Ct value interpretation should be explained/clarified in the diagnostic paper (and not in the discharge paper)* • *In EuroSurveillance evaluation of the new EQA scheme it seems as if viral load (on which we assume infectivity depends) does not have that much influence on Ct value, should RKI even mention Ct value?* • *ZBS 1 & Dept. 1 harmonise diagnostics paper text, contradiction between RKI documents must be resolved* • *After customisation, also FAQ creation/customisation if necessary* *ToDo: Adaptation and finalisation of the diagnostics paper by ZBS1 and FG17*	*FG17/ZBS1/ IBBS*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *Not discussed* •	

12	**Surveillance** **ICD-10 coding** • *RKI was contacted by DIMDI/BfArM regarding ICD-10 coding for COVID-19 cases (testing, case, suspected case)* • *The coding recommendations are currently being coordinated with the relevant authorities (KBV and others)* • *The RKI recommendations usually refer to specific occasions and may use other criteria* • *A BfArM paper is in progress, but it is currently not intended to be a joint, coordinated endeavour* • *There will be another meeting on Monday: if there are any changes, the crisis team will be informed, as this has a potential impact on diagnostics, reporting channels, etc.*	*FG32*
13	**Transport and border crossing points (Fridays only)** **BMG decree: Recommendation on cruises** • *BMG would like a statement on the AA's recommendation regarding cruises, occasion email 18:50 9 July 2020 from cruise company CLIA* • *Short-term decree, BMG wants RKI statement on CLIA recommendations* • *CLIA has developed a 3-step concept to resume cruise traffic from late summer, only certain countries are to be called at and selected nationals are to be transported* • *BMG should agree to this and now wants RKI statement* • *RKI response is relatively meaningless* **Enquiries from specific industries** • *All decrees of this type (DFB, handball, cruises, etc.) should be answered as unspecifically as possible* • *RKI will not allow itself to be instrumentalised, but will refer to our recommendations, no evaluation or recommendations for specific events or industries* • *FG14 had already created a good introduction for this, in which reference is made to the principles of the RKI recommendations*	*FG32* *Pres/all*
14	**Information from the situation centre (Fridays only)** • *This week, the workload is being monitored under the new shift times: it's a little quieter, and not as much overtime is needed in the evenings, with slight adjustments if necessary* • *The question of what to do at the weekend remains* ○ *The aim is to discontinue weekend reporting → Ute Rexroth writes to Mr Rottmann, Präs talks to Mr Holtherm* ○ *This weekend as usual, then hopefully reduce in the coming weeks to allow MA recovery* • *Due to holidays, among other things, staffing levels are currently low and the*	*FG32*

	High workload for the remaining employees	
15	**Important dates** • *Not discussed*	*all*
16	**Other topics** • *Next meeting: Monday, 13 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*13.07.2020, 1:00 pm*
Venue:	*Vitero virtual conference room*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Nadine Zeitlmann*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Nadine Muller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Luisa Denkel*

- Sandra Beermann
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here), worldwide >12 million cases, >500,000 deaths* ○ *Top 10 countries by number of new cases/last 7 days: Top 3 still USA, Brazil and India* ○ *With the exception of Russia and Saudi Arabia, all are showing an upward trend* ○ *New on the list Argentina, where restrictions were reintroduced at the end of June, especially in Buenos Aires* ○ *7-Tages-Inzidenz/100.000* ▪ *27 countries with incidence >50/100.00 (Fr were 22)* ▪ **America: 6 new countries, Virgin Islands, Puerto Rico, Argentina, Turks and Caicos, Costa Rica** ▪ *Asia: Kyrgyzstan new* ▪ *Europe: Luxembourg new, also increase in testing capacities* ○ *Countries with >70,000 new cases/last 7 days* ▪ *Next Brazil, India, USA* ▪ *South Africa has been added to the list, with a nationwide curfew since Sunday,* *Alcohol sale was prohibited* ○ *Europe - current situation (>700/last 7 days)* ▪ *Case numbers continue to rise, especially in Eastern Europe and the Balkans* ▪ *Sweden is now below the threshold of 50/100,000 after a decline in the number of cases, on* *13.06. Start of the nationwide summer holidays until the end of August* ○ *Asia - current situation (>700/last 7 days)* ▪ *increase in India, Indonesia, the Philippines, Israel, Iraq and also in Kyrgyzstan and* *Uzbekistan rising trend* ○ *Africa - current situation (>700/last 7 days)* ○ *Increase in numerous countries, e.g. Algeria, Madagascar, South Africa, etc.* ○ *Australia - current situation (>700/last 7 days)* ▪ *Lockdown in the Melbourne area*	*ZIG1*

	since 8 July, slow fall decline	

- *Algeria Situation*
  - *18,712 cases, 1,004 deaths (5.4%), 7T incidence 7/100,000 pop.*
  - *Little information on the available test capacities*
  - *According to WHO community transmission, increase in cases is related to relaxation of measures*
  - *Borders are to remain closed until the end of the pandemic, there is a gradual easing of national measures (traffic, business openings) but a curfew and lockdown in 20 municipalities is currently in place, since the end of May there has been a general mask requirement*
- *Turkey situation*
  - *211,981 cases, 5,344 deaths (2.5%), 7T incidence 9/100,000 pop.*
  - *Again, no information on the available test capacities, according to official data there are daily 50,000 tests, positive rate 2-3%*
  - *Incidence in the provinces varies between 1-19/100,000, so overall quite low, the highest incidences are in Istanbul followed by Southeast Anatolia and then West Anatolia*
- *Summary*
  - *America: still the majority (60%) of new cases*
  - *Asia: rising number of cases, especially India, Indonesia, Philippines, Israel*
  - *Africa: >100,000 new cases (8% of the global total), Rising trend, >65% from South Africa*
  - *Europe: further increase in Eastern Europe and the Balkans*
  - *Oceania: Australia ~1,000 cases/last 7 days*

- *Studies/articles/news*
  - *WHO warns of COVID-19 developments in Africa, >500,000 cases*
  - *WHO deployment in China*
    - *2 experts (epidemiologist and vet) are on site, initially on a political mission*
    - *Animal reservoir to be analysed*
    - *Präs is one of the proposed experts for the team expansion*
- *Travel Europe*
  - *Tonight there is a TC with BMG on Sweden, Luxembourg, etc.*
  - *Last Friday there was already an exchange with BMG on this with the particularly affected BLs such as SL and RP, bordering Luxembourg → significant consequences if Luxembourg is designated as a risk area,*
    The BMG is therefore in dialogue with the epidemiologists on this issue

	National • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 198,963 (+159), of which 9,064 (4.6%) deaths (+1), incidence 239/100,000 inhabitants, approx. 185.100 recovered, reef=1,00, 7T reef= 0,83* ○ *At weekends there is generally less diagnosis, identification and transmission of cases, some BLs do not transmit at all, and there are also more frequent technical problems at this time* ○ *The situation appears stable overall* ○ *MV still zero cases, also ST no cases for several days (in Magdeburg the situation is calm)* ○ *7T incidences: averaged value for all BL (orange-coloured line) decreasing, slightly increasing trend e.g. in BY due to smaller outbreaks* ○ *122 districts have no cases, 239 very low case numbers, only 51 districts have a 7T incidence >5, one district has a 7T incidence >25/100,000 (Gütersloh)* ○ *There is an outbreak in a home for asylum seekers in Bad Tölz, serial examinations have been carried out and the entire building has been screened* ○ *Generally various smaller incidents, some family outbreaks without a clear source of infection* ○ *No news on already known outbreak events* • *There are signals from some large cities, are these outbreaks or individual cases that cannot be attributed to an outbreak?* ○ *Cities are kept in view, it is not always clear why there are sometimes many cases here as these cannot always be assigned well, it is uncertain whether events are hidden behind them* ○ *Enquiry about cities (e.g. Düsseldorf, FG37 happens to know about KKH outbreak there) is not always fruitful, cases are not assigned to any outbreak* ○ *The presentation of case numbers should be returned to the situation presentation* ○ *Large cities with ≥500,000 inhabitants should be looked at more closely and analysed if necessary* ○ *ÖGD contact point will provide information and support with outbreak monitoring* ○ *The signals project in Department 3 is being continuously developed/expanded and refined based on the reporting data system in close cooperation and can already be utilised* ○ *This should be fed back to the cities to see whether cases come from known events or cannot be assigned* ○ *The aim would be for GA to use the dashboard itself, the Visualisation of data would attract more attention*	*FG32* *Pres/all*

	receive ○ *The rate of clearing up chains of infection is currently unsatisfactory* ○ *Current resources in the GAs are not sufficient, planned technical equipment by BMG is a drop in the ocean* ○ *ÖGD also receives support from the federal government for staff, who must be trained; the RKI can take on a stronger role here* **Trumpet cluster results** *(slides here)* • *Presentation of an outbreak investigation in a nightclub in Berlin Mitte at the beginning of the epidemic in Germany (March)* • *Collaboration between RKI, GA Mitte and Charité* • *Several cases were identified in connection with the nightclub, the investigations were delayed due to the ÖGD burden* • *There was a request for administrative assistance and 3 RKI-MA (Nadine Muller, Neil Saad, Nadine Zeitlmann) were involved* • *>500 people who have been to the nightclub have come forward* • *Objectives, activities, results see slides* • *75 cases were assigned to the outbreak, 58 of these were transmitted to the LAGESO under the cluster herd identifier created, 17 further cases were identified through the survey, 54 cases directly assigned to the events in the nightclub, 9 cases of the 2nd generation, highest AR at the 1st event (almost 13%), 60% of the nightclub MA affected* • *Probable index case identified and indication of superspreading by this and 1 nightclub MA* • *No evidence for multiple origins from sequencing* • *Evaluation and conclusion* ○ *Cluster assignment in SurvNet is not complete* ○ *Very good collaboration with the GA Centre* ○ *Collaboration with other GAs sometimes problematic* ○ *Detailed description of the superspreading event* ○ *Evidence for high transmission risk in this setting* • *Questions/Discussion* ○ *Contact person information was not available to the RKI during the investigation (not even the number of CPs)*	*FG37/PAE/ FG32*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** **CWA** • *The number of downloads is just under 15 million.* • *In the last 2 weeks, work has primarily been done on the laboratory connection and GA collaboration, which are*	*ZIG1*

	currently prioritised	
	• Coordination is underway with some GAs • Laboratory connection is being driven forward by BMG • QR codes for verifying positive tests ○ Only available via verification hotline ○ ÖGD must commission the printing of the QR codes itself, the sample for this is supplied ○ Practices and GAs do not yet have this sample available ○ It should be available for GPs at the end of the week, but will take even longer for general practitioners ○ BMG is exploring ways to ensure this • Citizens' queries mainly on the procedure for reporting risks, fewer technical questions and questions on data protection • Approx. 500 users have requested a TAN, these users probably had a positive test and wanted to inform → relatively high number, question is how these are distributed in the population • CWA MA work with Mr Lekschas on possible cases of abuse **IMIS** *(see document)* • IMIS emerged from the German government's #WirVsVirus hackathon and focuses on the digitalisation of IfSG-related tasks in close cooperation with health authorities • Project funded by the Federal Government and the BMBF • First of all, it must be checked what the product is, the objective, motivation and content, what is actually intended • A separate software for GA would be rather difficult, as the RKI believes that SurvNet and DEMIS should be used uniformly • Contact is planned to evaluate whether integration is possible or useful and could be linked to DEMIS • Sandra Beermann searches for contact details	Pres/FG32/ Dept. 3

4	**Current risk assessment** • *There is a new draft for voting: risk assessment essentially remains unchanged* • *A description of the methodology and explanation of how the RKI carries out the assessment has been added* • *In mid-March, the basis for the RKI risk assessment was more hidden; these are now also being adapted and updated* • *Change in terminology from "healthcare" to "Healthcare", this is more inclusive* • *Crisis team will read through the new text again tomorrow and it will be adopted on Wednesday* *ToDo: Crisis team members read through assessment again, Wednesday adoption and publication*	*FG32/all*
5	**Communication** **BZgA** • *Main topics of the enquiries to BZgA:* ○ *Travelling, within Germany, Europe and in general* ○ *Parents: planning security after the holidays, Childcare after the school holidays* ○ *Event planning: many queries about this* • *AGI TK: Paper on events is on the agenda, whether it will be adopted is not foreseeable, there have only been minor changes so far* **Press** • *Many enquiries about the discrepancy between the map of Europe and the risk areas on the RKI website* • *Federal Press Conference today* ○ *Nothing conspicuous, went well overall* ○ *President is moderately satisfied, journalists are becoming increasingly more political and less substantive, questions are becoming more critical, climate is getting rougher*	*BZgA* *Press*

6	**News from the BMG** • *Iris Andernach is back, there are currently no major issues or construction sites, please contact her if you have any questions*	*BMG*
	CWA • *BMG has asked whether RKI is adapting documents because of the CWA* o *KBV does not want any changes* o *Handout for CWA is considered sufficient by KV* o *RKI therefore does not make any adjustments* • *Is a symptomatic CWA user with a risk exposure report a reportable suspected case (analogue KP classification by the GA)?* o *Suspected case transmission was established at the beginning of the epidemic for early case identification* o *CWA indicates number of risk encounters and their date (number of contacts, date for each)* o *In terms of content, this is not to be equated with the KoNa evaluation of KP Cat I and II by the GA, which includes duration of exposure, details of contact* o *Do RKI documents and schemes need to be adapted in this regard?* o *No, when the CWA was introduced, it was decided that CWA risk encounters are suspected cases, RKI papers for practising doctors are clear on this, stating that these people are suspected cases* o *The documents and the procedure were submitted to the AGI and accepted by the latter, this is not in great professional contradiction to current RKI documents, there is no need for change* o *GA should be informed about these cases, there won't be that many of them*	*All*

7	**RKI Strategy Questions** **a) General** **Exclusion of children from community facilities with mild ARE symptoms** • *Order of the Ministry of Education that children with symptoms of ARE are not allowed to attend the community centre for 10 days unless there is a medical or official certificate that excludes the presence of COVID-19 disease* • *This leads to a complete overload of paediatricians' surgeries with the simultaneous increasing closure of test centres and dissatisfaction among parents* • *It is unclear whether there is a legal basis for this?* • *Two questions* 1. *When does the child need to be tested?* 2. *When should it be excluded from the daycare centre?* • *Discussion see below* **Corona daycare centre study** *(slides here)* • *Activity in different age groups of children from GrippeWeb* • *Strongest increase in the incidence of acute respiratory pathogens in the youngest age group compared to recent years, with infants particularly affected* • *Reported COVID-19 case numbers of 0-5 year olds are declining, there was a peak 3-4 weeks ago due to outbreak events* • *Proportion of cases in the 3 age groups <18 is the same as the previous week* • *COVID-19 symptoms in children* ○ *Information is available for ¾ of the cases submitted, for older children approx. 80%* ○ *In 1/3 only one symptom is mentioned, frequently mentioned single symptoms: Fever, cough, general symptoms* *Symptoms, cold* ○ *Runny nose as a single symptom in 3% (rare)* ○ *At least 1 symptom was reported in 68%* ○ *In the case of multiple symptoms, fever and cough are the most common at 30-40%, rhinitis 19% (less rarely as a multiple symptom)* ○ *Low proportion of loss of odour and taste (0.5- 5%) as an additional symptom* ○ *Runny nose should be included in the test indication (one of the 4 most common symptoms), as runny nose + general symptoms are not so rare* • *Discussion (also on the above-mentioned topic of re-authorisation)* ○ *Tests are currently often used in the sense of a screening*	*AL3/FG36* *FG36*

	performed without an acute cause, so that the predictive value is even lower → this becomes even more complicated if more respiratory pathogens circulate and must be well observed ○ *There is also an exchange with foreign colleagues (UK, Israel)* ○ *Test indication should be clear/given, testing for colds can be useful, exclusion not in every case* ○ *A cold alone as a criterion for exclusion from daycare/school should not be taken until the test result is available; test results should actually be available quickly so that children with a negative test can go back to school as soon as they feel better* ○ *COVID-19 is not listed in the law (§34) with regard to the re-authorisation criteria* ○ *So far, there is no evidence that there is a shorter elimination period in children, so the same criteria as for adults should currently apply until more data is available* **b) RKI-internal** • *Not discussed*	
8	**Documents** • *Not discussed*	
9	**Laboratory diagnostics** • *FG17: Summer surveillance, respiratory viruses circulating, 60 submissions last week, detection of only rhinoviruses, as expected for this time of year* • *Revised diagnostics paper on the Ct value to be discussed this Wednesday* *ToDo: Preparation of diagnostic paper in relation to Ct value for discussion in the crisis unit on Wednesday 15 July 2020 (see crisis unit 10 July)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** **KoNa Software Bavaria** • *BY has commissioned its own KoNa software, which is currently*	*AL3/FG32*

	Use probably on a voluntary basis, it is unclear how many GAs want to/will use it • *The RKI is not yet aware of any further details, but the question of the connection to the reporting system without data loss is interesting* • *Basically, KoNa is separate from the reporting system, but contacts sometimes become cases and it is therefore desirable that these can be easily integrated* • *This will be pursued further, but it remains a challenge to coordinate and integrate the various initiatives*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *Influenza expert advisory board meets tomorrow, Präs and Walter Haas clarify bilaterally to what extent autumn and infection epidemiological measures should be discussed in it*	
16	**Other topics** • *Next meeting: Wednesday, 15 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*15.07.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Meike Schöll (minutes)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*
- *BMG*
  - *Iris Andernach*

- Heidrun Thaiss

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *>13 million cases worldwide, >570,000 deaths* • *Top 10 countries by number of new cases/last 7 days: Top 3 still USA, Brazil and India (no change from Monday)* • *7-day incidence/100,000 inhabitants* • *In Asia, Palestine and the Maldives have been added, while North Macedonia has been added in Europe (North Macedonia has been fluctuating around the threshold for weeks).* • *28 countries with 7-day incidence >50/100,000 inhabitants (on Monday 27 countries, Seychelles and Puerto Rico have since been removed).* • *Countries with >70,000 new cases/last 7 days: slightly decreasing trend in Brazil, still increasing in India, USA and South Africa.* • *European countries with >700 cases in the last 7 days: Eastern Europe/Balkan countries are showing an upward trend, including Romania, Kosovo and Bosnia-Herzegovina. In addition, Portugal and Spain (currently 170 active clusters in Spain, new lockdown in Catalonia) with a slight upward trend.* • *Countries in Asia with >700 cases in the last 7 days: South-East Asia is heavily affected, especially India with the national capital Delhi and the states of Tamil Nadu and Maharashtra, which is partly attributed to cramped living conditions. Central Asian countries such as Uzbekistan and Kyrgyzstan are also showing increasing trends. In Tokyo, Japan, the highest alert level is currently in force (although shops are open); it is primarily young people who are affected. Hong Kong is also reporting an increase in cases; new measures are in place there from today, including limiting gatherings to 4 people and severely restricting the opening hours of restaurants.* • *African countries with >700 cases in the last 7 days: South Africa in particular shows a strong upward trend.* • *Australia: Lockdown measures have been in force for a week in Greater Melbourne and Shire of Mitchell, and the number of cases continues to rise.* • *Summary* • *The Americas continue to account for 60% of new cases and 60% of deaths in the last 7 days* • *Asia: Increase and high number of cases in India,*	*ZIG1*

	Indonesia, Philippines and Central Asian countries • *Africa: more than 100,000 new cases in the last 7 days, of which almost 70% are in South Africa* • *Europe: Eastern Europe/Balkan countries primarily affected* • *Oceania: further increase in cases in Melbourne, Australia* • *Studies/articles/news* • *Amnesty International Report of 13 July 2020: >3,000 COVID-19 deaths among HCWs are reported in 79 countries. A severe underestimation is assumed. The deaths are due to Russia, Great Britain and the USA in particular. The lack of protective equipment and reprisals are cited as possible causes.* • *Pediatrics: Based on an analysis of national surveillance data from Italy (with almost 4,000 paediatric cases from more than 216,000 surveillance data), an odds ratio of almost 3 for a higher risk of serious illness is reported in the presence of pre-existing conditions. An odds ratio well below 1 is reported for age groups over 1 year.* **National** *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 199,726 (+351), of which 9,071 (4.5%) deaths (+3), incidence 351/100,000 inhabitants, approx. 186,000 recovered, Reff= 1.02, 7T Reff=0.91* • *Currently on ITS 266 (+2), of which 125 (-5) are ventilated - still constant* • *MV still has no cases, HB and HH have not currently reported any cases either. NW is the only BL with an increase of more than 100 cases compared to the previous day (but the trend there is downward).* • *In a comparison of CW26 with CW25, 9 out of 16 CCs show a decline in the number of cases. The increase in Saarland may also be due to its proximity to Luxembourg.* • *The R value fluctuates around 1.* • *7-day incidence according to the date reported by the BC: The value averaged across all BCs (orange-coloured line) is constant. A slight upward trend is observed in BY, for example, due to smaller outbreaks, while NW and HB show a downward trend.* • *112 districts have not reported any cases in the last 7 days, in another 238 districts very low incidences are observed. 61 districts have a 7T incidence >5 and <25/100,000, 1 district has a 7T incidence >25/100,000 (LK Bad Tölz-Wolfratshausen). The 7T incidence in the district of Gütersloh has fallen below >25/100,000 inhabitants.* • *Weekly comparison: only Bad Tölz conspicuous.* • *LK with the highest number of cases in the last 7 days: SK*	*FG32*

	Duisburg and SK Munich have the highest number of cases, the 7T-	

	However, incidences are higher in the Bad Tölz-Wolfratshausen district, the Gütersloh district and the Hochsauerland district. • *Age distribution by week of notification: The proportion of older age groups in the total number of cases with relevant information has fallen sharply over the course of the pandemic and remains rather low.* • *Cases reported by activity or care in institutions: Cases cared for under Section 36 (shown in pink) accounted for a larger proportion between week 14 and week 24, which has since decreased. The proportion of people working under Section 42 (in orange) is falling. The proportion of cases for which the relevant information is missing is still high; the importance of data completeness was again emphasised during the EpiLag.* • *Transmitted cases by place of exposure: A slight increase in the proportion of imported cases can be observed, although the proportion remains relatively low.* • *Most frequently exposed countries: Serbia, Kosovo, Bosnia and Herzegovina.* • *In the district of Bad Tölz-Wolfratshausen there is an outbreak in 2 shared accommodation centres, another outbreak is described in the Hochsauerland district.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *The risk assessment should essentially remain unchanged, but the explanatory text has been adapted.* • *It is suggested that the wording of the AHA rules (respiratory protection vs. MNB, order of aspects) be reviewed.* • *It is discussed to what extent the insertion on the first page "despite intensive countermeasures by society as a whole" seems sensible. On the one hand, it contains the aspect of solidarity and emphasises the special nature of the pathogen; on the other hand, recommendations are not followed by all sides. A different placement of the reference seems sensible.* • *In principle, there is a great deal of support for the paper (apart from the aforementioned insertion).* *ToDo: FG32 revises the version and shares it again in the crisis team distribution list*	*FG32/all*
5	**Communication** **BZgA** • *In addition to masks, travelling and psychological stress, the main topics of the enquiries are dealing with children and*	*BZgA/all*

	adolescents with regard to schooling and home schooling. To date, the doctors treating the children have already provided advice on school attendance depending on their underlying illnesses. An inventory is required, also with regard to the different regional conditions (home schooling, lessons in blocks, etc.). **Press** • *It is suggested that the document published on the website with general measures to reduce contact be updated. Among other things, it recommends a distance of 1 to 2 metres.* • *The document originates from the national pandemic plan part I federal and state, independent of each phase. A general document on the battery of measures should continue to be available, possibly with references to AHA rules and other documents.* *ToDo: The paper is to be updated.* • *Natural frequency trees are presented as communication tools using the example of quality and goodness of medical tests as a function of prevalence. A meta-analysis has shown that these natural frequency trees greatly increase the understanding of non-statistically trained persons and thus represent a potentially valuable tool in risk communication.* • *A detailed presentation of possible risk communication tools could take place either as part of the crisis team or in the Wednesday seminars planned from August.*	*Press* *P1*
6	**News from the BMG** • *Current topics include the start of school and daycare after the summer holidays (including questions about testing, screening, colds as the sole symptom for testing, dealing with certificates, enabling telephone certificates). A telephone call with the Association of Paediatricians is pending in this regard.* • *The interministerial crisis team met yesterday to discuss, among other things, travelling in an international context, how to deal with people entering the country, restrictions on air travel from certain areas and the resumption of cruise traffic. For the latter, taster cruises without shore leave were discussed as part of an initial phase, taking hygiene concepts into account. In addition, the implementation of quarantine obligations and controls at airports was discussed, which will be further decided at ministerial level.* • *Another issue concerned Turkey's demand for a regionalised consideration of risk areas in order to remove areas with a strong tourism industry and low infection rates from the list of risk areas. Special treatment is rejected by the BMG, a further*	*BMG*

	Assessment is planned at the Federal Chancellery.	
7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** *Strategy paper* • *The paper was restructured by the BMG and some of the wording was adapted. ZIG has revised the paper again, in particular the presentation of the sample quarantine regulation has been formulated somewhat more cautiously. The paper is to be sent to BM Spahn as a template; a new feedback loop would be necessary for the further communication process. meaningful. Comments are still possible and welcome.* • *It is suggested that the document should also be scrutinised with regard to the current summer media slump. It is also noticeable that the various aspects differ greatly in their scope and depth of detail (e.g. the role of the Bundeswehr is reported in detail, while the strategy is presented in just a few lines). A harmonisation would be useful.*	*ZIG/all*
8	**Documents** • *Based on an RKI document from the beginning of March, the Infection Protection Working Group is preparing a document on events. It is asked whether this document can be placed on the RKI website or instead as Epid. Bull. Article instead.* • *The paper should be finalised and circulated within the crisis team before a decision is made regarding placement. If it is published on the website, the authorship should be clearly communicated.*	*FG32*
9	**Laboratory diagnostics** • *An explanation of the Ct value has been added to the diagnostic document. This resolves the contradiction with the discharge criteria.* • *Diagnostics is currently relatively quiet, but 160 samples from a single GA have already been announced for 16 July 2020.*	*ZBS1*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** **Syndromic surveillance** *(slides here)* • *GrippeWeb shows an increase in the ARE rate, particularly among the*	*FG36*

	children. The ARE rate has thus reached the range typical of the previous year's periods, and the all-time low has thus been overcome. • *ARE consultations have been increasing, particularly since week 24, primarily among children aged 0 to 4 and, to a lesser extent, among children aged 5 to 14. The overall ARE consultation incidence is now similar to that of the same period last year.* • *Few samples were recently submitted for virological surveillance. The sentinel samples primarily contain rhinoviruses. The current measures and their compliance do not appear to suppress ARE. This should be taken into account with regard to the increasing COVID-19 fatigue for the coming autumn.* • *As part of the hospital surveillance of severe acute respiratory infections (SARI), the total number of SARI cases has recently risen slightly.* • *The proportion of SARI cases with an additional COVID-19 diagnosis is consistently low (3 to 4%).* • *The extent to which current measures should be advertised more strongly or flanked by further measures is being discussed. The current measures do not appear to have any visible effect on the occurrence of acute respiratory illnesses. In general, the effect of all measures (in regional comparison) and their compliance should be systematically investigated and compared with the outbreak incidence and infection epidemiological parameters in the respective territorial units. The effect of the suspension of events or the closure of restaurants/bars/pubs has not been conclusively clarified. The University of Bielefeld is compiling an overview of measures in the various BLs and LKs in NW; the RKI has applied for a study on this, which is still pending approval.* • *The AHA rules are currently not being implemented sufficiently. In some cases, the distancing requirement is considered invalid with reference to low case numbers - the scientific explanation for the spread of droplets should be better communicated here -; in other cases, the MNB is not adequately supported. It is clear that the AHA rules are non-negotiable and must be consistently adhered to regardless of the current number of cases.* • *It is suggested that idols from the public be used to promote the AHA rules. From the point of view of the BZgA, there are many considerations regarding a wide variety of campaigns, for which an inventory is first necessary, in particular on the question of whether the laissez-faire attitude is general or occasion-related or limited to certain target groups.* **SARS-CoV-Surveillance in ARS** *(slides here)* • *The scope of testing continues to increase and reaches the highest level ever recorded.* • *The proportion of positive tests among all tests across the*	*FG37*

	time per day is still low. • *The test delay, i.e. the time in days from sample collection to test result, is increasing, which is due to increases in NI and RP (RP with an average test delay of 4 days).* • *With regard to the number of tests per 100,000 inhabitants by age group, there is a sharp increase in the 0 to 4 age group, which may be related to the fact that children with symptoms are excluded from attending daycare centres until a medical certificate is presented.* • *The positive rate is similarly low in all age groups.* • *SARS-CoV surveillance in ARS is set up in such a way that antibody results can also be transmitted. Data from around 11,000 people with a positive PCR test and subsequent AK determination are recorded. The weekly proportion of patients with an AK test after a positive PCR shows a positive AK test in around 50% of patients within the first week after PCR testing; this proportion rises to around 70% in the following week; no further increase is observed in the subsequent weeks.* • *Further stratification of the results shows that the AK response in patients with a positive PCR test is lower in doctors' surgeries than in hospitals. This could possibly be due to the fact that patients in hospitals are more severely ill and therefore more likely to develop AK. It can also be seen that the proportion of patients with a positive AK test is higher in older age groups than in younger age groups.* • *The data was additionally stratified with regard to intensive care units (not listed in presentation), whereby the proportion of people with a positive AK test is even higher than in hospitals in general. This supports the hypothesis that the severity of the illness could play a role. As the proportion of people with a positive AK test increases with each age group, a systematic explanation can be assumed.* • *The laboratory data cannot be correlated with clinical data. Only age, gender and information on collection in a practice or hospital are available.* • *Data are now also available beyond the reported 6 weeks after PCR testing, although this is a small number from which no further conclusions can yet be drawn regarding the progression of AK titres.* • *It is discussed that the willingness to test and/or the knowledge about it is low under the 116 117 number and in some cases among doctors in private practice. It should be taken into account that critical information may not reach the medical profession (e.g. about billing, testing strategy, etc.) or is not sufficiently prioritised. The KV could be sensitised again in this regard.*	

	Dashboard provider • *Yesterday there were problems with the dashboard at ESRI, which have been resolved today. The question arises as to whether a long-term commitment to ESRI is planned and, if so, which parameters this has to fulfil (response times, disclaimers, etc.). If necessary, consideration could be given to whether the dashboard could be operated via current or proposed third-party funded projects or via another external provider.* • *It is emphasised that an external service provider is necessary for the dashboard and that isolated solutions should be avoided. ESRI is currently favoured.*	*FG32*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Report from BAUA and ABAS (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** *Personnel planning* • *It was discussed in Department 3 that due to the current holiday period and the return of various employees to their own departments, who were actually seconded to the Situation Centre until the end of the year, it is difficult to staff the Situation Centre. In view of the autumn, stronger and continuous support from other departments is necessary.* • *ZBS1 is also dependent on the input of employees from other departments with regard to the current sample volume.* • *Mr Rottmann was informed last week about the planned discontinuation of the situation reports at the weekend. This information was interpreted by Mr Rottmann as a request which, in his opinion, should be discussed at a higher level. Präs is in talks with Mr Holtherm and BM Spahn about this. Until further clarification, weekend reporting is to be continued.* • *The extent to which the 40 additional positions for the ÖGD contact centre can solve the capacity bottlenecks is being discussed. However, sufficient time must be allowed for the recruitment and training of new employees, and the issue of space has not been resolved. The additional staff will certainly ease the burden in the long term, but the Situation Centre will have to rely on staff throughout the building during a pandemic. Around 150 employees are currently trained for the Situation Centre, and the FGs also have to manage content-related tasks.* *Release of the management reports by AL3* • *With regard to the management reports, it is decided that the management report will first be prepared by the department management and in the*	*AL3/ZBS1/ all*

	connection must be authorised by Präs.	
16	**Important dates** •	
17	**Other topics** • *Next meeting: Friday, 17 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*17.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1/INIG*
  - *Sarah McFarland*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Marjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG 32*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Julia Sasse*
- *ZBS1*
  - *Janine Michel*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*

TOP	Contribution/Topic	brought in from
1	**Current situation** **International INIG** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Compared to 15.07.20: The countries have remained relatively the same in rank.* ○ *New: Bangladesh, which is in 10th place instead of Saudi Arabia.* • *7-day incidence per 100,000 inhabitants* ○ *Compared to the presentation on 15 July 2020, the countries have remained relatively unchanged.* ○ *New are: In Africa: Capo Verde and in South America: Puerto Rico* • *Countries with > 70,000 new cases/last 7 days* ○ *Almost the same as on 15.07.20* ○ *Brazil continues to descend, but not as strongly.* • *Africa - Current situation, > 700 cases (7T)* ○ *Almost 70% of cases in South Africa* ○ *Steep rise in Ethiopia* • *America - Current situation, > 700 cases (7T)* ○ *Several countries show increase* ○ *Colombia: Bogota severely affected, high death rate* ○ *USA: increase in many federal states in the last 40 days* *Since 15.07.20, hospital data is no longer reported directly to the CDC, but to the data centre in Washington. The data contains the following information, among others: Bed capacity, ventilation, HCW capacity. Official reason: Larger data capacity and faster processing.* • *Asia - Current situation, > 700 cases (7T)* ○ *Increase in several regions* ○ *China: City on the border with Kazakhstan is "under lockdown"* ○ *India: still strong increase* • *Europe - Current situation, > 700 cases (7T)* ○ *Steep rise in Bosnia-Herzegovina* ○ *Spain: Region west of Barcelona "underlock down", as well as some districts of Barcelona. Mallorca: Introduction of compulsory masks*	*ZIG1/INIG*

	• *Oceania: Australia - Current situation, > 700 cases (7T)* ○ *Greater Melbourne is "underlock down"* • *"unknown pneumonia"/ Kazakhstan* ○ *Accumulation of unknown pneumonia since the beginning of the year* ○ *Summary presented by WHO* • *COVID-19/ Kazakhstan* ○ *Slide shows the summary of the WHO TK (GOARN)* • *Summary* ○ *Americas: 60% of new cases and more than 60% of new deaths in the past 7 days (most cases / deaths in Brazil, USA)* ○ *Asia: Increase in the past 7 days, especially in India, Indonesia, Israel, Oman, but also in Central Asia (Kazakhstan, Uzbekistan)* ○ *Africa: > 121,000 new cases (8%) in the past 7 days, almost 70% of them in South Africa* ○ *Europe: continued rise in the number of cases in Eastern Europe and the Balkans* ○ *Oceania: Increase in cases in Melbourne, Australia, since 1 week: complete lockdown of Greater Melbourne and Shire of Mitchell first until 19 August.* ○ *Kazakhstan: Increase in "undiagnosed" pneumonia cases under investigation* *Hypothesis: increase in cases is linked to COVID-19; sampling, laboratory methodology and relaxation of measures possible causes* • *Please provide further sources to verify the situation in Kazakhstan. Currently proving difficult. Perhaps ZIG will receive more information in the afternoon.* • *Around 4.5 million people with a German passport live abroad. Many in Eastern Europe. This should be borne in mind, as a considerable amount of infection could be brought in from abroad.*	*Institute management/ ZIG*

	National • *Case numbers, deaths, trend (slides here)* • *Situation National, 17.07.20* ○ *Both R-values fluctuate around one* • *Cases and deaths per federal state* ○ *Today, the total number of cases is higher than usual at 583.* ○ *The biggest difference compared to the previous day, with 322 cases, is in NRW* • *Nowcasting - Estimation of the reproduction number (R)*	*Inst. management* *FG32*
	○ *Both R-values are increasing.* • *7-day incidence by reporting date Federal states* ○ *Overall, we see an increase* ○ *NRW shows the largest increase, followed at a considerable distance by Bavaria* • *Geographical distribution in Germany: 7-day incidence* ○ *Only one district (Bad Tölz) has more than 25 cases/100,000 inhabitants.* ○ *No district over 50 cases/100,000 inhabitants.* ○ *Gütersloh has fallen further* • *Counties with the highest number of cases in the last 7 days* ○ *LK Mettmann (NRW) has the most cases* • *Current outbreaks/counties with high case numbers* ○ *Outbreak in LK Mettmann both in one family and cases in three daycare centres* ○ *Cologne/Auweiler are cases in a refugee centre* ○ *Entries about Luxembourg are suspected in Trier.* • *In laboratory tests over 500,000 smoothly achieved.* • *It is agreed to ask doctors or districts more clearly for all details on outbreaks, especially infection locations and infection incidence. The 8-digit postcode should always be included. This allows the incidence of infection to be assessed.* • *When the next press briefing will take place will be discussed with Pres and the press after consultation with the press team, especially on the role of children, which has been better described by new studies.* *ToDo: Plan the next press briefing*	*FG32* *FG37/FG32/ Inst. management*

2	**International (Fridays only)** • *Travelling:* ○ *Muna Abu Sin recently returned from Turkmenistan. Report on the mission there soon. Country continues to state that there are no Covid-19 infections. There are clusters of pneumonia.* ○ *Emergency Medical Team in Armenia* ○ *Emergency Medical Team with Jonathan Baum back from Cameroon tomorrow.* ○ *A two-month laboratory training programme with Jan Baumann is about to start in Tajikistan* ○ *Mission to Mexico currently under review* • *International serostudies* ○ *In Iran (most advanced) and Malawi*	*ZIG (Fr. Hanefeld)*

	○ *An employee will soon be appointed to coordinate the international serostudies, until then please contact Mr Ellerbrok. It is agreed to ask GÄ or circles more clearly for all details on outbreaks, especially places of infection and infection incidents.* • *Projects in Pact of Measures 2 on Covid-19 gain momentum: A comparison of Guinea and Singapore with Germany. This is done in consultation with Dept. 2* • *Ms Lauffer and her colleagues are writing a handbook for employees on emergency medical missions abroad. Many thanks to all colleagues for their input.* • *Exchange with other countries in need of support:* ○ *Discussions were held with Iraq during the AA pandemic dialogue as part of the EU Presidency. Strong support in the country, also from the BW; consideration is being given to whether GoData support is possible. Basil Karo is providing support here. Other colleagues with knowledge of Arabic will be invited to provide support.* ○ *Egypt needs support: Osamah Hamouda and Basil Karo are already involved. Colleagues with knowledge of Arabic are also welcome to take part here.* • *Mr Ellerbrok has extended talks with Ethiopia to provide support in the laboratory sector within the framework of Africa CDC.* • *Thanks to Ole Wichmann for his support in the GHPP project, in which National Immunisation Commissions. Ukraine is a co-operation partner in this project. Ukraine is interested in the German Containment Scouts System, as SARS-CoV-2 surveillance is severely overstretched. Tim Eckmanns is interested and will get in touch.* • *The problem with the risk areas for the BL is that the world map is updated more frequently than the EU map. This is confusing. As of today 870 questions on risk areas in the RKI-Info mailbox.* • *There is hardly any control of the quarantine VO in the BL. BMG therefore wants to reintroduce the exit card. This will create mountains of paperwork that are almost impossible to process. Solutions are not available in the short term in terms of content and technology. Nevertheless, there is agreement on the need for quarantine checks.* *ToDo:* • *To coordinate the international serostudies with new ZIG*	*ZBS1/ Institute managemen t/ ZIG/ Press/ FG32*

	employees yet to be appointed, please contact Mr Ellerbrok in the meantime.	

	• *Talk to Mr Lampert about the coordination of national serological studies.* • *ZIG offers to raise the issue of the lack of quarantine control with the possible consequences of registering cases with political decision-makers.*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** *Not yet updated; waiting for confirmation from Pres*	*Institute management/ FG32*
5	**Communication** **Press** • *No further points.*	*Press*
6	**News from the BMG** *No current concerns according to BMG*	*FG32 reports for BMG*
7	**RKI Strategy Questions** **a) General** *Ms Hanefeld's strategy paper was discussed and received constructive feedback. After revision, the paper will be sent to Mr Holtherm. As soon as possible on the RKI website.* *Key adaptations of the paper: Do not stigmatise certain groups with language; everything is a learning process for society as a whole; schools and daycare centres have an important role to play; emphasise more personal responsibility of fellow citizens; conclusion: We must learn to live with the virus.* **b) RKI-internal** *Not discussed*	*Inst. management*
8	**Documents** • *Position paper on participation (documents here)* ○ *So far, a small group has been set up to implement participation in the RKI GHPP-Covid Group (Ms Fehr)* ○ *In section 3 already Participatory paper on Community centres (Ms Vygen, Ms Sarma). They are happy to take part in the participative group.*	*ZIG/ FG34*

	ToDo: There is interest. Someone from this group will be invited to the crisis team to give a presentation.	
9	**Laboratory diagnostics** • *To date 400 samples analysed: positive rate fluctuates; GA Pankow sends samples on Thursdays and Fridays. Everything is going well, but they are dependent on support from other FGs.* • *Virological surveillance: 1 parainfluenza, 0 SARS-CoV-2 since April Many samples sent in from children, rhinovirus more than usual* *ToDo: FG17 will report next week a comparison of the Viral evidence from previous years*	*ZBS1/ FG17*
10	**Clinical management/discharge management** • *Accompanying document on discharge criteria has been adapted and is now online* ○ *Adjustments were made in the following areas:* ○ *the high Ct value* ○ *also addresses long-term positive* ○ *Dexamethasone vs Remdesivir for clinical outcome crucial to compare the two drugs* ○ *Many more Covid-19 patients have to be transferred to hospital and not discharged, Paper soon* ○ *200 therapeutics listed, but recommended only these two drugs above; lacks good effective therapy* *ToDo: none*	*IBBS*
11	**Measures to protect against infection** • *No demand*	
12	**Surveillance** • *Update DEMIS Roll-out:* ○ *Map created for the roll-out* ○ *Creating the certificates works well* ○ *Further development of additional content underway*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *Already mentioned, drop-out card, KoNa in the LZ very strongly increased, big problem to get passenger data, labour-intensive, administrative assistance request for all KoNas is time-consuming* • *BAUA ABAS Update (Sasse): SARS-CoV-2 occupational health and*	*FG32*

	safety standard	
	is currently being revised: All-round for all; thanks for RKI input; schools very busy, but not responsible because Ministry of Labour is responsible; BMAS • *Pathologists want to present their results from autopsies next week. Mon 3 pm if you are interested, please contact her;*	
15	**Information from the situation centre (Fridays only)** • *Services extended again due to heavy workload; Tasks & Int. comm. Heavily utilised; press liaison must be resumed next week; so far no go to omit the situation report on WE* • *Wieler: What is Press Liaison? Questions cannot currently be dealt with in terms of content. They become tasks and are then charged to other employees.* • *Ute: Statistics of the LZ on the services 595 FG32, Wieler, please summarise, he will send it to Holtherm*	*FG32*
16	**Important dates** • *Julia Sasse Pathologist appointment* • *Israeli colleagues exchange, Sasse: In appointment coordination; have errors listed: Started via schools second wave, then parents, then in clubs* *Wieler this interest, because public perception: schools play no role; can Israelis report on education in Germany?* • *Sweden situation (Hanefeld) What can we learn from Sweden? Anders Tegnell (Swedish epidemiologist) good contacts to the RKI, will meet with him.* • *Wieler: Finland is a good school model.* *Finland: Mika Salminen; Ute establishes contact*	
17	**Other topics** • *Next meeting: Monday, 20 July 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol
(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*20.07.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Osamah Hamouda Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept.3*
  - *Osamah Hamouda*
  - *Sandra Beermann*
- *ZIG1/INIG*
  - *Andreas Jansen*
  - *Sarah McFarland*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG 32*
  - *Ute Rexroth*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *ZBS1*
  - *Eva Krause*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *P1*
  - *Ines Lein*
- *BMG Liaison*
  - *Iris Andernach*
- *German Armed Forces*
  - *Katalyn Rossmann*

- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	brought in from
1	**Current situation** **International INIG** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days:* • *Since yesterday >14 million cases worldwide and of those 4.2% deceased, slightly decreasing trend in Brazil, Argentina and Bangladesh* • *7-day incidence per 100,000 inhabitants* • *30 countries over 7-day inc. > 50 cases/100T. Pop.* • *New are Guatemala and Honduras* • *Countries with > 70,000 new cases/last 7 days* • *Same countries as on Friday* • *Steep rise in India, South Africa and USA, except in Brazil* • *Africa - Current situation, > 700 cases (7T)* • *Over 8% of cases worldwide* • *South Africa continues to be the most* • *New in Zambia* • *America - Current situation, > 700 cases (7T)* • *With the exception of Canada, all countries show rising case numbers* • *US rising in all states, measures not being complied with* • *Asia - Current situation, > 700 cases (7T)* • *Increase in cases, especially in India, Israel, Japan and Hong Kong* • *Update China: 149 days without cases. But in the autonomous Xinjiang region has been under "lockdown" since 16 July; 30 cases reported* • *Iran: Government estimate that 25 million people are SARS-CoV-2 positive, with a further 30 million positive in the coming months. In Tehran: 30-day lockdown.* • *Europe - Current situation, > 700 cases (7T)* • *Increase in Eastern Europe* • *UK: Announced that the death count will be changed.* • *Oceania: Australia - Current situation, > 700 cases (7T)* • *Australia: Rise in Melbourne despite lockdown The mask requirement will be introduced this Wednesday.* • *COVID-19/Hong Kong:* • *1,886 cases, 12 deaths* • *7T incidence: 5.5 cases/100T. Pop.* • *Tests: 0.9 per 1T. Population; 10T. tests/day in the last few days*	*ZIG1/INIG*

	• Increase in the last 2 weeks • Stricter measures announced • COVID-19/study • Impact of delays on effectiveness of contact tracing strategies for COVID-19: a modelling study. The lancet, 16.07.20 • Method -Impact of timeliness and completeness of contact tracing strategies using a stochastic mathematical model was evaluated. -Reff was computed for different contact tracing strategies. • Conclusion -Minimising testing delay had largest impact on reducing transmissions. -Optimisation of tracing and testing with e.g., app-based technology enhanced contact tracing effectiveness and has potential to prevent up to 80% of all transmissions. Apps work with contact tracing • Summary • Comparable to last week • Asia: Increase in the past 7 days, especially in China (Xinjiang region), Hong Kong, India, Israel, Oman, but also in Central Asia (Kazakhstan, Kyrgyzstan and Uzbekistan) **National** • Case numbers, deaths, trend (slides here) • Situation National, 20.07.20 • 249 cases reported today. This is not a small number for Monday • R value significantly above one • Cases and deaths per federal state • Overall: 7-T incidence 3.1 per 100T. Pop. • Only NRW with 7-T incidence >5 per 100T. inhabitants. • Nowcasting - Estimation of the reproduction number (R) • R is above one • 7-day incidence by reporting date Federal states • NRW is highest above the national average • Followed by Bremen, Hesse, Bavaria and Berlin • Geographical distribution in Germany: 7-day incidence • Only LK Vechta>25 cases: Outbreak in a poultry cutting plant • No LK >50 cases • Counties with the highest number of cases in the last 7 days • Highest in the Mettmann district due to a local outbreak	Inst. management FG32 FG32

	• *Current outbreaks* • *LK Vechta Wiesenhof slaughterhouse* *-Cases live in the districts of Vechta, Diepholz, a few cases also in Osnabrück, Cloppenburg and the city of Delmenhorst* • *LK Mettmann due to a wedding celebration and in the same LK in the town of Velbert are approx. 50 cases, a metal processing company.* • *Accumulation of cases at KfSt Bielefeld in private situations* • *Cologne, breakouts in 2 asylum centres, a doctor's surgery and a catering business* *Demand in NRW runs to high case numbers*	*FG37/FG32/ Inst. management*
	• **Corona daycare centre study** *(slides here)* *Disease figures for children under 10 years of age* • *Cooperation between the German Youth Institute and the RKI* • *Objective: To clarify the extent to which the opening event is associated with frequent infections in children and adults* • *FluWeb: Frequency of acute respiratory diseases* *ARE incidence by age group: Here you can see that both younger and older children have the same virus circulation. This is comparable to previous years.* • *Incidence and proportion by age group* o *Share among children and adolescents increases significantly* • *Incidence children (0-5 years) shows individual smaller outbreaks in the private environment that affect children.* • *Symptoms in children: Fever & cough prominent symptoms, rhinitis third most common symptom. Therefore also Covid specific symptom* • *Care in an institution according to §33: Since daycare centre openings, proportion of daycare centre children with SARS-CoV-2 cases increases.* • *Slide on outbreaks in schools describes a gap from week 13 to week 19, which are the weeks of school closures. Openings have taken place since May; 11- to 14-year-olds have a larger share than the younger ones.* • *Publication from South Korea on the extent to which children contribute to transmission: the percentage of follow-up cases from the index case is shown. The highest % values in the setting household are achieved by the 10 to 19 age group.* • *Possible limitation, the study was conducted during school closures, this could explain the low values in non-household*	*FG36/all*

	contacts. • *Transmission depends on the setting* *ToDo: none specified*	

2	**International (Fridays only)**	
3	**Update digital projects (Mondays only)** • *Corona-Warn-App (CWA) Updates: Encounter with a low risk better formulated, available in Turkish, but legal problems as it is shown as not available in the Turkish app store.* • *If indicated when testing the QR codes, but no feedback is received from the laboratory. This is due to the fact that only 5% of laboratories in Germany can use the QR for identification.* • *The longer-term plan is to support the working group with additional staff hired for this purpose. The funds will be addressed as a budget request by mid-August.* • *There are many reasons why so few laboratories are operational. The BMG is systematically analysing these reprocessed.*	*Sandra Beermann*
4	**Current risk assessment** *Not discussed*	*Institute management/ FG32*
5	**Communication** **BZgA** • *Age- and gender-specific differences in compliance with the AHA rules. Discrepancies in threat perception and compliance with the AHA. These results will be available at the end of the week.* • *Conspiracy theories are increasing in telephone counselling in all age groups, many pathological cases for which psychotherapeutic treatment was recommended.* • *As soon as the data to legitimise further campaigns is available at the end of the week, there will be targeted advertising in favour of wearing masks. In addition to the current campaign with the AHA rules.* • *Challenge to communicate stringently when some BCs have relaxed their measures considerably and the BCs expect normal school operations after the holidays. Ideally with regional adjustments depending on how severely the regions are affected.* **Press** • *Europe map is no longer published on the RKI website. Thanks to the efforts of Mrs Hanefeld.* • *Without the map of Europe, there is less work for the web team as well as fewer enquiries from citizens.*	*BZgA* *Dept.3/FG36/ Institute/ Press* *Press (Wenchel)*

	• *Please reintroduce the following sentence in the situation report: "Cases reported to the RKI continue to decline (...)". The sentence is a helpful categorisation of the situation. It will be inserted again.* *ToDo: Situation centre reintroduces the above sentence on the classification of the situation in the situation report.*	
6	**News from the BMG** • *No further topics.* • *The BMG discussed so-called test regions, the definition of which will be provided later.* ○ *Due to the lack of test controls and quarantine on entry from risk areas, entry restrictions are being discussed in a more manageable and easier to implement way.* ○ *The Federal Ministry of Health is currently discussing quarantine and free testing as measures for people travelling from risk areas.* ○ *RKI position: There is no such thing as free testing. It is better to control infections in the country than to exhaust resources with controls on entry.* ○ *It is suggested that this position be clearly formulated as a paper so that one remains part of the solution.* • *CdS resolutions: These differentiate between travellers returning from home or abroad. Domestic does not require quarantine! Bremen and Thuringia have distanced themselves from the resolutions. Health Minister wants to offer a short-term test strategy for returning travellers. We should help shape this.* • *Decree on testing strategy, this should constructively become a statement by the RKI. As soon as returning travellers have symptoms, they should see a doctor. Because the sole statement as to whether self-taken tests help is going in the wrong direction.* *ToDo:* *-Clarification of the term test region* *-Mr Haas and Ms Mankertz write a response to the decree in line with this discussion.*	*BMG Liaison/ all*
7	**RKI Strategy Questions** • **General** • *Testing of travellers returning home: testing by private companies at airports.*	*FG32*

	○ *Significant deviation from RKI recommendations in practice* ○ *Goal: Communicate even more effectively so that implementation works in practice.* • *Test scheme for returning travellers* • *Our stance on private self-cleaning tests* • *the extent to which we address this in the recommendations* • *Testing of wastewater in shared accommodation centres (GU) for SARS-CoV-2:* ○ *Iceland and Finland have carried out tests for SARS-CoV-2 in waste water from the GU. Idea meets with approval for Germany. Detection method sensitive enough, but whether it provides gains in early detection is doubtful.* ○ *Mrs Böttcher (Dept.1) and BUA great expertise* *ToDo: develop a clear position on this; Mr Haas had a small enquiry on a similar topic.* • **RKI-internal** *Not discussed*	*FG36/all* *BW/Press (Glassmaker) /Inst. management/dept.3 (Hamouda)*
8	**Documents** *Not discussed*	*ZIG/ FG34*
9	**Laboratory diagnostics** *Last week 490 samples analysed. The positive rate is 8.9%. It is relatively quiet at the moment.* *ToDo: none*	*ZBS1*
10	**Clinical management/discharge management** *Not discussed* *ToDo: none*	*IBBS*
11	**Measures to protect against infection** • *Established contact with the Finnish PH Institute. Will soon receive documents on the role of children and schools in the re-opening of schools in May. The result of the Finnish study was that schoolchildren have a subordinate role in transmission. Publication is imminent.* • *exchange this week with our Israeli colleagues on School openings. Ute establishes contact with Finnish colleagues.*	*FG32* *FG36*
12	**Surveillance** • *Update DEMIS Roll-out:* ○ *Many GÄ have contacts, 160*	*FG32/ Institute management*

	certificates before even more have the software now ○ *The laboratories are less involved, but are developing.* ○ *Settings differentiated survey very important in reporting, unfortunately not yet implemented* • *Recovered reported, but many long-term consequences. Idea to transmit the treatment result as with TB notification. This could perhaps be useful for assessing late effects. Glasmacher: Are there any studies on late effects? Osamah knows of no cohort study on this.*	*ng*
14	**Transport and border crossing points (Fridays only)** •	*FG32*
15	**Information from the situation centre (Fridays only)**	*FG32*
16	**Important dates** • *None discussed*	
17	**Other topics** • *Next meeting: Wednesday, 22 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*22.07.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *AL3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Ute Rexroth*
  - *Meike Schöll (minutes)*
- *FG 33*
  - *Ole Wichmanns*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Rühe*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Sarah Esquevin*
  - *Basel chequered*
- *BMG*
  - *Iris Andernach*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *Worldwide >14.6 million cases, >610,000 deaths (case fatality rate remains at approx. 4%)* • *Top 10 countries by number of new cases/last 7 days: Top 4 USA, India (new in position 2), Brazil (slightly decreasing trend) and South Africa. Overall, around 58% of new cases are in North and South America (of which the USA accounts for around 50%), 8% in Africa and 7% in Europe.* • *7-day incidence/100,000 inhabitants* • *30 countries have a 7-day incidence of over 50 cases/100,000 inhabitants; Argentina and Guatemala are new to the list. Maldives and Kosovo have dropped out. One focus is on the South American countries.* • *Countries with >70,000 new cases/last 7 days: Brazil shows a downward trend and India a strong upward trend, while the number of cases in the USA and South Africa appears to be stabilising.* • *For India, the WHO Country Office has presented active cases in the top 10 cities/districts, with Mumbai appearing to stabilise and Delhi showing a downward trend. In contrast, the number of cases in Thane (Maharashtra), Bengaluru (Bangalore) and Kamrup Metropolitan (Assam) continues to rise.* • *Countries with 7,000 to 70,000 new cases in the last 7 days: The list is dominated by Asian and American countries, with many countries showing a downward trend or stabilisation in case numbers, while South American countries tend to show rising case numbers. As of this week, Spain also falls into this category due to the cluster in Catalonia and Aragon (probably due to increased family gatherings and open bars/pubs after the easing of measures).* • *Countries with 700 to 7,000 new cases in the last 7 days: New countries include the Republic of Congo and Kosovo. In the DRC, the state of emergency was declared over today, schools and shops are open again. In Europe, Romania and Serbia are particularly affected, with a slight upward trend also being observed in the Netherlands, Austria (masks are compulsory again today in various shops) and France.* • *Situation in Uruguay: Uruguay is considered an example of success in South America in terms of crisis management, with*	*ZIG1*

	a total of around 1100 cases and 33 deaths. This is attributed to the government's rapid response following the first cases in mid-March 2020, which led directly to the declaration of a national state of emergency and school closures as well as voluntary quarantine. • *Uruguay relies heavily on the personal responsibility of its citizens (similar to Sweden), among other things, shops were closed voluntarily and a mask requirement comparable to DEU was only introduced late, a curfew never. Separate shopping times were recommended for older people.* • *Uruguay has developed its own PCR test.* • *The relatively small (3.5 million inhabitants) and sparsely populated country has a robust healthcare system compared to its neighbouring countries, in which the emergency department is organised on a decentralised basis. As a result, tests are predominantly carried out at home and in decentralised emergency facilities; patients are only admitted to hospital if the illness is severe.* • *Overall, there are relatively few informal employees, which may make working from home more feasible.* • *Measures have been eased since the end of April/May. Schools have been gradually opening since the beginning of June, first in rural areas and later in the cities.* • *Daily case numbers are currently increasing again, partly due to hospital clusters.* • *It is suggested that the 7-day incidence be shown on the first slide instead of the doubling time.*	
	National *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 202,799 (+454), of which 9,095 (4.5%) deaths (+5), incidence 244/100,000 inhabitants, approx. 188,600 recovered, Reff= 0.89, 7T Reff=1.01* • *Currently on ITS 254 (+8), of which ventilated 122 (+2) - still constant* • *NW is the only BL with an increase of more than 100 cases compared to the previous day. All BCs have reported new cases. The 7-day incidence averages 3.4 with strong fluctuations (0.4-6.1).* • *In a comparison of CW29 with CW28, almost all BL (with the exception of BE and SN) show an increase, even at a low level. The highest growth is observed in HB and NI (LK Vechta).* • *7-day incidence by BL reporting date: 7-day incidence in HB is increasing (small BL, low case numbers, although it is unclear what could explain the increase in case numbers), while case numbers in NW are decreasing, but remain at a higher level than in all other BLs.*	*FG32*

	• A new map of the geographical distribution has been created, in	

	The districts with no cases in the last 7 days are shown in green and the districts with 5 to 25 cases/100,000 inhabitants in yellow. Overall, the new colour coding makes it easier to differentiate. One district (LK Vechta) stands out with a 7-day incidence of just under 35/100,000 inhabitants. • *In a weekly comparison, LK Vechta stands out in the current week, while LK Bad Tölz was conspicuous in the previous week.* • *LK with the highest number of cases in the last 7 days (in descending order): SK Munich, LK Mettmann, SK Duisburg, SK Cologne.* • *LK with the highest 7-day incidence (descending order): LK Vechta, LK Bitburg-Prüm, LK Diepholz, LK Mettmann.* • *Breakouts:* • *There is an outbreak at the Wiesenhof slaughterhouse in the Vechta district, which is also affecting other districts.* • *The rising number of cases in Bitburg-Prüm is due to an outbreak in a rehabilitation clinic in Trier, which is linked to other outbreaks that are believed to have originated from private contacts. Due to the proximity to the border with Luxembourg, border controls were once again discussed in the BMG.* • *There is an outbreak at a fruit farm in the Rhein-Sieg district, affecting German and Romanian workers. Operations have been suspended for the time being.* • *The composition of the age distribution by reporting week shows a constant trend.* • *Cases reported by activity or care in institutions: In the last 2 to 3 weeks, a relatively constant composition by activity or care is evident. At times, there were significantly more cases among those working under Section 36 and those working under Section 42. Investigations for the last week have not yet been completed. The proportion of cases supervised under Section 33 has been fairly stable since CW23.* • *Transmitted cases by place of exposure: slight increase in the proportion of infections acquired abroad.* • *Most frequently exposed countries: Balkans (Serbia, Kosovo), significantly fewer from Turkey, Bosnia and Romania. Kazakhstan is also on this list, but Luxembourg is not.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed.*	*FG32/all*

5	**Communication** **BZgA** • *The following enquiries are cited as examples:*	*BZgA/all*
	Hygiene measures on holiday (e.g. disinfection of the holiday flat), attendance of events by symptomatic contact persons, refusal to carry out SARS-CoV-2 testing by GA for symptomatic persons. • *The campaign concept is currently being revised and feedback from the BMG is still pending.* • *There have already been several reports of people complaining about a GP refusing to test them and these should be treated with caution. Many general practitioners do not have the capacity to carry out regular testing and then refer people to GPs, which is interpreted as a refusal in individual cases. However, it cannot be assumed that a large number of people who should be tested will not be tested for capacity reasons.* **Press** • *Not discussed.*	*Press*
6	**News from the BMG** • *Yesterday's interministerial crisis team focussed on familiar topics such as risk areas, entry management and testing on entry as well as the issue of compensation payments in accordance with Section 56 IfSG. With regard to the control of quarantine after entry, exit cards are being discussed, also with regard to the extent to which the flood of paper can be minimised. An electronic solution for exit cards is not realistic before 2021.* • *BY is offering free testing upon entry, which will be discussed today in the MPK switch and again next week in the CdS switch.* • *The test regions have yet to be finalised. According to Mr Holtherm, unprovoked testing upon entry does not make sense.*	*BMG Liaison*

7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** *Ban on working in medical facilities after entering the country* • *HH is considering introducing a ban on working in medical facilities for travellers entering and returning home. This is based on the experience gained in March 2020 with returning skiers who were working in the healthcare system. HH asks the RKI for a statement. In the AGI, not all epidemiologists were convinced that the RKI should comment on this.* • *The problem is also related to the fact that the Quarantine Regulation allows the quarantine rules to be circumvented by a negative test result (e.g. from abroad). Large*	

	The quarantine regulation does not go far enough for employers, so that they require their employees to be allowed to enter the company premises at the earliest 1 week after entering the country and after presenting a negative test result from DEU. There is uncertainty regarding the quality of foreign test results (technical implementation, quality of the laboratory). In RP, employees are threatened with dismissal if they comply with the quarantine after entering the country from risk areas and do not appear at the company, whereas in BW, some employees are dismissed if they appear at the company after entering the country. • *The entitlement to compensation under Section 56 IfSG is disputed; the loss of earnings is not necessarily paid.* • *In principle, the hospitals themselves are obliged to take safety precautions. Individual decisions should be possible. If necessary, the diagnostics working group could discuss shortening the quarantine period in the event of increasing pressure on staff resources in hospitals.* • *Returnees may have an increased risk, while holidaymakers in Germany are not recorded. The risk of contracting SARS-CoV-2 abroad depends primarily on the social contacts and behavioural measures taken there, rather than on the country and holiday destination. Many holidaymakers probably interact little with the local population; when travelling abroad as part of family visits, there is an increased risk similar to that at home due to the large number of people meeting in a confined space. There may also be a higher risk from in-door meetings when travelling on business. In principle, the personal responsibility of the individual should be appealed to; situations comparable to Ischgl are not likely due to the increasing sensitisation.* • *The diagnostics working group could recommend that private test providers participate in round robin tests. It is difficult for the RKI to issue a general recommendation on activity bans; HH's approach of adapting the Containment Ordinance to local experience is to be welcomed.* • *At the same time, it is to be expected that the BMG will demand an overall concept from the RKI that brings together the different regulations in the individual federal states.* *ToDo: INIG should keep an overview of the quarantine rules (duration, testing, etc.) in other countries.*	
8	**Documents** • *Not discussed*	*FG32*
9	**Information on occupational health and safety (Fridays)** • *Not discussed*	*IBBS*
10	**Laboratory diagnostics** • *There have been many rhinovirus detections in recent weeks, but no other viruses have been detected.*	*FG17*

	• *With regard to support from the consultant laboratory, aCORONA-MONITORING local study from Department 2 has so far been prioritised over the SeBluCo study. However, the consultant laboratory has now reported back that it has free capacity. These can be used for samples from other studies.*	*FG34*
	• *In week 29, after analysing the RKI test laboratory query, over 530,000 tests were carried out in DEU, of which approx. 3,400 were positive (the positive rate has been constant at 0.6 for a few weeks). In CW29, 145 laboratories forecast that they would have capacity for a total of 177,687 tests per day in the following week (CW30). All 145 submitting laboratories provided information on their working days per week, which ranged from 4 to 7 working days, resulting in a test capacity of approx. 1,200,000 feasible PCR tests for the detection of SARS- CoV-2.*	*FG32*
	• *One laboratory asked FG37 whether the CWA codes should be transmitted to the RKI if necessary. This would require clarification with the data protection team.*	*FG37*
11	**Clinical management/discharge management** • *A key document is the STAKOB treatment guidelines, which for the first time contain a positive recommendation for remdesivir and dexamethasone. Pre-print documents are to be regularly categorised. In addition, so-called practice reports from the COVRIIN working group are published regularly, e.g. these deal with the best time to start or change therapy. A database with an overview of experimental therapeutics will also be continued.* • *The telemedicine project is intended to provide ad hoc support for intensive care units. A pilot phase is currently underway with 3 to 4 hospitals throughout Germany, which will enable broader infectiological advice (as there are currently few COVID-19 patients).* • *A specialist group is working on strategic patient distribution to avoid regional overloading of intensive care capacity; the transfer concept is being coordinated with the federal states.* • *To strengthen the infectiological advisory capacity, members of the STAKOB should be able to provide more support to the ÖGD and hospitals.* • *Stronger networking with the German Society for Infectiology is planned. The exchange with the pharmacists' network, including the stockpiling of Remdesivir (which is not available on the open market), is also being cultivated.* • *In 2 study projects, urine proteome analysis for predicting the severity of COVID-19 disease and serial sampling of intensive care patients will be addressed.*	*IBBS*

	• *Medical evacuations of international UN staff are currently on the increase.*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** **Virological surveillance at the National Reference Centre for Influenza Viruses** *(slides here)* • *The influenza season was rather moderate, the submission rate seems to be related to the severity of the season. There has been a high number of submissions since the beginning of March 2020. After the end of the shutdown, more submissions were also registered than in previous years. The large number of submissions in the last few weeks is particularly striking, which may be due to the increase in ARE, especially in children.* • *The tests for SARS-CoV-2 were started in week 9, SARS-CoV-2 was detected in the 11th-17th calendar week.* • *Since the beginning/mid-June 2020, a high proportion of children <10 years (in red) has been observed (upward trend). This is due to many submissions from paediatricians' practices.* • *From ~12th calendar week decline in all viral pathogens and early end of the flu season, linked to COVID- 19 countermeasures.* • *Rebound of respiratory viruses since ~24th calendar week. Low diversity: exclusively rhinoviruses. Initially in children <10 years, now also seen in adults. The prevalence is significantly higher than the previous year's prevalence. Possible explanations could be a lack of boosting or a lower test threshold for doctors sending in patients. The rebound could be an indication of reduced effectiveness of the measures from ~ 22-23 calendar week.* • *It is suggested that the importance of the measures regarding the early termination of the influenza wave and the occurrence of further respiratory diseases be emphasised at the next press briefing and in an Epid. Bull. article. This could increase the acceptance of the measures. It is difficult to clearly delineate the effect of individual measures. However, the above data may increase general acceptance. Social responsibility for risk groups should also be emphasised.* *ToDo: FG17 creates an Epid. Bull. article that ties in with the previous articles on GrippeWeb and the abrupt end of the influenza season and should also be coordinated with P1.* **Syndromic surveillance** *(slides here)* • *GrippeWeb continues to show a strong increase in the ARE rate among 0- to 4-year-olds, while the increase in the ARE rate among schoolchildren is weakening slightly.*	*FG17* *FG36*

	• *Compared to previous years, ARE consultations had fallen abruptly after the COVID-19 countermeasures were introduced, but are currently showing an increase among 0- to 4-year-olds, while ARE consultations among schoolchildren tend to remain at the previous week's level.* • *School holidays (currently school holidays in many BL) regularly have a major (limiting) influence on ARE rates; this effect is also observed at the turn of the year during nationwide school holidays. If ARE rates rise sharply again in autumn, the school factor should be kept in mind.* • *The consultation incidence is only available for some CCs, e.g. BB and BE are summarised. In BB/BE a decline in ARE doctor visits is observed, in NW a stabilisation, while in BY and BW ARE doctor visits are increasing.* • *Comparisons of the practice index and consultation index per BL are available on the AGI website.* • *As part of the hospital surveillance of severe acute respiratory infections (SARI), the number of SARI cases is increasing, particularly in the 0 to 4-year-old age group.* • *It is pointed out that other social contacts (through clubs or school friends) are often lost during the school holidays. However, school activities (with attendance in class for many hours) cannot be equated with club activities or similar in terms of exposure risk.* **SARS-CoV-2 surveillance in ARS** *(slides here)* • *More testing continues. Within a week, more tests are documented for the beginning of the week than at the end of the week.* • *In recent weeks, the number of positive and negative tests per week has increased nationwide.* • *The proportion of positive tests among all tests has risen slightly, but remains very low.* • *The time delay, i.e. the duration in days from sampling to test result, continues to increase. The analysis of the data according to BL shows that in RP and in BY (only last week) there is a test delay of more than 1 day. The trend in NW may reflect the additional tests carried out as part of the Tönnies outbreak. In BY, everyone can currently be tested, which could explain the delay between sample collection and test result.* • *When stratifying the number of tests by place of collection (hospital, doctor's surgery and others), the proportion of tests in hospitals has remained relatively stable over the last few weeks, while the proportion of tests in doctors' surgeries has risen. The presentation of this stratification by BL shows, among other things, that the increase in BY and NW is due to increased testing in medical practices.* • *In terms of the number of tests per 100,000 inhabitants by age group and KW, the increase in 0- to 4-year-olds is*	*FG37*

	The number of employees in the other age groups is largely stable. • *The proportion of people tested positive by age group and calendar week is equally low in all age groups.*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)**	
16	**Important dates** •	
17	**Other topics** • *Next meeting:* **Friday, 24 July 2020**, *11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol
(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*24.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Andreas Jansen*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

- Iris Andernach

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • International trend analysis, measures (slides here) • Approx. 15.2 million cases and approx. 623,000 deaths (4.1%) • Top 10 countries by number of new cases in the last 7 days: ○ No change in sequence ○ Change % (7T) and 7d incidence/100,000 population was added ○ India: sharp rise in case numbers • 7-day incidence per 100,000 inhabitants ○ 31 countries with 7-day incidence > 50 cases ○ Africa: incidences are falling slightly ○ America: Suriname has been added ○ Asia: no major changes ○ Europe: Montenegro has been added • Countries with > 70,000 new cases/last 7 days ○ As before, Brazil, India, South Africa and the USA: trends are stabilising ○ Declining trend in South Africa in the last 14 days; virtual WHO mission, good response ○ India: As part of a serosurvey in New Delhi >20,000 people tested. Approx. 23% of the samples are IgG positive, extrapolated this would be 6.6 million inhabitants. For the survey, randomly selected people were visited at home by teams from the Ministry of Health. • Countries with 7,000-70,000 new cases/last 7 days ○ No major changes in the trends ○ Spain has been added. Local clusters in the north-east of the country (family reunions, young people) • Countries with 700-7,000 new cases/last 7 days ○ New additions: Luxembourg, Panama, Switzerland Zimbabwe ○ Measures have been reintroduced in some European countries: e.g. Spain, Romania, Poland Serbia Czech Republic; as of today, masks are compulsory again in shops in Austria; tighter controls at borders **National** • Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 204,183 (+815), of which 9,111 (4.5%) deaths (+10), incidence 246/100,000 inhabitants, approx. 189,400 recovered, Reff=1.08, 7T Reff=1.16 ▪ 815 new cases is also a lot for Friday. It	ZIG1 FG32

	are diffuse events that cannot be precisely categorised. ○ *Cases and deaths per federal state* ▪ *New cases mainly in NRW and BW, but also in many other federal states, even MW* ○ *Nowcasting - Estimation of R* ▪ *Rising slightly again* ○ *7-day incidence by reporting date Federal states* ▪ *German trend slightly upwards* ▪ *Some nervousness among the BL* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Only 88 LK that have not submitted any cases* ▪ *No district with incidence > 50, highest incidence in Vechta district (>35; Wiesenhof), followed by Diepholz district,* *LK Hof, SK Mülheim* ○ *Counties with the highest number of cases in the last 7 days* ▪ *SK Cologne, LK Mettmann, SK Munich, LK Duisburg, LK Essen* ▪ *SK Munich has a large population and is therefore often on the list.* ○ *Current outbreaks* ▪ *Hof: large-scale testing in the general population* ▪ *Bitburg: outgoing from rehabilitation clinic, entry in laundry* ▪ *Hamburg: many travellers tested positive, refugee accommodation* ▪ *Gütersloh: Slaughter resumed, 20 employees positive again* ▪ *Bochum: also seriously ill; hospital, retirement home affected* • *Proposal: Continue to monitor the progression of patients. DIVI register is not well suited to tracking progression.* • *View of capacity development (DIVI intensive care register): sufficient capacity reserves still available.* ▪ *Solingen: Retirement home* ▪ *Baden-Württemberg: cumulatively approx. 225 travel-associated cases, of which approx. 32% Serbia* ▪ *Duisburg: kebab production, parcel service provider, sugar festivals* ▪ *Essen: Refugee accommodation* ▪ *Mecklenburg-Western Pomerania:* • *AIDA wanted to gradually resume operations and had 600 employees flown in from the Philippines for this purpose. One was already symptomatic on the flight. All 600 were tested, 10 of them were positive, some of the results are still pending. The employees were distributed across 3 ships, and no passengers have yet travelled. on board. Question, how do you deal with this?*	

	• *In Schwerin, a small outbreak at the LKA.* • *No major outbreaks among holidaymakers so far.* ○ *Most frequently exposed countries abroad* ▪ *Reporting weeks 29-30, not yet complete* ▪ *157 Kosovo, 75 Serbia, 35 Turkey, 31 Bosnia-Herzegovina, various other countries* ○ *Weekly death rates* ▪ *Phase of temporary excess mortality appears to be over* • **Language regulation high number of cases** ○ *The increase from 300 to 800 new cases per day must be communicated to the public. There are also many enquiries about this.* ○ *A language regulation was prepared for this in the situation centre: "The number of newly reported cases on Friday, 24.07.2020 is significantly higher than in the previous days at 815. The increase can be observed in many BLs, but more than 60% of the newly reported cases are due to increases in NRW and BW....."* ○ *"Smaller clusters" has been replaced by "increasing clusters in many different contexts".* ○ *It was decided to exclude refugee accommodation and the Tönnies slaughterhouse from the examples in order to prevent a large proportion of the population from not feeling addressed.* ○ *Instead of family gatherings, private parties, leisure activities, gatherings at workplaces, health and community facilities should be listed. The entire population should feel addressed.* ○ *The developments show how important it is to observe social distancing rules, wear a face mask and comply with hygiene measures. It should be communicated that only consistent compliance with the AHA rules by the entire population can prevent a renewed tightening of the measures.* ○ *What is the cause? Many individual infections in the general population (holidays, major celebrations, sport/leisure activities). No single outbreak responsible for number of cases. The increase is not limited to certain age groups.* ○ *The developments are worrying and could be the beginning of a second wave.* ○ *The RKI can make recommendations based on observations; concrete measures are a political decision.* ○ *BZGA will post a Twitter message and a slider message on the website.* ○ *The language regulation on the high number of cases is circulated* *and finalised by the press. It is included in the management report*	*FG32 / Press / All / BZgA*

	taken over. The enquiries from dpa can thus be answered. It could possibly be linked on the website with a teaser. *ToDo: Press organises a press conference for next week, Tuesday morning*	
2	**International (Fridays only)** • *From Sunday to 17 August, Jan Baumann will be travelling to Tajikistan with WHO to improve the laboratory infrastructure.* • *On Tuesday there will be an appointment at the Uzbek embassy to clarify whether a team can be sent to Uzbekistan with WHO.* • *The same request comes from Gagauzia (autonomous republic in Moldova).* • *Seroprevalence studies: Materials can soon be sent to the first countries.* • *Muna Abu Sin will report on the mission in Turkmenistan after her holiday in the crisis team.* • *FG32 is in close dialogue with the Balkan countries, CDC and WHO. It is about syndromic surveillance.*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *See current situation*	
5	**Communication** **BZgA** • *See current situation* **Press** • *See current situation* • *Planned issue on COVID-19 public health activities in the Federal Health Gazette* ○ *The request for contributions arrived much too late at Dept. 3. Planned contributions therefore only represent part of the activities that are taking place at the Institute. In particular, the activities in Dept. 3, FG32 and the cooperation with the ÖGD are not included in the planned articles.* ○ *The major challenges for the ÖGD were not taken into account in the authors or topics. If the content can no longer be changed, at least the title should be changed.* ○ *Coordination at BZGA: first issue is the prelude to a series of perspectives on the topic. The ÖGD could be included in a separate issue.* ○ *Mrs Rexroth has spoken to Mrs Spura, a 2nd booklet on the Epidemiology and a 3rd booklet on groups of people are*	*BZgA* *Press* *Dept. 3 / BZgA*

	planned. ○ *There is a fear that the first issue will raise other expectations. Therefore, a booklet on the ÖGD perspective should be planned in good time and this should be communicated before the booklet is published.*	
6	**News from the BMG** • *Travel returnees: no major news, conference of the federal states so far without resolution* • *Work assignment: Ask Mr Holtherm to report on traveller returns and case numbers next Tuesday in the morning session.* *ToDo: Will address Mrs Rexroth in the morning on 28 July* • *Enquiry from the Greens to Minister Spahn regarding RKI recommendations for avoiding superspreading events* • *Recommendations for slaughterhouses may also be welcome.* • *Nothing new on this in the BFR's FAQ, so far recommendations from the BMAS's occupational health and safety department.*	*BMG liaison* *FG32*
7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *The question of monitoring measures is in question, areas with > 100,000 inhabitants should report to the BMG and RKI on a daily basis. No decision has been made yet, meeting next week.*	*FG32*
8	**Documents** • *Not discussed*	
9	**Information on occupational safety** • *Not discussed*	
10	**Laboratory diagnostics** • *Last week 280 samples were received, 36 were positive.* • *Preparations for nationwide study underway (e.g. ordering additional devices).* • *No further topics at FG17.*	*ZBS1*
11	**Clinical management/discharge management** • *Concept for cross-border patient transport (cloverleaf concept here)* ○ *3 levels with regard to ITS capacity, epidemiological situation, available ICU beds (DIVI) and the forecast of required ICU beds in the next 7 days are taken into account.*	*IBBS / FG37*

	○ *The countries determine whether they are in the green (normal situation), amber (growing demand) or red zone (overload situation).* ○ *In the yellow area, communication with each other takes place with the involvement of the Joint Commission.* ○ *In an overload situation, it is necessary to transfer several people requiring intensive care. There is an overarching steering group for the transfer strategy, medical coordination and transport organisation. The COVRIIN specialist group at the RKI advises the respective cloverleaf contact person.* ○ *During quiet periods, she is responsible for epidemiological reporting and forecasting ITS capacities (FG37+ DIVI).* ○ *The concept has been circulated and has yet to be finalised.* • *FG COVRIIN: Presentation of patient care study* ○ *Next Monday, 3 pm, there will be a Webex conference with the topic: Evaluation of COVID-19 patient care (first comprehensive analysis in the German context)* ○ *For this purpose, >10,000 patient data were analysed with regard to e.g. case mortality, age, severe courses, complications, risk groups.* *ToDo: Mr Herzog will send the invitation to the distribution list.*	*IBBS*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Already discussed on Wednesday: Exit tickets will probably be reintroduced in paper form, implementation to be monitored.* • *The idea of comprehensive testing at airports is the subject of much discussion. Who would finance this?*	*FG32*
15	**Information from the situation centre (Fridays only)** • *The operating hours in the LZ have been extended again to 8 a.m. - 6 p.m. during the week, but reduced to 10 a.m. - 3 p.m. at weekends.* • *Lots of international communication, complex KoNa for air travel.* • *BVA now has permission to share information in case the RKI itself is not successful with the airlines.* • *Cruises are becoming problematic again.*	*FG32*
16	**Important dates** • *Request for Hearing by French Senate: Request for UK on*	*All*

	8.9.16:00 on COVID-19 response in Germany, see mail from 23.7.2020, 19:11 ○ *Request from the French Senate to participate in an online conference on 8 September* *ToDo: Forwarding to RKI management and BMG for decision, who should participate*	
17	**Other topics** • *Next meeting: Monday, 27.07.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*27.07.2020, 1:00 pm*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Jamela Seedat*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Andreas Jansen*
  - *Sarah Esquevin*
- *BZGA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*
  - *Irina Czogiel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis international, measures (slides here), worldwide over 16 million and over 640,000 deaths (4.0%)* ▪ *Top 10 countries by number of new cases/last 7 days: few new cases, Brazil and India alternately in second position after USA, declining trend in South Africa, Russia, Bangladesh* ○ *Countries with 7 T. I. >50/100,000 pop.* ▪ *Few changes, today 32 countries* ▪ *New in Europe: Bosnia and Herzegovina and Moldova* ○ *Africa position (>700/last 7 days)* ▪ *Rising cases in Libya, Senegal, Zimbabwe* ▪ *Little change in the curves* ▪ *Some countries are reintroducing measures: e.g. South Africa is closing school again today until 24 August, in Morocco local lockdowns with entry and exit bans in 8 cities* ○ *North & South America position (>700/last 7 days)* ▪ *Paraguay no longer included otherwise the same, rising trend everywhere* ▪ *58% of new cases worldwide* ▪ *USA: Infection incidence shifts to the south-east, California and Florida overtake Cumulative case numbers from New York* ▪ *Brazil temporarily on a slight downward trend, now rising again* ▪ *Canada similar to Western Europe: slight upward trend, localised clusters in different regions Facilities and after meetings* ○ *Asia position (>700/last 7 days)* ▪ *New: China and Lebanon* ▪ *China today highest number of cases since April, driven by two outbreaks in provinces, including the Harbour town of Lianong in connection with a seafood market* ▪ *Hong Kong: rising case numbers, today announcement of new measures from Wednesday, only 2 people are still allowed to meet, MNB everywhere, restaurants closed* ▪ *Japan: Record numbers at the weekend, not only in Tokyo but throughout the country, especially younger cases* ▪ *North Korea: First suspected case reported, Person travelling from South Korea to North Korea*	*ZIG1* *FG32*

has entered the country, uncertain test results from secretion swabs, a state of emergency has been declared in the affected area, health authorities are not yet talking about a COVID-19 case

- Vietnam: again autochthonous 3 cases after 100 days without, source of infection unknown, case has attended a wedding after the onset of symptoms, 80,000 Vietnamese national tourists are led back to their hometowns

- Europe position (>700/last 7 days)
  - New: Luxembourg, Montenegro, NL and Switzerland
  - Further exponential increase in Eastern Europe and the Balkans, also in Western and Southern Europe
  - Re-introduction of localised restrictions in several countries
  - GB: Quarantine for travellers from Spain
  - WHO EURO reports (as of CW29, week before last): 27% of the reported infections (with information provided) were HCW (WHO EURO Zone), most cumulative deaths were in the UK, followed by Italy, France, Spain
- Oceania situation (>700/last 7 days): Australia today new record number with 532 new cases, all from Victoria

- Summary: global increase in cases, many countries tighten their measures again
- Discussion
  - It would be interesting to evaluate the case fatality rate between the 1st and 2nd wave to compare their severity
  - Situation in USA: CDC has a dashboard (here) where the hospital capacities are shown
  - DIVI register in Germany is ICU-specific, is there data on the burden on the pre-intensive care area in Germany?
  - The ICOSARI Sentinel-KKH provides a good overview of their patients (regardless of severity), this is included in the management report on Thursdays, numbers are currently very low

National

- Case numbers, deaths, trend (slides here)
  - SurvNet transmitted: 205,609 (+340), of which 9,118 (4.5%) deaths (+0), incidence 247/100,000 inhabitants, approx. 109,400 recovered, reef=1.28, 7T reef=1.10
  - More information on the development of case numbers tomorrow, this is not so reliable on Mondays due to the weekend delay (BW & SN not yet

		transmitted) ○ *Case numbers are no longer declining, R-value is rising, the* *BL-R curves are roughly similar*	

- Incidences: 7-T-I rises again after low point around 13 July, NW at the top followed by BY, then BE, only 88 LK without cases
- Many cases in large cities/urban centres

- Breakouts
  - Dingolfing Landau
    - >50/100,000 inhabitants,
    - Harvest workers on a farm (primarily cucumbers)
    - Special removal technique while lying down
    - Employees are housed very cramped in containers
    - All have been tested
    - Percentage of cases is very high for an independent activity, 174/479 MA positive
  - Rostock Aida ships: Outbreak among MA of Filipino descent
  - Court: Eastern European extended family, series testing in progress
- Travelling
  - Proportion of exposure abroad of all cases is relatively stable at 10%, or 18% if only those with a statement are considered
  - Data is not yet complete
  - Most mentioned countries: 1. Germany (3,396) followed by Kosovo, Serbia, Turkey, Bosnia and Herzegovina
  - Exposure location of travellers to BL (slide 11): certain differences in the countries of travel and case shares,
    Balkan states NW, BY, BW, Turkey often NW
  - Exposure data should also appear in the press briefing to show that most cases come from Germany, risk behaviour is more important than exposure location, occupational exposure and social exposure may play a more important role.
  - Cases in connection with Balkan countries: many work in the catering and hotel industry in Germany, some come in minibuses - they are not primarily/only tourists but also people resident in Germany
- NW has many of the most affected districts
  - No comment from NW, it's hard to catch anyone from there
  - GÄ in NW are not happy about the procedure, some very good MA on site in the ÖGD, but not enough political support available
  - How can the RKI improve the situation or draw more attention to it? Report to the BMG, name in the situation report?
  - AL3 had proposed presenting the data in the management report by metropolitan area in order to place a stronger focus on the problem of large cities

		with high population density. *high population density*	

	○ *Discussion on this is planned tomorrow with the BMG (Holtherm), VPräs and Ute Rexroth* ○ *As Ute will then not be available for the press briefing, someone else will have to be found for it*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** **CWA** • *Flyer for employees of the GA and outpatient practices (links here and here)* ○ *On 1st page introduction to the CWA function, information on status display, no changes compared to before* ○ *On the 2nd page, the recommendations for dealing with risk reports were revised, in particular with regard to the distinction between asymptomatic and symptomatic persons, the process was explained more clearly/differentiated, including when testing should take place and the KoNa KP classification.* ○ *The changes were agreed with the KBV* ○ *In terms of content, the flyers are equivalent to the previous versions* ○ *New versions are sent to the BMG (Renner) for approval via RKI LZ* • *After the weekend message about the CWA not working, SAP will check certain parameters again* • *The TOP 5 problems will be prepared with answers for the press briefing tomorrow* • *Everything regarding CWA must be coordinated with BMG (also due to possible additional costs)* • *Further work on the app to keep it running: Fulfilment of the BfDI requirements, prevention of misuse, connection of the laboratories and the ÖGD (together with Dept. 3)* **Digital projects** • *Symptomchecker app in use at the Charité and now also at the RKI, finalisation of data protection issues took time* • *Data donation is becoming increasingly reliable, blog entries can be viewed online, work is currently underway to automate this*	*FG37/FG21* *FG21*
4	**Current risk assessment** • *Nothing new since the last version from 17/07/2020*	

5	**Communication** **BZgA** • *Discussion taken up by Freitag (Bundesgesundheitsblatt)* • *Rising case numbers: Decision not to communicate primarily about the numbers* • *Advertising for the app was exchanged for propagation of the Travel and holiday time, AHA rules for all age groups* • *This afternoon talk about current data from COSMO: especially communication to young men who celebrate, address via their own communities and channels "Love life" and "know your limit"* • *Discussion: How can the general population be included without discrimination in terms of social responsibility?* • *Situation is complex: on the one hand certain target groups without stigmatising, then summer, holidays, enjoying new freedom, travel, laissez-fair attitude, risk perception is no longer as it was 3-4 months ago* • *The first school openings start next week (e.g. NS)* • *VPräs: dangerous exposure situations are illustrated in Japanese communication, 3-C rule (crowded places etc.)* • *The Dutch also have interesting concepts for young people* **Press** • *Press briefing tomorrow with Präs and MA from Dept. 3* • *Many enquiries about rising case numbers, reference to website* **German Armed Forces** • *Nothing to report*	*BZgA* *Press*

6	**News from the BMG** **BMG** • *Nothing to report except GMK resolution* • *BMG interested in infections in air travel* ○ *No findings to date* ○ *Last week enquiries to RKI, since Scheuer referred to RKI regarding the lack of sense of distance in aircraft, this is wrong* ○ *The international KoNa was cancelled in mid-April because there was so little travel, but also because no transmissions were documented on the aircraft* ○ *This has changed: no detailed evaluation yet but 2-3 reports on individual cases (Israel, France)* ○ *KoNa was resumed in mid-June* ○ *Complex as difference in exposure risks in Germany and abroad as well as on the flight* ○ *RKI study for evaluation including follow-up investigation is planned, could not yet be started despite willingness due to lack of data protection approval*	*Irina Czogiel FG32*
7	**RKI Strategy Questions** **a) GMK resolution** • *Testing of travellers from risk areas has been decided and has been carried out without consultation/contradicts the RKI recommendation*	*FG32/all*

	• *Spahn will issue an order to this effect today* • *ÖGD/GÄ and state level think that the RKI is consulted, but this is not the case for many political decisions* • *RKI must implement these decisions operationally, e.g. also in risk areas, this is misunderstood as if RKI would designate/identify these, which is not the case* • *Should the RKI position itself? What is the RKI's position on voluntary testing?* ○ *Possibly statement risk reduction through 1-time testing but does not give 100% certainty, as only a few cases are fished out* ○ *Under no circumstances should precautionary measures be dropped, further compliance with the AHA rules* ○ *Firstly, focus on technical aspects, NPV, what security can the tests actually provide* • *Second testing of returnees from risk areas* ○ *Ullmann (FDP) spoke this morning on the radio about 2. Testing, as one is not considered sufficient* ○ *GMK resolution also provides for double testing, 2. Test should be carried out "whenever possible"* ○ *Classification of significance: what does this mean for the interim period until the 2nd test result is available, at least consistent contact reduction and AHA rules, recommendation for the general population, may question the benefit* ○ *If a quarantine ends 4 days earlier, this already has an economic impact or value* ○ *At the same time, paediatricians say that symptomatic children cannot be tested for capacity reasons, but anyone coming from a risk area will receive two tests* ○ *Paediatric society is not unanimous, there are more and more contradictions, therefore testing of symptomatic individuals always remains the priority* • *Diagnostics working group* ○ *FF has been transferred to the BMG, BMG invites and defines topics* ○ *BMG also keeps protocol, RKI has rejected this* ○ *RKI submitted a report on 07.07.2020, which is also on the website (under national test strategy in diagnostics)* ○ *Priorities are not numbered but listed as a, b, c to make them easier to distinguish* **b) RKI-internal** • *Not discussed*	
8	**Documents**	

	• *Draft on making contact with Roma and Sinti (vulnerable groups) has been finalised and will be presented to the crisis team on Wednesday or Friday*	*FG32*
9	**Laboratory diagnostics** • *ZBS1* ○ *386 samples tested, 50 (12.9%) positive* ○ *2nd week in a row in which it is quiet (in terms of sample numbers), time is used to increase capacities* ○ *Study samples to be received from September* ○ *Positive rates for ZBS1 samples are high, what is known about the test population?* ○ *These are mainly samples from people who are in justified quarantine, swabs are taken by GÄ as part of KP management* • *An ECDC webinar on testing asymptomatic people will take place on Friday, AL1 will report there, feedback from colleagues contacted is requested by Wednesday* • *FG17: nothing new, continued high detection rates of rhinoviruses, samples are negative for all other pathogens*	*ZBS1* *AL1* *FG17*
10	**Clinical management/discharge management** **COVRIIN: Presentation of patient care study** • *Today at 15:00 presentation of the data from the study, dial-in data available from Christian Herzog, this will have possible consequences for the ÖGD, please contact us if you are interested* • *VPräs, AL1 are also interested*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** **Corona-KiTa study: Disease figures in children under 10 years of age** *(slides here)* • *Was already presented in detail last week by Walter Haas, the study itself is explained in the slide set* • *The 3rd monthly report (with data from GrippeWeb, ARE and notification data) is currently in preparation* • *Proportion by age group: in the last 2 weeks the proportion of 11-14 year olds increased, possibly due to extracurricular contacts, different age groups must be differentiated as young people may be more exposed outside school* • *Outbreaks in facilities for children: 31 outbreaks (with at least 2 cases) were recorded, age groups often >14 years, carers are also often affected*	*FG36*

	• *There is a daycare centre outbreak in BY, otherwise nothing new* • *School dropouts* ○ *Nothing added in the last two weeks* ○ *It will be interesting when the school holidays end* ○ *Logistical adjustments should still be made to minimise risk* ○ *Children are more likely to infect adolescents and adults*	
13	**Transport and border crossing points (Fridays only)** • *Due to GMK decision mentioned above under Strategy*	*FG32*
14	**Information from the situation centre (Fridays only)** • *New operating hours at weekends (already announced Fri)* • *200th day of operation this Friday*	*FG32*
15	**Important dates** • *Today 15:00: Presentation of the 1st results of the COVRIIN study on patient care* • *Tomorrow 10:00: RKI press briefing*	*IBBS*
16	**Other topics** • *Next meeting: Wednesday, 29 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*29.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17FG 32*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Udo Buchholz*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG1*
  - *Andreas Jansen*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*
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- *Katalyn Rossmann*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 16.5 million cases and approx. 653,000 deaths (3.97%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Unchanged, Brazil and India switch to the 2nd and 3rd place from* ○ *Similar trends overall, downward trend in the USA* • *7-day incidence per 100,000 inhabitants* ○ *Little change* ○ *South America still heavily affected* ○ *Incidence in South Africa decreasing* • *Belgium* ○ *Increase in case numbers since July, 7T incidence: 15 new cases/100,000 population.* ○ *Age distribution: shift towards younger people* ○ *Since the beginning of May, relaxation according to the motto: freedom is the rule, bans are exceptions* ○ *Tightening of measures from today:* ▪ *Categorisation into contact bubbles (how many contacts a person has): Reduction per household to 5 people in the next 4 weeks* ▪ *Meeting of max. 10 people* ▪ *Events: max. 100 people indoors, 200 outdoors* ▪ *Teleworking recommended, if possible max. 30 min to go shopping* • *Spain* ○ *Increase in case numbers since the beginning of July* ○ *The regions most affected are those on the border with France in the north-east: Aragon (7T incidence: 160/100,000 population), Navarre (7T incidence: 80/100,000 population), Catalonia (7T incidence: 63/100,000 population).* ○ *Clusters mainly in the capital cities of the 3 regions, outflow of seasonal fruit and vegetable workers and connection with nightclubs, catering and family gatherings* ○ *Tightening of measures locally up to the lockdown of cities* ○ *Testing works much better now, more positive cases are found, proportion of asymptomatic cases is very high; Development is strongly driven by younger people* ○ *KoNa is still relatively patchy.*	*ZIG1*

- *EU comparison of Spanish regions: Luxembourg and Aragon very high risk; Catalonia and Navarre high risk*
- *Aragon region: there is a clear correlation between reports per day and new hospital admissions.*

- *Suggestions for communication:*
  - *Point out risk situations in a targeted manner: Which behaviour poses a particular risk.*
  - *Correlation between the number of cases and the increase in hospital admissions shows that the test strategy makes sense. This direct correlation is very important for communication.*
- *So far, risk assessment at country level; it should be examined whether this would make sense for Spain at regional level.*

National

- *Case numbers, deaths, trend (slides here)*
  - *SurvNet transmitted: 206,926 (+684), of which 9,128 (4.4%) deaths (+6), incidence 249/100,000 inhabitants, approx. 191,300 recovered, Reff=1.14, 7T Reff=1.13*
  - *Cases and deaths per federal state*
    - *Difference to the previous day at 3 BL (BW, BY, NW) again in the 3-digit range*
  - *Comparison KW29/KW30 per federal state*
    - *Increase in incidence everywhere except in BE, RP, SH TH*
  - *Nowcasting*
    - *R-value above 1, slight increase*
  - *7-day incidence by reporting date Federal states*
    - *continues to look like a trend reversal at the moment, Increase is supported by many BL*
  - *Geographical distribution in Germany: 7-day incidence*
    - *LK with incidence >100: Dingolfing-Landau (189)*
    - *LK with incidence >25: Hof (36), Weimar (26)*
    - *96 LK: no cases transmitted*
  - *Current outbreaks*
    - *LK Dingolfing: no new information since Monday*
    - *SK Hamburg: Refugee accommodation affected, many travellers returning home tested positive (Why relatively many Travelling returnees? no further information at the moment)*
    - *LK Ostalbkreis: Funeral service (reason for many infections? hugs?)*
    - *LK Weimar: Family celebration*
    - *LK Hof: Extended family*
  - *Age distribution by reporting week is stable.*
  - *Cases by activity or care in institutions*
    - *Activities: often "unknown"*
    - *No food businesses affected at the moment*
  - *Cases by exposure location*

FG32

	▪ *International exposure is increasing again, but does not affect the majority of cases.* ○ *Exposure countries* ▪ *no major changes, most frequently mentioned: Germany, Kosovo, Serbia* • *Syndromic surveillance (slides here)* ○ *FluWeb* ▪ *Continuous increase in children appears to be declining* ○ *Influenza working group - Practice index* ▪ *Doctor visits now back to normal level* ○ *Influenza working group - ARE consultations* ▪ *Increased among small children and schoolchildren, currently declining again* ▪ *Berlin/Brandenburg: decline in connection with school holidays* ▪ *Bavaria: rises even further, school holidays only since Monday* ▪ *BW: Increase, school holidays start next week* ○ *ICOSARI-KH-Surveillance - SARI cases:* ▪ *Trend continues: cases among 0-4 year olds continue to rise, significant increase among 5-14 year olds, but at a very low level* ○ *ICOSARI - SARI cases, proportion of cases with COVID diagnosis:* ▪ *Slight increase in SARI cases, but still very few* ○ *ICOSARI - Cases with COVID by age group:* ▪ *Older age groups significantly more affected* ○ *Conclusion: low risk perception in the 15-25 age group year-olds. They should be persuaded to change their behaviour with age-appropriate ideas.* ○ *BZgA: Consider providing information in schools and distributing incentives as well as addressing the age group via influencers in social media channels.*	*FG36*
	• *Test capacity and testing (slides here)* ○ *Laboratory-based surveillance in ARS: 3 million tests, 96,815 of which tested positive (2.9%)* ○ *Current case number increase visible in ARS* ○ *Positive tests are predominantly carried out by "other" institutions such as health authorities (more precise differentiation is attempted as far as possible with routine data)* ○ *Number of tests by age group: high number of tests for over 80 year olds, sharp increase for 0-4 year olds in the last few weeks* ○ *Despite different test frequencies in different age groups, comparable incidence* ○ *Test delay continues to increase: the more testing is carried out, the more the time delay increases again* ○ *Strong weekly fluctuation in the distribution of testing*	*FG37*

	by institution: At weekends there is less testing in doctors' surgeries, this is not picked up by test centres but by hospitals, so there is a risk of infections entering hospitals. ○ *Questions:* ▪ *Can a distinction be made between symptomatic and asymptomatic testing?* *Variable does not exist, approximation is attempted.* ▪ *Can a distinction be made after testing at airports (travellers returning home)? Will be tried.* ▪ *Is there any information on serological status? Serology is performed by a larger proportion of laboratories.* *transmitted. An analysis is currently being carried out in which patient results are summarised.* *-> Presentation to the crisis team next week* ○ *Test delay indicates overload and misallocation of laboratory capacity (in addition to holiday time, adjustment problems). Test numbers have gone up, turn around times are an important indicator of laboratory capacity overload.* ○ *Testing at weekends, especially in hospitals. The absolute figures should be analysed first. If the absolute numbers at weekends in hospitals also increase, the KBV should be contacted in this regard.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Slight adjustment in the management report yesterday* ○ *For information: accidentally not changed on website, will be adjusted*	*All*
5	**Communication** **BZgA** • *Telephone service for mental health crises: current increase in demand from parents with school-age children. Now people are also being referred to face-to-face counselling again. Postcard campaign among households with children has led to an increase in the use of counselling.* **Press** • *RKI informs WHO about the type of infection in Germany: currently "cluster of cases" and no longer "community transmission". There is a press enquiry about this.* ○ *This is a categorisation made by the states themselves; there is no differentiation between BL.*	*BZgA* *Press*

	○ *Question: At what point is it downgraded to "community transmission" again? The decision is based on how many cases can be traced and how many cases have the additional information "detected in an outbreak". A significant increase in cases that do not originate from outbreaks could lead to a downgrade.* ○ *No threshold value was set, as the figures are not very high, instead testing with specialist expertise. The virological surveillance of the Influenza Working Group could also be included in the qualitative epidemiological assessment.* • *The Bundeswehr has been asked to help with an RKI seroprevalence study and is asking for a contact person. Mr Lampert does not know anything about this, but he is available as an AP.* • *BZgA would like to be informed about contacting Roma and Sinti, as they have also received an enquiry from the BMG in this regard.*	
6	**News from the BMG** • *Key topic at interministerial crisis team meeting: Travellers from risk areas* ○ *Testing on entry (flight, land route): Agreement that mandatory testing with random checks will be sought*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** • *Draft text Christian Drosten: Recommendation for the autumn, presentation of ideas and assessment (slides here)* ○ *Context: The article is confidential. Mr Drosten has since decided not to publish the paper, as untargeted testing in the text is not considered useful and this contradicts government action.* ○ *1st wave: Virus arrives in population, slowed down by early available tests and early, short lockdown.* ○ *2nd wave: The virus has spread evenly and will appear everywhere at the same time, testing at airports will not be effective. Consequence: there may be congestion in individual LK.* ○ *Overdispersion: 10 cases: 9 infect 1 person, 1 person infects 10 -> 10 cases infect 19 people -> R=2. Several new chains start from one cluster.* ○ *Orientation towards Japanese strategy: in other countries mainly prospective contact tracing, in Japan additionally retrospective tracing of the common source, which acts as a cluster and is responsible for dissemination. is more important.*	*FG36 / All*

- *Suggestions:*
  - *In the event of overload, GAs should have the option of switching to cluster operation, i.e. focussing on Identification of clusters, not isolation and contact tracing*
  - *Draw up a list of specific, risky situations -> useful*
  - *Maintaining closed cohorts, especially in schools -> makes sense*
  - *Generous and rapid quarantine of cluster members without prior testing -> from the Depending on the individual case, good experiences in similar situations*
  - *Short quarantine of 5 days, followed by no test or free testing -> why so short, what happens with Infection of household members?*
  - *Consideration of infectivity (Ct value) when deciding on measures -> very useful, Disproportionately long isolation periods and other unnecessary measures can be avoided*
  - *Do not track and test "Piano teacher in private lessons", can be informed by warning app (contradicts Japanese strategy: retrospective testing in addition to KoNa)*
- *Assessment:*
  - *Value of contact tracing: Piano teacher could become the trigger of a cluster be notified. The probability that it will be notified by the app is only 6%. Even if the case is only recognised when it is no longer very infectious, infectious patients can be identified in subsequent generations.*
  - *Proposal: Focus on identifying clusters. Retrospective source search is already taking place, Improving cluster recognition across health authorities.*
- *Additional suggestions:*
  - *Economisation of KoNa: patients create contact lists themselves, would have to be read in by GA (SORMAS?), patients could contact the contact persons themselves.*
  - *General higher prioritisation of clusters*
  - *Cluster identification should be guaranteed even when processed by different GAs*
- *Contact tracing already takes place prospectively and retrospectively with varying degrees of importance. In the beginning, there was a strong emphasis on tracing sources. Avoiding subsequent cases is currently prioritised.*
- *Cluster (confirmed cases for which a connection has been determined) are already being closely scrutinised.*

	○ *Could GAs be taught the basics of outbreak investigations via web seminars? GAs have already received regular training in the past and are generally very competent.* ○ *How should the 2nd wave be handled?* ▪ *Focussing on the most effective measures* ▪ *Presentation of situations in which relevant transmissions occur* ▪ *Rapid quarantine without presentation of a test result makes sense* ○ *Shortened quarantine: actually until the incubation period is over, 14 days for safety reasons. However, as the patient is already infectious before symptoms appear, the quarantine could be shortened and testing would have to take place at the end.* ○ *How reliable are the findings on the onset of virus excretion after infection?* ○ *Can the quarantine period be shortened by not waiting for symptoms but carrying out a final test?* ○ *If resources are so scarce that it is no longer possible to track individual cases, only clusters could be tracked. In other words, certain settings in particular could be analysed. But without contact tracing, how does the GA know where new clusters are forming?* ○ *In favour of retrospective tracing: most patients will probably only infect a few people, but retrospectively originate from an event in which several more people were infected.* ○ *In general, detection is carried out in both directions, centrifugal and centripetal. In the event of an overload, it was communicated that GA should determine in the forward direction; this may not be the best solution and should be checked again.* *ToDo: Consider how this point can be included in contact person management; if anything is unclear, Mr Drosten should be invited. (FG36)* ○ *Going through a list of specific risky situations could make the workload easier.* ○ *Cluster strategy to be incorporated into communication.* **b) RKI-internal** ○ *Not discussed*	
8	**Documents** • *Draft for making contact with Roma and Sinti* ○ *is in coordination with AG Participation, will be published Friday in the Crisis team presented* • *ECDC: Technical Report on "COVID-19 in children and role of school settings": Document has been circulated, FG36*	*FG32* *FG36*

	has added to it *comments and will report these back to ECDC, there are no further comments* • *BMG (email from Mr Bayer) asks for a review of the adaptation of the test criteria and the submission of a draft for an adapted flowchart. It should be checked whether the Corona Warn App (CWA) can be integrated into the flow chart.* o *Previously, the position was that the diagrams should not be mixed in order to avoid too much complexity.* o *It is now to be examined whether separate treatment of the flow chart and CWA should be continued. The argument is that confusion arises among doctors if the CWA is not mentioned on the flowchart.* o *The flow chart is for symptomatic patients who go to the doctor. Asymptomatic constellations are not mentioned in the diagram. The CWA only provides an initial indication that there is contact with a confirmed case that needs to be investigated further.* o *The KBV had spoken out against extending the flow chart to asymptomatic people. The RKI and AGI had shared this position in previous discussions. However, the order from the BMG has already been repeated, i.e. the rejection has not yet been sufficiently justified. For this reason, an external opinion and argumentation should be obtained.* *ToDo: Mrs Rexroth will raise the issue again in the AGI.* o *If the AGI is in favour of an adjustment, IBBS would make a new proposal for the scheme and discuss it with STAKOB. It does not seem sensible to involve STAKOB before then.* o *An external opinion could also be obtained from the Influenza Expert Advisory Board.* o *If you suspect COVID-19, you can only access the flowchart for doctors on the homepage. A suspicion can arise due to various factors. We therefore suggest that the documents leading to a test be sorted differently on the homepage to avoid long searches. The flowchart could be more exposed. The schema could include a link to the CWA.* *ToDo: Draft for reorganisation on website by press office*	*FG32/ IBBS / All*
9	**Information on occupational safety** • *Not discussed*	

10	**Laboratory diagnostics** • *Participation in the ECDC webinar on Friday* • *Enquiry from Mr Holtherm regarding the assessment of antigen tests (FF ZBS1): an in-house agreed position on responsibility for tests is desired, as the performance of tests in other authorities (PEI, BfArM). Should the RKI refer enquiries to the PEI and BfArM? Depends on how specific the question is. The PEI is responsible for questions about new tests.*	*Dept.1*
11	**Clinical management/discharge management** • *FG COVRIIN: Presentation of patient care study* ○ *Link to the study was circulated, a German summary is to be posted on the COVRIIN website, 1st draft is available* • *2 further papers on antiviral therapy have been added to the website:* ○ *Timing of antiviral therapy: useful in the early infection and early pulmonary phase* ○ *Hyperinflammation syndrome: rare, but associated with high mortality*	*IBBS*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Results of syndromic surveillance of acute respiratory diseases* ○ *See current situation* • *Publication of the report on the operation in Neukölln* ○ *Various outbreak reports are available, do not need to be discussed in the crisis team*	*FG36*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** •	

17	**Other topics** • *MNS: Should the RKI continue to recommend self-made everyday masks for the population if medical mouth-nose protection is sufficiently available on the market? The Epi Bull already refers to medical MNS when capacities are available. However, the use of FFP masks in the general population is not recommended.* • *National Research Network University Medicine: Mr Schaade was asked to participate in a higher-level committee and would like to know who is already active in one of the 13 working groups at the Institute* *ToDo: Feedback to Mr Schaade on who is involved in the network* • *Aerosol exposure: There are suggestions from Prof Kriegel on how the aerosol pollution could be reduced: Use the CO2 traffic light as a proxy for aerosol pollution (if CO2 content is increased, aerosols are probably also increased, therefore ventilate), shortening lessons (use the time for shock ventilation)* ○ *Text modules should be developed first, ideally a harmonised paper. External organisations such as the UBA may need to be involved.* *ToDo: Preparation of a paper with options for action to reduce aerosol pollution in indoor spaces (FF FG 14, collaboration FG 36)* • *Next meeting: Friday, 31 July 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*31.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Marica Grossegesse*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG 32*
  - *Ute Rexroth*
  - *Inessa Markus (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Sarah Esquevin*
  - *Basel chequered*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis international, measures (slides here)* *Approx. 17 million cases with 666,857 deaths (3.92 %)* • *Top 10 countries by number of new cases in the last 7 days:* • *Little change* • *Continued high figures in India, Brazil and Argentina, although these must be seen in relation to each other* • *India has high case numbers but a low incidence, the Indian MOH has found a seroprevalence rate of 17% in three slums of Mumbai; in total there were about 110,000 cases across Mumbai* • *The COVID-19 situation has been a Public Health Event of International Concern for 6 months* • *Eid al-Adha has begun today and the situation is being monitored worldwide. WHO has issued a guideline on this. Major events, family celebrations and gatherings are expected* • *7-day incidence per 100,000 inhabitants* • *Little change* • *New: Eswatine (formerly Swaziland) and Faroe Islands* • *Preprint: COVID-19/ Strategies to reduce the risk of SARS-CoV-2 re- introduction from international travellers (LSHTM)* • *Study examines the length of quarantine measures for international travellers in terms of duration and transmission risk (modelling)* • *Four scenarios for entry regulations with regard to quarantine and testing are analysed* • *Methods: travellers from the UK and USA to the UK are compared, with the number of travellers entering and leaving the UK being the same; prevalence of countries of departure: 20 July 2020; always compared to no quarantine and no PCR testing on entry* ○ *Assumptions: 70% of travellers who were symptomatic at the time of travel were prevented from travelling (monitoring of syndrome on departure), travel volume in July 2020 corresponds to 1% of that in July 2019; 3-55% of infected intended travellers asymptomatic; specificity of the test = 100%; infectivity of symptomatic cases begins 2.3 days before the onset of symptoms* ○ *Possible screening policies with regard to risk minimisation:* *Low: no quarantine and testing after entry* *Moderate: Quarantine for 7 days after entry, no/single PCR test at the end of quarantine Release from quarantine at the end of the period with or without one-off testing*	*ZIG1*

	High: Quarantine after entry; 1st PCR test (0-2 days), 2nd test (2,4, 6 days) after 1st test, release from quarantine after two negative test results or 14 days after first positive test result. *Maximum: 14 days quarantine after entry, no/single test at the end of quarantine, release after 14 days with/without negative test at the end of the quarantine period.* ○ *Results:* *Baseline: Between 2-12 (EU) and 3-24 (US) infected persons would enter/arrive in the Community; the significant difference between UK and US explained by prevalence Test on arrival: -> 50% reduction* *Quarantine for 6 days, PCR test on day 5* *-> 88% reduction in transmission potential Quarantine for 8 days, PCR test on day 7* *-> 94% reduction in transmission potential With mandatory 14d quarantine: 0-1 from EU and USA* *-> Reduction by 99%* *Entry potential depends on what is happening in the target country (high incidence in both countries would make little difference) Longer quarantine periods ensure that the infection window is covered and there is less entry into the community* *Second test round has rather marginal effect; testing before the flight also has a small advantage, most effective only one day before departure* ○ *These results are important/exciting with regard to the supplement to the testing strategy that was shared with the crisis team. These correlations are pointed out there. It is important to clarify what level of reduction is aimed for/accepted, taking into account the costs and benefits. At present, this discussion is still characterised by the experiences of those returning from Italy, but this is no longer applicable.* ○ *Modelling has the problem that the calculations are difficult to adapt to fluctuations due to individual behaviour and to relate the measures to the hotspots in Germany.* ○ *Two goals are combined here: To reduce entry from high-prevalence countries and to reduce the quarantine period for people entering the country.* ○ *Testing on day 5 seems reasonable, can equalise the situation and reduce quarantine time to 7 days. If there was sufficient evidence. 5 days provides sufficient time for symptoms to develop in the event of actual illness.* ○ *Test logistics (at the airport)* *Mr Wieler spoke to Mr Distany from Ecoloc on the phone. The company offers test logistics and organises these as efficiently as possible. They have a contract with Bavaria and have already*	*ABT1/all*

	tests carried out in Luxembourg. He reports being able to carry out up to 200 tests with notification of results on the same day. *Logistics is a crucial question and should play a role in the test paper.*	*Pres*
	• Exit cards, test lanes and other concerns of the health authorities responsible for airports ○ *During the TC with AG IGV-named airports, BMVI, BMG, the implementation of the entry regulations with exit tickets/testing was discussed and the displeasure/ bewilderment about this and the implementation until Wednesday, now Monday, was expressed by the BL. Administrative assistance from the Federal Police was rejected in writing and the ÖGD is on its own. There are different regulations in the federal states and the airlines are informed in advance.* *It is still unclear who carries out the tests and who sorts and distributes the exit cards. Currently, the exit cards do not contain all the information and have to be adapted in different languages.* *You would have to carry out 800 tests per hour. ÖGD works 24/7 with stand builders and contractors on the implementation and feels left alone by politicians and GMK.*	*FG32*
	National *Problems with the dashboard* • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 208,698 (+870), thereof 9,141 (4,4%)* ○ *Figures are above last week's level* ○ *Deaths (+7), incidence 251/100,000 inhabitants, approx. 192,300 recovered, reef=1.06, 7T reef=1.19* • *Cases and deaths per federal state* ○ *With the exception of Saarland, all BLs have reported cases* ○ *The frontrunners are BW/NRW/BY* • *Nowcasting* ○ *R-value bottomed out, going up again* • *7-day incidence by reporting date Federal states* ○ *Increase in many BL* • *Geographical distribution in Germany: 7-day incidence* ○ *LK with incidence >100: Dingolfing-Landau (189)* ○ *LK Dittschmarschen different small events* • *Current outbreaks* ○ *Dithmarschen: Returnees from the Balkans/Scandinavia/families* ○ *Solingen: numerous factors* ○ *Ludwigslust: Cases in the labour office, this one closed*	*FG32*

- *LK Dingolfing: Testing of many citizens and still in the cucumber business*
- *Outbreaks in SK Hamburg, LK Ostalbkreis, LK Weimar, LK Hof*
- *LK Rhein-Neckar-Kreis: Outbreak within a Romanian denomination, rather across BL and was shared via EpiLag distributors. The Pentecostal community seems to be very heterogeneous within itself and these are more likely to be free churches. The aim is to form a working group on this topic in Abt3.*

- *Breakouts by setting*
  Information on workplace, care, part of an outbreak is collected, but no detailed information on the infection setting. In outbreaks, the setting is often known, although the definition of an outbreak is quite arbitrary. Each GA decides on a case-by-case basis whether to create an outbreak or sub-outbreak. There are GAs who would create an outbreak for every outbreak within a Pentecostal congregation, while others would combine them into one large outbreak.
  The number of outbreaks and number of cases, total number of outbreaks and number of cases are recorded. Rough classification possible and majority are in the household, retirement and nursing homes and workplace. The setting cannot be differentiated 100% and church communities do not occur. Ferries were mentioned once and flights four times. Breakouts are also created with a 1Case and its KP for contact management.
- *Most frequent countries of exposure abroad from reporting weeks 27 to 30*
  - *10-20% of all notifications with exposure abroad*
  - *Bar leading, no major change*
- *Number of laboratory tests*
  - *Positive rate has risen slightly (0.8%) although more tests are being carried out*
  - *Capacities have increased and many laboratories are reporting*
- *Mortality surveillance*
  - *Figures lag behind and a low mortality rate is reported for Germany compared to other countries.*
  - *EuroMOMO data*
  - *These are not the countries, but the number of deaths by age group is significantly higher in the 15-44 age group*

It would be desirable to present some of the information that is reported internally in the management report in order to counter accusations. This information has numerous limitations and requires a lot of context. This could result in enquiries at BC level. The reporting system is a recording instrument for outbreak responses in particular and therefore accepts local heterogeneity. The lack of understanding of the reporting system repeatedly leads to irritation in the

	Press. *The planned case-control study on infection pathways could provide further important information. Prioritisation in-house?* *TODO:* *FG32/Präs: Bilateral discussion between FG32 and Präs on possible additional information in the management report* *Press: Preparation of background discussion with the press to make the reporting system easier to understand.*	*VPresident/all*
2	**International (Fridays only)** • *Namibia* *Support for the implementation of GoData is currently being planned. There has already been an introduction for the Namibian colleagues. The official invitation from the MOH is currently missing* • *Pakistan* *A. Jansen and B. Karo had a conversation with the Pakistani ambassador. Pakistan would like support in many areas (laboratory, epi, contact tracing, etc.). The possibilities of support were explained. They are currently working on a concept note/official invitation to the management of the RKI in order to be able to examine the request within the RKI.* • *Israel* *Switch Israel was cancelled last week* *New date could not yet be arranged, as no one at the management level of the RKI is available, therefore a meeting at working level without RKI management is to be arranged* *Results of the Faceshield test have already been sent to Mr Wieler*	*ZIG1* *Pres/IBBS*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Yesterday there was confusion due to differences between the management report and the homepage; this has been adjusted and is now identical*	*FG 32*
5	**Communication** **BZgA** • *Not present* **Press** • *Dashboard unfortunately still does not work* • *Case numbers on homepage are up to date with reference to problems with the dashboard* • *STIKO recommendations on COVID19 pandemic are published. Influenza vaccination recommendations for risk groups are*	*BZgA* *Press*

	emphasised. *TODO: Press: Statement on the ZEIT article is currently being prepared*	
6	**News from the BMG** • *Risk areas:* ○ *Differentiation of risk areas at subnational level for Spain already completed and finalised* ○ *The BMG would still like to receive the 7-day incidence rates at regional level for the EU. If these are not available, this should be clearly communicated to the BMG by the LZ/INIG. Communication on this already exists.* ○ *Obtaining this data is very time-consuming and must be obtained/searched out individually in the countries. ECDC currently reports 14-day incidence, also collects the data individually (not from Tessy, for Germany ECDC accesses the dashboard) and does not share the raw data.* ○ *WHO EURO has a map by region with 7-day incidence, figures are requested there. BKK data offer a possibility, this still needs to be discussed.* *TODO: ZIG 1/ B. Karo asks WHO Euro for the raw data; feedback from BMG regarding the possibility of obtaining data on 7-day incidences* • *Packs for the ÖGD:* ○ *Content not yet decided. The coalition committee in June assigned the task to the GMK and a draft will be ready by the end of August. First there will be coordination talks at ministerial level and then it will go to the federal and state governments. There is great interest in the federal states, so a resolution is expected soon. RKI is to be involved.*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **Draft supplement to our "Notes on testing for SARS-CoV-2" and (internal) background information/testing in connection with an increased risk of exposure** *Draft is ready and feedback on comprehensibility and other relevant factors is requested from ABT1.* *Travellers as an example of how increased exposure can be reflected and the influencing factors are presented in the paper. It is a challenge to summarise the results* *modelling in a language with which one can make an assessment of the*	*ABT1/all*

	The degree of infection prevention that can be achieved must be presented. *Summary: As an alternative to one-time testing with all the logistical problems, there is an alternative time-delayed testing or two-time testing; as in the paper of the state chancelleries, the residual risk reduction is greatest after 14 days of quarantine.* *In addition to doctors and those affected, the target group also includes the ÖGD. The results of the modelling are difficult to formulate in an understandable way, but should be included. Calculation example is removed to avoid giving the wrong impression. The more practical the relationships are presented, the better. There was a similar request from Public Health England (PHE). PHE has included quarantine in the modelling. Contact can be made through C. Herzog/IBBS.* *TODO: Mr. v. Kleist should prepare an explanation of the calculations and modelling(s) in a separate paper. More epidemiological considerations and fewer test parameters would be important here.* **b) RKI-internal** • *Not discussed*	
8	**Documents**	
9	**Information on occupational safety** ○ *ABAS: Proposal is developed and shared* ○ *Talks are held on occupational health and safety at arrivals at the airport and laboratories. Claudia Kohl and Daniele Jakob take part* ○ *AG Reprocessing of FFP mask is currently still open-ended, report next time*	*IBBS*
10	**Laboratory diagnostics** • *ZBS1* ○ *In week 31, 4,141 samples were received, of which 15.5% were positive for SARS-CoV-2. These were long-term infected persons and family clusters* • *Virological surveillance* ○ *129/ 218 samples positive for rhinoviruses; no detection of other pathogens*	*ZBS1* *FG17*

11	**Clinical management/discharge management** • *Not discussed*	*IBBS*
12	**Measures to protect against infection** • *Not discussed* *Moved up*	
13	**Surveillance** • *Dashboard* *FG31 is working on a solution. During the night the server did not work and the files could not be created and sent to ESRI. After this problem was solved, there were problems at ESRI* *Due to holiday periods, there are not enough staff with admin rights* *The server does not appear to be the problem, the actual cause is still being investigated. It is not EMOTET.* • *The SurvNet update improves the collection of infection settings* • *200 days LZ:* ○ *The LZ has never been operational for so long and there is no end in sight* ○ *Evaluation is based on the shift entries in the shift plan. The multiple persons and tasks that appear outside of the shift plan (test figures, outbreaks, laboratory, decrees, etc.) are not displayed.* ○ *So this is just an insight into the LZ:* ○ *Over 2600 shifts (approx. 7 hours)* ○ *Departments:. 75% of shifts covered by Dept. 3, 13% by ZIG* ○ *Over 134 employees have ever worked together, Dept. 3 lead* *> 90MA. The collaboration offers the opportunity to learn and to look beyond one's own work topics.* ○ *Over 40% of Abt 3 have ever been to the LZ.* ○ *More women overall; OR twice as high for women* ○ *Number of tasks has not decreased over time and smaller tasks are not recorded/not created as tasks* ○ *Processing time is good (9 tasks per day); 83% completed, some are continuous tasks* ○ *Top10 tasks: Decrees (350) most frequent category, not all decrees included here as decrees* ○ *Doctors' hotline not in the LZ: Dept. 1 and 2 and project groups (25 doctors) work a lot here. The task is to answer technical questions.* ○ *Overall, employees should be sensitised to the fact that the situation*	*FG32/Präs*

	tends to take longer. Involving employees from other organisations might be an option for support. ○ *IQTIQ has seconded a former MA to the RKI. Bundeswehr MA is there for the ÖGD contact centre. As he has many other appointments/commitments, it is not yet possible to work with him.* ○ *Some of the information is published in the RKI News* ○ *Please send ideas for recruiting new employees to U. Rexroth. Mr Wieler supports* *TODO: Information could be posted on the portal/intranet*	
14	**Transport and border crossing points (Fridays only)** • *From exit tickets, test lanes and other concerns of health authorities with responsibility for airports* *Discussed above*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *The KITA study platform will go online next week. This will initially be filled internally and will then go online throughout Germany and Europe* •	
17	**Other topics** • *Next meeting: Monday, 03.08.2020 1 pm, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*31.07.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Marica Grossegesse*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Ute Rexroth*
  - *Inessa Markus (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Sarah Esquevin*
  - *Basel chequered*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Trend analysis international, measures (slides here) Approx. 17 million cases with 666,857 deaths (3.92 %)* • *Top 10 countries by number of new cases in the last 7 days:* • *Little change* • *Continued high figures in India, Brazil and Argentina, although these must be seen in relation to each other* • *India has high case numbers but a low incidence, the Indian MOH has found a seroprevalence rate of 17% in three slums of Mumbai; in total there were about 110,000 cases across Mumbai* • *The COVID-19 situation has been a Public Health Event of International Concern for 6 months* • *Eid al-Adha has begun today and the situation is being monitored worldwide. WHO has issued a guideline on this. Major events, family celebrations and gatherings are expected* • *7-day incidence per 100,000 inhabitants* • *Little change* • *New: Eswatine (formerly Swaziland) and Faroe Islands* • *Preprint: COVID-19/ Strategies to reduce the risk of SARS-CoV-2 re- introduction from international travellers (LSHTM)* • *Study examines the length of quarantine measures for international travellers in terms of duration and transmission risk (modelling)* • *Four scenarios for the entry regulations with regard to quarantine and testing are analysed* • *Methods: travellers from the UK and USA to the UK are compared, with the number of travellers entering and leaving the UK being the same; prevalence of countries of departure: 20 July 2020; always compared to no quarantine and no PCR testing on entry* ○ *Assumptions: 70% of travellers who were symptomatic at the time of travel were prevented from travelling (monitoring of syndrome on departure), travel volume in July 2020 corresponds to 1% of that in July 2019; 3-55% of infected intended travellers asymptomatic; specificity of the test = 100%; infectivity of symptomatic cases begins 2.3 days before the onset of symptoms* ○ *Possible screening policies with regard to risk minimisation: Low: no quarantine and testing after entry Moderate: Quarantine for 7 days after entry,*	*ZIG1*

	No/single PCR test at the end of quarantine Release from quarantine at the end of the period with or without a single test *<u>High</u>: Quarantine after entry; 1st PCR test (0-2 days), 2nd test (2,4, 6 days) after 1st test, release from quarantine after two negative test results or 14 days after first positive test result.* *<u>Maximum</u>: 14 days quarantine after entry, no/single test at the end of quarantine, release after 14 days with/without negative test at the end of the quarantine period.* ○ *Results:* *Baseline: Between 2-12 (EU) and 3-24 (US) infected persons would enter/arrive in the Community; the significant difference between UK and US explained by prevalence Test on arrival: -> 50% reduction* *Quarantine for 6 days, PCR test on day 5 -> 88% reduction in transmission potential Quarantine for 8 days, PCR test on day 7 -> 94% reduction in transmission potential With mandatory 14d quarantine: 0-1 from EU and USA -> Reduction by 99%* *Entry potential depends on what is happening in the target country (high incidence in both countries would make little difference) Longer quarantine periods ensure that the infection window is covered and there is less entry into the community* *Second test round has rather marginal effect; testing before the flight also has a small advantage, most effective only one day before departure* ○ *These results are important/exciting with regard to the supplement to the testing strategy that was shared with the crisis team. These correlations are pointed out there. It is important to clarify what level of reduction is aimed for/accepted, taking into account the costs and benefits. At present, this discussion is still characterised by the experiences of those returning from Italy, but this is no longer applicable.* ○ *Modelling has the problem that the calculations are difficult to adapt to fluctuations due to individual behaviour and to relate the measures to the hotspots in Germany.* ○ *Two goals are combined here: To reduce entry from high-prevalence countries and to reduce the quarantine period for people entering the country.* ○ *Testing on day 5 seems reasonable, can equalise the situation and reduce quarantine time to 7 days. If there was sufficient evidence. 5 days provides sufficient time for symptoms to develop in the event of actual illness.* ○ *Test logistics (at the airport)*	*ABT1/all*

	Mr Wieler spoke to Mr Distany from Ecoloc on the phone. The company offers test logistics and organises these as efficiently as possible. There is a contract with Bavaria and tests have already been carried out in Luxembourg. He reports being able to carry out up to 200 tests with results on the same day. Logistics is a crucial question and should play a role in the test paper.	*Pres*
	• Exit cards, test lanes and other concerns of the health authorities responsible for airports ○ *During the TC with AG IGV-named airports, BMVI, BMG, the implementation of the entry regulations with exit tickets/testing was discussed and the displeasure/ bewilderment about this and the implementation until Wednesday, now Monday, was expressed by the BL. Administrative assistance from the Federal Police was rejected in writing and the ÖGD is on its own. There are different regulations in the federal states and the airlines are informed in advance.* *It is still unclear who carries out the tests and who sorts and distributes the exit cards. Currently, the exit cards do not contain all the information and have to be adapted in different languages.* *You would have to carry out 800 tests per hour. ÖGD works 24/7 with stand builders and contractors on the implementation and feels left alone by politicians and GMK.*	*FG32*
	National *Problems with the dashboard* • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 208,698 (+870), thereof 9,141 (4,4%)* ○ *Figures are above last week's level* ○ *Deaths (+7), incidence 251/100,000 inhabitants, approx. 192,300 recovered, reef=1.06, 7T reef=1.19* • *Cases and deaths per federal state* ○ *With the exception of Saarland, all BLs have reported cases* ○ *The frontrunners are BW/NRW/BY* • *Nowcasting* ○ *R-value bottomed out, going up again* • *7-day incidence by reporting date Federal states* ○ *Increase in many BL* • *Geographical distribution in Germany: 7-day incidence* ○ *LK with incidence >100: Dingolfing-Landau (189)* ○ *LK Dittschmarschen different small events* • *Current outbreaks* ○ *Dithmarschen: Returnees from*	*FG32*

	Balkans/Scandinavia/Families ○ *Solingen: numerous factors* ○ *Ludwigslust: Cases in the labour office, this one closed* ○ *LK Dingolfing: Testing of many citizens and still in the cucumber business* ○ *Outbreaks in SK Hamburg, LK Ostalbkreis, LK Weimar, LK Hof* ○ *LK Rhein-Neckar-Kreis: Outbreak within a Romanian denomination, rather across BL and was shared via EpiLag distributors. The Pentecostal community seems to be very heterogeneous within itself and these are more likely to be free churches. The aim is to form a working group on this topic in Abt3.* • *Breakouts by setting* *Information on workplace, care, part of an outbreak is collected, but no detailed information on the infection setting. In outbreaks, the setting is often known, although the definition of an outbreak is quite arbitrary. Each GA decides on a case-by-case basis whether to create an outbreak or sub-outbreak. There are GAs who would create an outbreak for every outbreak within a Pentecostal congregation, while others would combine them into one large outbreak.* *The number of outbreaks and number of cases, total number of outbreaks and number of cases are recorded. Rough classification possible and majority are in the household, retirement and nursing homes and workplace. The setting cannot be differentiated 100% and church communities are not included. Ferries were mentioned once and flights four times.* *Breakouts are also created with a 1Case and its KP for contact management.* • *Most frequent countries of exposure abroad from reporting weeks 27 to 30* ○ *10-20% of all notifications with exposure abroad* ○ *Bar leading, no major change* • *Number of laboratory tests* ○ *Positive rate has risen slightly (0.8%) although more tests are being carried out* ○ *Capacities have increased and many laboratories are reporting* • *Mortality surveillance* ○ *Figures lag behind and a low mortality rate is reported for Germany compared to other countries.* ○ *EuroMOMO data* ○ *These are not the countries, but the number of deaths by age group is significantly higher in the 15-44 age group* *It would be desirable to present some of the information that is reported internally in the management report in order to counter accusations. This information has numerous limitations and requires a lot of context. This could result in enquiries at BL level. The*	

	The reporting system is a recording instrument for outbreak responses in particular and therefore accepts local heterogeneity. The lack of understanding of the reporting system repeatedly leads to irritation in the press. *The planned case-control study on infection pathways could provide further important information. Prioritisation in-house?* *TODO:* *FG32/Präs: Bilateral discussion between FG32 and Präs on possible additional information in the management report* *Press: Preparation of background discussion with the press to make the reporting system easier to understand.*	*VPresident/all*
2	**International (Fridays only)** • *Namibia* *Support for the implementation of GoData is currently being planned. There has already been an introduction for the Namibian colleagues. The official invitation from the MOH is currently missing* • *Pakistan* *A. Jansen and B. Karo had a conversation with the Pakistani ambassador. Pakistan would like support in many areas (laboratory, epi, contact tracing, etc.). The possibilities of support were explained. They are currently working on a concept note/official invitation to the management of the RKI in order to be able to examine the request within the RKI.* • *Israel* *Shift Israel was cancelled by ISR last week. ISR has apologised and will get in touch regarding a new date* *New date with management level could not yet be arranged. ~~As no one is available at RKI management level, a~~ meeting at working level can be arranged without RKI management.* *Results of the Faceshield test have already been sent to Mr Wieler*	*ZIG1* *Pres/IBBS*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Yesterday there was confusion due to differences between the management report and the homepage; this has been adjusted and is now identical*	*FG 32*
5	**Communication** **BZgA** • *Not present* **Press** • *Dashboard unfortunately still does not work*	*BZgA*

	• *Case numbers on homepage are up to date with reference to problems with the dashboard* • *STIKO recommendations on COVID19 pandemic are published. Influenza vaccination recommendations for risk groups are highlighted.* *TODO: Press: Statement on the ZEIT article is currently being prepared*	*Press*
6	**News from the BMG** • *Risk areas:* o *Differentiation of risk areas at subnational level for Spain already completed and finalised* o *The BMG would still like to receive the 7-day incidence rates at regional level for the EU. If these are not available, this should be clearly communicated to the BMG by the LZ/INIG. Communication on this already exists.* o *Obtaining this data is very time-consuming and must be obtained/searched out individually in the countries. ECDC currently reports 14-day incidence, also collects the data individually (not from Tessy, for Germany ECDC accesses the dashboard) and does not share the raw data.* o *WHO EURO has a map by region with 7-day incidence, figures are requested there. BKK data offer a possibility, this still needs to be discussed.* *TODO: ZIG 1/ B. Karo asks WHO Euro for the raw data; feedback from BMG regarding the possibility of obtaining data on 7-day incidences* • *Packs for the ÖGD:* o *Content not yet decided. The coalition committee in June assigned the task to the GMK and a draft will be ready by the end of August. First there will be coordination talks at ministerial level and then it will go to the federal and state governments. There is great interest in the federal states, so a resolution is expected soon. RKI is to be involved.*	*BMG liaison*
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	Travellers as an example of how increased exposure can be reflected and the influencing factors are presented in the paper. It is a challenge to present the results of the modelling in a language that gives an estimate of the degree of infection prevention that can be achieved. *Summary: As an alternative to one-time testing with all the logistical problems, there is an alternative time-delayed testing or two-time testing; as in the paper of the state chancelleries, the residual risk reduction is greatest after 14 days of quarantine.* *In addition to doctors and those affected, the target group also includes the ÖGD. The results of the modelling are difficult to formulate in an understandable way, but should be included. Calculation example is removed to avoid giving the wrong impression. The more practical the relationships are presented, the better. There was a similar request from Public Health England (PHE). PHE has included quarantine in the modelling. Contact can be made through C. Herzog/IBBS.* *TODO: Mr. v. Kleist should prepare an explanation of the calculations and modelling(s) in a separate paper. More epidemiological considerations and fewer test parameters would be important here.* **b) RKI-internal** • *Not discussed*	
8	**Documents**	
9	**Information on occupational safety** ○ ~~*ABAS: Proposal is developed and shared*~~ ○ *Occupational health and safety standard of the BMAS is being coordinated at the RKI* ○ *Work on the TRBA for respiratory viruses with pandemic potential with ongoing teleconferences* ○ *Discussions on occupational health and safety at arrivals at the airport and laboratories take place. Internal coordination between Julia Sasse, IBBS with Claudia Kohl, ZBS 1 (in UA3) and ~~Daniele~~ Daniela Jakob, ZBS 2 (ABAS main committee) took place* ○ *AG reprocessing of FFP masks ~~is currently still open-ended, report~~ prepared ~~next time~~ Project plan;*	*IBBS*

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	or without one-off testing *<u>High</u>: Quarantine after entry; 1st PCR test (0-2 days), 2nd test (2,4, 6 days) after 1st test, release from quarantine after two negative test results or 14 days after first positive test result.* *<u>Maximum</u>: 14 days quarantine after entry, no/single test at the end of quarantine, release after 14 days with/without negative test at the end of the quarantine period.* ○ *Results:* *Baseline: Between 2-12 (EU) and 3-24 (US) infected persons would enter/arrive in the Community; the significant difference between UK and US explained by prevalence Test on arrival: -> 50% reduction* *Quarantine for 6 days, PCR test on day 5 -> 88% reduction in transmission potential Quarantine for 8 days, PCR test on day 7 -> 94% reduction in transmission potential With mandatory 14d quarantine: 0-1 from EU and USA -> Reduction by 99%* *Entry potential depends on what is happening in the target country (high incidence in both countries would make little difference) Longer quarantine periods ensure that the infection window is covered and there is less entry into the community* *Second test round has rather marginal effect; testing before the flight also has a small advantage, most effective only one day before departure* ○ *These results are important/exciting with regard to the supplement to the testing strategy that was shared with the crisis team. These correlations are pointed out there. It is important to clarify what level of reduction is aimed for/accepted, taking into account the costs and benefits. At present, this discussion is still characterised by the experiences of the travellers returning from Italy, but this is no longer applicable.* ○ *Modelling has the problem that the calculations are difficult to adapt to fluctuations due to individual behaviour and to relate the measures to the hotspots in Germany.* ○ *Two goals are combined here: To reduce entry from high-prevalence countries and to reduce the quarantine period for people entering the country.* ○ *Testing on day 5 seems reasonable, can equalise the situation and reduce quarantine time to 7 days. If there was sufficient evidence. 5 days provides sufficient time for symptoms to develop in the event of actual illness.* ○ *Test logistics (at the airport)* *Mr Wieler spoke to Mr Distany from Ecoloc on the phone. The company offers test logistics and organises these as efficiently as possible.*	*ABT1/all*

	possible. There is a contract with Bavaria and tests have already been carried out in Luxembourg. He reports being able to carry out up to 200 tests with notification of results on the same day. *Logistics is a crucial question and should play a role in the test paper.*	*Pres*
	• Exit cards, test lanes and other concerns of health authorities with responsibility for airports ○ *During the TC with AG IGV-named airports, BMVI, BMG, the implementation of the entry regulations with exit tickets/testing was discussed and the displeasure/ bewilderment about this and the implementation until Wednesday, now Monday, was expressed by the BL. Administrative assistance by the Federal Police was refused in writing and the ÖGd stands alone. There are different regulations in the federal states and the airlines are informed in advance.* *It is still unclear who carries out the tests and who sorts and distributes the exit cards. Currently, the exit cards do not contain all the information and need to be adapted in different languages.* *They have to carry out 800 tests per hour. ÖGD works 24/7 with trade fair constructors and contractors on the implementation and feels left alone by politicians and GMK.*	*FG32*
	National *Problems with the dashboard* • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 208,698 (+870), thereof 9,141 (4,4%)* ○ *Figures are above last week's level* ○ *Deaths (+7), incidence 251/100,000 inhabitants, approx. 192,300 recovered, reef=1.06, 7T reef=1.19* • *Cases and deaths per federal state* ○ *With the exception of Saarland, all BLs have reported cases* ○ *The frontrunners are BW/NRW/BY* • *Nowcasting* ○ *R-value bottomed out, going up again* • *7-day incidence by reporting date Federal states* ○ *Increase in many BL* • *Geographical distribution in Germany: 7-day incidence* ○ *LK with incidence >100: Dingolfing-Landau (189)* ○ *LK Dittschmarschen different small events* • *Current outbreaks* ○ *Dithmarschen: Returnees from the Balkans/Scandinavia/families* ○ *Solingen: numerous factors*	*FG32*

- *Ludwigslust: Cases in the labour office, this one closed*
- *LK Dingolfing: Testing of many citizens and still in the cucumber business*
- *Outbreaks in SK Hamburg, LK Ostalbkreis, LK Weimar, LK Hof*
- *LK Rhein-Neckar-Kreis: Outbreak within a Romanian denomination, rather across BL and was shared via EpiLag distributors. The Pentecostal community seems to be very heterogeneous within itself and these are more likely to be free churches. The aim is to form a working group on this topic in Abt3.*

- *Breakouts by setting*
  Information on workplace, care, part of an outbreak is collected, but no detailed information on the infection setting. In outbreaks, the setting is often known, although the definition of an outbreak is quite arbitrary. Each GA decides on a case-by-case basis whether to create an outbreak or sub-outbreak. There are GAs who would create an outbreak for every outbreak within a Pentecostal congregation, while others would combine them into one large outbreak.
  The number of outbreaks and number of cases
  The total number of outbreaks and the number of cases are recorded.
  A rough classification is possible and the majority are in the household, retirement and nursing homes and the workplace. The setting cannot be differentiated 100% and church communities do not occur. Ferries were mentioned once and flights four times.
  Departures are also created with a 1Case and its KP for contact management.
- *Most frequent countries of exposure abroad from reporting weeks 27 to 30*
  - *10-20% of all notifications with exposure abroad*
  - *Bar leading, no major change*
- *Number of laboratory tests*
  - *Positive rate has risen slightly (0.8%) although more tests are being carried out*
  - *Capacities have increased and many laboratories are reporting*
- *Mortality surveillance*
  - *Figures lag behind and a low mortality rate is reported for Germany compared to other countries.*
  - *EuroMOMO data*
  - *These are not the countries, but the number of deaths by age group is significantly higher in the 15-44 age group*

It would be desirable to present some of the information that is reported internally in the management report in order to counter accusations. This information has numerous limitations and requires a lot of context. This could result in enquiries at BC level. The reporting system is a recording instrument for outbreak responses in particular

	and therefore accepts local heterogeneity. The lack of understanding of the reporting system repeatedly leads to irritation in the press. *The planned case-control study on infection pathways could provide further important information. Prioritisation in-house?* *TODO:* *FG32/Präs: Bilateral discussion between FG32 and Präs on possible additional information in the management report* *Press: Preparation of background discussion with the press to make the reporting system easier to understand.*	*VPresident/all*
2	**International (Fridays only)** • *Namibia* *Support for the implementation of GoData is currently being planned. There has already been an introduction for the Namibian colleagues. The official invitation from the MOH is currently missing* • *Pakistan* *A. Jansen and B. Karo had a meeting with the Pakistani ambassador. Pakistan would like support in many areas (laboratory, epi, contact tracing, etc.). The possibilities of support were explained. We are currently working on a concept note/official invitation to the management of the RKI in order to be able to examine the request internally at the RKI.* • *Israel* *Switch Israel was cancelled last week* *New date could not yet be arranged, as no one at the management level of the RKI is available, therefore a meeting at working level without RKI management is to be arranged* *Results of the Faceshield test have already been sent to Mr Wieler*	*ZIG1* *Pres/IBBS*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Yesterday there was confusion due to differences between the management report and the homepage, which have been adjusted and are now identical*	*FG 32*
5	**Communication** **BZgA** • *Not present* **Press** • *Dashboard unfortunately still does not work* • *Case numbers on homepage are up to date with reference to problems with the dashboard* • *STIKO recommendations on COVID19 pandemic are published. Influenza vaccination recommendations for risk groups are*	*BZgA* *Press*

	emphasised. *TODO: Press: Statement on the ZEIT article is currently being prepared*	
6	**News from the BMG** • *Risk areas:* ○ *Differentiation of risk areas at subnational level for Spain already completed and finalised* ○ *The BMG would still like to receive the 7-day incidence rates at regional level for the EU. If these are not available, this should be clearly communicated to the BMG by the LZ/INIG. Communication on this already exists.* ○ *Obtaining this data is very time-consuming and must be obtained/searched out individually in the countries. ECDC currently reports 14-day incidence, also collects the data individually (not from Tessy, for Germany ECDC accesses the dashboard) and does not share the raw data.* ○ *WHO EURO has a map by region with 7-day incidence, figures are requested there. BKK data offer a possibility, this still needs to be discussed.* *TODO: ZIG 1/ B. Karo asks WHO Euro for the raw data; feedback from BMG regarding the possibility of obtaining data on 7-day incidences* • *Pack for the ÖGD:* ○ *Content not yet decided. The coalition committee in June assigned the task to the GMK and a draft will be ready by the end of August. First there will be coordination talks at ministerial level and then it will go to the federal and state governments. There is great interest in the federal states, so a resolution is expected soon. The RKI is to be involved.*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **Draft supplement to our "Notes on testing for SARS-CoV-2" and (internal) background information/testing in connection with an increased risk of exposure** *Draft is ready and feedback on comprehensibility and other relevant factors is requested from ABT11.* *Travellers as an example of how increased exposure can be reflected and the influencing factors are presented in the paper. It is a challenge to summarise the results* *modelling in a language with which one can make an assessment of the*	*ABT1/all*

	The degree of infection prevention that can be achieved must be presented. *Summary: As an alternative to one-time testing with all the logistical problems, an alternative is delayed testing or two-time testing; as in the paper by the state chancelleries, the residual risk reduction is greatest after 14 days of quarantine.* *In addition to doctors and those affected, the target group is also the ÖGD. The results of the modelling are difficult to formulate in an understandable way, but should be included. The calculation example is removed to avoid giving the wrong impression. The more practical the relationships are presented, the better. There was a similar enquiry from Public Health England (PHE). PHE has included quarantine in the modelling. Contact can be made through C. Herzog/IBBS.* *TODO: Mr. v. Kleist should prepare an explanation of the calculations and modelling(s) in a separate paper. More epidemiological considerations and fewer test parameters would be important here.* **b) RKI-internal** • *Not discussed*	
8	**Documents**	
9	**Information on occupational safety** ○ *ABAS: Proposal is developed and shared* ○ *Discussions are held on occupational health and safety at arrivals and laboratories. Claudia Kohl and Daniele Jakob take part* ○ *WG Reprocessing on FFP mask is currently still open-ended, report next time*	*IBBS*
10	**Laboratory diagnostics** • *ZBS1* ○ *In week 31, 4,141 samples were received, of which 15.5% were positive for SARS-CoV-2. These were long-term infected persons and family clusters* • *Virological surveillance* ○ *129/ 218 samples positive for rhinoviruses; no detection of other pathogens*	*ZBS1* *FG17*

11	**Clinical management/discharge management** • *Not discussed*	*IBBS*
12	**Measures to protect against infection** • *Not discussed* *Moved up*	
13	**Surveillance** • *Dashboard* *FG31 is working on a solution. During the night the server did not work and the files could not be created and sent to ESRI. After this problem was solved, there were problems with ESRI* *Due to holiday periods, there are not enough staff with admin rights* *The server did not seem to be the problem, the actual cause is still being investigated. It is not EMOTET* • *The SurvNet update provides a better overview of the infection setting* • *200 days LZ:* ○ *The LZ has never been operational for so long and there is no end in sight* ○ *Evaluation is based on the shift entries in the shift plan. The multiple persons and tasks that appear outside of the shift plan (test figures, outbreaks, laboratory, decrees, etc.) are not shown.* ○ *So this is just an insight into the LZ:* ○ *Over 2600 shifts (approx. 7 hours)* ○ *Departments,. 75% of shifts covered by Dept. 3, 13% by ZIG* ○ *Over 134 employees have ever worked together, Dept. 3 lead* *> 90MA. The collaboration offers the opportunity to learn and to look beyond one's own work topics.* ○ *Over 40% of Abt 3 have ever been to the LZ.* ○ *More women overall; OR twice as high for women* ○ *The number of tasks has not decreased over time and smaller tasks are not recorded/not created as tasks* ○ *Processing time is good (9 tasks per day); 83% completed, some are continuous tasks* ○ *Top10 tasks: Decrees (350) most frequent category, not all decrees included here as decrees* ○ *Doctors' hotline not in the LZ: Dept. 1 and 2 and project groups (25 doctors) work a lot here. The task is to answer technical questions.* ○ *Overall, employees should be sensitised to the fact that the situation*	*FG32/Präs*

	takes longer. Involving employees from other organisations might be an option for support. ○ *IQTIQ has seconded a former MA to the RKI. Bundeswehr MA is there for the ÖGD contact centre. As he has many other appointments/commitments, it is not yet possible to work with him.* ○ *Some of the information is published in the RKI News* ○ *Please send ideas for recruiting new employees to U. Rexroth. Mr Wieler supports* *TODO: Information could be posted on the portal/intranet*	
14	**Transport and border crossing points (Fridays only)** • *From exit tickets, test lanes and other concerns of health authorities with responsibility for airports* *Discussed above*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *The KITA study platform goes online next week. This will initially be filled internally and will then go online throughout Germany and Europe* •	
17	**Other topics** • *Next meeting: Monday, 03.08.2020 1 pm, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.08.2020, 13:00 h*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Marc Thanheiser*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Marcia Grossegesse*

- ZIG1
  - Andreas Jansen
  - Sarah Esquevin
- BZgA
  - Heidrun Thaiss
- BMG
  - Iris Andernach
  - Christophe Beyer

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • International trend analysis, measures (slides here) • Approx. 17.8 million cases and approx. 685,000 deaths (3.84%) • Top 10 countries by number of new cases in the last 7 days: ○ In 10th position Philippines and no longer Bangladesh ○ Trends similar, Brazil appears to be becoming more stable • Countries with 7-day incidence per 100,000 inhabitants > 50 cases ○ Equatorial Guinea added ○ South America remains a hotspot • Africa - Current situation, > 700 cases (7T) ○ Ivory Coast no longer included; Malawi newly added; 5 countries responsible for 75% of the cumulative number of cases ○ Epidemic no longer limited to large cities (WHO Africa) ○ Ethiopia: nationwide testing planned • North and South America - Current situation, > 700 cases (7T) ○ New is Paraguay with exponential increase ○ > 50% of all cases worldwide ○ USA Stabilisation of case numbers, record numbers of deaths ○ Mexico ranks third in cumulative deaths worldwide, severe underreporting of cases • Asia - Current situation, > 700 cases (7T) ○ Afghanistan no longer involved ○ India continues to set daily records, Test capacities have been increased ○ Case numbers in Japan are on the rise, no longer limited to Tokyo ○ In the Philippines, case numbers rise rapidly after easing restrictions in June. • Europe - Current situation, > 700 cases (7T) ○ Albania newly added, Luxembourg, Montenegro no longer included ○ Belgium: mainly attributable to the Antwerp region ○ Declining trend in Russia	ZIG1

- *Stabilisation in Spain*
- *United Kingdom: fear of 2nd wave very high, reintroduction of measures*

- *Oceania - Current situation, > 700 cases (7T)*
  - *Australia unchanged rising trend; lockdown periods introduced at night, with state of emergency; concern that outbreak will spread to nursing and retirement homes*
- *Is there any background information on Romania? Update is planned for the next few days*
- *Why is the proportion of deaths falling? At the moment there is a sharp rise in the number of cases, deaths only become apparent after a time delay.*

National

FG32

- *Case numbers, deaths, trend (slides here)*
  - *SurvNet transmitted: 210,402 (+509), of which 9,148 (4.4%) deaths (+7), incidence 253/100,000 inhabitants, approx. 193,500 recovered, Reff=1.09; 7T Reff=1.00*
  - *Due to an incorrect cancellation by LK Ennepe-Ruhr, 145 cases were not included in the case count yesterday, but were previously available. Today they have been included again. Without this factor, the current number of new infections is 364 cases and 1 death.*
  - *Cases and deaths per federal state*
    - *Cases from BW and Saxony not yet included in statistics, as no transmission at the weekend*
  - *Nowcasting*
    - *Slight decrease in R-value*
    - *relatively stable above 1*
  - *7-day incidence by reporting date Federal states*
    - *Resurgence in many BLs*
  - *Geographical distribution in Germany: 7-day incidence*
    - *> 50: LK Dingolfing-Landau*
    - *> 25: SK Offenbach, LK Dithmarschen, LK Kleve*
    - *78 LAs have not submitted any cases (number of LAs without cases is falling)*
  - *Counties with the highest number of cases in the last 7 days:*
    - *Most cases in Essen, Düsseldorf, Hamburg Duisburg, Munich*
  - *Current outbreaks*
    - *LK Dithmarschen: heterogeneous, travellers returning from different areas; more stringent Contact restrictions reintroduced*
    - *LK Kleve: Wedding celebration, many people in quarantine*
    - *SK Herne: no tightening of measures*
    - *LK Dingolfing-Landau: vegetable farm, extensive testing*
  - *Breakouts by setting*
    - *Difficulty: Breakouts are very difficult in the GAs.*

	small-scale recorded ▪ Many outbreaks in private HH and nursing homes	
	• Role of church services in the pandemic (slides here) ○ Church services are also playing an international role in the pandemic: ▪ Major outbreak in eastern France: large meeting of a Pentecostal congregation with participants from many countries. different regions of France ▪ Church (associated) outbreaks in the USA ▪ Outbreaks in Germany: in Protestant free churches and Pentecostal congregations in Bremerhaven, Neukölln, Stuttgart, Sinsheim, Gütersloh,... ○ Favouring transfers to churches: ▪ Non-compliance with AHA rules; singing; priest with many contacts as index case; large number of participants, Deliberate proximity; long church services and frequent other church events; rooms with low air volume ○ Favouring supra-regional spread: ▪ Rarity of the specific community in the area, resulting in participants and priests travelling long distances. leads; missionary activities; large households (secondary transmission) ○ Favouring late outbreak detection: ▪ More likely to isolate parishioners from the general population (linguistically and/or religiously) motivated) ○ Pentecostal churches: ▪ No state churches, lots of singing, long church services, house groups play a role, Increasingly widespread, especially in former "Developing countries" -> long gatherings in confined spaces ○ BZgA warns against generalisation. The habits that lead to the spread should be analysed and risk factors abstracted from them. This message should be communicated to the general population. ○ Is it possible to determine a number of people per area that greatly increases the risk (group size, area, duration of contact exposure)? Depends on the combination of risk factors, therefore difficult to define threshold values. ○ If an event is a superspreading event, the number of people should only be so large that KoNa can still be realised in the event of outbreaks. ○ Difference between official meetings and private gatherings, risk perception is much lower at private meetings. ○ Contexts are complex, when does infection take place, during the service, at gatherings afterwards?	FG35/ FG36

	○ *Telephone call with a pastor from the Association of German Baptists: Faith plays a role ("God protects"). This needs to be approached differently in terms of communication than just by setting limits in rooms.* ○ *Previous studies suggest that non-compliance with the AHA rules is the main risk factor. There is evidence that the majority of cases were contracted through droplet infection.* ○ *Bias, the more detailed the research, the more likely it is that infection is not due to aerosols or the air conditioning system, but to droplets. However, this is more difficult to determine. It would be good to contribute to the evidence.* *ToDo: Dept. 3 should find out whether it can be proven that a droplet infection is more likely in the case of a more precise medical history.* • *Corona-KiTa study (slides here)* ○ *Under what conditions are openings of daycare centres and schools possible? RKI Module 3 (FG36: Evaluation of reporting data and syndromic surveillance) and Module 4 (Dept. 2)* ○ *Incidence and proportion: Numbers tend to increase in 6 year olds and decrease in 0-5 year olds.* ○ *Care in an institution: difficult to evaluate* ○ *Outbreaks in kindergartens/after-school care centres: number of cases 15 years and older is quite high, affected caregivers seem to play a major role as well as 0-5 year olds* ○ *Outbreaks in schools: significantly more teachers affected; suggests that a large proportion is carried by private HH in schools and daycare centres and not vice versa.* ○ *Is data available on the positivity rate among children and teachers? The positivity rate is very low for all age groups. Differentiation by occupational group is not possible, neither in the reporting system nor in ARS. Such analyses (COVID diagnosis by occupational group) are carried out by the umbrella organisation BBK, for example.* ○ *There are outbreaks in schools and daycare centres. Basic rules must also be observed in schools. There is no reason why the AHA rules can be waived in schools. However, the opinion that schools and children are superspreaders must be countered. More persuasion is needed with teenagers and young adults.*	*FG36*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *The process of establishing a symptom checker is almost complete, but still needs to be integrated into the website.*	*FG21*

	People can enter symptoms and then receive instructions on how they should behave. • Data donation: diseases associated with fever appear to be recognisable • CWA: o Hotline still needs to be established at the RKI, there is a willingness to answer citizens' questions for 1-2 weeks. o Evaluation of the app should be realised in a cost-saving manner. A project structure that will last until May 2021 must be developed. o We are working hard to eliminate the deficiencies in the laboratory connection and to improve the integration of the GA. o SAP and Telekom have turned their plans towards Europe. There are similar systems in Europe and the EU Commission is calling for a platform for the entire European system.	
4	**Current risk assessment** • Not discussed	
5	**Communication** **BZgA** • Feedback from the population: There is a great deal of ignorance of the system and great uncertainty, for example, about how the rest of the family should behave when a child has been tested and is waiting for the result. • Travelling returnees: o Aren't hotspots artificially generated when there are several hundred people in a queue? o If you wish to be tested after returning from a non-risk area, it is not always easy to find a contact point. Shouldn't the on-call medical service (telephone 116117) be approached again? • It would be very much in the interests of the GA responsible for airports to test across the board and not just at airports. If possible, testing should take place within 72 hours of arrival, until then quarantine at home. Only information material would then be made available at the airport. There is no agreement on this at political level and no support from the health insurance companies (very different regional handling, a matter for the individual federal states). • These points are to be collected and discussed in the diagnostics working group (next meeting in mid-August). ToDo: Mr Mielke will send an email requesting an exception to this point. • Easier accessibility of test centres is to be discussed in parallel in the AGI. There is a collection of links with an overview of testing options.	BZgA Dept. 1

		FG32
	Press • *FAQ on the categorisation of a negative test result is planned. This has been formulated in the notes on testing, which will be published later today. This paper will be passed on to the press so that it can be made generally understandable.* • *Proposal: The language used on 24 July (information on increased case numbers) should be removed from the website. Problem: The situation report refers to the statement from 24/07. This could be removed from the COVID overview page but left in the link. However, the situation report already provides a good categorisation.*	*Press*

6	**News from the BMG** • *Risk areas are increasingly the subject of public debate, and there are ideas for daily designation of risk areas, including at regional level. The international situation should be closely monitored in order to prevent a daily incidence designation from being demanded.* • *Mr Beyer would therefore like to take part in the crisis team meetings for the "International" item. BMG would like to pick up signals and would endeavour to obtain further data if necessary.* • *Another option would be to take part in ZIG's daily round table instead.* • *The frequency and level of detail with which the epidemiological situation abroad can be considered still needs to be discussed in ZIG; too much detail is not epidemiologically meaningful. The data (7-day incidences) are provided by the WHO Euro in NUTS 2 resolution. Figures are not searched for on national websites. This screening is carried out daily, also worldwide, but not in the same depth.* • *Compulsory testing will be ordered in accordance with §36 or §5 IfSG. Not yet clear. The order will be published in the Federal Gazette next Friday at the earliest. Are the federal states aware of this?* • *To what extent was RKI involved in occupational safety standards of the BMAS? Please discuss this directly with Ms Sasse.*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	
8	**Documents** • *"Coronavirus in the air", Nature, 23 July 2020* ○ *postponed to Wednesday*	

	• *SARS-CoV-2 genome diversity (slides here)* ○ *70,000 genomes have been sequenced in the meantime.* ○ *Genome is quite large at 30 kb. Evolution rate is relatively slow (good news).* ○ *Size of the spike gene, responsible for binding, stands out. Binding to ACE-2 receptor is particularly important. Easy target for neutralising antibodies.* ○ *Mutations in the spike were analysed, D614G is the most frequent mutation (71%).* ○ *G614 has become dominant in almost all infected populations, even where D614 initially predominated. The trend has become global. In Germany, too, this is the mutation that has prevailed.* ○ *G614 is associated with lower Ct levels and higher viral load, but not with more severe disease.* ○ *G614 could stabilise the spike, could be a sign that the virus is adapting to the host.* ○ *No differences with neutralisation.* ○ *Is it possible to escape from neutralising antibodies? To what extent can escape mutants occur? Resistant spike mutants occur in low frequency in nature.* ○ *To what extent can the viruses be neutralised? By using AK combinations, antibody resistance could be completely overcome. -> Good prerequisite for therapy and vaccine, no escape mutants are to be expected so quickly.* ○ *The G614 mutant has prevailed because it has replication advantages, but is not associated with higher virulence.* ○ *The Gangelt variant was ousted,* ○ *You can analyse whether there are different entries in a clinic.* ○ *Can a reinfection with a new virus be distinguished from an exacerbation of a perceptive infection? Could be proven if both groups were detectable in a patient.* • *CORONA monitoring locally - First results for the municipality of Kupferzell in the district of Hohenlohe (slides here)* ○ *Planned as one of 4 studies: Kupferzell (20.05.-09.06.), Bad Feilnbach (23.06.-04.07.), SK Straubing (from 08.09.), from October another municipality/city* ○ *Study objectives:* ▪ *Determination of the proportion of the population in particularly affected communities that has already been in contact with the virus had; proportion of acutely infected and those who have already had the infection*	*FG17* *Dept.2*

- asymptomatic courses and the dark figure factor
- Antibody status, clinical progression, late effects
- Framework conditions of the municipalities and measures

- Study design:
  - approx. 2,000 participants per location (18 years and older), representative samples from residents' registration offices
  - PCR throat swab, blood samples for antibody testing
  - Neutralisation tests at the NRZ for coronaviruses
  - Short survey and longer follow-up survey, approx. 2-3 weeks later,
  - Study centres: examination buses, rented rooms, home visits
  - Repeated cross-sectional analyses and longitudinal follow-up are possible.
- First results:
  - Sample 2,203 people aged 18 and over, response: 62%, up to 80% in older age groups
  - Prevalence: 13.1% borderline findings included; 11.3% positive AK findings; with positive NT result: 7.6%, the other results refer to this corrected result
  - Seroprevalence by age and gender: more frequent positive findings in women (not significant), More frequent positive findings in older people (significant)
  - Proportion of asymptomatic courses: 16.8%, significantly higher proportion in older people
  - Proportion of people with diagnosed SARS-CoV-2 infection and negative antibody test: 28.3%
- Comparison of the existing studies: Kupferzell, Gangelt, Neustadt, Ischgl (only for a rough impression, results not comparable):
  - Reactive AK findings highest in Ischgl at 42.4%, Gangelt: 14.1%, Neustadt 8.4%; dark figure factor in Kuperzell at 4, in Gangelt at 5 and Ischgl at 6-7
- Next steps: 5 August results report for BMG; 14 August presentation in Kupferzell; 25 August presentation of results in Bad Feilnbach; 8 September start of study in Straubing, October start of study in fourth location and virtual networking meeting
- Presentation of all studies on this topic on the RKI website
- The proportion of asymptomatic patients is remarkable because many reports in the press have created the impression that this proportion is much higher.
- What were the most common symptoms? Exchange with colleagues and more detailed analyses are planned. Results have only been available since Friday.
- 28% of those who tested PCR positive in the past have no seroconversion or are already negative again (?) (no positive PCR test in the study itself). This is a finding that should be discussed with regard to pathogenesis and possible viraemia. Which subpopulation does not form Antibodies?

	○ *To what extent do asymptomatic patients play a role in the transmission, do the GAs receive this information? Dept. 2 is in close contact with GA in Kupferzell.* ○ *Incidence, lethality and temporal peak from the reporting system should be added to the presentation.*	
9	**Information on occupational safety** • *Not discussed*	*IBBS*
10	**Laboratory diagnostics** • *ZBS1* ○ *In the last week, 547 samples were received, of which 91 (16.6%) tested positive for SARS-CoV-2.* • *Virological surveillance* ○ *Very high proportion of rhinoviruses, so far no other viruses.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Will be discussed on Wednesday*	
12	**Measures to protect against infection** • *Status aerosol paper with UBA* ○ *An expert discussion was held with participants from federal ministries and individual experts. The focus was on the outbreaks in meat cutting plants and free ventilation was also discussed.* ○ *Result: An air handling unit is the best way to prevent aerosols from spreading. Mobile air purifiers are generally not necessary and only make sense if they are professionally installed. If the air is UV-disinfected, it must still be filtered. In the case of window ventilation, a CO2 measurement (CO2 traffic light) is quite suitable to indicate when ventilation is required.* ○ *UBA will publish a comprehensive paper on this in mid-August. FG14 sees FF in the UBA and would like to offer support for this, i.e. not write its own paper.* ○ *Instead, separate FAQs should be created and reference made to the document. The UBA recommendations are congruent with the RKI recommendations. FG36 has already provided a text, which should be taken into account.* ○ *The German health page with the most clicks at the moment is the RKI page, so practical recommendations would be very useful here.* ○ *Ms Brunke has compiled an overview of all RKI documents on ventilation, will be circulated in the crisis team.*	*FG14*
13	**Surveillance** • *To what extent has the reporting of negative findings already been implemented? Roll-out is underway, a large proportion of*	*FG32*

	the GAs, a smaller proportion of the	
	Laboratories is integrated, but not yet implemented on a large scale.	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Wednesday, 05.08.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Lampert*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Flora Haderer*
- *ZIG1*
  - *Andreas Jansen*
  - *Sarah McFarland*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*

- *Iris Andernach*
- *Christophe Bayer*

- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here: COVID-19 International)* • *Approx. 18 million cases and 694,000 deaths (3.8%) worldwide (as of 4 August 2020)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Trends similar, countries changed places (Colombia 5th instead of 4th etc.)* ○ *Downward trend in the USA, Brazil, South Africa and the Russian Federation* • *29 countries with 7-day incidence per 100,000 inhabitants > 50 cases (significantly fewer than 2 days ago), South America particularly affected* • *7-day incidence per 100,000 inhabitants (subnational, WHO EURO) 28 July - 3 August: West-East comparison: Spain (Navarra, Catalonia and Aragon), Luxembourg, Albania, Bosnia-Herzegovina, Romania, Bulgaria; Romania and Bulgaria currently not designated as risk areas;* • **Romania:** *approx. 54,000 cases, 2,400 deaths, 4.5 % case fatality rate; in the last 7 days approx. 8,000 new cases, approx. 200 deaths; 7-day incidence: 41 new cases, positive test rate 5.8 %; no explicit clusters identifiable, according to ECDC SitRep 7-day change +4.43 %* • *According to MoH, approx. 2,600 Romanian citizens tested positive in DEU* • *COVID-19 scepticism is broadcast on state television, disinformation campaigns* • *Newly confirmed cases per day: steady increase* • *Measures: Flights continued, national border with Hungary reopened, closed with Bulgaria, Moldova and Ukraine* • *14-day quarantine list of the MoH for travellers from certain countries* • *Approx. 18,800 people currently in domestic quarantine, 177 in institutionalised quarantine* • *Clear rules for restaurants and clubs, lockdowns in 3 areas* • *Determination of risk area 2-stage process: 1. incidence > 50 (see model quarantine regulation; no possibility of cancellation of list due to qualitative characteristics) or 2. incidence < 50, but indications that there is a relevant risk of infection (e.g. due to increased imported cases after*	

Germany)-> regional quantification must be possible in order to avoid blanket border closure demands.

- *From Bulgaria, especially Varna (Gold Coast), an increasing number of cases were reported in the EpiLag by various federal states among returning travellers, mainly aged between 20 and 30, who had probably celebrated there in non-compliance with the AHA rules; Bulgaria was informed bilaterally via EWRS and asked to provide an assessment of the situation;*

National

Case numbers, deaths, trend (slides here: Situation-National)

- *SurvNet transmitted: 212,022 (+741), of which 9,168 (4.3 %) deaths (+12), incidence 255/100,000 inhabitants, approx. 194,600 recovered, Reff=0.9; 7T Reff=0.97*
- *Comparison of federal states: high case numbers in NRW (1,892 cases), Bavaria (670), BW (442), Hesse (437),*
- *Cumulative number of cases in Bavaria and NRW similar, differences in incidence of deaths possibly due to age group distribution*
- *Comparison of week 31 with week 30: Growth > 50 % in SH (+132 %), Hesse (+51 %) and Berlin (+50 %)*
- *Nowcasting: reproduction number below 1*
- *7-day incidence by date of notification - Top 5: NRW, Berlin, Hesse, HH, Bremen. Overall: slight increase continued.*
- *Geographical distribution of 7-day incidence:*
  - *> 50: LK Dingolfing-Landau (harvest workers)*
  - *> 25: SK Herne, SK Offenbach (travelling returnee), LK Kleve (wedding)*
  - *week-on-week comparison;*
  - *SK (Cologne, HH, Düsseldorf, Duisburg, Munich) dominate in terms of absolute number of cases (last 7 days), with incidence above mentioned LK or SK*
  - *Current outbreaks: Goslar: student residence; Unna: retirement home, football team, return journey; Kleve: wedding party; Herne: return journey; Dingolfing-Landau: vegetable farm; Günzburg: school; Wiesbaden: Summer party; Düren: Harvest helpers*
  - *Most frequently exposed countries abroad: Kosovo, Serbia, Turkey, Bulgaria, Romania;*
  - *Possible bias due to testing at airports cannot be specified at present: Munich Airport currently 2,000 tests per day [target is 7,000 to 8,000/day (= approx. number of travellers per day from risk areas)] and currently 0.32% positive rate. Düsseldorf Airport approx. 1,500 / day and according to the press 2.5 % positive rate (no validation).*

		○ *Laboratories for airport testing should be included in laboratory surveillance* *to be included, exact number probably only to be determined after DEMIS*	

- *Mr Wieler is in contact with Ecolog (Mr Destani, head of the company); there capacity of approx. 200,000 tests per day, commissioned by Munich Airport and also predictive for other locations; contact will be passed on to Ms Böttcher;*
- *Establishment of a test centre planned at Berlin main station and Omnisbus station;*
- *Comparison of figures collected by airports with caution, bias possible (Düsseldorf > Eastern European flights dominant, Munich international) to be taken into account when interpreting positive rates;*

Syndromic surveillance (slides here: ARE)

- *Fluweb: ARE rates in children decreased from week 30 to 31, in adults usual seasonal level*
- *Practice index: reflects these values; relative number of ARE doctor visits at normal summer level*
- *High incidence of consultations, especially by children (0 to 4 years)*
- *ARE rates currently declining (possibly in connection with high school holiday density)*
- *ICOSARI-KH-Surveillance: increase in 0- to 4-year-olds does not continue, > 60-year-olds: small increase recorded*
- *SARI cases with COVID diagnosis: still stable*
- *ARE: Approx. 3.5 million tests since the beginning, cumulative positivity of 2.2% (week 31 slightly lower than week 30, post-transmission, will most likely level this value)*
- *local outbreak events can be mapped*
- *Test delay less than 1.5 days*

Laboratory-based surveillance (slides here: Sars in ARS)

- *Distribution of tests by place of collection: very clear increase in the proportion of hospital & decrease in doctors' surgeries at weekends*
- *Number of tests by place of collection: scaling varies, please note. Decline in the number of tests taken in normal wards, significant decline in doctors' surgeries at weekends (not shifting to hospitals, but overall decline at weekends)*
- *Number of tests per 100,000 inhabitants according to age group and KW: Decrease in total 0-14 year olds continues.*
- *Positive proportion: Incidence per age group relatively similar to last calendar week at a low level in all age groups.*
- *Serological results after the first positive PCR test over time:*
  - *AK-negative (green): one (374), two (56) or three (12) Tests*
  - *AK-positive (red): after one (707), two (135) or three (47) Tests*
  - *AK-positive or AK-negative (brown) in the course: two (17) and 3 (15) tests*
  - *Proportion of patients with IgG detection after positive*

		PCR	

	per week over time: 50 % AK-positive in the first week; 75 % in the second week. No further increase in the further course - 25 % do not seroconvert. ○ *IgG detection rate increases with age (increase in proportion of seroconverted cases)* ○ *IgG detection rate in intensive care units significantly higher than in doctors' surgeries* ○ *Here based on IgG, as higher cross-reactivity and lower reliability with IgA and IgM, but still being analysed* ○ *Surv. ARS: legal basis exists, data can be published*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Currently no need for adjustment.*	*all*
5	**Communication** **BZgA** • *German Association of Cities: public health service cannot absorb testing, outpatient system must be used* • *Unawareness of travellers returning home or the challenge of visiting outpatient medical practices > KBV should be asked to disseminate relevant information* • *Polarisation - increase in carelessness (regardless of age group or ethnicity, with flyers trying to catch up) and increase in fears in risk groups (comparable to the beginning of the pandemic, up to the need for intervention)* • *For sceptics / deniers: vocal but manageable group, mainly uses traditional channels (topic-specific interactive), references to reputable sources are placed on YouTube, no contact with influencers planned* **Press** • *Currently many enquiries from citizens, but also from the press about "false-positive PCR tests"* • *FAQ is being prepared (request to BMG and parliament for material, information from KBV to diagnostics working group, reminder to Mr Mielke)*	*BZgA* *Press*
6	**News from the BMG** *Summary of the crisis management meeting on 04/08/2020* • *TOP Political categorisation of the demonstrations on*	*BMG liaison*

	Weekend: Intervention assessed as moderate, no fundamental concern regarding internal security, e.g. due to the controlling effect of the initiators. • *Consequence: clear need for communicative public relations work (especially sensitisation with regard to disease and measures)* • *Testing in accordance with Section 36 IfSG for travellers entering Germany - regulation is being coordinated by the ministry. Pilot test for late repatriates travelling to Germany: highlights time and logistical difficulties with routine testing at airports, awareness of the problem exists.* • *IT project in the BMI to digitise exit cards and testing, also for the health authorities. Concretisation is still pending, RKI can contribute with information.* • *Association of Cities Health Committee notes lack of information for travellers. Cause: Need for improvement in the provision of BMG information (air carriers should be held more accountable) and partly different information on BMI homepage (problem must be addressed) > Concretisation with new ordinance. Orders should appear in the Federal Gazette on Friday. Carriers should distribute information material and disembarkation cards Cave:* *Observance of country-specific regulations*	
7	**Strategy questions** **RKI-internal** *"Participation in the fight against the COVID-19 pandemic" Short presentation by IG Participation* • *IG Participation - since 10/2019 as a self-organised initiative at the RKI* • *Goal: Expansion of the range of methods at the RKI to include participatory approaches. Methodology: active involvement of target groups -> role reversal -> empowerment, sustainable and target group-orientated solutions* • *Communication challenge in the pandemic of hard-to-reach target groups, solution approach: active research approaches to analyse the target group (photovoice, inquiry), measures to involve certain groups, risk communication as active dialogue (RCCE) -> corresponding revision of the pandemic plan even after the crisis. Voice of civil society is missing. Offer from IG of an advisory function in the crisis team*	*F. Haderer*

	• *Non-involvement can lead to a lack of understanding or protests (Göttingen, Gütersloh) > Participation of the IG in the breakout team is an advantage* • *Suggestion: Evaluation of direct enquiries from individuals to the RKI (e.g. via the press) for the purpose of feedback to society* • *Participatory implementation by health authorities desired, also with regard to serological studies. > Participation should be taken into account when combating deregistration and planning studies* *To do: Contact Mrs Haderer - BZgA* **General** *Concept of "marginalised groups" (slides here - Sinti and Roma)* • *Focus should be extended to marginalised populations to avoid stigmatisation* • *Targeted approaches needed, effectiveness of AHA rules largely determined by participation of marginalised groups* • *Identification of challenges in escapes: Language barrier, lack of information, bilateral mistrust (community versus authority), socio-economic (cramped living conditions, informal employment) and religious factors.* • *Two aspects of the concept: effective communication and consideration of the life situation, plus analysis* • *Concrete proposals for action: Overcoming information deficit and language barrier, self-organisation, anti-discriminatory reporting -> key components in pandemic containment* • *Action: Implementation of the extended focus, publication of a concerted version of the concept paper (draft by the end of the week) after consultation with AGI, BMG and BZgA* • *Expansion is also promoted at BMG*	*N. Sarma*
8	**Documents** • *Not discussed*	
9	**Information on occupational safety** *Updated infographic (slides here - emergency services)* • *Complete revision of the recommendation for non-medical personnel, also with regard to aerosols -> recommendations basically the same, additional note on ventilation outdoors and MNS without exhalation valve. Incalculable situation: alternatively full face mask for emergency personnel instead of FFPE*	*IBBS*

	To do: Inconsistency regarding the influence of the exhalation valve must be clarified (no external protection due to lack of filter function versus certain separation effect of the valve). *To do: Icon at the bottom right of the flyer should be revised if necessary (suggests eye-nose protection instead of nose-mouth protection)*	
10	**Laboratory diagnostics** • *Paper on the definition of reinfections at Lage prepared, supplement on T-cell immunity to follow* • *Background: Cases were tested AK-positive again after a considerable period of time: Reinfection versus persistence.* • *For the second wave, the cut-off for creating a second case must be clarified (reporting is not person-related, but case-related)* • *Clarification via Mr Mielke as to whether molecular biological differentiation between persistence or new infection is possible using retained samples (expand evidence base, point this out to ZBS when sending in samples) > to be discussed in the crisis team, currently a rare event* • *Data on reinfection currently scarce (note: persistent positivity in PCR presumably due to remnants of genetic material from the primary infection in cellular vesicles)* • *Detection of rhinoviruses declining (see above)*	*FG17*
11	**Clinical management/discharge management** • *Not discussed*	*FG36/IBBS*
12	**Measures to protect against infection** • *Not discussed*	*FG32*
13	**Surveillance** • *Status of the DEMIS rollout. Of 378 districts, approx. 50 % have current software AND certificate available (= green, prerequisite for receiving electronic reporting of positive proofs), parts only software (yellow), only certificate (= blue) or neither (= grey, note: Berlin grey, as breakdown by district is not possible in this evaluation with Regiograph).* • *At present, 20% of health authorities lack contact persons for ordering and maintaining certificates (holiday period).* • *Laboratories: 226, 87 of which are connected. More to follow.* • *Comprehensive function according to DEMIS office in the coming weeks. Notification of the reason for testing also possible (based on entry or Corona-Warn-App)*	*FG32*
14	**Transport and border crossing points** • *Planned VO for mandatory testing pronounced.* • *Exit tickets: Digitisation absolutely necessary, currently in*	

	Paper form, allocation to health authority more difficult, is criticised.	
15	**Information from the situation centre (Fridays only)** • *Currently significant staffing bottlenecks, increased support from other departments required* • *Increased automation and reduction of daily management report content necessary* • *Comprehensiveness and frequency important to the BMG* • *Current solution: detailed report 1x/week; however, reduction of daily content, in case of redundancy reference to dashboard sufficient and omission of report on Sunday (concept to be submitted)* • *Long-term solution: all content should be created automatically (see RKI 2025 concept)* • *Complete outsourcing to the dashboard not possible for data protection reasons*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Friday, 07.08.2020, 11:00 a.m. - 1 p.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*07.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Lampert*
- *Dept. 3*
  - *Nadine Litzba (protocol)*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Ralf Dürrwald*
  - *Dschin-Je Oh*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG 33*
  - *Ole Wichmann*
- *FG 34*
  - *Viviane Bremer*
- *FG 36*
  - *Udo Buchholz*
- *FG 37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Annika Brinkmann*
- *ZIG*
  - *Johanna Hanefeld*
  - *Luisa Denkel*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*

- *Iris Andernach*
- *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here: COVID-19 International)* • *Approx. 18.7 million cases and approx. 708,000 deaths (3.8%) worldwide (as of 7 August 2020)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Consistent sequence* ○ *USA falling, case reporting in India surpassed USA, expect India to slip to number 1 in the next few days* • *31 countries with 7-day incidence per 100,000 (previously 29 countries): Cabo Verde (<3000 cases) and Turks and Caicos Islands added* • *7-day incidence per 100,000 at subnational level (WHO): Not all regions are shown (one is missing in Bulgaria)* • *7-day incidence per 100,000 in EU/EEA/UK sub-regions: one region is still missing in Bulgaria (Dobric with approx. 300 new cases), Navarra is no longer on the list - according to the data on the Spanish website, however, Navarra would still be on the list* • **Australia:** ○ *approx. 4,000 cases in the last 7 days, many tested, positive rate 0.9%* ○ *still assume "cluster of cases", based on quarantine hotel, family celebrations etc., increase only in Victoria, other states constant* ○ *01.07.2020 initially local measures in Melbourne, Testing Blizz (street-by-street testing of residents)* ○ *State of disaster in Victoria until 13/09/2020* ○ *Restrictions level 3 for Region Victoria and Mitchell Shire, level 4 for Melbourne* • *Singapore:* ○ *approx. 3000 new cases in the last 7 days, low case mortality (0.05%) so far* ○ *It is assumed that there are clusters of cases, especially dormitories for international workers, increased testing there* ○ *Not much change in the last 7 days according to ECDC* ○ *Resumption of work, "new normality"* ○ *No explanation for low case mortality with relatively high positive rate, possibly young workers* • *Spain:*	*INIG*

- *Case numbers in Madrid rising, Navarra currently still on the RKI list, but now <50 new cases/100,000 p.e.*
- *Large number of outbreaks in "new normality", not accompanied by intensive testing, which would be necessary, especially asymptomatic. Cases in younger people*

- *UK modelling study: relaxation of physical distancing and school openings must be accompanied by population-wide testing strategy including isolation of diagnosed individuals*
- *Differences in the assessment of Spain by ECDC (approx. 50/100,000 p.e.) and Spain itself/WHO (41/100,000 p.e.), with the same data basis; Basque Country and Aragon over 50/100,000 p.e.) according to BMG*
- *Bulgaria: Varna also mentioned in EpiLag earlier this week, tour operators offer party bus trips to the region where the pictures suggest that you don't have to follow the AHA rules there.*
- *Current numbers of travellers returning with respective place of exposure, MW 31/32, only evaluation of the first-mentioned indication of the place of exposure (further places of exposure can be indicated, but were not recorded):*
  Bulgaria: 94 cases with exposure in Bulgaria, 10 cases of which exposure in Varna
  65 cases with exposure Romania, only 2x region specified
- *BMG sees distributed outbreak in Romania, important because of seasonal workers, possibly designation as risk area*
- *Belgium was also categorised as a risk area by many countries, Antwerp still at 80/100,000*
- *Ms Hanefeld takes part in the risk area meeting on 7 August.*
- *High proportion of positive tests in Düsseldorf may be explained by many flight connections to Eastern European countries.*

National

Case numbers, deaths, trend (slides here: Situation-National)

- *SurvNet transmitted: 214,214 (+1,147), of which 9,183 (0.09 %) deaths (+ 8), incidence 258/100,000 inhabitants, approx. 195,900 recovered, Reff=1.16; 7T Reff=1.16*
- *Nowcasting: Explanation of why R does not rise in parallel with 7-day incidence: If sudden fluctuations occur at a low level, then R reacts very sensitively; if changes are continuous over a longer period, there is hardly any reactioni (see also in comparison to the end of March/April, with a slow decline). However, R values have been above 1 for a long time.*
- *7-day incidence is currently more suitable for evaluation.*
- *Comparison of federal states: number of new cases in difference to previous day > 100 in NW (444 cases), Bavaria (128), Hesse (158), NI (124)*

		• *Geographical distribution and LK 7-day incidence: Only 57 countries, with Dingolfing-Landau standing out, otherwise metropolitan areas with high case numbers* • *Exchange with BMG 611 on outbreaks* • *Overall, expected increase after behavioural change*	

	observed • *Communication regarding the testing of returning travellers should be urgently adapted/improved* • *BZgA is planning a pictorial information (like flow chart), could be added to general leaflets* • *Moving images and podcasts should be used to illustrate how KH works. Moving images have a wide reach. The BZgA could either provide a film itself or link to contributions.* • *If necessary, individual fates could also be presented - this is done very strongly in the USA and appeals to people more than abstract figures.* • *The BZgA is in discussion on the topic - communicating emotionally, in political communication. Individual fates were widely discussed. In bst. This can be utilised. However, there is also the proportion of people who react with panic. Deterrence is not the way to work (European directive). So far, the aim has been to provide rational information so that people can make an informed decision. But the type of communication and the messages need to be adapted.* • *You can use individual cases (even with good outcomes) to make people realise that KH exists: Link the reality of KH to a real face.* • *The existing data on exposure risks are to be published. An EpiBull article is planned. Article on the evaluation of nosocomial outbreaks has already been submitted to the Ärzteblatt as a research letter. Ms Schweickert is currently analysing the outbreaks in retirement and nursing homes.* *ToDo: Evaluation of exposure risks should be published as soon as possible.*	
2	**International (Fridays only)** • *There is a request from Uzbekistan due to a current heavy, second wave. There will be a scoping mission for this.* • *Japan ZIG contacted for an exchange* • *Continuing exchange with Ethiopia and South Africa* • *Report on WHO Goarn mission in Turkmenistan (by Mrs Abu Sin) (Slides here: WHO Mission Turkmenistan)* ○ *First talks in April, long struggle for this mission* ○ *Turkmenistan surrounded by countries with many cases (Iran, Kazakhstan Uzbekistan, Afghanistan)* ○ *Turkmenistan is one of two countries that have not yet reported any cases to the WHO (along with North Korea)* ○ *The participants had to show a negative test result, were Quarantined for 2 days and additionally tested twice during this time.*	*ZIGL* *Mrs Abu Sin (FG37)*

	○ *Turkmenistan closed its borders very early on and is focussing primarily on the point of entry (PoE) with massive resources (decontamination of trucks, etc.). This is the reason for the lack of entry. There are quarantine facilities at various border crossing points, e.g. at the seaport on the Uzbek border.* ○ *From communication with employees of internat. Institutions the information that increased respirator. Infections among employees (outside the cold season).* ○ *63,000 tests in total by 23 July, but result not in writing, if positive, then communicated verbally* ○ *Turkmenistan was reminded during the mission of their obligation to report COVID-19 cases under the IHR.* ○ *There is a large "all government engangement", a crisis team at government level and all departments are involved. But the Foreign Ministry dominates.* ○ *Wearing masks was initially partially prohibited, but was only relaxed 2 weeks before the mission. Shortly before arrival, decision to make masks compulsory in med. Facilities and in transport (for drivers). This was based more on ideology (PPE produced in the country, no visible shortage of resources) and would have implied that there was a risk of infection.* ○ *During the mission, it was publicised that SARS-CoV-2 could possibly be carried by the winds across the Aral Sea - making masks compulsory.* ○ *Shortly before the mission, markets were also closed and other measures were taken.* ○ *Further objectives of the mission: Surveillance systems and capacities in the laboratory area* ○ *KH and Long-Term Care Facility were also shown, quarantine stations used for repatriation: staggered in 3 parts: 1. under observation, 2. mild symptoms, 3. intermediate care. These wards were close to the border, not in the centre of the country.* ○ *The intensive care unit in Ashgabat was shown, but it was empty. There were some patients in Turkmenbashi, but it was difficult to draw any conclusions about the level of care.* ○ *Overall, the political side of the mission dominated, a difficult balancing act. When the political side of things took a back seat, the dialogue was better.* • *ZIG would like to thank Ms Abu Sin for her commitment. The participation of the RKI was very important - it was also important for the environment that a woman took part. Overall, it was a difficult situation for WHO Euro and the RKI played an important role in the process. It was a political mission, but if it can be achieved through the process that COVID-19 cases become public*	

	then help for the population is also possible.	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Currently no need for adjustment.*	
5	**Communication** **BZgA** • *Impact on mental health: increase in anxiety disorders* • *Inter-family conflicts on the rise* • *Increased alcohol consumption* • *At the end of the year, information on whether the birth rate has increased, then possibly also the divorce rate* • *Uncertainty dominates when schools open, uncertainty among returning travellers* **Press** • *Today or Monday FAQ 1. on false-positive tests, 2. on the increase in case numbers and 3. on the working methods of the health authorities* • *Lots of enquiries about traveller returns and exposure - publication of the EpiBull article would be helpful.*	*BZgA* *Press*
6	**News from the BMG** • *Monday Press conference of the BMFSJ: Annual press conference for the new school year, Corona-Kitastudy is mentioned, PM currently in coordination between the departments. Udo Buchholz or Walter Haas will attend.* • *Tuesday Exchange with the Netherlands on the measures* • *Enquiry from the Federal Foreign Office for contact person at the RKI for the hygiene concept of the Foreign Ministers' Meeting*	*BMG liaison*

7	**Strategy** **Questions RKI-internal** • *A strategy paper was drawn up by management and the BMG by next April, most recently modified at management level and currently in the BMG, feedback and approval is expected shortly* • *Links to good video contributions/podcasts by science journalists etc. should be placed on the website. RKI cannot present individual persons, this is the task of the BMG or the BZgA, but links can be posted. "We need faces"* • *There was a virtual meeting with Christian Drosten to discuss his idea of cluster-centred contact tracing. This afternoon meeting with Dept.1, FG36, FG37 and L. Results will be presented again in the crisis team.*	
8	**Documents** • *Order from Brandenburg that not all symptomatic children with serous rhinitis should be tested. Based on calculations that children go to the doctor 3 times every quarter.* • *According to Grippeweb data, 4-6 ARE per child per year* • *Enquiry as to whether the flow chart needs to be adapted, whether the recommendation should be modified for children and additional criteria defined, or whether parallel testing of other common respiratory symptoms should be recommended.* • *There are testing offers/obligations for travellers returning home and concepts for other mass events. In any case, low-threshold testing should be accessible primarily to symptomatic people of all ages. People of all ages should be able to take part.* • *Laboratory capacity was prioritised in the laboratory capacity working group: primary access for symptomatic people.* • *Also possible billing problems in the event of changes to the recommendation* • *Diagnostics working group: Specification in test paper, so that it becomes clearer which form of differential diagnos. examination makes sense* • *Open testing not always propagated in the GP sector* • *AGI has accepted recommendation to test children, but there is resistance from paediatricians.* • *Discussion on children will be continued at the next crisis team meeting in the presence of Walter Haas.* • *The crisis management team currently sees no need to revise the flow chart.* • *Prioritisation has been deliberately undertaken in the National Testing Strategy and in the report of the Laboratory Capacity Working Group. It should first be cancelled elsewhere before testing is changed to be more symptomatic.*	*L*

9	**Information on occupational safety** • *Occupational health and safety standards agreed in-house and sent to BMAS* • *TRBA currently undergoing further legal review. There was a request for the TRBA, whether the IBBS poster on PPE can be attached or passed on via a link, link preferred, but must be available in the long term*	*IBBS*
10	**Laboratory diagnostics** • *Low sample volume due to the holidays, 50% of samples positive (only rhinovirus)*	*FG17*
11	**Clinical management/discharge management** • *Therapy information updated: Information on tocilizumab for blocking the IL-6 receptor* • *STAKOB has considerably strengthened its consultancy expertise together with the DGI (Infectiology Consultancy Network): WebSeminars for the professional public for questions on clinical management, professional public to be informed about this, next WebSeminar with the Charité*	*FG36/IBBS*
12	**Measures to protect against infection** • *Yesterday there was a study in the media by Holger Schünemann from McMaster University, in which self-protection is also said to have been proven.* *ToDo: FG14 is asked to look at and evaluate the study.*	*L /FG 14*

13	**Surveillance** • *Implementation of the IfSG amendment: addition to the infection environment (Section 9) and laboratory notification of negative tests (Section 7 (4)), both of which have not yet been implemented* • *§9 Implementation to take place with SurvNet update next week. In future, additions to the infection environment will be recorded: Educational facility (school, daycare centre), healthcare facility, transport, catering, retail, attempt to also map roles (customer/employee). Multiple entries will be possible and will also be used; it will often not be possible to narrow down exposure to one location. Nevertheless, perhaps helpful for indications of exposure. However, it must also be implemented in the other software, so results will not be available until the end of August.* • *§7 (4) linked to DEMIS in implementation, in consultation with BMG, currently undergoing data protection review, 80-90 laboratories fulfil technical requirements, recording the reason for testing would be very important (e.g. screening at PoE, admission to hospital) for evaluation of measures and use of resources, but little hope, as laboratories often do not receive the information on the request form. Elsewhere, efforts should be made to ensure that the request forms are adapted accordingly.*	*FG32*
14	**Transport and border crossing points** • *On 06.08.2020 meeting at the BMG to digitise the drop-out card.* • *BMVI to set up project structure, work together with BVA and have already concluded framework agreements with external service providers* • *Arrangement will be published today, valid from tomorrow, 08.08.2020* • *First of all, exit tickets in paper format have to be given to GÄ at the airports.* *200,000 exit tickets in paper form that have to be sent to the GÄ. Bus companies are supposed to give exit tickets to GÄ at border crossings; in Frankfurt, the BW provides support.* • *Hope that digitalisation could be implemented in 3-6 weeks, but also critical voices* • *Today 12-14 h meeting of BMG, BMI and BMVI, considerations as to whether drop-out cards can be scanned and distributed by fax according to postcode principle, but data protection concerns.* • *The term disembarkation card is actually only used in the event of infection on the aircraft. These disembarkation cards serve the purpose of*	
	Verification of compliance with the entry quarantine regulations, which can only be checked on a random basis.	

15	**Information from the situation centre (Fridays only)** • *Work in international communication is increasing dramatically (5 people in parallel), may need to be adapted.*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Monday, 10 August 2020, 13:00 - 15:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*10.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG 14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG 17*
  - *Thorsten Wolff*
- *FG 32*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Inessa Markus (protocol)*
- *FG 33*
- *FG 34*
- *FG 36*
  - *Silke Buda*
- *FG 37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Eva Krause*
  - *Marcia Grossegesse*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Andreas Jansen*
  - *Luisa Denkel*

- Iris Andernach

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here: COVID-19 International)* • *Approx. 19.6 million cases and approx. 727,000 deaths (3.87%) worldwide (as at 09/08/2020)* • **Top 10 countries by number of new cases in the last 7 days:** o *India is in first place and has overtaken the USA* o *Otherwise the same order* o *Declining trend in Brazil, USA, South Africa, Mexico and Russia* • **7-day incidence per 100,000 national level** o *34 countries (+3 compared to 07.08.)* o *Africa: South Africa and Cabo Verde* o *America (new): Aruba (509 cases in total, 113 new cases in the last 7 days)* o *Asia (new): Iraq (147,389 cases in total, 20,685 new cases in the last 7 days)* o *Europe (new): Faroe Islands (291 cases in total, 66 new cases in the last 7 days), San Marino (717 cases in total, 18 new cases in the last 7 days) Spain (n = 314 362 cases , 25 840 new cases in the last 7 days)* • **7-day incidence per 100,000 at subnational level (WHO):** o *Spain with several regions, Luxembourg in its entirety, Eastern Europe numerous countries such as Bosnia-Herzegovina, Bulgaria, Romania, Moldova, Ukraine* • **7-day incidence per 100,000 in EU/EEA/UK subregions:** o *Bulgaria (Blagoevgrad, Varna), Luxembourg, Romania (4 regions), Spain (Aragon, Cataluna, Madrid, new: Basque Country)* • **Countries with over 70,000 new COVID-19 cases in the last 7 days** o *Brazil, Colombia, India, USA (decreasing trend)* • **7-day trend by continent:** • **Africa**	*INIG*

- 1 million cases (cumulative) exceeded, 50% from South Africa, since last week 17/43 total WHO experts on the ground for support. Senegal (11,000 cases in total, 749 in the last 7 days) and Libya (5,000 cases in total, 1,458 new cases in the last 7 days, 35% increase) show an upward trend.

- **America**
  - Argentina and Colombia are showing an upward trend, which is also evident in Mexico (visible in the 14-day trend)
- **Asia**
  - India, Philippines, Indonesia, Iraq and Japan
- **Europe**
  - Many countries with a rising trend
  - Poland (51,000 cases in total, 4800 new cases in the last 7 days, 30% increase),
  - Netherlands (58,000 cases totalling 3255 new cases in the last 7 days, 63% increase)
  - Greece (5,400 cases in total, 834 new cases in the last 7 days, 50% increase)
  - **ECDC: 11 Update of the RRA for COVID-19**
    Trends compared to previous RRA/figures
    Declining trend in Sweden, Portugal, Croatia, Slovenia, remaining countries increasing
- Oceania
  - The situation in Australia is stabilising
- Summary (slide 12)
  - > 50 % of new cases and > 60 % of new deaths in the past 7 days in North America.
    Central and South America
  - Asia: Focus countries India, Philippines, Indonesia, Japan
  - > 1 million cases (cumulative) in Africa
  - Widespread increase in Europe, possible explanation is the ramp-up of testing, but does not explain everything (example: Luxembourg)
  - Important measures: Sustainable public health measures to protect vulnerable groups, extensive testing strategies, contact tracing (+ isolation of Sars-CoV-2-positive persons and contact persons).
  - Sustainable public health measures to protect vulnerable groups, extensive testing strategies, contact tracing (+)
    Isolation of Sars-CoV-2 positives and

Contact persons
    - *Customised and sustained risk communication against declining compliance is extremely important*
- *Information on the burden on the healthcare system in the USA and the number of deaths in India will be reported next time*
- *The increase in Poland is mainly focussed on urban agglomerations (greater Krakow and Warsaw)*

- *BMG:*
  The increase in the number of cases will result in a demand for regional data for other countries in the BMG. There is a lively exchange on the topic between the BMG and the ZIG. No raw data is yet available at regional level (enquiry to WHO EURO in progress)
  There is already a task (request Mr Bayer) from the LZ at ZIG (deadline tomorrow 10am)

National

Case numbers, deaths, trend (slides here: Situation-National)

- *SurvNet transmitted: 216,327 (+436), of which 9,197 (1 %) deaths (+ 1), incidence 260/100,000 inhabitants, approx. 197,400 recovered, Sunday not all BL transmitted Reff=1.09; 7T Reff=1.05; Moves around 1, PI includes 1.*
  Case numbers are rising; NRW has transmitted 200 cases, some BL have no or very few cases.
- *Nowcasting: Downward trend (March/April) no longer visible.*
- *7-day incidence by federal state:*
  General trend: rising.
  Many BL affected, NRW leading the way. Extreme increase in Hamburg with heterogeneous causes (outbreaks in a shipyard with several districts involved, travellers etc.), high increase also in Berlin and Rhineland-Palatinate (outbreaks in a cucumber-growing company, in a canning factory with several locations)
- *Breakouts:*
  Very heterogeneous context. Class and Abitur trips organised by a coach tour operator MANGO Tours with coach trips to Croatia several times a week.
  Outbreaks in connection with protest events have not yet been reported.
- *Numerous travellers (the term "returnees" can be misleading), so a lot of contact with Kosovo*

	• *Proportion of asymptomatic patients over time:* ○ *Proportion increases over the weeks as testing becomes more sensitive. There are differences/different developments between the BL.* ○ *The last two weeks cannot be analysed as they can still develop symptoms.* ○ *Variable very difficult to analyse (not intuitive) and compare, as the different categories are understood and used differently depending on the BL/GA.* ○ *It is not possible to add/change symptoms at a later date, and it is also unclear whether all symptoms are known to everyone.* ○ *The evaluation is internal and is intended as a guide.* ○ *Data from Italy show that between 20-30% are asymptomatic. This is of course dependent on age etc., but seems to be realistic (similar proportion for influenza)* ○ *Corona monitoring makes more sense as a reference for this question* • *International exposure locations (data as of 09/08/2020)* ○ *Change in exposure locations over time clearly visible; from Italy via Austria to currently Kosovo and Turkey* • *Sike Buda is currently working on analysing the outbreaks and will present it in due course*	
2	**International (Fridays only)** • **Not discussed**	
3	**Update digital projects (Mondays only)** • *Contact person not present*	
4	**Current risk assessment** • **Not discussed**	
5	**Communication** **BZgA** • *Not present* **Press** • *Ms Degen spoke to BZgA this morning about the procedure for including more emotional stories in the COVID-19 narrative.*	*Press*

	to contribute. Such content is already available on WHO EURO (site also available in German). *TODO: Press links the WHO EURO website with the RKI page*	
6	**News from the BMG** • *Figures for regional designation discussed above*	*BMG liaison*
7	**Strategy** **Questions RKI-internal** • *Topics/context that have not yet been sufficiently addressed by the RKI and where it would still be necessary:* 1. *Question of whether the RKI needs to take action in* **theatre and concert** *with regard to the strategy for the resumption of cultural life. The Ministry of Culture is responsible and it is not clear whether there is sufficient activity there on this issue/context. Hygiene regulations already exist.* *It should be examined whether action should be taken.* 2. *Day care centres for the elderly: As part of the evaluation of the outbreaks,* **day care centres for the elderly** *stood out as a risk setting for vulnerable groups. It is difficult to implement permanent restrictions here. It is unclear whether this setting is sufficiently taken into account in the existing recommendations.* *TODO: Tim Eckmanns discusses with Silke Buda whether this setting should be taken into account in current recommendations and adapts them if necessary.* • *Modelling for the further course:* ○ *The modelling created in March is to be updated/adjusted. More parameters and more recent findings have been added that can and should be taken into account.* *The aim is to incorporate and better map new interventions (masks etc.) based on current data from Germany and to be able to derive trends for the timing of recommendations for stricter measures. In March, the main focus was on contact reduction. The effect of individual measures is difficult to map.* ○ *There is a task for M. an der Heiden with the support of FG36 for Mr Spahn via Mr Wieler. Mr Spahn would like a rough estimate as an example,*	*VPräs* *Abt. 1* *FG36* *VPresident/all*

	what proportion of 1000 infected people	

	hospitalised, how large the proportion is that requires intensive medical care, etc. ○ *There has already been an exchange between M. an der Heiden and scientists from LSHTM on this topic. This project would be more of a long-term endeavour and should produce a large output, ideally published internationally as part of an international collaboration.* ○ *A discussion with M. an der Heiden is necessary.*	
	• **Modelling of intensive care capacities** *is provided to the BMG by FG 37 on a weekly basis. These are made by Mr Zacher. As he is currently unavailable, no further developments/adjustments can be made, but the calculations will continue to be generated on a weekly basis.* *These are important for assessing when a more restrictive approach should be recommended.* *TODO: LZ/FG37 shares the reports with Pres/Pres.*	*VPräs/FG37*
	• *Is there any data on the* **relationship between 7-day incidence and degree of hospitalisation and the time of increase in exposure***?* *There is a certain latency. Hospitalisation is influenced by the demographic composition. Many young people are currently affected, so we are seeing a different course of the disease. In winter, it was mainly the older population with admissions to nursing homes that was affected. The proportion of older people is currently stable.*	*Abt1/FG32*
	• *Are the current* **mask recommendations** *still up to date? There is confusion as to which masks should be worn and in which context (indoors/outdoors).* *There is currently no scientific evidence for recommending masks for outdoors (e.g. Paris) or situations in which a distance of 1.5 m can be maintained (e.g. classrooms), but a higher probability of aerosol/droplet formation must be assumed. However, it seems plausible.* *The minimum distance always plays a role in the current recommendations for wearing masks. A recommendation without consideration of the minimum distance would be a change in the current recommendations and*	*VPresident/all*

	currently not scientifically justifiable. *These recommendations could potentially lead to major disruptions in daily life (e.g. going to restaurants, lessons) and are difficult to implement.* *Recommendation of MNS instead of MNB depends on the production capacities (currently availability seems to be given) and the correct application. The focus should be on reducing the risk of infection.* *"Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review (Chu, Schünemann et al., June 2020, Lancet)" 2003- May 2020, SARS (55 included), MERS (25), SARS-CoV-2 (7); Link* *Mainly includes studies in the healthcare sector and supports previous findings. Respiratory protection (N95) greater protective effect than medical MNS or 12-16 layer cotton masks. The MND mentioned here is not comparable with the usual one in Germany and the duration of exposure must be taken into account.* *Carrying out a further meta-analysis is generally difficult due to the different types of masks that are used. If required, ZIG2 can be included via LZIG* *The only argument for recommending masks for everyone is to protect others. Self-protection would lead to people refusing to wear them, arguing that the other person could protect themselves with a mask.* *Result: Promote better implementation of current recommendations through better understanding and simple messages instead of new recommendations.* *TODO: FG14/FG36 should clearly emphasise the most important messages of the current recommendations and prepare them more pointedly.* *TODO: The paper "Wrong person, place and time: viral load and contact network predict SARS-CoV-2 transmission and super-spreading events" (preprint) by Mr Wieler was shared on WE and should be evaluated by modellers.* • *The* **list of activities abroad and requests for assistance** *addressed to ZIG is very extensive. This should be made visible to the outside world.* *An exchange with the press is already taking place and*	

	will be placed on the homepage	
8	**Documents** • *Currently no need*	
9	**Information on occupational safety** • *Not discussed*	*IBBS*
10	**Laboratory diagnostics** • *FG17* *In recent weeks, 60 samples have been sent to the NRZ Influenza. Rhinovirus was detected in 50% of them. This is the normal situation.* • *ZBS1* *Last week, 72/561 (12.8%) samples were positive for SARS-CoV-2.* *The Corona Monitoring study is currently being prepared nationwide*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *Instructions for donning/doffing PPE with 3 short videos are online, further languages are in progress. Link will be shared.*	*IBBS*
12	**Measures to protect against infection** •	
13	**Surveillance** • *DEMIS rollout continues* • *Workload at International Communication continues to increase* • *Enquiry to GMLZ for support requires clarification, as resources are also available there and there is currently a lot to do (Lebanon etc.).* • *SurvNet update is finished this week* • *LZ concept for reporting (a comprehensive report once a week and shorter reports during the week) is being worked on* • *Tables could not be retrieved properly again today. Server problems from last week have been fixed, this was a new (manual) problem.* • *Contact at the BMG Mr Holzer is a consultant in Division 661.* *In the end, BMG was able to retrieve the data from ESRI itself. the aim is for this to be done from now on. Not*	*FG32*

	All employees in the Management Report position have a work telephone. The provision of a private number is voluntary. Further discussion of the current situation in the management meeting.	
14	**Transport and border crossing points** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *See Surveillance*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Wednesday, 12 August 2020, 11:00 a.m. , via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.08.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *MF1*
  - *Max von Kleist*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*

- ZIG1
  - Eugenia Romo Ventura
- BZGA
  - Heidrun Thaiss
- BMG
  - Iris Andernach
  - Christophe Bayer

TOP	Contribution/Topic	contributed by
1	**Current situation - International** • International trend analysis, measures (slides here) ○ Top 10 countries by number of new cases/last 7 days ▪ Most cases in USA, Brazil, India ▪ Rising trend in India, Russia, Peru ○ Countries with >70,000 new cases/last 7 days ○ Countries with 7-T. incidence >50/100,000 pop. 34 countries worldwide, new since Monday is Spain ○ Subnational regions with 7-T. incidence >50/100,000 inhabitants in the WHO EURO region ▪ Increasing number of (subnational) regions with 7-T. incidences >50, e.g. Romania (from 4 to now 13), 3 in Bulgaria, Luxembourg, 5 regions in Spain (Madrid and Pais Vasco new), Sweden, Denmark and Norway 1 region each ▪ Change 7T Incidence, about the same as Monday ○ India deaths (question from AL1 last Monday) ▪ Rising number of deaths ▪ >2 million positive tests, in the last week these have been significantly expanded, this varies but from state to state ▪ Case fatality rate and incidence is low ▪ Measures are taken locally ▪ government in New Delhi explicitly said in a meeting with ZIG that further measures would be taken if only cautiously. can be introduced because the economic impact is so negative for the population as a whole and must be weighed differently ○ USA Capacity healthcare system ▪ Significant financial difficulties as KKH income (majority of the population is private) insured) are in sharp decline ▪ The rise in pandemic-related unemployment has led to many Americans losing their jobs caused by the pandemic. have lost (co-)financed health insurance ▪ KKH, doctors' surgeries and primary care practices are all under financial threat ▪ American healthcare system is known to be inefficient, providers are associated with employers who economic consequences are high and the	ZIG1

	Labour law does not protect employees sufficiently ○ *BMG Comment/Please* ▪ *The current exceedance of the 7-T. incidence threshold in a number of subnational areas (according to their official data) is closely followed and has political consequences, e.g. Spain, especially the Balearic Islands, interests the German population, also Antwerp (already evaluated by ZIG) and the province of New Brussels* ▪ *Ask ZIG to follow this closely as it is very important for political decision-making* ▪ *Malta: source of outbreaks in other countries (e.g. Italy), language holidays: being investigated by ZIG* **Current situation - National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 218,519 (+1,226), of which 9,207 (4.2%) deaths (+6), incidence 263/100,000 inhabitants, approx. 198,800 recovered, Reff=0.88 7T Reff= 1.04* ○ *Only 41 districts without case reports, events in Dingolfing Landau are declining, but other, sometimes large districts are on the rise, various large cities with high case numbers, Hamburg, Duisburg, Munich, Dortmund, Cologne, Essen, Düsseldorf, etc.* ○ *No big change regarding the current outbreaks, language school returnees from Malta* • *Capacity monitoring of the districts has been taking place since the end of April, and there have been no new overload reports for weeks; it is unclear whether this is political restraint or whether the districts are now well positioned* • *Exposure location and origin* ○ *~30% of cases infected abroad, rather younger people* ○ *Most mentioned countries: Kosovo, Turkey, Croatia, Bulgaria, varies by BL, in some BL travellers account for up to ~40% of cases, this changes over time* ○ *Information "contact to confirmed case" is often not available in the registration data, where it is collected it is rarely stated no, most frequent contact is private household* ○ *Variable is not always filled for 2 reasons:* *1. software-dependent, whether it can be easily integrated is theoretically possible in other software, this will be checked again and analysed software-specifically, problem will be solved with DEMIS* *2. Variable is far down in the increasingly long case mask and may not always be filled in or even added, is a question of capacity in the GA* ○ *In communication with the ÖGD, the importance of this information for the assessment of the current situation should be emphasised again and feedback on this should be obtained (is actually linked to the above-mentioned overload reports)*	*FG32*

	○ *Support can also be offered by the Containment Scouts who are currently at the RKI* ○ *BZgA experience: standardised software is/was important* ○ *SurvNet is offered free of charge to the GAs, but they also work in numerous other areas that also involve electronic data (health reporting, drinking water, paediatric and youth health services)* ○ *SurvNet is standardised for infection protection, with DEMIS updates should be available equally quickly for everyone in the future, but this will only be developed afterwards, initially the focus is on laboratory integration* • *On 8 September 2020, Präs has a web conference with the Chancellor and all BL → It should be carefully considered what messages should be conveyed during this direct access* • *When should the language of "community transmission" begin?* ○ *It is important to know where the cases come from, are they still outbreaks or is the origin increasingly unknown* ○ *A table will be prepared for Friday to facilitate the decision based on threshold points* ○ *Even during the first clusters of the disease, there has been no community transmission in Germany so far; current figures are also due to numerous tests (including travel return tests)* ○ *Happening is not so much driven by clusters, relatively many smaller transmissions that can only be traced by good data to understand the propagation pattern* **Syndromic surveillance** • *FluWeb data remains at a relatively low level and is approaching normal summer levels* • *By age group (children and adults): the increase from week 31 to week 32 was caused by children and is at the level of previous years (not worrying)* • *AG Influenza Practice Index: relative measure of the proportion of visits to the doctor, is lower in summer than in winter, relapsed again in the last 2 weeks after an increase in week 30* • *ARE consultation incidence (population-based): Increase in children <5 (red) and 5-14-year-olds (orange) up to week 29, then decline, probably also due to the school holidays* • *Impact of starting school under conditions remains to be seen* • *ICOSARI data (always the same number (~70) of KKH) are also at the summer level, only increase in specific age groups (e.g. 60-79 year olds), but also at a level corresponding to that of previous seasons* • *ICOSARI specific COVID-19 diagnosis: slight increase compared to week 30, proportion of COVID patients 3% (low)* • *ICOSARI hospitalisations: no increase in cases with COVID-19 diagnosis, generally SARI cases in line with previous years*	*FG36*

	• *Discussion* ○ *Sentinel systems are great instruments, what is the sensitivity, do incidences correlate with this?* ○ *This will be investigated and included for next Wednesday* **ARS testing** • *No data and no presentation this week as both mathematicians are absent this week, next week again* • *Terminology for the management report probably in the sense of "due to technical problems..."* • *Due to the addition of new laboratories, the trend or increase is not entirely clear; this information is important for Thursday for the laboratory diagnostics working group* *ToDo: FG33 should please prepare an update for Monday in preparation for the vaccination*	*FG37*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Traveller returnees: BMG information sheet is translated into 14 languages, construct was very text-heavy, will be prepared differently and more graphically and then translated into several languages* • *Preparation of risk situations, also for people who have no understanding of the current rules, mechanism of transfer should be clarified again, also with the help of emotionalisation, in order to awaken solidarity in the population, an overall social attitude is necessary if a large part of the population is convinced of the meaningfulness more success, date is still pending* • *Videos for children were prepared by partner organisation, BZgA takes care of it* **Press** • *False positive tests are still a topic in the media, a good language regulation and FAQ has been created but it remains a favourite topic of the conspiracy theorists and therefore comes up more and more often* • *Risk areas for publication often arrive very late, it would be nice if they came during regular working hours*	*BZgA* *Press*

	• *Thanks for the praise to RKI-Presse in the internal seminar* **Social hygiene RKI-MA** • *The RKI is still generally seen in a rather positive light, but many people in the organisation are regularly berated (head office, press, etc.)* • *The info mailbox collects threats, certain ones are forwarded to the legal department* • *This should be kept in mind for the protection of RKI-MA in order to provide support if necessary, as it is a psychological burden for people who are not used to it* • *President emphasises this, the burden is very strong, he receives a lot of praise and thanks, but also the worst threats, how should this be dealt with, is it worth considering communicating this aspect to the outside world? Publication does not necessarily help, should be discussed first* • *BZgA experience: the institution deals with sensitive issues in many places, there is no uniform solution, the handling goes as far as criminal prosecution, political instrumentalisation often takes place, BZgA passes it on to its legal department* • *IBBS deals with threats together with ZV6 and enters into dialogue with the LKA Berlin to discuss this, the situation should not be exacerbated, Christian Herzog establishes contact with the LKA*	*Press/Pres/all*
6	**News from the BMG** **BMG** • *No new topics* • *Discussion about the number of unreported cases continues at the moment* • *International traveller returnees, share of positive etc. remains an important topic of discussion* • *Regional consideration of risk areas will increase with rising case numbers* • *Office hours should be taken into account, the list of risk areas should also be sent for publication earlier in the day*	*BMG Liaison*
7	**RKI Strategy Questions** **General** • *Minister Spahn has released the RKI paper "COVID-19 (document here): The pandemic in Germany in the coming months" (Draft 10, as of 31 July 2020) for publication on the RKI website. The BMG will also forward the paper to the Health Committee and the GMK for information.* • *Process was delayed, paper was adopted 4-5 weeks ago in the crisis team, Pres informal expert panel gave additional good advice, which was also discussed in the crisis team, then only marginal changes by BMG*	*Pres/all*

	• *Paper no longer needs to be discussed in detail, basic position is the same, only linguistic revision* • *Renewed changes would have to be submitted to the BMG, the sensitivity at the BMG is very high, it is not worth changing the document for minor details* • *The status of the paper is 31 July, it will be left as it is* • *The original draft also included a paper on measures in the annex, Präs asks the BMG whether this is/was known, the latter was no longer revised* • *Strategy will be published now and the annex added later if necessary* **RKI-internal** • *Not discussed*	
8	**Documents** **Contact person management** *(document here)* • *Adjustment after communication with Mr Drosten* • *In the preliminary remarks it was stated in which order/priority KoNa should take place, it has now been mentioned that it not only refers to forward detection (rapid identification) but also has a value for recognising incipient or existing case clusters and clusters* • *This was recorded in two places* ○ *In the general principles/preliminary remarks* ○ *Insert paragraph cooker situation* • *Firstly, potential outbreaks are to be contained before individual cases are dealt with; this is an adjustment in the direction of what GA is already doing to some extent* • *Is also added or referred to in other papers on KoNa determination* • *The latest ECDC RRA also contains a corresponding paragraph, with KoNa at the centre and source clusters mentioned as an additional option* • *Contact with AL1 to discuss the (test-specific) CT values* • *Addressees are GA, paper must comply with IfSG terminology* • *Can be published today or tomorrow (possibly after linguistic review by P1), differences to existing recommendations must be avoided* **Translation of RKI recommendations** • *ZIG receives many enquiries about the German KoNa concept, including whether documents can be shared in English* • *ZIG could arrange for these translations, and there is also great interest in the international specialised press* • *In the LZ (international communication) there are also frequent enquiries about the processes in Germany* • *IBBS is also experiencing great interest in flow charts and therapy approaches from abroad*	*FG36* *ZIG/all*

	• *Translations should also be updated regularly* • *There should be coordination between the lead OUs (IBBS, ZIG, Dept. 3) to agree on exact documents, the same terminology, translators, etc.* • *Yesterday STAG-ICH meeting with Präs: Discussion on the interim results, soon there will be a paper on contact tracing, possibly including the difference between backward and forward tracing* • *P1 Science communication can look over documents before they are translated* • *From experience with translation attempts, it is often difficult to secure capacities in order to check the documents technically again afterwards, please pay attention to this as well* • *Quality assurance is important, but must not lead to additional burdens*	
9	**Laboratory diagnostics** • *FG17: Rhinoviruses 50% in samples last week*	*FG17*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** **Modelling test strategies for travel returnees** *(slides here, tool to try out in this folder here)* • *Mrs Oh (FG17) and Mr von Kleist (MF1) have designed an interactive quantitative tool for the calculation of residual risk and the evaluation of test strategies, for the tool and the slides please follow the links above* • *Four infection phases known from the literature are taken into account and their and various other parameters (dark figure, prevalence/new incidence country of origin, test specificity, test strategy, quarantine etc.) can be varied to determine the resulting residual risk* • *The tool can support the decision when which people should be quarantined and what the efficiency of different testing times is* • *Discussion, how can the tool be operationalised?* ○ *RKI does not decide the national testing strategy* ○ *Tool is very interesting to quantify measures and to sharpen them in reality, this may allow measures to be optimised, may also be interesting for testing in Germany (e.g. asymptomatic persons)* ○ *Tool to be incorporated into the diagnostics working group led by the BMG* ○ *According to Tool, two tests and a short quarantine in between make the most sense in terms of risk reduction (also according to Drosten)* ○ *Model makes assumptions about prevalence, risk behaviour, etc. our entries are arbitrary and not always appropriate (e.g.*	*MF1/FG17*

	party holiday vs. hermit holiday, exposure of the	
	is unknown), but a general procedure can be derived ○ *For example, scenarios can be presented for operationalisation; decisions would be closer to the evidence even if they are based on assumptions* ○ *The tool is too complex to be left to the decision makers, RKI can define three scenarios* ○ *Absolute risk should also be calculated and communicated* ○ *Tool basically confirms RKI statement from June (two tests and quarantine in between)*	
12	**Surveillance** **Clinco 100 (study on outbreak with GA Berlin Mitte)** • *Postponed to Friday*	

13	**Transport and border crossing points (Fridays only)** **Drop-out cards** • *Great heterogeneity in the BL in the procedure, in Frankfurt hundreds of soldiers are testing the drop-out cards, these are faxed to GA, fax machines are overloaded, a parallel postcode tool is desired, overall great chaos* • *Yesterday this was also a topic at EpiLag and AGI TK for a long time, people do not get their test results, process is also not legally compliant, confusion regarding GA responsibility* • *Sample submission slips are sometimes simply copied, in which case they (intended for single use) can no longer be assigned (even to CWA users)* • *Laboratories are confronted with many things, currently wild confusion which leads to confusion* • *Electronic solutions are being worked on at full speed; this has been foreseeable for a long time, but is difficult to implement* • *There is a working group on this with BMI, BMG, BMVI, including state representatives, RKI does not see itself as a permanent member of this working group and would like to keep a low profile and only provide targeted support for questions* • *Sometimes wishes are expressed (and enforced) at the political level that are assumed to be simple, but where the technical infrastructure is not in place* • *For Spain, for example, there is a short online questionnaire that must be completed before entering the country, data is recorded on arrival via QR codes* • *What can RKI contribute to the solution? Not clear, clearer communication?* • *Is it known how the individual German PoEs organise it? No, is not known at the RKI, there is currently a BMG enquiry at the AGI, understanding this is very important* • *At the same time, Janna Seifried (Dept. 3) tries to integrate test stations for the Voxco query*	*FG32/all*
	• *Eckmanns, AL1 and AL3 should sit down together to discuss this on the basis of the strategy for molecular surveillance; possibly sticking points and breaking points can be visualised for further discussion*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG32*
15	**Important dates** • *Not discussed*	*all*
16	**Other topics** • *Next meeting: Friday, 14 August 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*14.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Osamah

Hamouda Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
  - *Inessa Markus*
  - *Ariane Halm*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG34*
  - *Gyde Steffen*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Nadine Muller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*

- Eugenia Romo Ventura
- BMG
  - Iris Andernach
  - Christophe Bayer

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • International trend analysis, measures (slides here) • Approx. 20.6 million cases and approx. 750,000 deaths (3.6%) • Top 10 countries by number of new cases in the last 7 days: ○ Remain unchanged • 7-day incidence per 100,000 inhabitants ○ 35 countries with 7-day incidence >50 ○ New additions: Africa: Eswatini, America: Belize, Europe: Malta ○ No longer participating: Oman, San Marino, Luxembourg • Summary of the European subregions ○ Countries with >50 new cases /100,000 inhabitants in the last 2 days: individual regions in Albania, Belgium, Bosnia and Herzegovina, North Macedonia, Romania, Spain • Spain: ○ Situation has worsened in the last 2 weeks. A total of more than 300,000 cases with approx. 28,500 deaths, almost 9% case fatality rate ○ In the last 7 days, however, only 0.23% case mortality, current cases are younger than in the early phase ○ 7-day incidence nationwide just over 50 ○ Balearic Islands with 7T incidence of 64.13, almost 90% young people ○ What is the proportion of Spanish tourists? No information found, will be researched. ○ How many have symptoms and what are the symptoms of cases among young people? No data on this, asymptomatic and mild cases are increasing ○ Worry: Ballermann as the new Ischgl ○ Incidence is high in various areas in Spain, risk classification is being discussed in the BMG. ○ Current number of deaths says nothing about actual deaths, as there is a significant time lag in deaths. • Italy and Malta ○ Malta newly added, cases rise, but not deaths **National** • Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 221,413 (+1,449), of which 9,225 (4.2%) deaths (+14), incidence 266/100,000 inhabitants,	ZIG1 FG32

	approx. 200,200	

	Recovered, reef=1.08; 7T reef=1.14 ▪ Well over 1,000 new cases ○ Cases and deaths per federal state ▪ Berlin did not submit any data yesterday. Test results not recorded in Bavaria will eventually be available for growth. ▪ Only 3 CCs with a 1-digit increase in the number of cases ▪ Highest 7-day incidence in NRW ○ Nowcasting ▪ Stable around 1 ○ 7-day incidence by reporting date Federal states ▪ Very impressive increase in 7-day incidence ○ Geographical distribution in Germany: 7-day incidence ▪ Only 29 LK without cases, more in the east of Germany ▪ NRW stands out in colour ▪ Incidence in Dingolfing district still significantly > 50 ▪ Another 7 LK with incidence >25 ○ Counties with the highest number of cases in the last 7 days: ▪ Over 100 cases have occurred in 10 countries, mainly in large cities. No capacity bottlenecks have yet been identified reported, fear GA are reaching their limits ▪ Some LK with incidences just under 25 ○ Current outbreaks ▪ SK Herne: no official information yet, probably due to travelling returnees ▪ SK Stuttgart: first traveller returning from party location in Croatia, led to subsequent infections (birthday party) in Germany ○ Weekly death rates in Germany ▪ 4 weeks behind schedule, latest data from July: There is no more excess mortality. • Fears: Increase will continue and accelerate, few opportunities for intervention. ○ Yesterday, during a discussion with Mr Dietrich from BzGA at the Influenza Expert Advisory Council, it was expressed that a stronger commitment from BzGA would be desirable. BzGA has experience with campaigns that focus more on the situation and not just on risk groups. There is a lack of resources to implement these. Young men should be prioritised. ○ Changes in people's behaviour over a long period of time period is difficult. There is little hope that appeals will be successful. ○ Wasn't a pictorial representation of typical infection situations planned? Perhaps one is more successful at this level. ○ The MPI study on how people search for information	All

		concludes that younger people are less likely to search for information.	

	and also not through traditional information channels. BzGA actually has concepts on how it can inform specific target groups. ○ *Individual messages should be formulated in concrete terms: Risk of introduction from young to older people, keep your distance, smaller parties, avoid risk areas.* ○ *Note to the BMG: Talking only about risk areas and returning travellers is misdirecting the focus. The proportion of positives among returning travellers is not much higher than in the country. There is no talk of information campaigns, which should actually be addressed.* ○ *Mr Bayer sees it the same way, should be addressed in the morning situation, also the risk communication. Both have already been raised several times.* ○ *It is currently very difficult to control the media. The press is also trying to do this with the argument that most infections still take place in Germany. At the moment, there is little chance of getting through with arguments.* ○ *Possibly text on this in the Epid. Bull, or even better, reinforce the assessment in the daily situation report.* ○ *Compiling where people get infected could be useful.* • *Support GA Neukölln (slides here)* ○ *Case clusters in Harz neighbourhood identified through voluntary testing in Berlin schools, Roma community of the Pentecostal church* ○ *13.06: 14-day quarantine order, 15-19.06. repeated voluntary testing, 22.06. request for administrative assistance, 23.06. first meeting in GA* ○ *Objectives of the administrative assistance: descriptive analysis of events, evaluation and suggestions for improving data management.* ○ *Request for SurvNet training and support for future signal detection was forwarded to FG31* ○ *End of house block quarantine on 26/06/20, voluntary testing from 24-25/06/2020, swabbing by GA and RKI employees, sample analysis partly at the RKI* ○ *Results:* ▪ *369 residential units affected, 1,027 people registered, 730 had at least 1 test result, 109 were tested at least once.* *tested positive once* ▪ *Time course: new cases occurred during quarantine* ▪ *By age group and gender: gender balanced, 51% under 18, no cases over 60 years of age* ▪ *Disease rate (among residents surveyed) by block: 4%-17%* ▪ *Percentage of cases among all persons tested: 3% - 26%*	*Ariane Halm FG32 / FG34 / PAE*

	○ *Limitations:* ▪ *very limited due to data quality and availability, denominator unknown, underreporting of people living there* *Persons possible* ▪ *Quarantine not observed by all persons,* ▪ *Residents fear that the quarantine could be extended if the test is positive* ▪ *40 samples lost* ○ *Conclusions:* ▪ *Uncertain whether outbreak is over, offer of separate accommodation for cases has not been made* *Accepted* ▪ *Quarantine management adapted to the situation in many areas* ▪ *Complete quarantine of the blocks of houses may not have been necessary?* ○ *Recommendations:* ▪ *Further low-threshold testing programmes and health education, improvement of the* *Data management, sharing experiences with other GAs with similar COVID-19 incidents* ○ *Submission for ESCAIDE? Maybe not enough for scientific publication, maybe publication in Epid. Bull.?* ○ *Suggestion: Invite GA and community representatives to a web seminar to improve exchange. Question, how available are GAs at the moment. Shouldn't we at least wait for the paper on outreach and collaboration with marginalised groups?*	
2	**International (Fridays only)** • *This morning exchange with Indian Embassy in Berlin: Cooperation with Indian Public Health Institute was suggested, great praise for RKI website.* • *As part of Corona global, many projects are planned for the next 2 years. The projects need to be bundled and a meeting will take place next week.* • *Request for assistance from Uzbekistan to send a mission* • *Request for support from Kosovo: there is great interest from the BMG due to the link with returning travellers.* ○ *There were already projects with Kosovo, which is why some employees (FG32) have contacts with colleagues in Kosovo* • *Identifying risk areas means an enormous amount of work for Public Health Intelligence* • *Recognition of PCR testing from risk areas* ○ *From telephone hotline: GA have difficulties with recognition of PCR tests if they were carried out abroad.* ○ *In Epilag of 04.08. the same question came up, Fr. an der*	*ZIG* *AL1*

	Heiden circulates the answer. ○ *Originally, countries were labelled and ISO standards mentioned. Due to the current legal situation (ongoing court proceedings), these had to be removed.* ○ *From the BMG Situation Centre: Reference to ISO was deliberately deleted, any PCR test from the RKI list is to be recognised.* • *Positive percentage in testing of traveller returnees (slides here)* ○ *It is difficult to find out how many tests have been carried out on returning travellers, where test centres exist and which laboratories are connected. Some of these are laboratories that have not yet made an appearance.* ○ *Information was collected by telephone and email from the laboratories.* ○ *Question about testing of returning travellers has been implemented in the test lab query (from Monday). However, it is questionable whether laboratories can distinguish these from other senders. Question not available on request form, would have to be noted manually.* ○ *A whole range of different test centres: Airports, Motorways, (bus) stations, ferries* ○ *Test results - recorded positive rates for travellers entering the country: Bavaria: 0.5-3%, otherwise mostly positive rates around 1%, summarised data from airports: 1.3%.* ○ *Higher positive rates only in the south-east of Bavaria: Passau: 3% (speaks for Eastern European regions, labourers, harvest workers) and Traunstein: 1.9%. At all other test centres, the positive rate hardly differs from the rate of overall testing in Germany. Returnees have no additional risk.* ○ *It should be taken into account that testing is not limited to returnees from risk areas.* ○ *There is no information as to whether those who tested positive were symptomatic or asymptomatic.* ○ *Mr Kleist has offered to model tests. This could be used for communication with politicians.* ○ *It is not the location that conveys the risk, but the behaviour! Instead of focusing on places, the behaviour of people should be addressed.* ○ *Difficulties in the transmission of test results: test centres established in a short time were staffed with auxiliary personnel (request forms copied with QR code, presumption that findings are transmitted via Corona-Warn-App....) This was not due to a lack of software, but to a lack of logistics and poor preparation.* ○ *Internationally, regions are currently being declared risk areas for each other. How could RKI best prepare the data for political solutions that make more sense?*	*AL3*

3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Should be revised so that it is less about outbreaks and more about avoiding risky situations. It's not about travelling or countries, but about situations that you experience when travelling.* *ToDo: Mr Haas prepares draft text and circulates it to the crisis management team; discussion in the crisis management team on Monday* • *Section on Superspreading Event is very successful and could be linked.*	*All*
5	**Communication** **BZgA** • *Not discussed* **Press** • *Quite an increase in press enquiries since Wednesday* • *There are many enquiries about the testing of returning travellers. Are there plans to publish the figures? At the moment, the response to enquiries is that data is not available.* ○ *Figures are still too volatile and too uncertain. Reference can also be made to the federal states. They should publish the relevant figures themselves (Dept. 1 has a collection of links)* ○ *The research on the testing of travellers returning to Germany was carried out at the request of the BMG; no reliable statement can be made.* • *PK takes place in Kupferzell at the same time as the crisis team meeting.*	*Press*
6	**News from the BMG** • *Relatively diffuse topics: vaccination and vaccination strategies for autumn, testing approaches, various smaller topics* • *Concerns about rising case numbers* • *Focus on risk areas, incidents in Bavaria* • *Ms Andernach notes that the majority of cases are infected in Germany. As the proportion of returning travellers among the cases will fall again with the end of the travel season, the focus on this will decrease again.*	*BMG liaison*

7	**RKI Strategy Questions** **a) General** - **b) RKI-internal** • *The day before yesterday, an old version (before revision by the crisis team) of the strategy paper was inadvertently published. (Note date in file name makes sense)* o *Now the paper is to be briefly revised again, the part on vaccination with Mr Wichmann and discussed by the end of*	*ZIG / All*
	be finalised next week. -> Follow-up of progress in the crisis team o *A suitable way of presenting the paper is being sought together with the BMG.* • *Laboratories do not have long-term reserves of test kits. For this reason, the question of how many days in advance the laboratories have materials was included in the laboratory enquiry.* o *It is unlikely that the high test capacity can be maintained for any length of time. The market for test kits will probably become scarcer.* *ToDo: For the next report showing the test figures, disclaimers are to be formulated in consultation with the BMG.*	*Dept.3*
8	**Documents** • *on Monday: Discussion of the draft definition of reinfection* • *Changes to the contact person paper: not yet published*	
9	**Information on occupational safety** • *Not discussed*	
10	**Laboratory diagnostics** • *Not discussed*	
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *UBA statement on ventilation published, linked in FAQ on aerosols* o *RKI was involved in coordinating the UBA document.* o *Document is written in a user-friendly way. Link will be sent, possibly also a brief presentation to the crisis team if there is time.*	*FG14*

13	**Surveillance** • *Clinco100, study on symptom prevalence and duration in patients with mild disease (slides here)* ○ *Request for administrative assistance from the Berlin-Mitte District Court 03/2020 to investigate a breakout in a nightclub* ○ *In routine work, it was noticed that many patients still had symptoms after 14 days.* ○ *There are few clinical-epidemiological studies in outpatients with a mild course, but at the same time reports on long-term health consequences even with a mild course.* ○ *All patients were included who were not hospitalised and who had been*	*FG32 Nadine Muller*

	9th day after symptom onset were reported. ○ *Interview of 102 patients, after 1st or 2nd week; 14-day daily symptom documentation; renewed interview on day 30; interview on day 60 of persons who were still symptomatic on day 30.* ○ *Questions about specific symptoms and their intensity as well as the feeling of illness.* ○ *Relatively young population (median 35 years) with few comorbidities, 50% healthcare workers.* ○ *Results:* ▪ *94% of those surveyed felt ill, with a general feeling of illness being mentioned most frequently, Headache, cold, muscle pain, cough.* ▪ *Symptom prevalence over time: colds and coughs were relatively evenly distributed across both weeks. Headaches and muscle aches occurred mainly on the first few days of illness, while odour and taste disorders were more common from the 2nd week onwards.* ▪ *The median number of days patients felt ill was 11. On day 30, 1/3 still felt ill.* ▪ *42% still have at least one symptom on day 30.* ▪ *More than half (56%) of patients with symptoms on day 30 still have symptoms on day 60.* *Symptoms.* ○ *Conclusions:* ▪ *Symptom prevalence differs from patients with severe courses.* ▪ *Persistent symptoms are not uncommon even 2 months after the onset of symptoms.* ○ *Non-specific signs such as headaches and muscle aches are less helpful for testing. Coughing and taste and odour disorders could be taken more into account when deciding who should be tested.* ○ *How can an olfactory disorder be objectified? What could the patients not smell? There is qualitative data on this, but it has not yet been analysed.* ○ *How should this be communicated? These are really relevant results for the young age group. 25% still feel seriously ill after a week. How can this be communicated promptly? An international publication is planned.* ○ *Results should be communicated in several places. Do not wait for international publication so that the results are quickly available for discussion in Germany. (e.g. Ärzteblatt or Epid. Bull)* ○ *Freedom from symptoms should be taken into account in software, how could this best be queried? Discussion in a smaller group.* ○ *Interesting in these patients with a mild course would be the antibody formation. This has not yet been done,*	

	could possibly be submitted later. The register of patients is still available in the GA.	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Position international communication:* ○ *is very time-consuming, hence the question of where things could be made easier. If the current recommendation to also inform category 2 contacts could be dispensed with, this would save a lot of time.* ○ *In the case of requests for administrative assistance, the response should be that this cannot be undertaken at the moment for capacity reasons.* ○ *It was decided to restrict the KoNa from the weekend. This will be confirmed again by Mr Schaade on Monday.* • *Get-out cards:* ○ *Feedback from TK IGV-named airports provides a very colourful picture: Brandenburg, for example, does not receive them, Bavaria does not use them; in some cases fax numbers are overloaded or cards are stacked up* ○ *Electronic exit card project: RKI does not want to be a permanent partner, what should the next steps be?* ○ *No technical support is expected, only content-related support, includes 1-2 meetings per week and would tie up approx. 50% of a person's working time.* ○ *It is not a generic solution that would also be available for other infectious diseases in the longer term. The exit cards are not used for CoNa, but to check for GA whether people are complying with quarantine.* ○ *BMG could possibly be informed that something else must then be deprioritised. First of all, the expertise required should be specified more precisely. Then someone needs to be appointed.*	*FG32*
16	**Important dates** -	
17	**Other topics** • *Next meeting: Monday, 17 August 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*17.08.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *ZBS1*
  - *Janine Michel*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Matthias an der Heiden*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
  - *Michaela Niebank*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Basil diamonds*
  - *Eugenia Romo Ventura*

- BMG
  - Christophe Bayer
- BZgA
  - Heidrun Thaiss

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *India has the most new cases* ○ *The largest proportional increase is in Colombia* ○ *Spain is the only EU country listed* ○ *Downward trend in the USA, Russian. Federation, South Africa as well as in Chile* • *7-day incidence per 100,000 inhabitants* ○ *35 countries with 7 T. inc. > 50/100.00 inhabitants* ○ *New members are: Kazakhstan with 50.3 and Luxembourg 53.1* • *7-day incidence per 100,000 population, WHO EURO* • *Summary of European subregions with >50 cases/ 100k inhabitants.* ○ *New in the list: In SPAIN: Rioja region, CH: Geneva, LUX: Luxembourg region, SWEDEN: Kronoberg, CROATIA: Splitsko-Dalmatinska* ○ *No longer included Albania, Bulgaria, Serbia* • *Situation in Splitsko-Dalmatinska (Croatia)* ○ *Croatia: 7-T. incidence 21.61, but Split region is 50.92* ○ *The upper red curve shows the current cases: A second wave that is already falling slightly* ○ *pos. Test rate remains low* ○ *30% of the tourists in the region were German; it is not known to what extent they are infected.* • *BMG thanks everyone for their support on Friday and emphasises that returning travellers are part of the problem, not the whole problem* • *ZIG1 keeps an eye on developments in Paris and further risk area designations in other countries* **National** • *Case numbers, deaths, trend (slides here)* ○ *561 cases, hardly any change overall* • *Cases and deaths per BL*	*ZIG1* *BMG* *Diercke/ FG32*

	○ on WE transmit all BL again ○ Almost half of all cases from NRW • 7-T. inc. by reporting date BL ○ above the national average, with NRW leading the way, followed by, in order: Berlin, Hesse, Hamburg, Bavaria • Nowcasting estimate R ○ Comparable to the previous days • Geographical distribution in Germany: 7-T.-Inz. ○ 5 LK with >25-50 cases/100k inhabitants. ○ 0 LK with >50-100 cases/100k inhabitants ○ 1 district with >100-500 cases/100k inhabitants (Dingolfing-Landau district) • LK with the highest number of cases in the last 7 T. ○ Especially in NRW districts with higher case numbers, the blame is currently being placed on returning travellers ○ Top 15 are mostly very populous SKs • Update outbreaks ○ LK Ding.-Landau known outbreak, nevertheless in last 7 Partly over 100 cases. ○ Düsseldorf two pos. football league players • Cases with epidemiological data (according to MW) ○ Information on the epi blue; variable: number of contacts with a confirmed case ○ Variable indicated in less than 1/3 of cases: If completed, then high proportion (around 91%) had contact with a confirmed case ○ In week 25, higher proportion of cases with outbreak ID probably linked to Gütersloh ○ The still small proportion with a breakout in week 32/33 will probably be added later ○ From week 20, an epidemiological link or outbreak is present in combination (green). Link or outbreak present in 50-60% of cases • Cases with epidemiological data (according to BL) ○ differently well filled according to BL • Cases with epidemiological data (according to reporting software) ○ by software at SurvNet 50% with epidemiological link; however Octoware not as complete • GAs will receive feedback on their reporting behaviour in the BL comparison. How this will be done via AGI or the state authorities is still to be decided. COVID-19 Germany, trends week 27-33 by age, gender and region, SurvStat query (slides here) • COVID-19 inc. by age group ○ At present, 20-24 year olds have a higher incidence than the other age groups. ○ Over the course of time: From week 10 initially 50-59 year olds	Rexroth/ FG32

	and younger affected; from week 13 inc. in 80+ year olds	

	clearly the highest. • *COVID-19 inc., age group 20-29 years* ○ *Within 20-29 year olds, more women were affected from CW13 to CW16. Presumably carers.* ○ *More men have been fluctuating from time to time since CW18* ○ *But significantly more men since week 32/33* • *COVID-19 inc. Age groups 15-29 years* ○ *Similar trend: More men also among 15-19 year olds, but most clearly higher incidence among 20-29 year old men than among women in this age group.* • *COVID-19 inc. 25-29-year-olds according to BL, MW 27-33* ○ *NRW highest inc. of MW28-33* • *COVID-19 inc. 20-24-year-olds according to BL, MW 27-33* ○ *More mixed picture, but rising trend in all BLs since MW29* ○ *In MW32 peak in BaWü* ○ *In MW33, steep rise in Berlin, Hesse, Bavaria; NRW remains at a high level* • *COVID-19 inc. 20-24-year-old men according to BL, MW 27-33* ○ *Only men in HH still conspicuous, higher level in NRW in particular, Berlin and Bavaria rising* • *LK with highest COVID-19 incidence among 20-24-year-old men, MW 27-33* ○ *In some LK incidences over 300 in younger men in BAY* • *SK Munich: Case numbers, MW 27-33* ○ *More men than women* ○ *20-24-year-olds: rising since MW31, highest number of cases since MW32* ○ *25-29-year-olds increasing since MW29, currently second highest number of cases* • *SK Cologne: Case numbers, MW 27-33* ○ *More women than men since MW32* ○ *20-24-year-olds and 30-34-year-olds have the highest number of cases* • *SK Hamburg: Case numbers, MW 27-33* ○ *Only in MW32 significantly more men* ○ *Almost all age groups have been rising since MW30* • *SK Duisburg: Case numbers, MW 27-33* ○ *Currently gender-comparable case numbers* ○ *Very heterogeneous among age groups; since MW32, highest case numbers among 15-19-year-olds and 40-44-year-olds* • *SK Frankfurt: Case numbers, MW 27-33* ○ *Currently more men* ○ *You can see that not all age groups are equally affected. But rather young men* • *Insert this evaluation in the management report* *Update Corona-KiTa study*	*Inst.* *management*

	Disease rates in children under 10 (slides here)	Haas/FG36

	• *FluWeb: Frequency of acute respiratory diseases* ○ *Acute or infections have reached the previous year's level; barriers, as with the lockdown, no longer active* • *Development of case numbers: 0-5 years* ○ *Number of cases on the rise since CW22* ○ *Cases aged 0-5 years, corresponds to 1.9% of all reported cases* • *Inc. and share by age group* ○ *All age groups analysed show an upward trend* • *Outbreaks in kindergartens/day nurseries* ○ *Please note here: Data not yet available in CW32/33* ○ *Larger case numbers for older than 15 years* • *Outbreaks in schools* ○ *A total of 36 outbreaks in schools in SurvNet: more among older children, no data from the last two weeks* ***ToDo: Situation report: SurvStat analysis shows that more young men are currently affected.***	
2	**International (Fridays only)** • *Not discussed*	
3	• *Update digital projects (Mondays only)* • *Corona WarnApp (CWA) costs a lot of resources to remain able to provide information at this point in the face of legitimate enquiries. Updates have not gone as well as hoped. Please ask for a 15-minute call next week.* • *European-compatible CWA cannot be achieved with resources, although these are legitimate considerations.* • *Basically, the functionality requires a lot of work due to recurring modifications to the operating systems (Google, Apple).* • *Need to focus more on evaluating the CWA.* ***ToDo: Mr Schmich is preparing a 15-minute update on the status of the CWA for next Monday***	*Schmich/ FG21*
4	**Current risk assessment** • *Updating the risk assessment* • *Presentation of the changes:* *-Indication of an increase in the number of cases* *-Nationwide on major and minor infection incidents* *-Returning travellers also contribute to this* *-emphasising that we still have a lot to learn about COVID* *-RKI estimates the risk as high and for risk groups as very high (only wording changed, content was already)* *-Emphasise the risk situation in the case of transmissibility: initially indoors if there is too little distance, singing, talking, laughing; but also outdoors if there is too little distance, hence MNS.* *-Individual risk cannot be derived epidemiologically.*	*Haas/ Rexroth/Alle*

	Define target: Keep numbers low • *Draft for updating the risk assessment as a more detailed version is adopted by the majority* • *Germany remains with cluster transmission, even if the number of LCs is decreasing with 0 cases. No community transmission yet.* • *Press requests that crowds of people be avoided* ***ToDo: Dept.3 discusses its position on community transmission before***	
5	**Communication** **BZgA** • *Translation of the information into different languages* • *Visualise risk situations to address everyone* • *Ask that the gender results are not overemphasised. Rather strive for solidarity* **Press** • *The RKI Museum is scheduled to reopen at the beginning of September. Does everyone agree? Decision postponed for time reasons* ***ToDo: Discuss the reopening of the RKI Museum next Monday (24.08.20)***	*BZgA*
6	**News from the BMG** • *Nothing new*	*BMG liaison (through FG32)*
7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Current developments on COVID-19 vaccines* *Update - COVID-19 vaccine development and introduction of vaccination in Germany (slides here)* • *Overview of COVID-19 vaccine development* ○ *There are over 170 projects worldwide for the development of COVID-19 vaccines* ○ *Currently 26 vaccines in clinical development in Europe, the USA, Asia / China, Australia and the United States.* ○ *Individual development programmes are continuously adapted* ○ *Most vaccines are developed globally* ○ *There are 7 vaccines in phase 3* ○ *No vaccine has yet been authorised* • *Vaccines that are currently being considered for prompt vaccination*	*Wichmann/ FG33*

	come (list according to PEI) ○ *7 Vaccines* ○ *Of these, Oxford/AstraZeneca has a contract with the EU for 400 million doses of vaccine* • *Oxford/AstraZeneca - ChAdOx1 nCoV-19* ○ *Oxford/AstraZeneca compared to menigococcal vaccine* ○ *2 vaccinations probably necessary* • *Safety & WT-NT Immunogenicity from Oxford/AstraZeneca* ○ *Yellow strip above shows reactogenicity, below immunity, still below target value after first dose* ○ *Source: Folegatti et al. Lancet, 2020* • *Moderna - mRNA with lipid nanoparticles (LNP)* ○ *Phase 1/2 results published: Jackson et al. NEJM, 2020* ○ *Placebo-controlled phase 3 trial in the USA since the end of July* • *Moderna -mRNA-1273 - Side effect profile* ○ *Comparison of the dose groups with regard to side effects* ○ *No serious side effects, but more compared to conventional vaccines* • *Moderna -mRNA-1273 - Immunogenicity* ○ *Immunogenicity more convincing than with Oxford, after the second vaccination values are above those of convalescents, very promising* • *BioNTech-BN162b1 - DE study, Neutralising antibodies* ○ *NT using different virus variants* • *Novavax - NVX-CoV2373, adjuvanted* ○ *first data published last week: Immunogenicity found to be 4x higher than convalescents* ○ *Question to be clarified: Does the vaccine only protect against the disease or against passing on the virus?* • *Neutralising Antibody Responses* ○ *Novavax vaccine after 2nd vaccination antibodies higher than in convalescents* • *Timelines & open questions* ○ *Available data/studies all vaccines are reactogenic* ○ *Actual protection only becomes apparent in phase 3 studies* ○ *Authorisation for both vaccines by the end of the year* ○ *Several companies have already started vaccine production* ○ *Initially, we will not have any data on children under the age of 18. Testing for children will only take place once the substances have been authorised* ○ *Important open point. Enhanced disease: This means that vaccination breakthroughs result in more severe disease than unvaccinated people.* • *From development to launch* ○ *Overview: How the EMA authorisation process works* ○ *STIKO has already started to develop a recommendation, will be continuously updated;*	

	○ *Prioritisation of groups for vaccinations not yet completed* • *FAQs on COVID & vaccination (as of 03/07/2020)* • *Presentation of concept for the introduction and evaluation of a vaccination against COVID-19 in Germany* • *Next steps* ○ *Concept for the implementation of vaccination (routine system vs. vaccination centres)* *-BMG/Federal States decision pending* ○ *Concept for recording vaccination rates* *-BMG decision pending (KV/GKV concept)* ○ *Negotiations with manufacturers / participation in EU Joint Procurement* *-on vaccines are underway (BMG)* *-to needles / syringes = query federal states* ○ *Exchange with federal states* *-first appointment Thursday this week (AGI)* *-Draft of a vaccination concept by Bremen (presiding state)* • *All substances are initially authorised from the age of 18* • *No authorisation sought for children and pregnant women in the first step. To follow after first authorisation* • *BMG prioritisation in DEMIS to record vaccination reactions, even if this primarily goes to the PEI. Will be discussed further bilaterally with FG33.*	*Diercke/ FG32*
8	**Documents**	
9	**Information on occupational safety** • *Not discussed*	
10	**Laboratory diagnostics** • *Neurolog. Surveillance, twenty-year-olds are more likely to be affected. This fits in with the SurvStat analysis.* • *Michel: Just under 10% positive rate; this has fallen slightly.*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *Case definition Reinfection* • *Postponed to Wednesday due to time constraints* ***ToDo: On the agenda for Wednesday, 19.08.20***	*FG36*
12	**Measures to protect against infection**	
13	**Surveillance** ○ *Does KoNa make sense with such small proportions of contact details in the messages?* ○ *Even if we only see this in ¼ of the cases in our reporting data, the most important information for our recommendations for action* ○ *KoNa is the very own task of the ÖGD*	*Inst.* *manager* *All*
14	**Transport and border crossing points (Fridays only)**	

	• *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *None named*	
17	**Other topics** • *Next meeting: Wednesday, 19 August 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.08.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
  - *Michaela Niebank*
- *P1*
  - *Christina Leuker*

- *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Sarah Esquevin*
  - *Sarah McFarland*
- *BZGA*
  - *Heidrun Thaiss*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *>21 million cases worldwide, >770,000 deaths* ▪ *Decline USA and Russian Federation, Brazil stable* ▪ *Particularly strong increase in Colombia, Peru, Philippines* ▪ *India: 85% of all confirmed cases in WHO SEARO region on Monday, according to WHO* ▪ *USA: declining trend should be interpreted with caution, possibly technical transmission problems with electronic data transmission.* *Reporting system in California and fewer tests in recent weeks* ○ *7-day incidence/100,000 pop.* ▪ *Africa: South Africa (descending trend) no longer included since Monday* ▪ *Asia: Kazakhstan no longer involved* ▪ *Europe: Malta no longer included according to ECDC data* ▪ *Americas most countries with incidence >59, but now Gibraltar* ○ *7-day incidence and case numbers subnational according to WHO EURO (data as of 17 August 2020): several subregions affected in Spain, Brussels in Belgium, Geneva in Switzerland, 1 region in Bosnia and Herzegovina, Montenegro,* *North Macedonia several regions in Romania* ○ *Summary of European subregions (data as at 18/08/2020), only EU EEA and Balkan countries* ▪ *New since Monday: Albania 2 regions, Bosnia and Herzegovina 2, Malta* ▪ *No longer included since Monday: Luxembourg and two regions in Romania* ▪ *Here is a summary of what has been added according to WHO data, not all countries with Incidences >50 were mentioned*	*ZIG1*

- *Location Croatia*
  - *Was presented Monday, Split-Dalmatia region and north of it Sibenik-Knin (74/100,000) with high incidences, followed by Lica-Senj*
  - *Many returnees from Croatia, >100 cases in several BCs*
  - *Affects young adults in particular*
  - *The region of residence is often not specified, IfSG mentions the country (not the specific region),*
- *BMG Comments*
  - *Today at 14:00 Risk area switch*
  - *Yesterday exchange with Luxembourg, it turned out that ECDC possibly makes a double count and shows residents and non-residents, despite commuters from RP, ECDC should pay attention in the future, numbers now significantly lower*
- *Location France*
  - *Rising number of cases since July, especially in the last 4 weeks*
  - *Incidence and number of positive PCR tests has risen sharply, in all age groups, but compared to spring, especially 25- 35 year olds, 50% of those tested positive are asymptomatic*
  - *Number of KKH admissions increases, serious cases continue to decrease*
  - *Mainly around capital Paris and Mediterranean region, 2 départements (Ile-de-France and Bouches-du-Rhône) as "Zones of active virus transmission" labelled (threshold = 50 new infections/100,000/ last 7 days)*
  - *Départmements along the Mediterranean are tourist destinations with a high density of people*
  - *Most of the cases in recent weeks are outside the clusters under investigation, at the beginning of the week there were 1,000 clusters, half were observed in professional settings (healthcare included), 28% public or private gatherings, especially family settings*
  - *For incidences for Paris, please note: positive cases at the two international airports are counted here if no place of residence is specified, Santé Publique France wants to correct/adjust this in the next few days*
  - *Incidences in the south-east have risen sharply in a short time (doubling from 1 calendar week to the next)*
  - *Measures: similar to Germany, MNB compulsory in supermarkets, local transport, yesterday announcement that from 1 September MNBs will also be worn at work except in individual offices, some cities are also introducing masks outdoors, public gatherings >10 people prohibited, event ban for >5,000 participants*
  - *Start of school in September should take place normally, with MNB if distance cannot be maintained*
  - *In "zones of active virus transmission", local authorities may impose additional measures, e.g. closure of public facilities, cancellation of gatherings*

	○ *Map incidences with >10/100,000*	

- *Indicators for evaluation are 7-day incidence, proportion of positive tests, R0 and intensive care capacity utilisation*
- *Overall rating for mainland France (still) green*
- *Increase in case numbers also along German borders, there are currently no restrictions on border traffic, e.g. Saarland*
- *Incidence at Germany's borders between 10-13/100,000 inhabitants.*

National

- *Case numbers, deaths, trend (slides here)*
  - *SurvNet transmitted: 226,914 (+1,510), of which 9,243 (4.1%) deaths (+7), incidence 273/100,000 inhabitants, approx. 203,900 recovered, Reff=1.03, 7T Reff=1.08*
  - *Case numbers*
    - *Last time the number of cases rose so sharply at the end of April*
    - *4 BL with 1-digit case numbers, large increase NRW*
    - *Week-on-week comparison (in the situation report yesterday): largest increase in BY, >500 cases more in CW33 than CW32, then NRW*
  - *Incidences*
    - *Lowest 7-T-I in June with 2.5/100,000, now almost 4 times as high*
    - *Incidences of counties bordering France between 5-25/100,000*
    - *Generally more cases in the west and south-west than in the north and east*
    - *Currently no circle with >50/100,000*
    - *No cases were reported from only 15 districts in the last 7 days, 12 with >25/100,000*
    - *Weekly comparison map of Germany clearly illustrates the change (darker yellow more widespread)*
    - *Highest incidences: SK Munich, SK Frankfurt am Main, no official capacity bottlenecks yet reported, it is communicated informally that the additional workload is noticeable*
  - *Outbreaks, in many circles returning travellers are held responsible for the incidences, e.g. people returning from coach trips to Croatia*
  - *Exposure site*
    - *Proportion of cases with foreign exposure: proportion of all cases (dark), proportion of cases with corresponding Specification (light)*
    - *More conservative estimate on all cases (dark) appears more valid, as GA for cases with exposure in Germany often do not enter any details on the group, this was also included in the management report, if necessary, both figures will be shown in future*
    - *By age group, more younger people, lower proportion*

FG32

		of older people ▪ *Most frequently mentioned exposure countries: Kosovo, Turkey, Croatia, Bulgaria, proportion of mentions and*	

	not of the cases (a case can have ≥1 mention) ▪ Data was also requested per reporting week, as the numbers are high enough, this will be analysed for the next Week ideas developed ▪ Currently significant proportion (just under 40%) could lead to test strategy being considered useful ▪ Place of testing is not shown in the registration data, tests carried out abroad are not recorded ▪ Positive rate in test centres is low at approx. 2%, many returnees are tested ▪ The number of traveller returnees is also due to the number of tests, these cases are hopefully few others because they are careful ○ Age groups: Proportion of younger cases (up to 60) is increasing ○ Listing by affiliation to organisations: Percentage of cases , §33 (schools, daycare centres, etc.) is relatively high • Laboratory-based SARS-CoV-2 surveillance in ARS (slides here) ○ The number of positive and negative tests has risen continuously and significantly, with the highest number of tests last Monday ○ Overall, there is only a slight increase in the positive rate, with late registrations still outstanding ○ Test delay data is sent at different speeds and there are still adjustments to be made here too, but there is currently no cause for concern ○ Tests shown by acceptance location by day (slide 7) ▪ red medical practice, green KKH, blue other ▪ Others also include test stations, the latter of which can only be analysed through complex detailed work and Difficult under data protection law (not for external use) ▪ Rising number of tests in the blue area at the weekend ▪ KKH tests decrease except on weekends, fewer people with COVID-19 in KKH ▪ Tests in doctors' surgeries are also on the rise ▪ Could test stations be listed separately under "other" (blue)? Not easy, must be Intermediate software manufacturer, possibly additional costs (approx. 50,000 euros) ○ Testing by age group: highest age group (≥80) stable, 0-4 years increase week 25-27, currently mainly increase in 15-59 year olds ○ Positive tests by age group: mainly increase in 15- to 34-year-olds, possibly many travellers returning home ○ Question: should the system be expanded (e.g. separate recording of test stations) with more resources if it does not remain long-term? ▪ It is valuable data that should continue to be collected at least at this level until DEMIS is available, can also indicate whether capacity limits are approaching	FG37

	back ▪ DEMIS is tangible, the technical implementation is ready, data protection is pending, there are fundamental objections of the BFDI regarding information on non-infected/non-infected persons (concerns DEMIS and ARS) ▪ Integration of the laboratories remains sluggish, half of the laboratories (approx. 100) have corresponding certificates and software solution, are again encouraged to participate on a voluntary basis ▪ BMG to hold escalation meeting with BFDI next week, BMG ordinance may be necessary to authorise laboratories oblige ▪ The reason for the investigation is recorded in DEMIS, data depends on non-named information on the request forms to the laboratories, contact details of the sender (e.g. if test station) are recorded ▪ DEMIS reporting content can be adapted if necessary with regard to data that is considered valuable ▪ Is it realistic that DEMIS will provide representative and analysable data this year? It will Provide data, half of the laboratories are connected, it is possible to have good data towards the end of the year, but if case numbers increase, there may be an expectation that data will become available earlier and that ARS will be requested ▪ In 2 weeks a more concrete statement on the DEMIS time frame will be possible ▪ ARS is to be continued for the time being and the data depth expanded, 50,000 euros for a good functioning system are a sensible investment ▪ Tim Eckmanns contacts software manufacturer and reports ○ There have been enquiries (also from internally) about a BMWi tender, data to be analysed at district level, reference to Viviane Bremer's COVID-Stopp project? Not conclusively discussed • Syndromic surveillance (slides here) ○ FluWeb: current ARE rates at 2018-19 level, unspectacular but not lower than usual, also by age group, children's rates rose last week and are now lower again, adults about the same, both at the level of previous seasons ○ Outpatient sector, practice index: overall low (trough) due to the measures in CW12-26, now rising again and normal seasonal behaviour ○ Consultation incidence: for 5-14 year olds (orange line) small jump upwards otherwise stable ○ School holidays: in Berlin Brandenburg, children have been going to school for CW33 back to school, in NRW in the middle of CW33, BY,	FG36

		BW are currently still on holiday	

	○ *Where there are still holidays, the increase in children is declining again, in NRW there is a strong increase, especially among schoolchildren, but this cannot only be related to 3 days of school, it takes longer for school openings to be reflected in the data* ○ *ICOSARI (1 week behind): normal seasonal level, the increase in children after the easing of measures has decreased again* ○ *COVID-19 diagnosis in SARI cases: the increase from week 30-31 has not continued, in the last 3 weeks up to week 32 slight increase in the proportion of SARI cases with COVID-19 diagnosis from 3% to 5%* • *Estimation of hospitalisation incidence (behind slides on syndromic surveillance here)* ○ *From ICOSARI-KH-Sentinel: Total number of all admitted (not only respiratory) patients via the hospital's referral population (approx. 4.5 million)* ○ *From week 11/2020 onwards, strong deviation in the total number of new admissions, sharp spike in week 26, then almost normal capacity utilisation again* ○ *By age group: sharpest decline among 5-14 year olds* ○ *Estimation of COVID-19 hospitalisation incidence, assumption of the median of the admission population as in previous years, COVID-19 cases with respiratory diagnosis and with acute respiratory diagnosis (all lengths of stay): 8/100.000* ○ *By age group: highest in >79-year-olds during the 1st wave, much lower incidence from week 20, between 1-2/100,000 for all age groups* ○ *ICOSARI extrapolation is slightly above the reporting figures, in reporting data there is an underreporting of hospitalised cases, at peak times there were around 6,000* ○ *There is also an under-reporting of intensive care patients in the registration data, no information as to whether they are currently still in ICU and how many are in ICU in total (DIVI intensive care register also contains patients who are currently lying down).* ○ *In general, subsequent registration would be necessary, but this is not provided by the GA in the reporting system* ○ *Synchronisation of data from various systems is very useful in the transition period (also related to ARS discussion above)* ○ *Proportion of COVID-19 cases among SARI patients always appears in the management report on Thursdays* ○ *Will be published in EpiBull if necessary*	*FG36*

	• *Evaluation of breakouts (slides here)* ○ *Group of MAs from FG36, FG31, FG34, FG32, AL3 analysed data on outbreaks* ○ *Certain preconditions had to be met in order to integrate outbreaks into the analysis (see slides)* ○ *Evaluation will be published in EpiBull, this week in advance*	*FG36*

	published online ○ *Proportion of cases in outbreaks by age group: relatively high proportion for children (41%), increase to 64% for older people (for 90+ year olds), overall 27% of all cases reported to the RKI are recorded as outbreak cases* ○ *More women recorded as outbreak cases, as the proportion of women in retirement and nursing homes is higher than that of men* ○ *Infection environment: categorised by generic term, e.g. residences, then further level of detail possible within the generic term, but not always available* ○ *Time course according to infection environment (slide 4): in week 14 and 15 especially nursing homes, in week 25 especially workplaces (meat processing companies, medical facilities, RKI recommendation on procedures in this environment was published promptly)* ○ *Distribution of outbreaks by environment and number of cases: very many outbreaks in private households but not so many cases, fewer outbreaks but many cases in retirement and nursing homes,* *KKH high number of outbreaks* ○ *Chains of infection in certain settings are easier to record using GA* ○ *Severity by environment (hospitalisation: yes) here denominator = all cases (including unascertained and unsurveyed, unknown, in the management report this is different): in private households 12%, in retirement and nursing homes (18%), day care centres for the elderly (23%), workplace 5%* ○ *Summary* ▪ *Transmission chains that are easy to identify by GA are those where close and long-term contact between people* *consists of people who know each other well* ▪ *Many outbreaks in private settings, higher number of cases in retirement and nursing homes* ▪ *Severity primarily triggered by age, key message: avoidance of severe courses only through avoidance of infection in very old people* ▪ *Transmission in the private household very high, difficult to avoid if a person is identified there early* *Isolation and early self-quarantine of close contacts (those suspected of being infected should not infect anyone else) makes sense* ○ *Discussion* ▪ *Private parties mentioned by Spahn in the media cannot (yet) be confirmed in the registration data,* *However, the article mentions the importance of convincing people to avoid this* ▪ *RKI procedure (authorship, acknowledgements) for group publications: there is no regulation to date,* *Those who contributed to the content were mentioned here → will also be presented separately with Jamela Seedat*	

	discussed ▪ There is 0 for outbreaks in rail transport, which could suggest that it is a safe means of transport, the Lack of evidence, similar to transmissions in aeroplanes ▪ Message from reporting data is that transport is not a main transmission location, until week 29 the GA no transmission in the railway, but this is partially addressed in the discussion ▪ It's time to publicise the available data ▪ workplace stands out strongly in terms of case numbers, but it was mainly special workplaces such as slaughterhouses are affected, should this be specified so that serial testing is not initiated at all workplaces? ▪ The basic message is that close, long-term contact and not chance encounters lead to transmission ▪ Comments are valuable and will be considered, Results are categorised in the article ○ Before publication, the article should be sent to the BMG in advance for information with the intention of publication	
2	**International (Fridays only)** • Not discussed	
3	**Update digital projects (Mondays only)** • Not discussed	
4	**Current risk assessment** • Not discussed	
5	**Communication** **BZgA** • List of infection environments is important and helpful, these are processed and visualised • Order from BMG to process 3 situations: 1-direct contact, 2-longer conversation situation, 3-poorly ventilated rooms in analogy to AHA, these are processed and then adjusted **Press** • STIKO statement on procedure for prioritising the COVID- 19 vaccine now online • Press office is overrun by journalists, some of whom also want to take legal action, press is in dialogue with media lawyer, further action is not clear • Increasingly, the point is reached that it is no longer possible • Risk areas ○ A major problem is the designation of risk areas, for example	BZgA Press

	Bild has jumped out and published that RKI has designated Mallorca as a risk area although we did not even have the list yet ○ *Risk areas also cause an incredible amount of work in general, as well as a huge number of enquiries and phone calls from the press,* *Citizenship, specialised personnel* ○ *Referral to BMG/BMI/AA is not always sufficient or does not solve the problem, the enquiries still come and must be answered*	
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	
8	**Documents** **Adaptation KoNa Management Paper** *(link here)* • *The paper is to be adapted, Udo Buchholz has developed proposals* • *Adjustment of outdated assessment "due to currently declining numbers" to "moderate number of new, autochthonous..." in the preliminary remarks* • *Adaptation of the infectious phase of symptomatic cases: "from the 2nd day before the first symptoms of the case appear until the 10th day after the onset of symptoms. Severe cases and individual cases may be infectious for longer"* • *Despite a publication from Switzerland (which suggests infectivity up to day 6 before symptom onset), the 2 days before symptom onset are recorded, other publications do not support this, nor does GA suggest that it does not fit* • *The onset of symptoms is not simple and not clearly defined, some symptoms appear earlier (e.g. loss of taste in 1 case 4 days before the stated onset of symptoms), several cases do not yet have fever and cough in the prodromal phase, a certain uncertainty remains, but there is no reason to adapt the existing symptoms.* • *KoNa KP Cat I: Addition that aerosol may also be beyond 1.5m around source case, e.g. if source case has been in the room for a longer period of time, was specified somewhat* • *Dental practices: Carrying out aerosol-producing activities with FFP2 masks, what happens after 1 hour when the next patient arrives? This would possibly fall under this, ventilation in between would make sense*	*FG36*

	• *Is in the hands of the professional association, which has announced a tool to report transmissions in dental practices (from patients and employees)* • *New: Encourage pragmatism in group settings to facilitate investigation work, e.g. daycare group, school class, possibly no individual evaluation of individual status, but send everyone to home quarantine "Quarantine order for everyone in the group without individual risk assessment makes sense"* • *Adaptation of the sequence for symptomatic KP Cat I: first GA contact, then isolation, then diagnostics* • *KP Cat II supplement: where there is no evidence of aerosol transfer >2m from the source case* • *Doublemasking: when the patient and medical staff are <1.5m distance without aerosol-producing measures have worn both MNS, which KP category? GA interpret this differently, this is discussed again between FG36, FG37 and FG14, consensus is sought and then paper is sent around again and adopted (Friday or next week)*	
9	**Laboratory diagnostics** • *Not discussed*	
10	**Clinical management/discharge management** **Case definition Reinfection** • *Not discussed*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Participants for United Kingdom's Civil Service Languages Network panel event to highlight the different approaches taken by European countries to COVID-19: German approach by RKI* *→ not discussed* • *Next meeting: Friday, 21 August 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*21.08.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Nadine Litzba (protocol)*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Maria an der Heiden*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walther Haas*
  - *Stefan Kröger*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*

- Janine Michel
- *ZIG1*
  - Sarah McFarland
- *BZGA*
  - Heidrun Thaiss

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Worldwide >22 million cases, >780,000 deaths (3.5%)* ▪ *Countries remain the same, half of the countries show a downward trend* ▪ *Spain from 10th to 7th place, very strong increase in Spain: +40,000 cases, increase of 71% compared to the previous year. Previous week (especially Madrid, Catalonia, Aragon etc.), according to WHO Sitrep still "clusters of cases"* ○ *7-day incidence >50 cases/100,000 inhabitants (data as of 20 August 2020)* ▪ *Added in Africa Namibia* ▪ *Europe: additionally Andorra, Bosnia and Herzegovina* ▪ *In Oceania, Guam has a 7-day incidence >50* ▪ *Most countries with 7-day incidence >50 in the Americas, especially South America* ○ *Summary of the European subregions (data as at 20/08/2020)* ▪ *Table shows all regions that have been added to the list since the last crisis management meeting: Bosnia and Herzegovina (Banja Luka, Posavsi, Trebinje-Foča), Gibraltar, Romania (Dolj, Gorj), Spain (Castilla-La Mancha)* • *Location Malta:* ○ *Over 1000 cases, 9 deaths (0.66%)* ○ *7-day incidence since 13.08. with interruption on 17.08. >50 / 100,000 Ew* ○ *According to WHO SitRep from 16.08 "sporadic cases"* ○ *Increase in new cases since late July/early Aug, many countries have reported imported cases via EWRS* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 230,048 (+1,427), of which 9,260 (4.0%) deaths (+7), incidence 277/100,000 inhabitants, approx. 205,800 recovered, Reff=1.02, 7T Reff=1.12* ○ *Case fatality rate over time* ▪ *The proportion of case fatality is falling, especially as currently Younger people are infected and deaths are generally more frequent.*	*ZIG1* *FG32*

	lag behind ○ Cases and deaths per BL ▪ Most cases from BY and HE ▪ BE and NW showed a decline in 7-day incidences approx. 5 days after the end of the holidays, BY and BW still have Holidays, but context not yet clear ○ Geographical distribution in Germany: 7-day incidence ▪ SK Offenbach shows 7-day incidence >50/100,000 p.e, especially returning travellers and clusters after wedding celebrations ▪ North-east significantly lower 7-day incidences than south-west ▪ Many LK with 7-day incidence over 25 ▪ 25 LK without cases in the last 7 days ○ Counties with the highest number of cases in the last 7 days ▪ SK Munich has the most cases ▪ No feedback on capacity bottlenecks in the TOP15 districts with the highest number of cases, but enormous Labour input ▪ 2 LK from SH have reported that there are capacity bottlenecks ○ Current outbreaks in SK Offenbach, LK Groß-Gerau and SK Frankfurt (Oder) ○ Number of laboratory tests: ▪ significant increase in the number of tests, probably due to the testing of the Returning travellers, positive share still around 1, data collection very laborious, associated with enormous personnel resources ▪ Test capacities for this week approx. 1.3 million tests ▪ 64 laboratories have a backlog totalling 17,142 samples to be processed ▪ Almost ¼ of the laboratories (41) cited supply difficulties for reagents ○ Weekly death rates in Germany (DESTATIS): ▪ 4 weeks latency, no excess mortality, slightly below average of previous years ○ Discussion: ▪ You probably only see the surface in the cases of travellers returning. It could be that the secondary infections of infected travellers who have not been in quarantine or have not been tested will only become visible in 1-2 weeks. ▪ The prevalence in the traveller population is around 1%, prevalence in the general population is lower ▪ Approximately 50% of the reported cases in the reporting system have symptoms ▪ It would be important to communicate that when travelling from abroad without testing or with negative testing, Nevertheless, AHA rules must be observed and, in particular, you should not attend parties. ▪ Risk reduced by 1/7 through testing, negative	all

	Testees are often lulled into a false sense of security; include in the management report if necessary ▪ *The BZgA has translated its information leaflets into 14 languages and is involved in the final coordination of the pictorial representation. The advice that even those who have a negative test result should look out for symptoms is included.* ▪ *Many people, especially younger people, have heard the message that you should get tested even if you have mild symptoms not yet internalised. Fatigue and a sore throat are not necessarily associated with COVID.*	
2	**International (Fridays only)** • *ZIG very busy selecting risk areas* • *Corona Global project application:* ○ *Initial sounding for project application requested by BMG* ○ *Initially covers a broad spectrum within the company. There was a good discussion about how this can be brought together.* ○ *Meeting next week* • *Lots of dialogue with other countries* • *Mission to Uzbekistan* ○ *With WHO participation* ○ *ZIG conducts Intra Action Review and supports in the further course, active participation of other departments and FGs* • *Request from Kosovo for RKI mission* ○ *The publication of the figures on exposure sites has also increased the desire for support for Kosovo in the Chancellery* ○ *FG32 (including Ms Halm) has contacts in Kosovo, close cooperation with ZIG* ○ *Mission with Intra Action Review planned for early September* • *Discussion:* ○ *The Federal Ministry of Health, the Federal Foreign Office and the Federal Government asked whether it could be asked again whether the designation of risk areas could be transferred to the websites of the Federal Ministry of Health, the Federal Foreign Office and the Federal Government, as this is also where the responsibility for the content lies. However, the publication on the RKI website was originally very deliberately chosen by politicians.* *ToDo: Ms Hanefeld will ask again whether the risk areas can be designated by the ministries or the federal government.*	*ZIGL* *all*
3	**Update digital projects (Mondays only)** • *Not discussed*	

4	**Current risk assessment** • *Not discussed*	
5	**Communication**	
	BZgA • *see above for information on returning travellers* • *Additional text added for quarantine information on dealing with children who test positive* • *The citizens' enquiries show a strong polarisation, from fear/panic to a very high degree of nonchalance or questioning* **Press** • *All citizen enquiries that arrive can be forwarded to Info@rki.de.* • *Please ensure that in the event of problems with the dashboard (or slow build-up of case numbers), a disclaimer is switched on very early until the final case number is displayed, as otherwise many enquiries will be received.* ○ *So far, the process has always been at 5 o'clock, so it's usually not noticeable.* ○ *In the meantime, ESRI has been commissioned with 100 person days, next week meeting there, since ESRI is the official contractor, the RKI can better ensure that bst. Things are implemented.* • *If possible, documents should not be published in the evening, but early in the day, so that if there is a large press response, this can be captured quickly and not just the next morning.* • *The publication "Infection environment of recorded COVID-19 outbreaks in Germany" is available online as of today.*	*BZgA* *Press, FG32*
6	**News from the BMG** • *Not discussed*	

7	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Proposal to change the crisis team meeting for greater effectiveness:* 1. *Further streamlining of situation presentation and additions to syndromic surveillance* 2. *Presentations should comprise a maximum of 5-6 slides* 3. *Strategic issues should be identified and at least one discussed at each meeting* • *The information part should last 60 minutes if possible and then 60 minutes for discussion if necessary.* • *Strategic issues cannot be identified by the LZ, but should be raised by the crisis management group.* • *The topics should first be discussed in advance and then the input of the entire RKI should be obtained in the crisis team.* • *There are bst. Issues that are of great concern to the press or that are criticised by the public and politicians, it would be good to discuss such issues in advance in the crisis team.* • *It would be important to clarify the long-term strategy (role of the vaccine, the uncomplicated diseases).* • *The strategy paper contains several strategic questions that could be discussed. It should actually be sent to the BMG this week, but Mr Schaade will clarify with Mr Wieler whether the paper can be coordinated more broadly and whether the questions can first be discussed in the crisis team on Monday, 24 August.* *ToDo: Strategy questions from the strategy paper are to be discussed in the crisis team on Monday.* • *The frequency of the crisis team should not be reduced, but it should be organised more tightly.*	*Mr Schaade, all*
8	**Documents** • *Contact person paper* ○ *Input from FG37 is still being incorporated* • *Vulnerable groups* ○ *Also still in the pipeline, it is to be sent to AGI and BMG in parallel.*	*FG36* *FG32*

9	**Information on occupational health and safety (Fridays only)** • *Occupational health and safety standards for inpatient geriatric care of the BGW Arbeitsschutz* ○ *There is a document from the BGW, which has already been published, on PPE in care and nursing homes, specifically on respiratory protection* ○ *There is a discrepancy between the recommendations (including the BAUA/BMAS recommendation) - this makes it complicated for users. The BGW recommendation recommends that if residents do not tolerate MNS, FFP2 masks should be worn by care staff.* ○ *The BMG has invited to a meeting with the BAMA, the BFARM, the employers' liability insurance associations (BGN) and the RKI for next Friday (28 August) (13:30-15 hrs via Webex).* ○ *FG37 and FG14 will participate, it is possible that recommendations will have to be changed due to health and safety issues* ○ *This is a very sensitive issue, so a vote is very important.* ○ *There is a contact to the BGN (Mr Vogt). He has made himself available as a contact person for the ÖGD and has also shared a list of other contact persons at the various BGNs. BGN.* *ToDo: Mrs Rexroth sends the list of BGN contact persons to the crisis team distribution list.* ○ *The contact to BMAS is via Mrs Julia Sasse. However, she is not available until Sept. IBBS is welcome to attend the meeting.* ○ *BGN have a different focus/viewpoint, the protection of the employees, insurers must also keep an eye on follow-up costs.*	*FG37*
	○ *The results of the meeting are presented and discussed in the crisis team.*	

10	**Laboratory diagnostics** • *ZBS1:* ○ *1,071 samples analysed, only 29 positive for SARS-CoV-2, lowest positivity rate since the beginning, many samples from homes and school classes* ○ *Staff hired for support* ○ *Currently preparing for studies* • *FG17, virolog. Surveillance:* ○ *155 submissions, 84 positive for rhinovirus, all other pathogens tested negative* • *AG Diagnostics in the BMG:* ○ *FF of the Working Group on Diagnostics at the BMG, moderated by Fr. Corr* ○ *BMG can influence PEI, BFARM and industry better than RKI* ○ *Sub-working groups with special topics, in particular AG tests in addition to PCR tests as an extension for specific test indications (to avoid further strain on PCR test capacities) and questions of test validity of AK tests. test indications (in order not to further burden PCR test capacities) and questions of test validity of AK tests* ○ *Mr Mielke requested that the studies be included; Mr Haas will also take part in tests and sampling in children* ○ *Internal diagnostics working group continues to exist* • *Attenuating mutations:* ○ *Mr Dürrwald stated last week that there are mutations with better transmissibility, but which do not show attenuation; study by Joung et al. may show attenuation after all* ○ *Study will be discussed on Tuesday as part of the internal diagnostics working group and presented to the crisis team* *ToDo: Study on possible attenuation will be discussed in the diagnostics working group and presented to the crisis team.*	*ZBS1* *FG17* *AL1, FG36*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *SurvNet update:* ○ *The new SurvNet update will be available at the end of August* ○ *Rollout of the new SurvNet version will take weeks until the other software providers have also adapted everything* ○ *During this time there will be a mixer recording, there will be*	*FG 32*

	an attempt was made to remain constant between the old and new recording logic as far as possible • *DEMIS:* ○ *Most software manufacturers can implement DEMIS* ○ *Most GÄ have named contact persons and 211 GÄ are ready to receive information within the framework of DEMIS* ○ *The epidemiologists of the countries of the GÄ who have not yet reported were contacted in order to achieve 80% coverage as soon as possible* ○ *>200 laboratories were contacted, many contact persons were also named here* ○ *Test environment since this week, but little data is currently flowing, laboratories are cautious and are not sending the reports.* ○ *Overall, the feedback on DEMIS has been relatively positive, except for small laboratories (e.g. university laboratories) for which this means an enormous effort. By autumn at the latest, there should be a regulation from the BMG to oblige laboratories.* ○ *The laboratories must also implement the interfaces to the CWA app, prioritisation (DEMIS vs. CWA app) unknown* ○ *In principle, travellers can receive their results via the CWA app, but the laboratories must be involved. Telekom contacts the laboratories and tries to integrate them. There is also the "My lab result" app (e.g. used by EUROFINS), but this is purely a notification system for lab results. From the RKI side, the use of CWA for the transmission of results is desired.* *ToDo: Mr Schmich is to present the information on the transmission of the test results via CWA at one of the next crisis team meetings.*	
14	**Transport and border crossing points (Fridays only)** • *Get-out cards:* ○ *The exit tickets are currently being sent by post in paper format. There are capacity bottlenecks in GÄ. The two GÄ from SH referred to the problem with the exit tickets in their reports as part of the capacity monitoring. Overall, the GÄ are very dissatisfied.* ○ *BMG, BMVI and RKI are working on a digital solution, scan road for the transition.* ○ *How do we deal with requests for administrative assistance for the distribution of exit cards? As we are currently unable to deal with more specialised requests for administrative assistance for reasons of capacity, we have to reject such a request for assistance on these grounds.* ○ *In IfSG §36 para. 8, it says that the federal police help can/should. But the federal police refuse to help with the check.*	*FG 32; ZIG*

	○ *But the Bundeswehr helps a lot throughout Germany (FRA, Schönefeld), refer to this if necessary* • *Meeting of Chief Medical Officers as part of Germany's EU Council Presidency:* ○ *at the end of September on the subject of contact tracing. The 2.5-hour meeting will only be focussed on the transport sector. Mr Holtherm and Mr Wieler welcome, JA Healthy Gateways presents results, FG32 has FF at the RKI (Ms Schöll and Ms an der Heiden).* ○ *ZIG is to inform the BMG of new indicators for the risk areas by 31 August. Enquiry as to whether considerations on how to make international travel safer from an infection control perspective could also be included in the meeting. Ms an der Heiden and Ms Hanefeld exchanged views bilaterally.* • *Publication from Frankfurt on transmissions on aeroplanes: several cases, known cluster, from Tel Aviv to Frankfurt.*	
15	**Information from the situation centre (Fridays only)** • *The planned Inter Action Review is still subject to data protection. As no free text comments are permitted in an anonymous questionnaire, the questionnaire is now to be personalised after all, but will not be evaluated in a personalised manner.* • *There are still major problems in some areas, especially the management report. Last week there was an introduction, some of whom also agreed to provide support, but rather in positions other than the management report. The management report position is a challenging position that involves many different aspects (outbreak screening, risk management, etc.). It includes many different aspects (outbreak screening, crisis management team slides, BMG morning report, etc.).* • *We will report again next week on whether sufficient support has been found.*	*FG 32*
16	**Important dates** • *Not discussed*	

17	**Other topics** • *Evaluation PrePrint modelling study Transmission probability by Goyal et al:* ○ *Mr Wieler had requested an assessment by Mr an der Heiden.* ○ *It's about superspreading - large dispersion, explained by viral load and contact, fluctuations due to aerosol transmission* ○ *Overall, no important new findings.* • *Participant for United Kingdom's Civil Service Languages Network panel to highlight the different approaches taken by European countries to COVID-19: German approach by RKI?* ○ *Should be checked again, but cancelled if possible* *ToDo: LZ/Fr. Rexroth checks whether participation can be cancelled.*	*FG 34* *FG 36*
	• *Next meeting: Monday, 24.08.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*24.08.2020, 1:00 pm*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Meike Schöll (minutes)*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Michaela Niebank*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*

- ZIG1
  - Sarah McFarland
- BMG
  - Christophe Bayer
  - Iris Andernach
- German Armed Forces
  - Katalyn Rossmann
- BZgA
  - Heidrun Thaiss

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • International trend analysis, measures (slides here) • Top 10 countries by number of new cases/last 7 days ▪ Worldwide > 23 million cases, >800,000 deaths (3.5%) ▪ Countries remained the same compared to 21 August 2020, 7 with descending trend ▪ India, Peru and Spain with an increasing trend (Spain with >43,000 new cases in the last few years). 7 days particularly noticeable). • 7-day incidence >50 cases/100,000 inhabitants: 35 countries ▪ In America, Paraguay was added, in Asia Lebanon. In Europe, Kosovo, Malta and the Faroe Islands omitted. ▪ Most countries with a 7-day incidence >50/100,000 inhabitants are in the Americas, especially South America. • Media coverage ▪ The FDA (USA) has issued recommendations for the treatment with plasma of convalescent COVID-19 patients published (great media response). ▪ China has approved a SARS-CoV-2 vaccine under an emergency use programme for people with high Infection risk authorised. ▪ The lockdown in Melbourne (Australia) continues, even if the number of newly reported cases is decreasing. ▪ In New Zealand, the lockdown in Auckland was extended. • Summary of the European subregions ▪ List of countries incl. number of affected regions over 50/100,000 inhabitants includes: Albania (3 regions), Andorra, Belgium (1), Bosnia and Herzegovina (6), Bulgaria (1), France (2), Gibraltar, Kosovo, Croatia (4), Montenegro, North Macedonia (2), Romania (12), Spain (10). ▪ Table shows all regions that have been added to the list since the last crisis team meeting: Albania (Lezhe), Bulgaria (Dobrich), France (Île-de-France), Croatia (Brodsko-Posavska, Zadarska),	ZIG1

	Romania (Iasi, Neamt). Some areas have already been categorised as risk areas. • *The situation in France is to be discussed today at 3 p.m. in the BMG; it is likely that Île-de-France and the Côte d'Azur will be included as risk areas.* **National** • *Case numbers, deaths, trend (slides here)* • *SurvNet transmitted: 233,575 (+711), of which 9,272 (4.0%) deaths (+3), incidence 281/100,000 inhabitants, approx. 208,200 recovered, Reff=0.98, 7T Reff=0.97* • *No major changes in the R-value and in the number of ITS persons, low case fatality rate.* • *The number of cases on Mondays is often more difficult to arrange,* *Among other things, the GÄ defend themselves against the claim that the delay in reporting was solely due to the lack of transmission on the WE.* • *7-day incidence shows a worrying increase, particularly noticeable in HE, BY, BW; the downward trend recently observed in BE is not continuing. In the other CCs, the 7-day incidence rates are largely constant or rising.* • *The influence of the start of school is currently being investigated in more detail and will be presented later.* • *Geographical distribution in Germany: 7-day incidence* ▪ *SK Offenbach shows 7-day incidence >50/100,000 inhabitants. From the SK Offenbach there is both a report on* *In addition to the capacity bottlenecks in Cat. 3, the highest state health authority has also submitted a request for administrative assistance to support contact tracing. Six containment scouts, two of them from the RKI and four others from Berlin GÄ, will provide support in Offenbach over the next few weeks. A high proportion of SARS-CoV-2 positive travellers have returned.* ▪ *SK Rosenheim currently below 50/100,000, but strong fluctuations. Ms Buda has separate analyses* *which attribute the high incidence in Rosenheim primarily to travellers returning from Kosovo and Croatia.* ▪ *15 LK with 7-day incidence 25 to 50/100,000 p.e.* ▪ *126 LK without cases in the last 7 days* • *Exposure countries of the in the reporting weeks 31 to 34 transmitted COVID-19 cases: to DEU mainly cases from Croatia, Kosovo (slow levelling, but still high), Turkey, Spain, Bosnia and Herzegovina, Bulgaria, Romania, Macedonia, Albania, France (in week 34 twice as many cases as in the previous week).* • *The proportion of cases indicating a place of exposure abroad is approx. 40% (overall rather conservative estimate; subsequent investigations could increase the*	*FG32*

	proportion). • *The table of the most frequently mentioned exposure countries*	

	and the presentation of the proportion of cases with foreign exposure over time will be included in the weekly comparison of the management report from tomorrow. • *There are currently 4 reports of capacity bottlenecks in Cat. 3, 3 of which relate to SH (in connection with the processing of exit tickets) and 1 to Offenbach/Hesse (see above).* • *The exceeding of the 7-day incidence of 50/100,000 inhabitants in the SK Rosenheim was only described at the RKI later than communicated locally and in the press. There may be various reasons for the delay in transmission; delays can occur at any point.* • *A stratified evaluation of the positive rates of returning travellers by risk region might be helpful to support the concept of risk areas, but this stratification is not included in the reporting data. AL3 had already enquired with test centres, but the data is not regularly available.* *ToDo: VPräs asks for regular information regarding the number and type of current reports on capacity bottlenecks and requests for administrative assistance. The number of containment scouts at the RKI and at the Berlin GÄ (mobile teams) is to be submitted subsequently.*	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Short presentations on data donation and the CWA app (with regard to the integration of laboratories) are currently being prepared and will be presented to the crisis team in a timely manner.* • *CWA App:* • *There are now 118 laboratories (end-to-end encrypted) connected to the app, with more still to come; T Systems is also to be sensitised to the need to quickly connect the laboratories of the university hospitals. Some test centres set up for returnees are not connected to a standard laboratory that would provide a link to the CWA app.* • *Another challenge is the connection of the health authorities, in particular the verification process.* • *More financial resources are needed for the interoperability of the CWA app in Europe and with regard to third countries, and this requires greater coordination.* • *The effectiveness of the app should be better determined, but the decentralised approach makes it difficult to create an evaluation structure.* • *For the use of the CWA app in the transport sector, further*	*FG21*

	Investigations planned in an aeroplane (discussions with Airbus), an ICE and a suburban train. The timetable for this has not yet been finalised. • *It is questioned how GPs should deal with the submission of a warning by the CWA app that is not linked to the patient's name when issuing medical certificates. According to FG21, this question could possibly be included in the paper on possible misuse of the CWA app.* • *The BZgA suggests communicating more clearly which app is used for which purpose. According to FG21, there is no interaction between the existing apps; however, it should be examined whether the existing communication strategy for differentiating between the individual apps can be improved.*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Information sheets for the elderly in simple language have now been produced.* • *The cooperation with the RKI has been praised many times.* • *With regard to the enquiry from FG34 on participation, it is reported that this topic is being considered in all communication formats and that contact will be made again in this regard.* • *With regard to contact tracing in the ÖGD, there was feedback from the population that the procedure even within a municipality was not always stringent and aligned with the current recommendations.* • *The BZgA is currently preparing a typification of mask wearers (e.g. "ear pendant", "chin warmer" etc.).* • *The question is to what extent children and young people could be addressed more specifically through communication programmes. According to the BZgA, there are various interactive formats to reach younger people, and risk situations (e.g. large parties, open air) should also be addressed. It would be important to correct the attitude "I won't get seriously ill and therefore don't need to take care" and to strengthen personal responsibility.* **Press** • *Tomorrow there will be a press conference organised by Dept. 2 in Rosenheim (keyword Corona-Monitoring-Local).* • *With regard to how the various masks work, there is a helpful video from the programme Sendung mit der Maus, which could either be linked via the website or retweeted. The contact person for social media should be consulted about this.* • *At the BZgA, there is often the question of whether non-institutional content can be linked. In the case of a public-law organisation*	*BZgA* *Press* *FG14*

	production, fewer problems can be expected. • *In a ZEIT article, testing capacities were discussed in view of the many tests of asymptomatic travellers returning home. Although the testing capacities in DEU are large, they are not unlimited. This should be taken into account in the communication on test capacities. The adaptation of the FAQs (also with regard to the categorisation of the false positive rate) is to be discussed again in the diagnostics working group. Feedback is requested from the diagnostics working group to prevent possible misunderstandings and misinterpretations. Drosten's statement regarding the discontinuation of the testing of travellers returning home in view of bottlenecks should also be discussed in the diagnostics working group.*	*AL1*
6	**News from the BMG** • *A draft resolution has been submitted to the Conference of Health Ministers, in which, among other things, the burden on PCR test capacities due to returning travellers, the possible integration of antigen tests, the adaptation of the national testing strategy, a possible shortening of the quarantine period and an examination of the role of wastewater samples are discussed.* • *With regard to quarantine, the specialist level in the BMG is asked to distinguish between isolation/self-isolation of infected persons and quarantine of suspected cases of infection.* • *The benefits of current wastewater sampling are viewed critically by the RKI; quantification tests are not reliable and currently make little sense. It would only be useful as an early warning system in places where there are no regular cases. According to the BMG, a status report on the role of wastewater testing is to be drawn up in collaboration with the Federal Ministry for the Environment, after the government of Liechtenstein submitted a corresponding proposal to BM Spahn and the European Commission is also discussing the issue.* • *FG15 had forwarded samples from wastewater to ZBS1 in which traces were detectable after concentration. ZBS1 was also asked for support in detecting SARS-CoV-2 in wastewater.*	*BMG Liaison*
7	**RKI Strategy Questions** **a) General** *Classification DEU with regard to community transmission (see WHO Euro enquiry specifically on schools , 23/08/2020 08:35)* • *WHO asks whether DEU assumes onward transmission in schools. Further fundamental considerations on the status assessment in DEU would be important for WHO-SitRep (differentiation of community transmission from cluster events). The exchange should initially take place within Dept. 3. Data on cases with exposure abroad should be*	*FG32*

	and presented to the next crisis team. **b) RKI-internal** *Strategy paper update, necessary changes and roadmap* • *The strategy paper was created as part of the discussions of the working group that originally developed the de-escalation strategy. At the request of Präs, a fundamental revision of the paper is currently planned, which will be discussed in the crisis team. Ole Wichmann (FG33) and Mirjam Jenny (P1) are interested in joining the working group.* • *With regard to the objectives, the approach of the German Medical Association ("learning from the crisis") could be used and a description of the situation with lessons learned and a perspective for the coming autumn could be drawn up. The paper should begin by setting out the objectives in simple, clear terms. Important aspects would be the effectiveness of the measures, the various additional possible measures in response to a possible worsening of the situation and the presentation of a perspective.* • *FG36 is currently compiling an overview of the measures and recommendations to date, e.g. on schools; this overview can be presented to the crisis unit as it progresses.* • *The topic of vaccines should be addressed proactively, even if there may not be sufficient availability in a timely manner and a plan B would have to be described. However, it should be noted that 170 vaccines are currently in the pipeline, further development is difficult to predict and a delay is to be expected after the authorisation of a possible vaccine.* • *Due to this difficult perspective, other aspects such as reducing the burden of disease through pneumococcal and influenza vaccinations and strengthening the resilience of social systems (e.g. including schools by planning different teaching modalities and supporting vulnerable groups) should also be discussed. Mobility should also be addressed. The protection of vulnerable groups should take centre stage with regard to the uncertain vaccination perspective. Aiming for herd immunity does not make sense given the possible long-term consequences of a SARS-CoV-2 infection.* • *The testing strategy is certainly part of the strategy paper. The issue of home testing could also be included as a sub-item. The RKI would also be the authorisation authority for this (together with the BfArM).* • *The strategy paper could also present society's perception of the pandemic as a whole (also with regard to the results of the COSMO study).* • *It is suggested that the term position paper be replaced with strategy paper.*	*ZIG/all*

	ToDo: Pres would like the strategy paper to be revised by 7 September 2020. Feedback on the strategy paper is requested promptly. *Roadmap for vaccine strategy and implementation* • *It is reported that the federal states were surprised by the planned authorisation of vaccines from the end of the year and must now plan the implementation and logistics. A centralised electronic recording of vaccination rates is necessary, in which safety and effectiveness should also be recorded. The federal states have unanimously agreed to use DEMIS for this purpose. However, the BMG has yet to make a decision in this regard. It is requested that the management discuss this decision again with the BMG.*	*FG33*
8	**Documents** • *Not discussed*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*FG37*
10	**Laboratory diagnostics** • *ZBS1:* • *Last week, 1,473 samples were analysed (the most samples per week so far), 43 of which were positive for SARS-CoV-2 (2.9% positive rate). Further studies are currently being prepared.* • *FG17:* • *Continued low number of submissions (most recently 60 samples, a third of which were positive for rhinoviruses). The false positive rate is in the low per mille range; some laboratories have more frequent false positive results in the EQA scheme.* • *Very low positive rates are observed in ZBS1. The question is whether it is clear which changes in the material submitted could be responsible for this. Cohorts, e.g. from care homes or daycare centres, are currently being received more frequently, which may explain the low rates, but the information is often incomplete.* • *There has been an increase in enquiries about false positive results (also from ÖGD). Perhaps the FAQ could be supplemented with a numerical example.* • *It is pointed out that the critical enquiry from Frankfurt contained some errors; the case report could possibly also be based on a mix-up (e.g. mass testing at the airport). In any case, the FAQs should be sharpened and, if necessary, supplemented with a sample calculation.* • *A second test at a different laboratory is generally unnecessary; instead, a second target should be analysed as part of a confirmatory test. If the laboratory is found to be negative as part of the proficiency test, a second test may be useful.*	*ZBS1* *FG17* *FG32/AL1/ VPresident*

11	**Clinical management/discharge management**	
	• *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** *Corona-KiTa study (slides here)* • *The data from Grippe-Web on the frequency of acute respiratory illnesses suggest a typical seasonal level that is primarily characterised by rhinoviruses.* • *A new peak was reached in children aged 0 to 5 in week 33, 50% of which are attributable to cases in NW, of which around a quarter can be attributed to an outbreak.* • *The incidence of reported COVID-19 cases/100,000 in the 11- to 14-year-old age group has increased; the proportion of COVID-19 cases has also risen in the 6- to 10-year-old and 11- to 15-year-old age groups (i.e. among schoolchildren).* • *SurvNet currently has 42 outbreaks in nurseries/after-school care centres, with ¾ of the outbreaks involving children under the age of 15 and ¼ only include >15-year-olds (most likely the staff in the facilities).* • *The picture is similar in schools: 78% of outbreaks contain cases with people <21 years of age, the remaining outbreaks only contain cases with people >21 years of age (staff).* *ToDo: It is requested that the Corona-KiTa study be listed regularly on Mondays under the national situation in the agenda.*	*FG 36*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	
17	**Other topics** *Next meeting: Wednesday, 26 August 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*26.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: *Martin Mielke (Dept. 1)*

Participants:

- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Ulrike Grote*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Christina Leuker*
- *BZgA*
  - *Heidrun Thaiss*
- *ZIG (INIG)*
  - *Eugenia Romo Ventura*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *Top 10: India, USA, Brazil, Colombia, Peru, Argentina, Spain, Mexico, Russian Federation, Philippines* • *So far 33 countries with a 7-day incidence > 50 / 100,000 population; Paraguay and Montenegro no longer listed compared to the previous week; Brit. Virgin Islands, Lebanon, Gibraltar, Faroe Islands, Kosovo* and Luxembourg newly added* • *Currently over 40 European sub-regions with a 7-day incidence >50 per 100,000 population (WHO EURO)* *To dos:* • *Kosovo* is assigned to Serbia on the European slide, but Germany recognises Kosovo as a republic → unfavourable presentation, it should be the official interpretation of the German government be used, request to ZIG for discussion on adaptation* • *Current situation in Sweden to be analysed in one of the next meetings, as special position in Europe* **National** *Case numbers, deaths, trend (slides here)* • *Increase of 1,576 confirmed cases and 3 deaths compared to the previous year* • *7-day incidence of 10.2* • *Current ITS: 223; ventilated patients: 133;* • *R and 7-day R remain below 1* • *7-day incidence by reporting date Federal states continues to rise,* ○ *mainly affected in Hesse: according to Epilag and the responsible state authority, mainly due to the increase in testing of travellers, additional outbreaks, e.g. at weddings, have less of an impact on the total number* *To do: mainly affects travellers and family environment, wording not entirely clear, consult and adapt if necessary* ○ *Bavaria: currently somewhat flattened* ○ *BaWü: renewed increase* ○ *→ Difficult to interpret, continue to monitor, no all-clear, trend of increasing case numbers, see also comparison of reporting weeks 33 and 34 (see below)* • *Geographical distribution in Germany: 7-day incidence (districts): 19 no cases reported in last 7 days, 17 over 25, one (Offenbach) over 50* • *Comparison of reporting weeks 33 and 34: Number of cases and incidence by federal state: strong increase in total*	*ZIG* *FG32*

	incidence from 9.5 (week 33) to 11.1 (week 34), including: strong increase in BW (+105%),	

	Bavaria (+59%), Hesse (+43%) and Bremen (+46%); in contrast, there was a sharp decline in SH (-44%), Thuringia (-25 %), NRW (-22 %) *To do: the increases should be tracked to determine whether they are linear or exponential increases* *To do: Reporting data evaluation: enquiry to Matthias an der Heiden as to whether special evaluation is possible for Friday or Monday* • *Weekly comparison week 10 - 34: COVID-19 cases by gender, age, hospitalisation, deceased :* ○ *CW 33/ 34: Cases with the lowest mean age (32 years), comparison CW 15: 52 years* ○ *KW 34: currently still more men (55%) than women (45%) affected* ○ *Proportion of hospitalised / deceased should be viewed with caution, as the severity of the disease only becomes apparent over time; proportion of hospitalised currently 5 %; proportion of deceased currently 0.1 %; (comparison: highest value in CW 15/16 with 6.8 to 7 % deceased (and highest mean age value);* ○ *Gender and age distribution of the deceased are analysed further* *To do: Request for graphical representation for upcoming meetings* ○ *Note: Count of people who died from Covid-19:* ▪ *all those deceased persons are counted who are categorised as Covid-19-* *have been reported positive* ▪ *there is no time limit for a temporal connection* ▪ *Counting method Subject of discussion, criticism "artificially increased number of deaths"* ▪ *However, within the last few months, the approach has been consistent and remains reasonable* ▪ *No clear scientific cut-off possible, especially with regard to previous illnesses* ▪ *Consensus of a recent pathology conference: due to the variety of organ tropism especially* *In severe cases, Covid-19 is suspected to be the direct cause of death in 75% of cases* ▪ *Overall, underreporting is very likely (e.g. lost follow-ups)* *To do: Determine the time between laboratory confirmation and death.* *Syndromic surveillance (slides here)* • *Fluweb ARE rates up to 34 weeks: overall increase, especially in children* • *Practice and consultation incidence currently increased again (especially among 0 to 4 and 5 to 14-year-olds, had fallen*	

- *Berlin/BB & NRW (after end of holidays) vs. Bavaria & BaWü (currently still holiday period) in comparison (vertical lines: end of holidays):*
  - *Berlin/BB: Curve of 0 to 14-year-olds rises steeply, 4 to 14-year-olds even reach the level of 0 to 4-year-olds (unusual); NRW similar, trend of the last week intensifies*
  - *Bavaria & BaWü: comparatively low, seasonally typical ARE rates*
- *Illustration of Covid reporting incidence (left axis, dashed line) vs. ARE consultation incidence (right axis, factor 100, solid line) for Berlin/BB: comparison of week 33 and 34 5- to 14-year-olds: steep increase in ARE consultation incidence from just over 1.000 to 3,000 per 100,000 population; at the same time, Covid reporting incidence fell from approx. 20 to 10 per 1000,000 population (in comparison: sharp increase in Covid reporting incidence in the previous weeks - CW 30 to 33 - from approx. 3 to 20 per 1000,000 population)*
- *ICOSARI-KH-Surveillance - SARI cases and proportion of SARI cases with COVID diagnosis up to week 33: Covid-19 proportion of SARI decreased*
- *Note: ARE increase in schools may be due to rhinoviruses or other typical cold viruses, but such a strong increase after the end of the holidays compared to previous years is quite atypical, especially noticeable in Berlin (and Mecklenburg-Western Pomerania, but there are fewer sentinel practices here), but awareness effect may also be a contributing factor*
- *To do: further analysis of the impact of the end of holidays, especially with regard to Bavaria and BaWü*

Laboratory-based surveillance (slides here) Number

- *Laboratories: 70*
- *Hospitals: 959*
- *Medical practices: 20,476*
- *Tests with result: 4,490,888*
- *Tests per 100,000 population stratified by age group and calendar week: age group of > 80-year-olds: constant >> 400 tests per 100,000 population since April (age group with highest number of tests); age group of 15- to 34- and 35- to 59-year-olds: strong increase in tests since week 30 from approx. 250 to around 400 tests per 100,000 population; all age groups currently > 200 tests per 100,000 population; all age groups currently > 200 tests per 100,000 population.*
- *Number of positive and negative tests per day: currently a sharp increase in testing overall (it may be possible to reach testing capacity), still significantly lower testing volume at weekends, proportion of positive tests remains low*
- *Proportion of people with a positive SARS-CoV-2 test by age group: fairly uniform, low positive rate, lowest positive rate by*

	age group		

	Proportion of positive tests in the age group > 80 years at approx. 0.34 % • *Test delay: week 33 shows a slight upward trend, but test capacity has not yet been reached* • *Note: Stratification of the positive rate by age group: intensive enquiry by the press as to which age group particularly stands out; large number of 80-year-olds with a comparatively very low positive rate of 0.2 % are indicative of the validity of the methodology* *To do: Test capacity will not be reported until Wednesday, will be presented on Friday*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Currently no need for adjustment.*	*all*
5	**Communication** **BZgA** *Presentation of risk situations (closed rooms, group formation, discussions):* • *Development of a visual and, if necessary, textual multilingual concept to reach young people in particular > Poster for visual representation of the three risk situations* • *Virtual package planned in analogy to the start of the pandemic so that all links and downloads are available to schools.* • *Mask requirement controversial topic: AGI enquiry from 25 August 2020: only in NRW is it currently mandatory to wear masks in class, in other BL only in traffic areas with the possibility of clustering, also controversial whether teachers must wear an MNS (alternative: visor). Strong heterogeneity causes high number of enquiries; status is being researched and discussed with professional associations.* *See original task ID 1711.* **Press** • *Corona demonstration planned for next Sunday has been banned by the Senate.*	*BZgA* *Press*

6	**News from the BMG** • *Not discussed*	*BMG liaison*
7	**Strategy** **Questions** **General** *Covid-19 testing and quarantine regime (slides here)* *Resolution requires discussion:* • *Testing of travellers is to be stopped as of 15 September / 1 October, regardless of whether they come from a risk area or not* • *Quarantine regime - two cornerstones: Testing after 5 days vs. 7 days; quarantine 10 days vs. 14 days, but only 5 days according to the decision.* *→ □hortening the quarantine/ political decision collides with the outcome of international studies/ professional judgement Assessment (incubation period max. 14 days, at the latest point in time diseases can still occur in approx. 1 - 10 % of cases)* • *Quarantine (after contact with a potentially infected person) and isolation (in the event of illness) are not clearly separated conceptually* • *Discussion continues* **RKI-internal** • *Reference to Mrs Hahnefeld's paper as a basis for further discussion*	
8	**Documents** **RKI interim report-COVID-19** *(document here)* • *Brief presentation of interim report: two parts: 1. development of the situation internationally and nationally, 2. special topics (including communication, laboratory diagnostics, infection control measures)* • *Discussion of the interim report is postponed to Friday, 28 August, as the presence of VPraes is required due to the relevance of the document* *To do: Request for final review by Friday (last opportunity for changes), especially with regard to the table of contents and "Cooperation with professional societies" (p. 41), which is thematically quite brief, with the request to make changes directly in the document* **Contact tracing for respiratory diseases caused by the SARS-CoV-2 coronavirus** *(document here)* • *Delete "still moderate" (p. 1), otherwise constant need for updating* • *"Forward and reverse enquiry" (p. 2): BMG had enquired whether reverse enquiry was already being implemented - this has been the case for some time now*	*FG32 (Grote) FG36/FG37*

	○ *A note on prioritisation may be necessary here if the capacity limit is reached: backward determination should not be prioritised over or separated from forward determination* ○ *Rather, prioritisation should be based on the current risk situation (e.g. if there is an indication of an outbreak in a larger setting, reference to local expertise / expert assessment and prioritisation by local authorities)* *To do: Forward and backward determination equally important → Request for exchange between FG 14 and FG 36 (discussion could not be finalised due to technical fault)* • *Dealing with contact persons of a confirmed Covid-19 case (p. 2): Agreement on definition of symptomatic cases with known onset of symptoms to "up to at least 10 days after onset of symptoms"* • *Aerosols (p. 3): Definition standardised to 1.5 m (instead of 2 m) distance from source case (see also p. 7)* • *Adaptation management in the aircraft (p.3):* ○ *Definition of "armrest contact or direct seat neighbour" versus adjacent rows of seats at the front and back: Study from Frankfurt, which cites transmission within two or more rows of seats, does not define the time at which transmission took place* ○ *Old nomenclature "direct seat neighbour" should be retained* • *Example "school" (p. 4): Definitions of the categories and measures are mixed up as a result, do not use example, especially as school/school class is difficult to differentiate (point under Management)* • *Insert: Aerosol transmission should be excluded (p. 5); activity and duration are decisive factors; differences in protective measures against transmission over short or long distances* • *For Cat. III contact persons (p. 6): Suggestion for future discussions as to whether Cat. III should be cancelled if necessary* *Pro: Categorisation into three categories often irritating, strong, sometimes disproportional commitment of resources (e.g. for the purpose of keeping minutes)* *Contra: Measures Cat. II vs. cat. III are fundamentally different: Mouth and nose protection (MNS) of the general population vs. occupational safety (question of relevance, value, but also practicability)* *To do: Synopsis essential for comprehensibility → If necessary, improve the clarity of the graphics and layout (colour coding).* *design), infographic for this should also be adapted* *Note: Table formats are not easy to implement in html, formatting*	

	if necessary as pdf-document • *Source case: terminology controversially discussed, further formulation suggestions are welcome, but the term "source case" currently reflects its technical definition most concisely and clearly in terms of content, e.g. also with regard to the difference between source case (source of infection) and index case (first case of illness)* *To do: Paper is thus considered discussed, must now be brought into pure form; cave: "isolation" should be changed to "quarantine" or "isolation" depending on the context - "isolation" = terminology according to IfSG (legal term), "quarantine" and "isolation" technical terms > retention of a conceptual level necessary* *To do: Infographic adjustments should be made as soon as possible after the paper has been adjusted on Friday* *Note: Adaptation of the infographic and the paper usually go hand in hand, the elaboration should be done in dialogue* **Options for the management of contact persons among medical staff** *(document here)* • *Not discussed further* *To do: all documents should be circulated through the crisis team again by Friday (if necessary, outsource parts as footnotes in the "mother document" (see above))* *Discussion of the documents on Friday, 28 August.*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*FG37*

10	**Laboratory diagnostics** • *Current situation unchanged: clear sample intake, possibly slightly higher incidence, only rhinoviruses detected, 50% of samples sent in positive* • *Detection of endemic coronaviruses cannot be carried out on a daily basis due to current legal regulations, damage deadline must be waited for, currently enquiry with data protection and legal department* • *On "false positives": a discussion was recently sent to Der Spiegel, excerpts can be used for the FAQs* *Note: the introduction of new figures gives rise to new questions or misunderstandings, it must be formulated precisely in terms of language, experience has shown that stratified positive rates are best understood by the population* *To do: Supplement the FAQ taking into account the above-mentioned aspects*	*FG17/ZBS1*
11	**Clinical management/discharge management** • *Not discussed*	*FG36/IBBS*

12	**Measures to protect against infection** **Work of the WHO IPC group on MNS and respiratory protection and transmission routes in healthcare** *(slides here)* *Publication of the WHO expert panel on possible transmission routes in healthcare and protection of healthcare workers (commentary, no systematic review)* • *Predominant transmission routes in healthcare: Respiratory droplets and/or contact route* • *Secondary attack rate (3-10%; determined from household transmissions) and R0 of SARS-CoV (2.0-2.5) are not consistent with obligate aerogenic transmission* • *"Opportunistic" airborne transmission possible with aerosol-generating medical measures ("AGMPs") at > 1 m distance* *Measures required for the protection of medical personnel:* • *Use of PPE or distance of > 2m* • *According to the WHO, MNS ("medical masks") or respirators ("respirators"; N95) are generally suitable for the care of people suffering from COVID-19* • *In DE, the use of protective masks is regulated by BAuA/Occupational Safety (when supplying COVID-19 infected persons: FFP or more).* • *Important factors when using MNS and respiratory protection are* ○ *Risk of self-contamination when wearing and especially when putting on and taking off ("donning/doffing")* ○ *Staff need simple protocols* ○ *Staff must be trained* ○ *Tight fit for respiratory protection etc.* • *Note: the MNS should be worn tightly by hospital staff and should not be touched or moved (different from everyday masks used by the general public, caution: infection protection vs. occupational safety)* *Friday: Conference call with BMG on the care of Covid-19 patients and staff protection:* *To do: the relevant paper should be reviewed in more detail by now*	*FG14 (Melanie Brunke)*
13	**Surveillance** • *Not discussed*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG32*

15	**Information from the situation centre (Fridays only)** • *Deployment of mobile containment scouts:* • *3 at the RKI, 17 in health authorities* • *50 % mobile use, 50 % on site* • *Application for "follow-up containment": 10 containment scouts to be stationed at the RKI in future* • *Very short-term mobilisation currently problematic, this must be revised conceptually, or priority must be given to deployment / short-term mobilisation* • *Wiesbaden - Request for administrative assistance probably due to current high number of cases caused by an outbreak at a wedding, epidemiological expertise requested*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Friday, 28 August 2020, 11:00 a.m. - 1 p.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*26.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: *Martin Mielke (Dept. 1), Maria an der Heiden (FG 32)*

Participants:

- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Barbara Biere*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
  - *Ulrike Grote*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Christina Leuker*
- *BZgA*
  - *Heidrun Thaiss*
- *ZIG (INIG)*
  - *Eugenia Romo Ventura*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation**	

International

International trend analysis, measures (slides here) — *ZIG*

- *Top 10: India, USA, Brazil, Colombia, Peru, Argentina, Spain, Mexico, Russian Federation, Philippines*
- *So far 33 countries with a 7-day incidence > 50 / 100,000 population; Paraguay and Montenegro no longer listed compared to the previous week; Brit. Virgin Islands, Lebanon, Gibraltar, Faroe Islands, Kosovo* and Luxembourg newly added*
- *Currently over 40 European sub-regions with a 7-day incidence >50 per 100,000 population (WHO EURO)*

To dos:

- *Kosovo* is assigned to Serbia on the European slide, but Germany recognises Kosovo as a republic → unfavourable presentation, it should be the official interpretation of the Federal Government*
  be used, request to ZIG for discussion on adaptation
- *Current situation in Sweden to be analysed in one of the next meetings, as special position in Europe* — *FG32*

National

Case numbers, deaths, trend (slides here)

- *Increase of 1,576 confirmed cases and 3 deaths compared to the previous year*
- *7-day incidence of 10.2*
- *Current ITS: 223; ventilated patients: 133;*
- *R and 7-day R remain below 1*
- *7-day incidence by reporting date Federal states continues to rise,*
  - *mainly affected in Hesse: according to Epilag and the responsible state authority, mainly due to the increase in testing of travellers, additional outbreaks, e.g. at weddings, have less of an impact on the total number*

  To do: mainly affects travellers and family environment, wording not entirely clear, consult and adapt if necessary
  - *Bavaria: currently somewhat flattened*
  - *BaWü: renewed increase*
  - *→ Difficult to interpret due to the waveform, continue to observe, no all-clear, trend increasing number of cases, see also comparison of reporting weeks 33 and 34 (see below)*
- *Geographical distribution in Germany: 7-day incidence (districts): 19 no cases reported in last 7 days, 17 over 25, one (Offenbach) over 50*
- *Comparison of reporting weeks 33 and 34: Number of cases and incidence by federal state: strong increase in total incidence from 9.5 (week 33) to 11.1 (week 34), including: strong increase in BW (+105%), Bavaria (+59%), Hesse (+43%) and Bremen (+46%); in contrast, strong decrease in SH (-44%), Thuringia (-25%) and Bremen (+46%).*
  %), NRW (-22 %)

To do: the ascents should be monitored to determine whether they are

	linear	

or exponential increase

To do: Reporting data evaluation: enquiry to Matthias an der Heiden as to whether special evaluation is possible for Friday or Monday

- *Weekly comparison week 10 - 34: COVID-19 cases by gender, age, hospitalisation, deceased :*
  - *CW 33/ 34: Cases with the lowest mean age (32 years), comparison CW 15: 52 years*
  - *KW 34: currently still more men (55%) than women (45%) affected*
  - *Proportion of hospitalised / deceased should be viewed with caution, as the severity of the disease only becomes apparent over time; proportion of hospitalised currently 5 %; proportion of deceased currently 0.1 %; (comparison: highest value in CW 15/16 with 6.8 to 7 % deceased (and highest mean age value);*
  - *Gender and age distribution of the deceased are analysed further*

  To do: Request for graphical representation for upcoming meetings
  - *Note: Count of people who died from Covid-19:*
    - *all those deceased persons are counted who are categorised as Covid-19-*
      have been reported positive
    - *there is no time limit for a temporal connection*
    - *Counting method Subject of discussion, criticism "artificially increased number of deaths"*
    - *However, within the last few months, the approach has been consistent and remains reasonable*
    - *No clear scientific cut-off possible, especially with regard to previous illnesses*
    - *Consensus of a recent pathology conference: due to the variety of organ tropism especially*
      In severe cases, Covid-19 is suspected to be the direct cause of death in 75% of cases
    - *Overall, underreporting is very likely (e.g. lost follow-ups)*

    To do: Determine the time between laboratory confirmation and death.

Syndromic surveillance (slides here)

- *Fluweb ARE rates up to 34 weeks: overall increase, especially in children*
- *Practice and consultation incidence currently increased again (especially among 0 to 4 and 5 to 14-year-olds, had fallen during the holidays)*
- *Berlin/BB & NRW (after end of holidays) vs. Bavaria & BaWü (currently still holiday period) in comparison (vertical lines: end of holidays):*

- *Berlin/BB: Curve of 0 to 14-year-olds rises steeply, 4 to 14-year-olds even reach the level of 0 to 4-year-olds (unusual); NRW similar, trend of the last week intensifies*
- *Bavaria & BaWü: comparatively low, seasonally typical ARE rates*

- *Illustration of Covid reporting incidence (left axis, dashed line) vs. ARE consultation incidence (right axis, factor 100, solid line) for Berlin/BB: comparison of week 33 and 34 5- to 14-year-olds: steep increase in ARE consultation incidence from just over 1.000 to 3,000 per 100,000 population; at the same time, Covid reporting incidence fell from approx. 20 to 10 per 1000,000 population (in comparison: sharp increase in Covid reporting incidence in the previous weeks - CW 30 to 33 - from approx. 3 to 20 per 1000,000 population)*
- *ICOSARI-KH-Surveillance - SARI cases and proportion of SARI cases with COVID diagnosis up to week 33: Covid-19 proportion of SARI decreased*
- *Note: ARE increase in schools may be due to rhinoviruses or other typical cold viruses, but such a strong increase after the end of the holidays compared to previous years is quite atypical, especially noticeable in Berlin (and Mecklenburg-Western Pomerania, but there are fewer sentinel practices here), but awareness effect may also be a contributing factor*
- *To do: further analysis of the impact of the end of holidays, especially with regard to Bavaria and BaWü*

Laboratory-based surveillance (slides here) Number

- *Laboratories: 70*
- *Hospitals: 959*
- *Medical practices: 20,476*
- *Tests with result: 4,490,888*
- *Tests per 100,000 population stratified by age group and calendar week: age group of > 80-year-olds: constant >> 400 tests per 100,000 population since April (age group with highest number of tests); age group of 15- to 34- and 35- to 59-year-olds: strong increase in tests since week 30 from approx. 250 to around 400 tests per 100,000 population; all age groups currently > 200 tests per 100,000 population; all age groups currently > 200 tests per 100,000 population.*
- *Number of positive and negative tests per day: currently a sharp increase in testing overall (it may be possible to reach testing capacity), still significantly lower testing volume at weekends, proportion of positive tests remains low*
- *Proportion of people with a positive SARS-CoV-2 test by age group: fairly uniform, low positive rate, lowest proportion of positive tests in the age group > 80 years with approx. 0.34%*
- *Test delay: week 33 shows a slight upward trend, one*

	However, reaching the test capacity is not yet reflected here • *Note: Stratification of the positive rate by age group: intensive enquiry by the press as to which age group particularly stands out; large number of 80-year-olds with a comparatively very low positive rate of 0.2 % are indicative of the validity of the methodology* *To do: Test capacity will not be reported until Wednesday, will be presented on Friday*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Currently no need for adjustment.*	*all*
5	**Communication** **BZgA** *Presentation of risk situations (closed rooms, group formation, discussions):* • *Development of a visual and, if necessary, textual multilingual concept to reach young people in particular > Poster for visual representation of the three risk situations* • *Virtual package planned in analogy to the start of the pandemic so that all links and downloads are available to schools.* • *Mask requirement controversial topic: AGI enquiry from 25 August 2020: only in NRW is it currently mandatory to wear masks in class, in other BL only in traffic areas with the possibility of clustering, also controversial whether teachers must wear an MNS (alternative: visor). Strong heterogeneity causes high number of enquiries; status is being researched and discussed with professional associations.* *To do: due to demand and current public debate, literature research regarding studies that deal with the effect of wearing a mouth-nose cover (MNS)* **Press** • *Corona demonstration planned for next Sunday has been banned by the Senate.*	*BZgA* *Press*
6	**News from the BMG** • *Not discussed*	*BMG liaison*
7	**Strategy questions**	

	General *Covid-19 testing and quarantine regime (slides here)* *Resolution requires discussion:* • *Testing of travellers is to be stopped as of 15 September / 1 October, regardless of whether they come from a risk area or not* • *Quarantine regime - two cornerstones: Testing after 5 days vs. 7 days; quarantine 10 days vs. 14 days, but only 5 days according to the decision.* *→ □hortening the quarantine/ political decision collides with the outcome of international studies/ professional judgement Assessment (incubation period max. 14 days, at the latest point in time diseases can still occur in approx. 1 - 10 % of cases)* • *Quarantine (after contact with a potentially infected person) and isolation (in the event of illness) are not clearly separated conceptually* • *Discussion continues* **RKI-internal** • *Reference to Mrs Hahnefeld's paper as a basis for further discussion*	
8	**Documents** **RKI interim report-COVID-19** *(document here)* • *Brief presentation of interim report: two parts: 1. development of the situation internationally and nationally, 2. special topics (including communication, laboratory diagnostics, infection control measures)* • *Discussion of the interim report is postponed to Friday, 28 August, as the presence of VPraes is required due to the relevance of the document* *To do: Request for final review by Friday (last opportunity for changes), especially with regard to the table of contents and "Cooperation with professional societies" (p. 41), which is thematically quite brief, with the request to make changes directly in the document* **Contact tracing for respiratory diseases caused by the SARS-CoV-2 coronavirus** *(document here)* • *Delete "still moderate" (p. 1), otherwise constant need for updating* • *"Forward and reverse enquiry" (p. 2): BMG had enquired whether reverse enquiry was already being implemented - this has been the case for some time now* ○ *A note on prioritisation may be necessary here if the capacity limit is reached: backward determination should not take precedence over forward determination.* *prioritised or separated from it*	*FG32 (Grote)* *FG36/FG37*

- *Rather, prioritisation should be based on the current risk situation (e.g. if there is an indication of an outbreak in a larger setting, reference to local expertise / expert assessment and prioritisation by local authorities)*

To do: Forward and backward determination equally important → Request for exchange between FG 14 and FG 36 (discussion could not be finalised due to technical fault)

- *Dealing with contact persons of a confirmed Covid-19 case (p. 2): Agreement on definition of symptomatic cases with known onset of symptoms to "up to at least 10 days after onset of symptoms"*
- *Aerosols (p. 3): Definition standardised to 1.5 m (instead of 2 m) distance from source case (see also p. 7)*
- *Adaptation management in the aircraft (p.3):*
  - *Definition of "armrest contact or direct seat neighbour" (= Cat. I) versus adjacent rows of seats at the front and back (= Cat. II): Study from Frankfurt, which cites transmission within two or more rows of seats, does not define the time at which transmission occurred*
  - *Old nomenclature "direct seat neighbour" should be retained*
- *Example "school" (p. 4): Definitions of the categories and measures are mixed up as a result, do not use example, especially as school/school class is difficult to differentiate (point under Management)*
- *Insert: Aerosol transmission should be excluded (p. 5); activity and duration are decisive factors; differences in protective measures against transmission over short or long distances*
- *For Cat. III contact persons (p. 6): Suggestion for future discussions as to whether Cat. III should be cancelled if necessary*
  Pro: Categorisation into three categories often irritating, strong, sometimes disproportional commitment of resources (e.g. for the purpose of keeping minutes)
  Contra: Measures Cat. II vs. cat. III are fundamentally different: Mouth and nose protection (MNS) of the general population vs. occupational safety (question of relevance, value, but also practicability)

To do: Synopsis essential for comprehensibility → If necessary, improve the clarity of the graphics and layout (colour coding).
design), infographic for this should also be adapted
Note: Table formats are not easily realisable in html, formatting as pdf document if necessary

- *Source case: terminology controversially discussed, further formulation suggestions are welcome, term "source case"*

	currently reflects its technical definition most concisely and clearly, e.g. also with regard to the difference between source case (source of infection) and index case (first case of illness) *To do: Paper is thus considered discussed, must now be brought into pure form; cave: "isolation" should be changed to "quarantine" or "isolation" depending on the context - "isolation" = terminology according to IfSG (legal term), "quarantine" and "isolation" technical terms > retention of a conceptual level necessary* *To do: Infographic adjustments should be made as soon as possible after the paper has been adjusted on Friday* *Note: Adaptation of the infographic and the paper usually go hand in hand, the elaboration should be done in dialogue* **Options for the management of contact persons among medical staff** *(document here)* • *Not discussed further* *To do: all documents should be circulated again by the crisis team by Friday (if necessary, outsource parts as footnotes in the "mother document" (see above))* *Discussion of the documents on Friday, 28 August.*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*FG37*
10	**Laboratory diagnostics** • *Current situation unchanged: clear sample intake, possibly slightly higher incidence, only rhinoviruses detected, 50% of samples sent in positive* • *Detection of endemic coronaviruses cannot be carried out on a daily basis due to current legal regulations, damage deadline must be waited for, currently enquiry with data protection and legal department* *To do: Antigen test and laboratory standards should still be...???* • *On "false positives": a discussion was recently sent to Der Spiegel, excerpts can be used for the FAQs* *Note: the introduction of new figures gives rise to new questions or misunderstandings, it must be formulated precisely in terms of language, experience has shown that stratified positive rates are best understood by the population* *To do: Supplement the FAQ taking into account the above-mentioned aspects*	*FG17/ZBS1*

11	**Clinical management/discharge management** • *Not discussed*	*FG36/IBBS*
12	**Measures to protect against infection** **Work of the WHO IPC group on MNS and respiratory protection and transmission routes in healthcare** *(slides here)* *Publication of the WHO expert panel on possible transmission routes in healthcare and protection of healthcare workers (commentary, no systematic review)* • *Predominant transmission routes in healthcare: Respiratory droplets and/or contact route* • *Secondary attack rate (3-10%; determined from household transmissions) and R0 of SARS-CoV (2.0-2.5) are not consistent with obligate aerogenic transmission* • *"Opportunistic" airborne transmission possible with aerosol-generating medical measures ("AGMPs") at > 1 m distance* *Measures required for the protection of medical personnel:* • *Use of PPE or distance of > 2m* • *According to the WHO, MNS ("medical masks") or respirators ("respirators"; N95) are generally suitable for the care of people suffering from COVID-19* • *In DE, the use of protective masks is regulated by BAuA/Occupational Safety (when supplying COVID-19 infected persons: FFP or more).* • *Important factors when using MNS and respiratory protection are* ○ *Risk of self-contamination when wearing and especially when putting on and taking off ("donning/doffing")* ○ *Staff need simple protocols* ○ *Staff must be trained* ○ *Tight fit for respiratory protection etc.* • *Note: the MNS should be worn tightly by hospital staff and should not be touched or moved (different from everyday masks used by the general public, caution: infection protection vs. occupational safety)* *Friday: Conference call with BMG on the care of Covid-19 patients and staff protection:* *To do: the relevant paper should be reviewed in more detail by now*	*FG14 (Melanie Brunke)*

13	**Surveillance** • *Deployment of mobile containment scouts:* • *3 at the RKI, 17 in health authorities* • *50 % mobile use, 50 % on site* • *Application for "follow-up containment": 10 containment scouts to be stationed at the RKI in future* • *Very short-term mobilisation currently problematic, this must be revised conceptually or priority given to deployment/short-term mobilisation*	*FG32*
	• *Wiesbaden - Request for administrative assistance probably due to current high number of cases caused by ~~two~~ outbreaks at a ~~wedding~~, epidemiological expertise requested* • ~~*Will be discussed further in today's conference call of the Health and Security Committee*~~	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG32*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Friday, 28 August 2020, 11:00 a.m. - 1 p.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*28.08.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG28*
  - *Claudia Santos-Hövener*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ulrike Grote*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*

- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 24.2 million cases and approx. 826,000 deaths (3.4%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *As before, India, USA, Brazil in first place* • *7-day incidence per 100,000 inhabitants* ○ *No new countries added since Wednesday* ○ *Belize, Virgin Islands are no longer on the list.* • *Summary of the European subregions* ○ *New is Malta and 1 canton of Switzerland* ○ *Also 2 regions in Croatia, Romania and Spain* • *More details on the situation in Sweden will be reported on Monday.* • *Is more known about the frequency of testing in Europe in order to better estimate incidences?* ○ *Heavy workload for ZIG at the moment, as no good source of information, no list of test frequencies.* ○ *It is being discussed whether the ECDC will open a data source for this.* • *The question of whether the frequency of testing has an influence on the number of positive results is not easy to answer.* ○ *Normally, the positive rate goes down when more testing is done. However, travelling causes new exposures with additional cases.* ○ *Imported cases should not be attributed to German events. The reason for testing is important.* ○ *This question comes from the political sphere, from the press and from citizens.* ○ *There is an FAQ on this, it would be useful to clarify this a little. However, it should not go into too much detail.* *ToDo: M. an der Heiden is drafting a FAQ on this.* *ToDo: Slides on cases abroad will be passed on to Ms Andernach and Mr Bayer.*	*ZIG1*

National

- *Case numbers, deaths, trend (slides here)* — *FG32*
  - *SurvNet transmitted: 239,507 (+1,571), of which 9,288 (3.9%) deaths (+3), incidence 288/100,000 inhabitants, approx. 213,200 recovered, Reff=0.94; 7T Reff=1.01*
  - *Currently on ITS 241 (+13), of which 140 (+7) are ventilated*
  - *Number of cases lower than last week, but still relatively high, number of deaths increases only minimally.*
  - *7-day incidence by reporting date Federal states*
    - *Highest incidences in Bavaria, Hesse and BW. In Hesse, slight drop in the curve since Wednesday, in Bavaria still rising, but less than before, overall plateau phase reached.*
    - *More detailed evaluations are planned after the end of the school holidays in all BL.*
  - *Geographical distribution in Germany: 7-day incidence*
    - *No cases transmitted from 21 LK*
    - *1 LK with incidence > 50 cases: Rosenheim*
    - *A few Hessian LK with incidence >25*
    - *Munich: Call from LGL, letter from Lord Mayor. Munich is the district with the most cases, incidence is just under 35, is said to be due to the population figures being too low at the time of calculation.*
  - *Number of laboratory tests*
    - *Almost 1 million tests were carried out in week 34. The number of positive tests is on a par with the previous week,*
      Positive rate has fallen slightly.
    - *Approx. 1.4 million tests per week possible, but test capacity limited due to delivery difficulties (affects 50*
      laboratories). Backlog of samples to be processed has increased.
  - *Weekly death rates in Germany*
    - *Approximately at the level of previous years (up to 4 weeks behind schedule), no increase so far. What influence the*
      hot days is not yet clear.
    - *No under-mortality following excess mortality due to COVID-19.*

- *Trend in case numbers by federal state (slides here)* — *FG34 (an der Heiden)*
  - *Development of the number of new cases, subdivision into exposure abroad yes, no, unclear : increase since the beginning of July, currently plateauing*
  - *Trend: exponential increase, on average 2.8% per day; Doubling time: 25 days; average R-value: 1.12*
  - *excluding cases with exposure abroad: also exponential trend, but flatter: on average 1.5% per day; Doubling time: 46 days; mean R-value: 1.07*
  - *Nowcasting: nationwide plateau*
  - *Hesse:*
    - *Falling case numbers again in the meantime, increase*

	of the case numbers went beyond the end of the holidays. ▪ *Trend over the last 30 days: exponential rate: 3.7%; without travel-exposed cases: 2.9%, increase flatter* ▪ *Only last 21 days taken into account: for non-travel-associated and unknown cases, curve even a little steeper.* ○ *Baden-Württemberg:* ▪ *Late start of holidays, very significant increase in the last 3 weeks, mainly travel-related cases (exponential rate: 7.7%). However, even without travel-related cases, the increase is relatively steep (exponential rate: 7.0%).* ○ *Bavaria:* ▪ *Similar to BW, stronger increase recently, trend not quite as strong as in BW.* ○ *3 BL with a clear trend. Hope that cases with exposure abroad will fall again significantly after the holiday period.* ○ *North Rhine-Westphalia:* ▪ *Strong increase, very significant decline after the end of the holidays.* ○ *Cases where the exposure is unknown are counted as domestic cases. Presumably, this should also include travel-associated cases.* ○ *So far, there is no indication that the infections have entered the population. Due to the delay of 1-2 weeks, it is not yet possible to decide whether an entry into the population is taking place.* ○ *One connection between NRW, HE, BW and BY is a strong industrial and agricultural sector, which also employs a large proportion of labour from south-eastern Europe.* ○ *Bundeswehr has a table with information on seasonal workers, where they are and when. The seasonal Vegetable/fruit harvests should be included and could provide a forecast of where the focus could be in the autumn. In the next few weeks, around 60,000 harvest workers from south-east Europe are expected to help with the apple and grape harvest. The German Armed Forces have been asked to share this table with the crisis team. An improvement in hygiene conditions for harvest workers should be achieved.* *ToDo: Ms Roßmann sends slides to the situation centre. These are to be placed on the agenda at the AGI. (FF Ms Diercke).* ○ *Could these results be included in Ms Frank's publication? Could be combined with trends, should be published as soon as possible, focussing on travel issues. Consequences of case increase are relevant.*	
2	**International (Fridays only)**	

	• *Designation of risk areas: increased requests for qualitative data* • *Applications for corona global (projects for the next 2 years) are discussed with BMG.* • *Today, the end of the mission with WHO participation in Uzbekistan has been very well received.* • *Preparation mission in Kosovo: first assessment mission to Kosovo planned in 2 weeks with participation of Dept. 3 in consultation with WHO office on site.* • *Great interest from the AA, Federal Chancellery also with regard to harvest workers.* • *The federal government is primarily interested in the area of diagnostics (significant underreporting). The local healthcare situation is relatively dramatic. STAKOB will help with the participation of intensive care physicians.* • *With regard to Kosovo, there is also a great deal of expertise from the Bundeswehr, which also deployed specialist doctors there. Offer of support.* *ToDo: Mrs Hanefeld contacts the German Armed Forces.*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	*FG21*
4	**Current risk assessment** • *General categorisation to be adjusted slightly in the management report. Possibly to be discussed on Monday.*	*All*
5	**Communication** **BZgA** • *With regard to the resolutions of the MPK, it must be clarified which materials need to be changed.* • *Materials for schools are being revised. Heterogeneity in this area at BL is reflected in enquiries.* • *In telephone counselling, the focus is on psychological problems.* • *Information material can be made available to harvest workers and employers in autumn. Basic constellations and a list of possible risk situations are described. A first draft of the clustering is to go online next week and should be presented at the next AGI.* **Press** • *There is an increasing number of insinuations in the info mailbox that travellers returning home are not really ill, but have only tested positive. False positive tests continue to be a constant source of questions.* • *Ms Seedat is on holiday for 2 weeks, short-term publications in the Epid.Bull are difficult during this time.*	*BZgA* *Press*
6	**News from the BMG** • *Core topic is MPK conference. Decision has influence on all*	*BMG liaison*

	Strategies, laws, etc. These all need to be adapted. • *RKI will receive a decree from Mr Rottmann in the course of the day to prepare a report on existing test capacities and new diagnostic options.* • *In addition, a decree on the evaluation of studies and findings on quarantine duration, exchange and coordination with EUR partners and ECDC and submission of a report and conclusions. The question of whether proof of non-infectiousness can shorten the quarantine period despite a positive PCR by AK test or certain Ct value should be considered.* • *The deadline will be soon, as a ministerial meeting on the duration of the quarantine will take place next week at European level with the involvement of the ECDC. (probably compromise in the direction of at least 10 days quarantine, test not before 5th day)* • *Quarantine period was commented on by ZIG this week. ECDC will make proposals on how risk areas could be designated at European level.* • *Digitisation of the exit cards could become a major additional burden for the RKI. One of the possible options would involve the RKI, but nothing has been decided yet.* • *GHPP + Corona Global applications are currently being evaluated and a response can be expected soon.* • *Mrs Andernach will be leaving the liaison function next week. Thank you very much for your co-operation.* • *When preparing the decree: Isolation of infected persons should be linguistically separated from quarantine.*	
7	**RKI Strategy Questions** **a) General** • *Decision by the Federal Chancellor with the heads of government of the federal states to combat the SARS epidemic* *CoV-2 pandemic from 27/08/2020* ○ *Mr Rottmann will send work orders to the RKI.* ○ *MPK decision was the subject of the TC this morning. Test capacities and new test options, test strategy in general, duration of quarantine are points that directly affect the RKI, many legal aspects will only indirectly affect the RKI.* **b) RKI-internal** • *Not discussed*	*FG32*
8	**Documents** • *RKI interim report-COVID-19* ○ *2 parts: Development of the situation and special topics, many specialist areas have contributed, as of 15 July* *ToDo: PDF is circulated in the crisis team. Mr Schaade will look at the foreword and conclusion by Monday.*	*FG32 (Grote)*

	○ *Instead of "outstanding", it would be better to use the term "central" role of the RKI.* ○ *There is still the opportunity to make further comments at the weekend. The report is to be finalised on Monday and then submitted to the BMG.* ○ *Purpose of the report: primarily for the BMG and as preparation for the final report up to possible questioning before parliament as part of a committee of enquiry.* ○ *The question of whether an abridged version should be published on the Internet was discussed.* ▪ *If so, attention should be paid to correct prioritisation, as critical assessment by the public would be expected.* ▪ *One argument against this is that the RKI is very much in the public eye at the moment. Does it therefore really make sense to publish an interim report?* ○ *Decision: Internal interim report is initially only sent to the BMG. Later, consideration can be given to whether extracts or an abridged version will be published in the future.* • *Contact person management and options for medical personnel (document here)* ○ *Basic document has been sent to the crisis management team, all clarified points have been accepted, a few points are still open.* ○ *The general principles have been changed: Contact persons of medical personnel Cat. 3 should be processed before Cat. 2. Priority KP1 > KP3 > KP2* ○ *Table for categorising KP for health authorities has been amended. Guidance for health authorities on how measures affect contact person categories.* ○ *KP1, protection at close range and at a distance:* ▪ *Close contact (<1.5m, > 15 min), spatiality not relevant* ▪ *Contact with distance (>1.5m, > 30 min), space relevant* ○ *KP2: same principle outside medical care. If minimum distance cannot be maintained: MNS/MMB must be worn by both parties. Important as a supplement to compliance are the minimum requirements: worn tightly and correctly in accordance with the BfArM without exhalation valve. Comment should be added to the table.* ○ *KP3: Masks are always worn by patients and staff. Adequate measures for aerosol-producing measures.* ○ *Medical personnel have different training regarding the correct wearing of PPE. Category CP3 could be omitted and merged into the other categories, which would be a simplification.* ○ *FG36 is reluctant to switch to KP3 for this update.*	*FG32, FG37*

	do without. KP3 are processed earlier, differentiation should be retained. ○ *Question of whether emancipation from BAuA recommendations is possible. Will not be feasible. Reference must be made to BAuA recommendations for medical personnel, as this is their responsibility.* ○ *For KP2, explain in more detail in the table that the application of the MMS is decisive for the classification; refer to BAuA in the footnote.* ○ *Contact persons of cat. I: Source case was defined, longer time was defined as >30 min. Ventilation should be included here (is adequate in the aircraft).* ○ *It would be useful to take the volume of speech into consideration.* ○ *Core principles for medical personnel have been deleted. Reference should be made here to the document from FG 37, as this makes the document clearer. -> Measures on medical personnel no longer in the basic document* *ToDo: FG37 informs FG36 which document should be linked to.* ○ *The document with the exceptions for medical staff in the event of staff shortages has been revised. (How can operations be maintained if a relevant part of the staff is infected).* ○ *Only applies to absolutely exceptional situations: Staff may work. The only exception to quarantine is work; the general quarantine rules apply to all other areas of life.* ○ *Cases under staff may only treat SARS-CoV-2 patients in absolutely exceptional cases.*	*FG37*
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *ZBS1* ○ *In week 35, 577 samples were received, 41 (7%) of which were positive for SARS-CoV-2.* • *Virological surveillance* ○ *55% of samples positive for rhinoviruses; no detection of other pathogens.* ○ *An order was placed for the operational capability of antigen tests.* ○ *False positive results are in the range of 1.2 per mille.* • *A double wave of influenza and Covid-19 was expected in Australia this winter. This did not materialise, but a clear circulation of rhinoviruses can be observed.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	

12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *First results of the study in Bad Feilnbach (slides here)* ○ *Were presented at a press conference on Tuesday.* ○ *Goals:* ▪ *How many are acutely infected or have already had the infection?* ▪ *How often does the disease progress without symptoms?* ▪ *How many diseases are undetected?* ○ *Methods: Survey from 23 June to 4 July, representative Sample, 2,153 participants (response approx. 59%)* ○ *Results:* ▪ *No evidence of an acute infection* ▪ *6% Adults with positive antibody detection* ▪ *Women and men equally affected, younger age group more frequently affected.* ▪ *Only 14.5% of people with positive antibody detection had no symptoms of the disease.* ▪ *Dark figure factor: Only 2.6 times more infections detected than known at the start of the study.* ▪ *Despite a positive SARS-CoV-2 test (self-reported), no antibodies could be detected in 39.9% (42 people).* *can be proven. Self-reporting is prone to error, but matches the reporting incidence in the sample.* ○ *Only 60% of the participants with self-reported positive PCR had a positive neutralisation test.* ○ *Publication: a short publication in Euro-Surveillance is planned within the next 2 weeks for 1st site Kupferzell, analogue also a German publication.* ○ *Contents should be: the seroprevalence according to IGg, NT and extrapolated with PCR-positive.* ○ *Not all PCR-positive patients show antibodies; this is included in the extrapolation.* ○ *Experience has shown that mild diseases in the nasal cavity do not necessarily lead to the formation of antibodies. Is it possible to estimate the proportion of those who have not produced antibodies? Subject to limitations.* ○ *There is the idea of investigating cellular immunity and taking further samples from participants whose PCR was positive and antibodies negative.* *ToDo: Mrs Santos-Hövener will contact Mr Vogt (FG12) about this.*	*FG28 (Santos-Hövener)*
14	**Transport and border crossing points (Fridays only)**	*FG32*

	• *Status of the "Digital exit ticket" project* ○ *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Many new employees; 2 new people in shift management, possibly still needed here* • *Request for administrative assistance from the RKI regarding international communication* ○ *Not discussed* • *Request for administrative assistance from Hesse (Wiesbaden)* ○ *Today TK in Wiesbaden (wedding party), participation M. an der Heiden, U. Buchholz, K. Alpers* ○ *Epidemiological expertise desired* • *On-site support in Hesse (Offenbach)* ○ *5 Containment Scouts on site*	*FG32*
16	**Important dates** -	*All*
17	**Other topics** • *Next meeting: Monday, 31 August 2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*31.08.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Michaela Diercke*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *BZgA*
  - *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BMG*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Not discussed* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 242,381 (+610), of which 9,298 (3.8%) deaths (+3), incidence 292/100,000 inhabitants, approx. 216,200 recovered, Reff=0.94; 7T Reff=0.88* o *Currently on ITS 246 (+1), of which ventilated 128 (-3)* ▪ *All BLs submitted figures at the weekend.* ▪ *Figures slightly below previous week's level* o *7-day incidence by reporting date Federal states* ▪ *Highest 7-day incidences in Bavaria and BW* ▪ *The figures are falling in Hesse, rising slightly in Bremen and plateauing in Berlin.* ▪ *overall has levelled off at a high level.* o *Geographical distribution in Germany: 7-day incidence* ▪ *In 5 districts, the incidence is > 35. This is partly due to individual outbreaks, partly to travellers returning from abroad.* *attributable.* ▪ *No cases were reported from 20 districts (mainly north and east).* o *Proportion of COVID-19 cases with exposure abroad, by reporting week* ▪ *KW35: Exposure abroad in 59% of cases with corresponding information and 36% of all cases. Proportion* *declines slightly.* o *Proportion of COVID-19 cases with exposure abroad, by age group* ▪ *The highest proportion of people under the age of 50 are exposed abroad.* o *Most frequently mentioned exposure countries KW32-35* ▪ *Croatia and Kosovo, but the number of cases has fallen.* ▪ *Decline in case numbers in all countries, only in Ukraine remained the same (very small proportion).* ▪ *Relatively frequent exposure country Croatia, why are only 2 regions designated as risk areas?* o *The proportion of hospitalised patients has remained the same. Are the fewer deaths due to a shift in the age groups affected?* ▪ *Analyses by age and hospitalisation are to be presented by Wednesday.* • *The Bundeswehr's seasonal work calendar, which can be used to identify areas in Germany in which*	*FG32*

	Seasonal labourers used for vegetable and fruit harvesting was shared with FG32. The 5 cards can be passed on to the AGI.	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Connection of the CWA to laboratories postponed to 02/09/2020*	*FG21*
4	**Current risk assessment** • *Minor changes to the risk assessment in the management report* ○ *Stagnating case numbers in the last few days: Should the wording in summarising the current situation at "this development remains very worrying"? Was changed yesterday to "the developments of recent weeks remain worrying".* ○ *There is no general stagnation, but an increase in several CCs, followed by a decline after the end of the school holidays, which results in a constant incidence overall.* ○ *It is not yet possible to predict how the situation will develop, whether chains of infection will emanate from returning travellers and what impact the opening of schools will have. This speaks against changing the wording at the moment.* ○ *With stagnating case numbers, shouldn't the wording be more neutral to avoid credibility problems? How can the highest level of compliance be achieved among the population?* ○ *Situation report format will be retained, can be escalated at short notice at any time. We will wait until Wednesday to adjust the wording.* ○ *The risk assessment: "Since then, the number of cases has increased and appears to have stabilised in recent days" will remain until Wednesday and will then be discussed again.* • *Injunction received regarding risk assessment by the RKI* ○ *Discussed with Mr Mehlitz, not much chance of success. It is questionable whether the administrative court will take action at all. Civil law may have jurisdiction, in which case the plaintiff would have to explain why he/she is personally affected.*	*All*
5	**Communication** **BZgA** • *Risk situations: On Friday, new infographics on the 3 serious risk factors were published online and individual situations were described in detail. This is a work in progress, harvest workers will be added.* • *Slider message on travellers returning is linked.* • *Link to the programme with the mouse. Barriers to linking are generally relatively high, no legal obstacles here.*	*BZgA*

	• *New easy language section introduced, linked to Aktion Mensch website with numerous materials.* • *Lines for younger people are being planned, and there will soon be a target group-orientated approach.* • *Could the intergenerational contract be addressed with young people, in the sense of more environmental protection and observing hygiene rules in compensation? How can young people be sensitised to social responsibility? Addressed by BZgA.* • *A significant proportion of the corona demos are not from the political right-wing spectrum. How can people who believe they represent a cause be reached? Is it worth addressing this group specifically with factual arguments?* • *Difficult to answer, as this is not a homogeneous group. Radical opponents of vaccination, for example, are not amenable to rational arguments. Insecure people could be addressed through the topic of social responsibility, but the effectiveness is questionable.* • *Is it worth focussing on this very small part of the population if the majority behaves sensibly? It makes more sense to strengthen this part of the population.* **Press** • *Nothing special*	*Press*
6	**News from the BMG** • *Decree on Minister Presidents' Conference with Federal Chancellor of 27 August 2020; no decree received from BMG yet* o *RKI to deal with quarantine in coordination with ECDC. A Europe-wide agreement is to be reached in the Council of Ministers on Friday.* o *In preparation, a TC with the BMG, ECDC and RKI is planned in the near future. Coordination with ECDC should take place beforehand.* *ToDo: Telephone call with Mrs Ammon from ECDC today if possible.* o *A reply to the minister's enquiry has already been sent. The minister's plans are in the direction of 10 days quarantine without testing, or 5 days with testing. If this idea is implemented, the RKI should perhaps state on its website that this is a political decision.* o *The countries should comment on this, is this in the interests of the* *Contact tracing? A longer quarantine could prevent many subsequent cases.* o *How many cases would this affect? Mr Schaade sends Mr Eckmanns the answer to the ministerial enquiry with literature research and model.* o *Ct values and comparability, what is the limit value corresponds to infectivity?*	*Mr Schaade*

	○ *A joint status report by the BfArM and RKI on antigen tests is due on 8 September.* ○ *The procedure regarding reference material and standard will be discussed tomorrow in the diagnostics working group. Consultant laboratory is to produce standard, which is to be distributed via INSTAND.* ○ *Iris Andernach is no longer available as liaison, at the moment no one has been appointed. Should the RKI take the initiative here? This is rather difficult at the moment in terms of personnel. The BMG has seconded 2 people from ZIG and FG33 anyway, so we should wait and see.* *ToDo: Clarify whether a decree from the BMG is still to come, otherwise Mr Schaade will extract tasks together with the situation centre.* • *No topics have been added, Mrs Andernach asks Mr Rottmann whether the decree is still to come.*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *strategy paper is scheduled for Friday.*	
8	**Documents** • *RKI interim report-COVID-19* ○ *There was still some feedback with a need for improvement. This should be finalised by the end of the week. The report is intended as an internal interim report for the BMG and RKI.*	*FG32*
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *ZBS1* ○ *Around 1,000 samples were received in week 35, of which 6.4% (64 samples) were positive for SARS-CoV-2.* ○ *There are more and more enquiries from GAs as to whether certificates can be sent to the CWA for forwarding.* ○ *The medical officer from the GA Mitte has informed that for capacity reasons, contact persons Cat.1 are currently being sent to quarantine without testing. Testing will take place on day 10-11.* • *Virological surveillance* ○ *55% rhinoviruses , no other pathogens* ○ *Currently doing a lot of literature research in preparation for the rapid antigen tests.* • *3 main questions in Dept. 1: standardisation, role of antibodies in HCW, status of antigen tests. Contact with BfArM, TK on Monday and Wednesday, 1st draft (deadline 8 September). The diagnostics working group will take place tomorrow.*	*ZBS1* *FG17* *Dept.1*

	• *FG36 is in contact with Ms Ziegelmann from BMG to prepare the research proposal to strengthen syndromic and virological surveillance to further monitor COVID-19 events. Co-applicant is FG17.* • *Minister Spahn came up with the idea of greatly expanding virological surveillance using Abbott rapid tests. This does not appear to make sense. Antigen tests are not the method of choice; methods that enable sequencing should be prioritised. ->PCR strengthening and expansion*	*FG36 / FG17*
11	**Clinical management/discharge management** • *Update on the web seminar series of the STAKOB's Infectiology Advisory Network: Centres are strengthened by providing advice in the field in the form of web seminars and telephone availability. The first web seminars on the basics have already been held. There will then be seminars on 6 specific specialist topics, around 40 seminars by the end of the year. From 9 September onwards, there will be increased advertising.* • *At the moment, it is mainly the younger population that is affected. Are advances in clinical management now also having an impact on the course of the disease? Is more recent data available from the COVID register?* *ToDo: Pass this question on to the specialist group (Mr Herzog)* • *To what extent do the different treatment approaches (anticoagulation, cortisone) affect the severity of the course of the disease, hospitalisations, length of stay and case mortality?* o *LEOSS: Many groups are working on different issues. What has already been analysed, what can RKI contribute? Initial problems getting the data. Current status would be useful (Mr Koppe).* o *ICOSARI: looks at hospitalised patients, unclear whether number is sufficient to detect differences. Will look at Mrs Tolksdorf.*	*IBBS* *FG34* *FG36*
12	**Measures to protect against infection** • *Ms Abu Sin and Mr Thanheiser took part in a meeting with the BMAS, BMG, Berufsgenossenschaft and BfArM on the subject of masks in care. The proposal of the employers' liability insurance association to only use FFP2 masks in care from now on will be revised again (from "always" to "in exceptional cases"). No final decision has yet been made. In the end, a practicable paper is to be produced in which occupational safety and infection protection are separated.*	*FG37 / FG14*
13	**Surveillance** • *Infection cluster youth travel group Lake Balaton* o *Youth trip to Hungary at various times, age: 14-17 years, 230 people, 6 positive tests on returnees so far. Travelled back to Germany by bus against recommendation. Hygiene rules were largely not observed.*	*FG32*

	○ *Outbreak is state-wide. Should the RKI play a role in the evaluation? Requests for administrative assistance from Saxony-Anhalt have been received so far, is this sufficient or are requests for administrative assistance from other federal states necessary?* ○ *If capacities are available, an investigation makes sense in any case. L1 can be asked whether further requests for administrative assistance are necessary.* ○ *Normally, the invitation of 1 BL is not sufficient. COVID-19 is a different situation because the RKI IfSG has a coordinating role.* • *Corona-KiTa study (slides here)* ○ *FluWeb: Frequency of acute respiratory diseases* ▪ *corresponds to the seasonal progression in the various age groups, circulation of other Respiratory viruses* ○ *Development of case numbers: 0 - 5 years* ▪ *Significant decline again* ○ *Incidence and proportion by age group* ▪ *Incidence and proportion stabilises in different age groups* ○ *Outbreaks in kindergartens/day nurseries* ▪ *Only a few added* ○ *Outbreaks in schools* ▪ *In CW34 9 additional outbreaks in schools with 2-9 cases, affecting NRW, Hesse, Berlin, Saarland* ▪ *Younger age groups also affected* ▪ *It remains to be seen how the school situation will develop.* ▪ *Can a distinction be made between pupils and staff? So far this information is missing. Reporting systems must be adapted to learn more about affected groups. At the moment, only differentiation by age < or >= 21 years possible.* • *This morning TK of the WHO Euro Region, Italy on the school situation: German perspective was presented. There is a lot of discussion in the European region about how to maintain continuity, how to prevent outbreaks and how to deal with outbreaks.*	*FG36*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Wiesbaden (Moroccan wedding with 35 cases and subsequent cases in the general population):* ○ *Last Friday TC with GA and Hessian state authority: Someone from the state authority will be on site in Wiesbaden tomorrow and will be supported by 2 people from the RKI on site; at the RKI support by Mr Buchholz.*	*FG32*
16	**Important dates**	

	-	*All*
17	**Other topics** • *Next meeting: Wednesday, 02.09.2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.09.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: *Lars Schaade (VPräs)*

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
- *BZgA*
  - *Heidrun Thaiss*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sandra Beermann*
- *ZIG (INIG)*
  - *Eugenia Romo Ventura*
- *ZBS1*

- *Eva Krause*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *25,509,135 cases reported (as of 1 September 2020), of which 3.3% deceased* • *Top 10 countries by number of new cases in the last 7 days: India, United States, Brazil, Argentina, Colombia, Spain, Peru, France, Mexico, Russ. Federation* • *40 countries/territories with a 7-day incidence > 50 cases / 100,000 inhabitants: new: French Polynesia, Belize, Brit. Virgin Islands, Honduras, Montenegro, San Marino, Monaco; no longer listed: Kosovo, Faroe Islands, Luxembourg* • *Summary of the European subregions: Subregions in the EU/EEA/UK region plus Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, Switzerland, Serbia with a 7-day incidence >50 per 100,000 population; countries: Albania (1), Andorra, Belgium (1), Bosnia and Herzegovina (6), France (3), Kosovo, Croatia (7), Montenegro, North Macedonia (2), Romania (11), Switzerland (2), Spain (18), Czech Republic(1), United Kingdom (1) (Data as at 01/09/2020)* **National** *Case numbers, deaths, trend (slides here)* • *1,256 new cases and +11 deaths compared to the previous day; overall, the number of deaths is declining* • *R-value and 7-day R below 1* • *ITS still around 250 cases compared to previous weeks (currently 235)* • *7-day incidence by reporting date Federal states: since around 22 August 2020, a certain reversal has been emerging - slight decline in almost all federal states* • *Geographical distribution in Germany: 7-day incidence: no district with 7-day incidence >50-100 cases/100,000 inhabitants; 12 districts with 7-day incidence >25-50 cases/100,000 inhabitants (of which excluding LK Trier-Saarburg > 40 and 4 other LK > 30 cases/100,000 inhabitants)* • *Week-on-week comparison of week 34 and week 45: declining incidence in more than 50 % of the BuLä* • *Share of age groups in hospitalised patients: red line = total number; peak in week 14, then declining and roughly constant from around week 22* • *Proportion of hospitalised COVID-19 cases per age group: declining trend CW34/35 should be interpreted with caution due to the time delay in diagnosis, overall*	*ZIG1* *FG32* *FG36*

	quite constant • *Proportion of age groups of deceased over time (by reporting week): overall largest proportion in the over 80 age group, but some change in the proportion of younger age groups over time* • *Proportion of deaths per age group in COVID-19 cases: Share of the over-80 age group has fallen from 35% to currently less than 10%, similar trend in the 60-79 age group* • *Clear indication that the proportion of deceased has changed over time, retrogression very interesting:* o *Increased testing not causal, as testing is not increasing in this age group in comparison* o *Detailed breakdown by age group necessary, also with regard to the possible cause of this decrease* o *Relevant parameters where applicable: Notification data, positive rates, syndromic data, number of tests, absolute case numbers, therapeut. Regime, clinical course and outcome, setting, hospitalisation y/n, Birth cohorts* o *Decisive breakdown also highly relevant with regard to communication* o *Furthermore, it is interesting to analyse the stratification of the number of deceased in a country comparison, as well as the respective proportion of deceased by age group* o *Overall view necessary* *To do: Request for sharpening of the question and corresponding, targeted evaluation* • *7-day incidence of COVID-19 depending on the end of the holidays (slide here)* o *Highly relevant and most likely subject of future communication/discussion* o *Slide "End of holidays/start of school" should be communicated as neutrally as possible: "will continue to be monitored" or with regard to returning travellers: "these have not contributed to a significant increase in incidence in the population at this time in connection with the end of travel"* o *Cave: very cautious and restrained interpretation necessary, at best formulate exclusively with regard to travellers returning, especially as there is likely to be a delay in reporting data* o *Would also be of interest to the BMG in a well-rounded narrative* *To do: Embedding in the management report desired*	

Laboratory-based surveillance (slides here)

- *Number of tests per 100,00 population according to age group and CH: Presumably decreasing mortality within the age group of over 80-year-olds (see above) must be due to a different setting, as the number of tests has been almost constant for several weeks*
- *The cause should be determined, also in international comparison*
- *Middle age groups Overall increase in tests, also in the number of positive and negative tests per day - visible nationwide*
- *Number of people with a positive SARS-CoV-2 PCR test per 100,000 population by age group and KW: all age groups relatively similar, age group of 15- to 14-year-olds increased by 34th KW and subsequent decrease (possibly due to travelling - comparison with other data sets necessary)*
- *Test delay: relatively stable, increase from previous week will most likely level out due to data transmission time*
- *Cave: the various interventions of decision-makers in the selection of the groups of people to be tested complicates the interpretation*

To do: Request to Mr Eckmanns to provide a data table on positive rates by age group for the diagnostics working group to adjust test strategies.

Syndromic surveillance (slides here)

- *Influenza web: population-based ARE rates increasing up to week 35 (still comparable to the previous year, but noticeable in children);*
- *Working Group Influenza - ARE consultations, up to week 35: from week 13/14 to week 23 "all-time low", increase up to week 29, consecutive decrease and currently renewed increase;*
- *Consultation incidence according to age group and BuLä:*
  - *Bavaria, BaWü: low ARE rates*
  - *Berlin/BB: strong increase in previous week, currently descending again*
  - *NRW: Increase regardless of the holidays*
- *ICOSARI-KH-Surveillance - SARI cases:*
  - *Covid19 plays no role for activity as a single pathogen in the population (here at approx. 1 %; among SARI cases (=hospitalised) constantly below 3 %)*
  - *Can it be used as a sensitive instrument for timely detection, when Covid19 plays a decisive role here?*
  - *2 factors:*
    - *Syndromically reporting practices (increase in their number = decrease in uncertainty associated with the calculation of the consultation incidence)*
    - *Virological surveillance (currently approx. 100*

	Practices, sampling must be geographically, technically and representatively correct according to the specialisation of the practices) ▪ *Sentinel procedure can be expanded, BMG has already promised support, ITZ Bund Prioritisation currently being clarified* *Case definitions and test figures, enquiry from Prof. Krüger (e.g. PEI Scientific Advisory Board) (communication here)* • *Current language in communication with the public appears to be misleading or too abstract* • *Key aspects of current public interest: 1. are the increased case numbers due to increased testing? (Explanation of test figures here) 2. is the death rate per reported case falling? (FAQ planned by the press)* • *Simple message needed in a prominent position* • *Management report can remain technical, but trend reversals or key points of public/press interest should be stated in the management report on the second page ("General situation") in a comprehensible and detailed manner and published on the website as a simplified language regulation* *To do: Mirjam Jenny (P1) and Dept. 3 (respective authors of the situation report) will meet briefly, implementation will only start next week* • *Terminology and case definition "Covid-19 disease versus infection" - clear conceptual separation necessary for general comprehensibility, case definition gives rise to misunderstanding* • *Cave: Case definition itself should not be changed To do: As an agenda item for one of the next meetings*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (only this week on Wednesday)** *Connection of the CoronaWarnApp to the laboratories (slides here)* • *Problem with QR code: User installs warning app, can enter positive test result, is verified by QR code or verification hotline via Tele-TAN, then user actively decides whether result may be communicated to persons within the risk definition (in the sense of notification). "Risk encounter takes place")* • *Risk assessment: low (no encounter), low with risk encounter (but not assessed as increased risk - distance too great or time too short), high (longer contact, short distance; only here text recommendation for further action)* • *Laboratory connection: Sample goes to the lab, QR code to the user → Laboratory enters non-personal data on server →*	*Beermann/ Schmich*

Comparison with app (if lab is not connected → App user must request Tele-TAN via hotline); doctor must be informed before taking sample
Obtain consent from patients for electron. transmission via WarnApp;

- *Problems:*
  - *Affiliated laboratories*
    - *Prioritisation of private practice laboratories; hospitals and university clinics still barely connected*
    - *183 Laboratories for SARS-CoV-2 testing*
    - *120 laboratories are technically connected*
    - *70 % of the test capacities in Germany*
    - *103 laboratories E2E (end 2 end), Eurofins is not connected*
  - *Most common sources of error:*
    - *Laboratories are not connected to CWA*
    - *Confusion with other lab apps*
    - *Changing the CWA function*
    - *Verification of positive results vs. personalised notification of findings*
  - *Most frequent sources of error Sample 10C, Sample ÖGD*
    - *Document was copied and used for multiple users*
    - *The individual section is not handed over to the users*
    - *Declaration of consent missing*
    - *Contact details not legible*
    - *QR code was printed in very poor quality*
    - *Risk of confusion:*
      - *QR code can also be used by other apps that communicate with other laboratories.*
        are connected
      - *Own laboratory codes are issued*
  - *Most common usage errors: QR code is deleted prematurely or scanned several times*
  - *Solution approaches:*
    - *Discussion about publishing a list of all laboratories connected to the CWA*
    - *Texts in the app are being revised (e.g. error messages, instructions for QR codes)*
    - *Information for test centres and general practitioners on the correct handling of sample 10C*
    - *Involvement and sensitisation of medical practitioners by the infection protection working group*
    - *The BMG and RKI have compiled a list of contact addresses for testing centres at border crossings and airports in order to be able to better answer*

		queries from the public ○ *Prioritisation of the laboratory connection for Border crossings and airports*	

4	**Current risk assessment** • *De-escalating wording in the management report adapted to the current situation - and subsequently adapted to the risk assessment* • *As case numbers are currently stable, wording should be adjusted accordingly* *To do: Proposal to be sent out afterwards in the crisis team distribution list (proposal here: "must continue to be monitored intensively")*	*all*
5	**Communication** **BZgA** *Bundesgesundheitsblatt: Issue "Recognise, evaluate, act - the response of the ÖGD to COVID-19"* • *Newly added and available for download: graphic preparation "Travelling from a risk area versus a non-risk area" (adjustment necessary on 15 September / 1 October)* • *In the case of terminological vagueness - suggestion: use appropriate* *Link jobs to each other* • *Feedback from telephone counselling: great uncertainty about how to deal with signs of infection (cold symptoms)* • *Fever as an assessment parameter: handled very differently in schools (temperature protocol, risk of false positivity), paper and links are sent to LageAG* **Press** • *English-language website on COVID-19 under construction* • *The terms "isolation" (of patients) vs. "Quarantine" (of contact persons) will continue to be mixed* *To do: Ask the press for an initial response regarding an explanation of isolation versus quarantine* **General** • *Antigen test as pre-test: conceivable in principle depending on the test material, use (as screening?), warning against recommending tests of unclear specificity, remains under discussion* o *Conference calls with BMG and BfArM planned for today and Monday* o *Clear signal from the federal states for differentiated implementation necessary due to the different needs of practices (paediatrics has a far higher number of potentially infectious patients than internists, for example)* o *Cooperation with KBV/KV, if applicable, with regard to common solution / recommendation possible?*	*BZgA* *Press* *Bremer/ Shade*

	○ *Will be discussed at the meeting of the BMG's working group on this issue on Thursday* • *Bundesgesundheitsblatt - Concept was largely approved* • *Suggestions for improvements have been submitted* • *Articles on schools or on Germany in international comparison with submission deadline 01.10. very welcome*	
6	**News from the BMG** • *Not discussed*	*BMG liaison*
7	**Strategy** **Questions** **General** *Discussion on shortening the quarantine period:* • *Already discussed at EU Ministerial Conference and ECDC* • *Quarantine period cannot be shortened without testing, can be shortened to 10 days if necessary as part of contact tracing* • *A report based on the work of Mr von Kleist and colleagues is being prepared* • *Cave: Compliance should be taken into account* • *Decree still needs to be processed* • *Discussion is postponed* **RKI-internal** *Strategy paper "COVID-19: The pandemic in Germany in the coming months" (document here)* • *The current version (adjusted again in positioning) was distributed by the crisis team in the morning* • *For presentation to Mr Wieler on Monday* • *If necessary, discussion of the objectives on Friday (possibly incl. ppt depending on the scope of the proposed changes)* *To do: Request from Ms Hanefeld to the crisis team for a review of the respective expertise and signal by Thursday regarding points to be revised*	*Hanefeld*
8	**Documents** • *Document "Marginalised groups" finalised* • *Has already been submitted to BMG, feedback pending* • *Re-submission to the BMG in finalised form for information ("Publication today in revised form on the website")*	
9	**Information on occupational health and safety (Fridays only)** • *Occupational health and safety standards for inpatient geriatric care of the BGW not discussed*	*FG37*

10	**Laboratory diagnostics** • *Approx. 10 entries per day* • *Of which 70 to 80 % positive for rhinoviruses* • *Other respiratory viruses below the detection limit*	*FG17/ZBS1*
11	**Clinical management/discharge management** • *Not discussed*	*FG36/IBBS*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *DEMIS - Sending of false positive data to health authorities by the laboratory (tick for "positive", but it can be seen from the message itself that it is "negative")* • *Transmission of this data declared as a safety-relevant incident (no transmission of negative data to the health authority according to IfSG)* • *However, false positive data are most likely not currently recorded in the statistics* • *Laboratory already closed* • *Currently collecting the exact facts* • *Press to be informed, request for language regulation when facts have been sufficiently ascertained*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *Drop-out card - administrative assistance by RKI commissioning of Deutsche Post: Scan solution sought from the postal service by BMG, administrative assistance requested, RKI only as intermediary, order to be sent out by e-mail*	*FG32*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Friday, 04.09.2020, 11:00 a.m. - 1 p.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*04.09.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: *Lars Schaade (VPräs)*

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Nadine Litzba (protocol)*
- *FG13*
  - *Jennifer Bender*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dr Dschin-Je Oh*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
  - *Nadine Zeitlmann*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *L1*
  - *Joachim-Martin Mehlitz*
- *Press*
  - *Ronja Wenchel*

- *P1*
  - *Mirjam Jenny*
  - *Christina Leuker*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG (INIG)*
  - *Sarah McFarland*
- *ZIG 2*
  - *Charbel El Bcheraoui*
- *ZBS1*
  - *Janine Michel*
- *BMG*
  - *Christophe Bayer*
  - *Iris Andernach*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* • *26,059,065 cases reported (as of 4 September 2020), of which 3.3% deceased* • *Top 10 countries by number of new cases in the last 7 days: Order and composition of countries has not changed, 8 out of 10 countries show an upward trend. India continues to have a very high number of new cases. Spain, Argentina and France show an increase of over 20% in the last 7 days, 7 of the countries have a 7-day incidence of over 50/100,000 population, 5 countries over 100/100,000 population.* • *41 countries/territories with a 7-day incidence > 50 cases / 100,000 Ew:* ○ *2 countries in Africa, general decline in Africa.* ○ *America: South America in particular very badly affected.* ○ *Asia: Israel shows rising trend, partial lockdown in 30 areas, also in Myanmar steep rise since mid-August* ○ *Europe: 9 countries, as on Wednesday, increase in several countries* ○ *Oceania: In New Zealand, measures in Auckland extended until mid-September* • *Summary of the European subregions:* ○ *Subregions in the EU/EEA/UK region and Switzerland with a 7-day incidence >50 per 100,000 p.e.: Belgium (1),* *France (4), Croatia (6), Norway (1), Portugal (1),* *Romania (9), Switzerland (2), Spain (18), Czech Republic (1),*	*ZIG1, BMG*

	United Kingdom - Gibraltar (1) (data as of 03/09) ○ *New on the list since 01/09: France (Nouvelle-Aquitaine), Norway (Viken), Portugal (Lisbon)* ○ *No longer on the list since 01/09: Croatia (Brodsko-Posavska), Romania (Dâmbovița, Ilfov)* ○ *In France, there are very large differences in regional incidences. BMG is trying to maintain regionalisation.* • *France and the Netherlands have declared themselves for the ECDC community transmission card.* • *There is a proposal from the ECDC and EC for the designation of risk areas: If countries exceed the threshold of 50/100,000 inhabitants in 2 weeks and the positivity rate is below 3%, they should not be designated as risk areas and no travel restrictions should apply.* **National** *Case numbers, deaths, trend (slides here)* • *As the data was only read in manually until 4 pm on Thursday, 650 cases are missing, which means that the case numbers and other data for today cannot be interpreted. The first three slides are therefore also not meaningful. A disclaimer has been placed on the website and a disclaimer is also to be placed on the dashboard.* • *The data could be read in in the meantime and a further data status is to be generated at 8 a.m. in order to continue working with it. If it is not possible to collect a further data status, the situation report can only be published in a very shortened form and the data will be added tomorrow, so that there may be many enquiries. The priority is therefore to create a further data status and update the case numbers on the website and dashboard.* • *Laboratory tests: Number of tests increased, 50,000 more tests performed, proportion of positives fell slightly, test capacities lower than in previous week. Sample backlog has increased significantly over time: 49 laboratories have reported delivery problems, in week 35 it was reported for the first time that MA are running short.*	*FG32*
2	**International (Fridays only)** • *Preparation of the Kosovo mission with FG32, including close cooperation with the German Armed Forces* • *Exchange with Canadians: Canadians have expressed thanks, interested in further research collaboration* • *Risk Communication and Community Engagement (RCCE) during the COVID-19 pandemic: a multi-site international study (slides here)* ○ *Presentation of the ZIG2 COVID-19 research projects: among other things, it is planned to investigate the impact of the COVID-19 pandemic on health systems (malaria in Guinea, Liberia and Sierra Leone, hepatitis B and C in Eastern Europe (FG34))*	*ZIGL* *ZIG2*

	○ *Risk Communication and Community Engagement (RCCE) is analysed in another study, focus on RCCE strategies of the government, partners: Singapore, Guinea, Nigeria, different focus in each country* ○ *Suggestions for Master's theses to Hansjörg Dilger: Please have a look at the topics (p. 8) and give RM if you are interested*	
3	**Update digital projects** • *Not discussed*	
4	**Current risk assessment** • *Minor changes discussed have been added to the risk assessment. The description in the management report was changed in more detail, the positive development was emphasised. The linguistic changes made by Ms Jenny arrived later and will be included in the next update if necessary.*	*FG32, VPräs*
5	**Communication** **BZgA** • *Last night Ms Thaiss sent around some links, exemplary for travel returnees, children tested positive, testing and quarantine procedure.* • *The topic of schools and the associated heterogeneous requirements are currently dominating enquiries.* • *Request from FG14 to communicate ventilation more intensively. The UBA and BZgA have agreed a statement on the subject.* • *BZgA recommendations: Avoiding 3G: Closed rooms, crowds, conversations (without distance); in the documents dealing with closed rooms, shock ventilation every 20 minutes is recommended. This is also included in recommendations for schools.* **Press** • *Various FAQs have been prepared:* ○ *Relationship between test numbers and case numbers, specifics regarding test numbers collected by the RKI* ○ *Isolation and quarantine* ○ *FAQs for visors are being revised - not equivalent to MNB according to various studies* **General** **Antigen self-tests** • *RKI is responsible for the authorisation of self-tests for notifiable diseases in accordance with the Medical Devices Dispensing Ordinance* • *One manufacturer has announced that an antigen (AG) test will soon be available; the pharmacists' association has responded that they are not allowed to supply tests to laypersons, except in exceptional cases. The manufacturer has*	*BZgA* *Press* *L1, VPräs, FG34, FG36, AL1, IBBS*

	not yet contacted the RKI directly. • *Legal situation has been checked: The medical device must comply with IVD*	

	be marketable and have a CE certificate, the manufacturer must apply for authorisation from the RKI. Reasons must be checked at the RKI - in addition to the reliability of the test, the question must also be clarified as to whether the authorisation makes sense for reasons of health protection. • *Firstly, the performance parameters must be tested. The test must be sufficiently reliable and provide a sufficiently reliable yes/no result. The pre-diagnostic steps (especially sample collection) must be observed.* • *Advantages and disadvantages must be weighed up carefully. Disadvantages for the reporting system and contact tracing, among other things, advantages may be immediate self-isolation.* • *So far, a self-test has only been authorised for HIV. In the case of HIV, however, the result must be confirmed in order for patients to receive treatment.* • *Antibody and AG tests and PCR tests are often not clearly differentiated in the press.* • *The BMG working group on testing is currently discussing the benefits of working group testing and a corresponding report for the GMK will be answered by 8 September. Mon, 10 a.m. TC with BfARM and discussion on standards with Mr Drosten and Mr Nitsche. Close coordination with the BMG on the indication areas for the use of AG tests (e.g. as part of pre-testing to relieve paediatricians). The working group also deals with questions of test quality.* • *Greater involvement of Dept. 3 in the BMG working group on diagnostics (e.g. on the topic of surveillance systems, diagnostics of children and adolescents) would be desirable and the results should be presented to the crisis team at a time when changes are still possible. It should be borne in mind that it is difficult to separate technical and political aspects in a working group within the BMG.* • *If it becomes apparent that self-tests will be authorised, communication on this must be prepared in good time.* *ToDo: Mr Melitz and the press draft a language regulation to answer the questions from the press, which is limited to the formal process.* *ToDo: Mr Mielke addresses the issue of self-tests in the BMG diagnostics working group, so that self-tests are also explicitly addressed in the report. He will present the results of the discussion on the working group tests in the crisis team on Monday.* *ToDo: LZ sets test criteria with regard to PCR tests on the*	

	Agenda for one of the next crisis team meetings.	
6	**News from the BMG** • *Not discussed*	
7	**Strategy** **Questions** **General** • *Ms Neuhauser was contacted to participate as an advisory member of the steering committee of the National Pandemic Cohort Network (NABKON) (see project outline). Three cohort platforms are to be set up. Further information is of interest.* *ToDo: Ms Neuhauser becomes an advisory member of the NABKON steering committee and informs the crisis team about NABKON's plans at regular intervals.* **RKI-internal** **Differentiation between COVID cases, patients and SARS-CoV-2 infected persons** • *Laypeople often equate a COVID-19 case with a COVID-19 disease, as the term COVID-19 is the name of the disease.* • *The further differentiation/explanation of the term COVID-19 case should be added to the introduction in the management report (incl. reference for international WHO/ECDC standards) and further explanations should be provided under notes on data collection and evaluation. The case definition should not be changed.* • *This definition should be repeated in the disclaimer on the dashboard and the website.* • *In addition, the situation report should state the proportion of COVID-19 cases for which no symptoms were reported (approx. 12/13%). The proportion matches the results of the proportion of asymptomatic infections in the serological studies. studies. The information that this is a snapshot and that some of the symptoms are reported later should also be included under clin. Aspects.* *ToDo: Management report, website and dashboard will be adapted accordingly.*	*AL2* *VPräs, AL1, AL3, FG36, FG37, FG32*
8	**Documents** • *Document "General information for health authorities on contacting and cooperating with marginalised population groups" is online.* • *Revision of the document on contact person management discussed* ○ *If both people in the general population carry MNS/MNB, they can be categorised as KP2 if they are in close contact for more than 15 minutes.* ○ *In a medical setting, medical staff can (regardless of whether the patient has worn MNS/MNB) for*	

	Wearing MNS and close contact for more than 15 minutes are categorised as KP3. ○ *In principle, however, double-masking is established in the medical setting and should be continued.* ○ *In KP3, the organisational measures have been deleted as they are described in more detail in other documents; general information has been retained.* *ToDo: W. Haas finalises contact person management document.*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *ZBS1 will report on the first tests of a lateral flow AG test and an isothermal test on Monday.*	*ZBS1*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *The topic of aerosol-producing measures was brought into KRINKO and is being discussed there*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Exit cards: The BMG is negotiating with Deutsche Post (DP) to scan the exit cards on a large scale and send them to the state offices and GÄ. The BMG would like the RKI to act as the client for this project. This is legally possible. However, data protection issues need to be clarified, including the responsibility for exit cards that cannot be filled out correctly (clearing centre). For capacity reasons, an attempt should be made to reduce the workload as much as possible and, if possible, the clearing centre should not be located in the RKI.* • *A project for digital entry notifications is planned for the future. The RKI will also be the operator for this project.* • *It was communicated to the BMG that the RKI/Department 3 would most likely no longer be able to work with another major project due to a known IT shortage and that other important tasks could no longer be performed.* • *Within the framework of the IFG, the LZ has also reached the limits of its possibilities. There was recently an enquiry that cannot currently be answered technically (enquiry about incoming and outgoing emails, system collapses during query).* *ToDo: Mr Mehlitz, Ms Rexroth, Ms an der Heiden and Mr Hamouda write an initiative report to the BMG in which they point out the problems with the*	*FG32*

	with these tasks and the possible consequences.	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	
17	**Other topics** • *Next meeting: Monday, 07.09.2020, 13:00 - 15:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*07.09.2020, 13:00 h*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG13*
  - *Jennifer Bender*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG24*
  - *Thomas Ziese*
  - *Alexander Rommel*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG38*
  - *Nadine Zeitlmann*
  - *Ulrike Grote*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *P1*

- *Ines Lein*
- *Press*
  - *Maud Hennequin*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 26.9 million cases and approx. 881,800 deaths (3.3%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Little change overall* ○ *Trend in the United States, Colombia and Peru descending* ○ *Biggest change in France* • *7-day incidence per 100,000 inhabitants* ○ *New addition: Libya with 7T incidence of 61* ○ *In Africa rather decline, especially in Algeria, South Africa* ○ *North and South America similarly affected* ○ *In Asia, India is particularly affected, with increases in Indonesia, Nepal and the United Arab Emirates.* ○ *The trend in Europe continues to be upwards.* ○ *Oceania: in Melbourne, exit restrictions have been extended by 2 weeks.* • *Subregions in EU/EEA/UK and CH with 7d incidence >50/100,000 population.* ○ *New on the list: 1 region in Bulgaria, 4 regions in France (increasing trend), 2 regions in Croatia, the Viken region in Norway, Vienna in Austria, 2 regions in Romania, Fribourg in Switzerland, Prague in the Czech Republic, Budapest in Hungary.* ○ *Denmark (Faroe), 2 regions in Croatia, Malta, Monaco and 2 regions in Romania are no longer included.* ○ *In France, a regular survey is carried out on compliance with the control measures. This allows the epidemiological situation to be compared with compliance with the measures by age group.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 250,799 (+814), of which 9,325 (3.7%) deaths (+0), incidence 302/100,000 inhabitants, approx. 225,000 recovered, Reff=1.12; 7T Reff=0.95* ○ *Currently on ITS 228 (+10), of which 134 (+8) are ventilated*	*ZIG1* *FG32*

	▪ *At the weekend, 14 out of 16 BCs transmitted, no transmission from MV due to low case numbers and from Hamburg due to technical problems.* ▪ *Case numbers are again slightly higher than WE before, R-value is slightly above 1, hardly any differences in number* *People on ITS.* ○ *7-day incidence by reporting date Federal states* ▪ *Overall incidence has been on a plateau for some time* ▪ *Relaxation in Hesse* ▪ *Case numbers in BY and BW not yet declining.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Highest incidences in SK Landshut and SK Memmingen, especially among returning travellers* *attributable to* ▪ *Incidence in Munich > 35* ▪ *Relatively high incidence in Berlin Friedrichshain, so far not attributable to a specific event* ○ *Question: Should the wording in the management report already be adjusted? Stabilisation is still okay. If a downward trend is mentioned in the management report, this should be removed.* *ToDo: Adapt the wording of the summary and general categorisation in the management report and look at the age distribution, are the case numbers among older people increasing? (FG 32)* • *COVID-19 suspected flow chart: test criteria and measures* ○ *Anyone with acute respiratory symptoms should be tested, regardless of risk factors.* ○ *Question: Could this be too sensitive in the cold season and generate too many tests that could then possibly no longer be processed? Should slightly less sensitive test criteria be prepared for the autumn?* ○ *For example, the Ministry of Education and Cultural Affairs in Berlin says that children with non-specific cold symptoms without a fever do not need to be tested.* ○ *ECDC mentions cough, fever or shortness of breath. It may be possible to use combinations of symptoms or additional epidemiological criteria.* ○ *A testing strategy is in place. This prioritises the testing of symptomatic patients. 2nd priority is given to Cat 1 contacts.* ○ *Routine testing and screening measures could initially be dispensed with.* ○ *If the isolation and quarantine period is shortened with final tests, the quarantine period could be extended again and tests could be dispensed with.* ○ *As long as it is possible, testing should be sufficiently broad. Testing should only be restricted when testing capacities become scarce, then restricted according to symptom pattern, risk group or risk facility.* ○ *If all symptomatic people are no longer tested, this has an impact on the entire system of*	*Schaade / All*

	Contact persons Tracing. The current containment strategy is helping to ensure that the situation in Germany remains stable. ○ *RKI should not completely distance itself from actual practice; recommendations should be applicable in practice. So far, only ministries of education have not followed the recommendations, which are advised by paediatricians.* ○ *The combination of symptoms and individual risk could be a strategy if testing capacity is insufficient. For an individual risk assessment, a doctor would have to evaluate the exposure situations. An exposure approach would also be better than a regional approach.* ○ *Challenge: what scenarios are we preparing for? A fundamentally different test strategy would be necessary for sustained community transmission.* *ToDo: Consider test strategy for individual scenarios in the strategy paper; work assignment for strategy group, FF Ms Hanefeld, Mr Mielke (diagnostics working group?)* • *Shortening the insulation period* ○ *There is a great deal of confusion in the press between isolation and quarantine and the significance of Ct values.* ○ *Does it make sense to decide whether a patient is infectious based on Ct values? This is an individual medical test perspective: how do you generally deal with infectious persons, how good is the sample (fluctuates throughout the day)?* ○ *Solid studies that correlate the symptoms with viral excretion would be helpful. How far in advance is the virus excretion? How long is it still so relevant that people have to be isolated? If such studies were available, a decision could be made based on the symptoms. No studies known to date.* ○ *An FAQ would be overloaded to explain all the terms and their correlations. One suggestion would therefore be to write an Epid. Bull. article with graphical representations.* ○ *Press: There is already an FAQ on isolation and quarantine. The question is whether it is sufficient.* *ToDo: Writing an Epid.Bull. article; FF team of authors from IBBS, FG37, ZBS, Max von Kleist and FG17; time frame until the middle of next week* ○ *Topics: Explanation of terms, virus kinetics, infectiousness, significance of Ct value and antigen tests. Clarification of correlations, explanation using graphics.* ○ *A correlation between viral load and infectivity is included in the diagnostic notes. Comparison with symptoms is not available.* ○ *A decree report on shortening the quarantine was already sent to the BMG last week and can also be used.* ○ *Shortening the quarantine period leads to a loss of*	*Schaade / All*

	Safety, use Mr von Kleist for the modelling.	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	*FG21*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *Links were sent around last week. One of them refers to the description of risk situations. Would it be useful to create a questionnaire with the risk situations for practices and the public health service?* • *To be discussed again on Wednesday.* **Press** • *Nothing new*	*BZgA* *Press*
6	**News from the BMG** • *There is a proposal from the European Commission and ECDC with a more differentiated system for the designation of risk areas (to be found on the ECDC website).* • *In addition to incidence, other indicators are used, such as the number of tests per week and the positive rate* *ToDo: Evaluation from RKI desired, FF ZIG*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	
8	**Documents** • *The burden of disease caused by COVID-19 in Germany (slides here)* ○ *Goal* ▪ *Classifying the disease burden of Covid-19, developing methods* ▪ *Various studies from other countries already available* ○ *Burden of disease* ▪ *Key indicator: years of life lost due to illness and death (DALY), has a Morbidity component, years of healthy life lost due to illness (YLD) and a mortality component, years of life lost due to premature death (YLL)* ▪ *Data basis is reporting data* ▪ *Geographically, a north-east/south-west division of Germany is visible.* ▪ *103 DALY/100,000 inhabitants, 99% due to premature death*	*FG24 Rommel /FG34 /FG37*

Death attributable to
- *DALY rise sharply with age*
- *Share of YLD in DALY decreases with age*

- *Temporal development of lost years of life*
  - *Known course of disease with peak in April, at times in the range of a considerable disease burden, comparable to the 2017 daily average for trachea, bronchial and lung cancer.*
  - *The daily COVID average from March to August is more in the range of lower respiratory tract infections.*
  - *Currently infected people are not reflected in the disease burden.*
- *Years of life lost (YLL)*
  - *Age and gender: clear gender differences: men ø12.0 years, women ø8.7 years*
  - *Relatively high proportion of disease burden in people < 70 years: ø 25 years*
- *Conclusion & outlook*
  - *Burden of disease:*
    - *is mainly caused by premature Death,*
    - *was very high at times, but has fallen sharply since May/June,*
    - *1/3 accounted for by people under 70, 2/3 by men*
  - *Currently final approval of the publication, submission to the Bundesärzteblatt next week planned*
- *The fact that illness has long-term consequences has not yet been taken into account and should definitely be included in the paper.*
  - *Late effects are a limitation, but are often ignored in the classic Burden of Disease calculation. not included.*
- *Have comorbidities been taken into account?*
  - *There is a study from Scotland that checked for pre-existing conditions. Normally however, this is not done. However, it is discussed in the paper.*
- *Notification data are not suitable for questions about the longer term. Long-term consequences cannot be analysed in data.*
- *Are there any plans to include a percentage of underreporting?*
  - *The calculation is based on cases that have been reported. Underreporting probably correlates with mild course. In the case of deceased persons, it is assumed that underreporting was not so great.*
  - *It cannot be assumed that only minor cases are underreported. In the case of older people, exactly the opposite may be the case. -> will be included in the discussion*

ToDo: Paper should also be given to FG36 and AL3 for voting become.

9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *ZBS1* ○ *Last week, 942 samples were received, 83 of which tested positive for SARS-CoV-2 (8.8 %).* ○ *Rapid tests from 2 companies are currently being systematically tested. The results are to be compiled on a slide and shared with the crisis team.* • *Virological surveillance* ○ *Of 85 samples, 59% tested positive for rhinoviruses in the last 2 weeks; no detection of other pathogens.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	

12	**Measures to protect against infection** • *Report Team Freising (slides here)* ○ *Request for administrative assistance GA Freising, Bavaria* ▪ *A COVID case was reported to GA Freising on 29/02: Trip to NRW until 21/02, 23-26/02: Visit many carnival events in the LK* ▪ *Test strategy: all KP1 (including asymptomatic) should be tested.* ▪ *Request for administrative assistance (04.03.), many routine tasks: Documentation of information on the cases, KoNa (14 cases and 200 contact persons), advisory activities* ▪ *Challenges: great pressure from politicians and the general public, test capacities very fully utilised, too few staff* ○ *Refurbishment Cluster Freising* ▪ *Transmission study based on asymptomatic, pre-symptomatic and asymptomatic patients symptomatic cases* ▪ *Telephone survey of the 59 cases in the cluster using a standardised questionnaire:* • *Exposure (spring fall, carnival),* • *Symptomatology,* • *Contact persons in infectious period, symptoms after contact, contact during pre- or symptomatic phase, test, result* ▪ *Descriptive evaluation, transmission chain modelling* ▪ *Calculation of transmission rates and relative risks* ○ *Results* ▪ *Response rate of 90% (53 cases)* ▪ *7 asymptomatic cases* ▪ *The most common symptoms were fatigue, headaches*	*Team Freising (Zeitlmann, Bender)*

	pain, cough, loss of taste and fever. ○ Transmission chain (modelled, as some cases mentioned more than one source): ▪ Mean serial interval: 4.7 days, mean incubation time: 5 days, mean generation time: 4.8 days. Days ▪ No asymptomatic case as source case ○ Transmission rates to contact persons ▪ Highest transmission rate in the pre-symptomatic phase ○ Conclusions ▪ Limitation: Basis is information on cases, contact persons were not contacted ▪ Potential super-spreading at smaller mass events ▪ No infections from asymptomatic cases ▪ Highest secondary transmission rate in the pre-symptomatic phase ▪ Important data on generation/incubation time and serial interval ○ Manuscript is almost finished and will soon be submitted to Emerging Infectious Diseases and Escaide. ○ Evaluation Use: a lot of routine work, therefore containment scouts are very important; insufficient IT utilisation, a lot of catching up to do	
13	**Surveillance** • Corona-KiTa study (slides here) ○ FluWeb: Frequency of acute respiratory diseases ▪ Development continues. Incidences continue to rise and are slightly above the previous year's level; evidence of rhinoviruses. ○ Development of case numbers: 0-5 years ▪ Regular daycare centre operations have now resumed in all BLs, COVID-19 case numbers are falling. ○ Incidence and proportion by age group ▪ Short rise around 33.week, then decline ○ Care in an institution according to §33 ▪ An increasing proportion does not automatically mean that cases have been infected through care. ▪ Can be analysed in more detail in the near future. ○ 3 new outbreaks in kindergartens/after-school care centres ▪ As part of a familiarisation process, one of the nursery nurses concerned was working across groups. ▪ 5 children and 4 nursery nurses, probably several groups affected. ▪ Small outbreak with 2 cases among educators. ○ 2 new outbreaks in schools	FG36 (Haas)

	▪ *Teacher as index case, all but 1 pupil asymptomatic*	
	▪ *7 pupils and 3 teachers, presumably several classes affected, presumably by teacher gone out*	
14	**Transport and border crossing points (Fridays only)** • *Currently various decrees* • *Opt-out cards: interim solution with RKI as client for Deutsche Post, data protection impact assessment required.* • *Evaluation of how good DEMIS would be as a permanent solution for digital exit tickets. Capacities are very limited, at the moment a solution with DEMIS does not make sense.*	*FG32*
15	**Information from the situation centre (Fridays only)** • *Recently, the BMG has been sending documents for publication directly to the RKI webmaster - with the consequence of several additional communications as to whether this had already been agreed, etc.* ○ *Causes confusion for the press as to which version should be published. It would be better to just send the finished product to the press.* *ToDo: Mrs Hanefeld reports back to BMG that documents should be sent to shift management or ZIG.* ○ *After approval by the shift supervisor or ZIG, the documents are sent to the press.* ○ *RKI should not only become the platform and mouthpiece of the BMG.*	*FG32*

16	**Important dates** -	
17	**Other topics** • *Next meeting: Wednesday, 09.09.2020, 11:00 a.m., via Vitero*	

ROBERT KOCH INSTITUT

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.09.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Osamah Hamouda

Participants:

- *AL3*
  - *Osamah Hamouda*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Ralf Dürrwald*
- *FG23*
  - *Antje Gößwald*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Ester-Maria Antao*
- *Press*
  - *Marieke Degen*
- *ZIG1*

- *Sarah Esquevin*
- *Regina Singer*

- *BMG*
  - *Iris Andernach*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Compared to the previous week, France recorded the largest increase among these countries* ▪ *Brazil fluctuates between increases and decreases, otherwise no significant changes* ○ *Overview of the global situation by WHO region:* ▪ *Southeast Asia is increasingly contributing to events, driven primarily by India* ▪ *Europe's share increases* ▪ *Africa and Western Pacific only small share* ▪ *Eastern Mediterranean region relatively stable* ○ *7-day incidence per 100,000 inhabitants at country level* ▪ *Number of countries with 7-T-I >50/100,000 has decreased and now stands at 37 (previously 41), none* *new countries* ▪ *Africa: incidences decreasing except for Libya* ▪ *America: South America still very badly affected* ▪ *Europe: two micro-regions (San Marino, Monaco) are no longer included, but there has been an increase in other countries and* *Regions* ▪ *Not yet on the list but exponential increase in the Czech Republic and Hungary, in the latter almost 50% of the* *Cases from Budapest, the average age of the cases is around 30, younger groups are more likely to be affected* ▪ *Oceania: little change, incidences are decreasing (except for Guam)* ○ *Incidences >50/100,000 inhabitants in subregions in EU/EEA/UK & CH* ▪ *Albania: one region (capital)* ▪ *France: more and more regions affected (7)* ▪ *Netherlands: already higher case numbers in July, now new with the provinces of North and South Holland, incidences* *are rising steadily, further regions are to be expected* ▪ *Spain: 18 regions, none new since 07/09.* ▪ *Romania: 13 regions of which 4 new since 07/09.*	*ZIG1*

	• *Discussion*	

	○ *Case numbers are currently high in many places but mortality is low, no country apart from Israel where the number of deaths is rising, right?* ▪ *In some places, many asymptomatic cases are reported (e.g. 50% in France) and many more tested, positive rate in week 35 was 4.3%, which nevertheless indicates an active infection process* ▪ *Number of >60-year-old cases is very low* ▪ *Hospital admissions are also low, as well as low occupancy of IST* ▪ *South Africa is the country with the highest number of tests in Africa (650,000 cases, 15,000 deaths). the age of the population and that this has played a role in the relatively low mortality rate* ○ *The severity of the illnesses must be monitored closely before any measures are considered* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 253,474 (+1,176), of which 9,338 (3.7%) deaths (+9), incidence 305/100,000 inhabitants, 7-day inc. 9.4/100,000, approx. 228,000 recovered, Reff=0.88 7T Reff=0.95 (HH did not transmit)* ○ *Incidences* ▪ *possibly stabilisation at this higher level, stand out BY, then BW, then BE* ▪ *3 districts in BY with 7-T-I >50/100,000, some large urban districts with incidences >35/100,000* ▪ *28 districts have not submitted any cases* ▪ *11 CCs with declining trend, in some very small case numbers (change not easily interpretable)* ○ *Exposure abroad* ▪ *Is declining as expected at approx. 32%, affected countries mainly Croatia, Kosovo, Turkey, Bosnia and Herzegovina.* *Herzegovina, Spain, Romania* ▪ *Increase in recent weeks mainly due to exposure abroad or unclear due to* *lack of information on the exposure site* ○ *Asymptomatic proportion of cases is relevant, especially those with exposure abroad (not on slides)* ○ *If the capacities of the GA are exhausted, the data collection may suffer; it would be interesting to get a feeling for how many cases the data collection for the GA is manageable and at what point it can no longer be well secured for capacity reasons; this should not be discussed at national level but on a small scale* ○ *Feedback form for GA is in preparation, this could provide information on this, see below under Surveillance* ○ *In mid-October, the test strategy will be changed and the*	*FG32*

	there will be an autumn holiday travel wave, the consequences of which will probably not be clearly distinguishable due to the fluid transitions (e.B. different holiday dates) • *Syndromic surveillance (Wednesdays) (slides here)* ○ *ARE activity GrippeWeb: in recent weeks there has been an increase in children, which can be observed every year at the end of the summer holidays* ○ *Consultation incidence nationwide: extreme decline in ARE doctor visits after week 12, followed by a renewed increase in children, now that school has started again in many BCs, there has been an increase in consultations for both children and older people.* *Visible increase* ○ *Example Bavaria age distribution COVID-19 (solid line) and ARE consultation incidence (dashed): in the latter, the trend is towards older people, in COVID-19 the age group distribution is reversed, increasing in recent weeks in 15-34 year olds, now slightly declining* ○ *ARE consultation incidence follows its usual pattern and was only slightly influenced by the measures* ○ *ICOSARI: Proportion of laboratory-confirmed COVID-19 among SARI cases is stable at around 3% in recent weeks* • *Test capacity and testing (Wednesdays) (slides here)* ○ *Number of tests per 100,000 by age group: appears to be declining across all age groups, but should be interpreted with caution* ○ *For the first time there are fewer tests in all age groups, it remains to be seen whether this will stabilise, with 15-34 year olds being tested just as much as older people* ○ *Two large laboratories have been added and are now also reporting, so this is not yet clearly interpretable* ○ *Test delay (acceptance date to laboratory testing): increasing but <1.4 days, this must be monitored as the high test level may no longer be able to be processed as smoothly* ○ *Presentation of tests by place of collection (100% breakdown): Doctors' surgeries (tending to increase), KKH (decreasing) and others (test centres, GA-organised testing, airports, bus stations)*	*FG36* *FG37*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	

4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *An overview of the relevant risk situations (3G: conversations, groups and crowds and enclosed spaces) will also be prepared as a downloadable poster for the BZgA website* • *Preparations are also underway for influenza vaccination campaign* **Press** • *The English RKI COVID-19 page is expected to go live today*	*BZgA* *Press*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** **ÖGD pact** • *The decisions on the Pact of ÖGD are discussed when the management is present* **b) RKI-internal** **Update on topics from yesterday's EpiLag** • *Vaccination: on 18 September there will be a discussion at government level where the strategies will be presented, what is the BMG doing, what are the federal states doing?* • *Digitisation drop-out card* • *Revision of the testing regulation, no more paid tests for travellers entering the country* • *Discussion and expectation that RKI will comment on the shortening of the quarantine period and that the flow chart will be adapted with regard to the cold plan* • *In general, many direct work orders from the BMG that interfere with the scientific sovereignty of the RKI (e.g. dropout cards)*	*FG32*
8	**Documents** **Publication "Social inequality and COVID-19"** • *An interesting study has been published in the Journal of Health Monitoring with a focus on social injustice and COVID- 19: first evaluation of the reporting data based on ecological comparisons, collaboration RKI Dept. 2 and 3, link here: https://www.rki.de/DE/Content/Gesundheitsmonitoring/JoHM/2*	*FG24*

	020/JoHM_Inhalt_20_S07.html	
9	**Laboratory diagnostics** • *FG17: Sample submissions at usual level, only rhinovirus detections* • *Transition to multiplex PCR is being prepared, other seasonal coronaviruses are included* • *Preparation for the influenza season* • *Influenza* ○ *There is currently hardly any evidence in the southern hemisphere, which could possibly indicate the success of the measures* ○ *Globally, only 46 cases of influenza have been reported to the WHO, which is very few and there is only a low positive rate* ○ *In the IfSG notifications, there is the usual summer level of influenza notifications, perhaps there is more testing for respiratory pathogens in Germany than elsewhere? The people present do not know any more about this* ○ *Few countries in the southern hemisphere do standard laboratory confirmation and reporting in addition to Influenza Sentinel, for Europe this should still be determined, possibly with RespVir* ○ *Could the isolates from the laboratories also be sent to the RKI? In most cases, they will be positive PCR detections and not isolates or cultured samples that could be analysed further; samples are normally discarded after 7 days* ○ *In summer, this could be included in the integrated molecular surveillance strategy for further characterisation at the national reference centre* ○ *This would also be helpful for the WHO as they received virtually no information in the summer and currently have a very meagre database; this will be discussed further among influenza staff*	*FG17*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Please note: the AGI is currently coordinating a document on events*	*FG32*
12	**Surveillance** **Corona Monitoring Study** *(slides here)* • *Presentation of the nationwide study* ○ *Cooperation between the RKI and the German Institute for Economic Research (DIW)*	*FG23*

	○ *DIW operates the Socio-Economic Panel (SOEP), a household-based national long-term study, within which information on participants from previous survey waves can be used* ○ *Objectives include determining seroprevalence, the proportion of unrecognised infections, PCR test prevalence, risk and protective factors, and other evaluation objectives* ○ *Approximately 22,000 participants are expected, including swabs from self-sampling (mouth-nose swab, capillary blood) and questionnaires on COVID-19 testing, symptoms and possible past infection* ○ *Project planning is advanced: protocol is in place and material has been procured, ethics vote received, field start is planned in blocks from the end of September* • *Discussion & Questions* ○ *Some results are also false positive, is a neutralisation test also planned? Yes, just as with corona* *Local monitoring* ○ *Seroprevalence may not be permanent, how many times are planned for sampling? There is currently no longer-term funding available, the SOEP survey takes place regularly twice a year, the next contact time would be next spring, a new sampling is then being considered* ○ *Would it be possible to link up with existing national studies, e.g. NAKO? There is contact with other institutes, but no direct collaboration at present* ○ *Study results will complement each other, no direct link to studies with blood donation services?* ○ *Dept. 3 is conducting a case-control study (StopCOVID) to evaluate measures at population level; there may be opportunities for exchange here* ○ *Participation in the 3rd corona study just starting in Straubing i s lower than in the previous ones, isn't 65% response a bit optimistic?* ○ *SOEP involves people who are willing to participate and have already been recruited; this must not be exploited too much, but there is already a basic willingness to participate* ○ *Cooperation between Departments 2 and 3 to be further strengthened* **Feedback forms for BL and GA** • *Individual feedback forms for all GA and BL on the completeness of some key variables (data quality) in the last 30 days (COVID-19 in reporting data) are in preparation* • *Each BC only sees its own data and that of its GAs, GAs only see the information on a few indicators for their group* • *This has not yet been distributed but has already been discussed and agreed with the AGI and is now being discussed with the state offices*	*FG32*

	and then hopefully distributed automatically once a month • *An anonymous example for presentation is in preparation* • *This should help to see where the circles stand, and ultimately it is hoped to improve data quality by identifying and recording potential problems*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG32*
14	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG32*
15	**Important dates** • *Not discussed*	*all*
16	**Other topics** • *Next meeting: Friday, 11 September 2020, 11:00 a.m., via Vitero*	

ROBERT KOCH INSTITUT

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*11.09.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *L1*
  - *Joachim-Martin Mehlitz*
- *IBBS*
  - *Christian Herzog*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Marc Thanheiser*
- *ZBS1*
  - *Janine Michel*
- *FG17*
  - *Dschin-Je Oh*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *P1*

- *Mirjam Jenny*
- *Press*
  - *Maud Hannequin*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: +1,484 new cases compared to the previous day;* *+1 death* ○ *R-value at 1.00 (95% CI: 0.78-1.25); 7-T. R-value at 1.11 (95%-KI: 0.99-1.25)* ○ *Feedback from the BMG: The 4-T. R value is favoured* ○ *Values are in a plateau phase overall* • *7-day inc. by reporting date Federal states* ○ *Bavaria remains number 1 by a clear margin; shows further increase* ○ *The remaining top 5 federal states are: Berlin, Baden-Württemberg, Hamburg and Hesse* • *Geographical distribution in Germany: 7-T.-Inz.* ○ *By district: 22 no cases reported* ○ *3 Bavarian districts with inc. > 50 cases/100T pop.* ○ *5 districts with > 30 cases/100T inhabitants.* • *Number of SARS-CoV-2 tests (as of 08/09/20)* ○ *Compared to the previous week: test capacity remains relatively the same, pos. rate is the same* • *Backlog of PCR samples for SARS-CoV-2 diagnostics* ○ *This figure has been newly introduced in the management report* ○ *Sample backlog increased since week 31, current week slightly decreased* ○ *In week 36, 66 laboratories reported a backlog totalling 29,964 samples to be processed* ○ *44 laboratories cited supply difficulties with reagents* • *Weekly death rates* ○ *Fridays in the situation report Mortality, hardly any changes, no increase expected due to heat, Covid 19 mortality rate very low* • *Are people working for security companies exposed to a greater risk of infection due to precarious work situations? Do they play a role as carriers?* ○ *No data on occupation in the registration data*	*FG32* *Management (Mr Wieler)* *FG32*

	ToDo: *Ask at the next meeting whether, through close contacts, employees of security companies are increasingly affected.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Current activities* ○ *Campaign targeted at young people* ○ *Virtual school package: Relevant links for schools on website* ○ *After analysing the hotline calls: There is still uncertainty among the population as to which measures are associated with KP1 and KP2. Assumption: Communication between patient and doctor or public health service does not seem to work well* *The measures can be found on the RKI website; initially no need to reformulate the recommendations* **Press** • *Risk areas Responsibility* ○ *Increasing number of requests to designate the Prague city region as a risk area* ○ *The AA refers to the RKI for the risk areas* ○ *With prior coordination of responsibilities with the BMG, the risk areas were not at the RKI* ○ *Therefore, take this point to the next morning meeting with BMG to ensure that the agreed responsibilities with BMG are adhered to.* *ToDo: Take responsibility for risk areas into the next morning situation with BMG*	*BZgA* *Press/ Rexroth/ Schaade/ Hamouda*
6	**News from the BMG** • *Not discussed*	
7	*RKI Strategy Questions* **a) General** • *Resolutions for the Pact ÖGD (document here) Key points on the RKI:* ○ *We are not listed at Lehre* ○ *Changes: An external, independent panel of experts appointed by the federal and state governments to*	*Rexroth*

	prepare the ÖGD for the future.	

	prepare for emergencies (under point 5). RKI could make suggestions for experts here. ○ *Strengthening ÖDG, personnel and training* ○ *RKI with DEMIS and many other levels mentioned* ○ *50 million euros for strengthening at federal level: 24 million euros for setting up DEMIS, plus 10 million euros for research and evaluation purposes and 16 million euros to strengthen the personnel of the federal authorities involved.* ○ *50 million euros provided by the federal government for a funding programme to modernise airports and seaports in accordance with the IGV Act.*	
	• *Report on the meeting at the BMG with Health Minister Spahn and MP Lauterbach on the topic of test strategies* ○ *Minister was in favour of rapid tests also as home tests for free sale* ○ *Michel had discussed the difficulty of reporting infections in the case of home testing. The BMG assumes that the doctor will be contacted voluntarily after a positive test.* ○ *A validation plan of antigen tests desired* ○ *Isolation and quarantine are mixed up by the minister and Lauterbach.* ○ *BMG statement on the organisation of quarantine and isolation regulations:* *-10 days quarantine for KP sufficient even without testing at the end of quarantine* *-For those tested positive, 5 days of isolation are sufficient* *-For travellers returning home, 5 days in quarantine with a test on day 5 is also sufficient* ○ *Modelling for short quarantine has been shown; if the BMG queries its assumptions, these would need to be clarified.* ○ *Pooling was not discussed.*	*Michel* *Mielke*
	• *WG Diagnostics Report on specific areas of application of the antigen tests; is not a recommendation but a supplement to the existing report; problem: so far only manufacturer information on the antigen tests in the EU is available. For the clinical validation of the tests, the FF lies with the PEI with input from German co-operation partners* • *Corridor discussion with Minister Spahn: He wants to change the quarantine regulation at the beginning of October to include antigen tests.* • *Here it is important to protect the institution by communicating in advance and noting the dialogue.* • *By shortening the Q. for CP, the activity ban for relevant (medical) professions would have to be reintroduced.* • *A 5-day quarantine for returning travellers plus testing, the best variant of the politically possible solutions. The positive rate for returning travellers is comparable to that in the*	*Wieler* *Rexroth* *Schaade*

	population. This means that returning travellers are already relevant to the incidence of infection. The RKI is currently asking for a 10-day quarantine plus test. • *President asks for a pragmatic communication channel to be found for the regulation due in October* *b) RKI-internal* *ToDo:* *-On the ÖGD pact: ask the BMG at the next Jour Fixe to what extent funds go to the RKI* *-On the ministerial appointment: Mrs Michel prepares a memo for the meeting* *-As a communication on the upcoming quarantine change in Oct., the head of the Epi Bull. asks for an article on the importance of shortening the quarantine period. With a focus on the emerging risk of infection. Drafting Group should submit draft in the middle of next week and publish quickly. FF Bettina Rühe*	
8	*Documents* • *Extensive updates on contact person management As an info point for everyone*	*FG36, 37*
9	**Laboratory diagnostics** • *673 samples analysed* • *7.3% pos. rate* • *Promo samples from Straubingen all tested negative so far* • *Occupational safety is nearing completion*	*FG17* *IBBS*
10	**Clinical management/discharge management** • *Web seminars attract a lot of interest* • *Telemedicine support both to be phased out at the end of the year; will lead to enquiries then, going very well so far*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *SurvNet update likely next week* • *Cooperation request from Charité by Prof Kuhlmey on COVID- 19 in gerontology. Would like to include IfSG reporting data on COVID-19. This data would be analysed in addition to SHI data. For reporting data, Charité needs expertise on the reporting data. Ms Diercke proposes reporting data group. This requires a co-operative agreement and data protection agreement. FG37 is already working on analysing COVID-19 cases in nursing homes (Ms Schweigert). She is happy to provide support.*	*FG32* *FG23/ FG32/ FG37*
13	**Transport and border crossing points (Fridays only)**	

	• *Update scan solution for exit tickets* *The project is due to start next Monday, the RKI has yet to confirm the costs for the contract with the post office: 30,000 euros are to be paid if the solution is adopted; flat rate for 14,000 euros/month; at just under 100,000 euros/month plus VAT.* • *One request for administrative assistance from Rhineland-Palatinate still outstanding* • *Data protection sequence must be ready on Sunday, initially even without prior federal data protection; RKI well on schedule* • *The second part of the solution is the introduction of a nationwide travel database. This will be established under the IfSG as a secondary system of DEMIS* • *Schaade spoke to Rottmann that this requires more staff and may not be legally anchored in the IfSG. Therefore, a second solution is being considered and the scanning solution will last longer than October. RKI and BMI see this data more in the BMI area.*	*L1*
14	**Information from the situation centre (Fridays only)** • *BMG deadline for shortening or reducing the frequency of the daily management report* ○ *Minister Spahn agreed to the cut, but would still like to see the table on nursing homes every day.* ○ *A vote was held on what is needed at the BMG and when* ○ *Abridged report will be published on Monday* ○ *For your information, the current structure will be sent to the crisis management team by e-mail as of Monday* • *Presentation of shifts and e-mail communication in the situation centre (slides here)* • *3,481 shifts recorded in the situation centre shift plan* • *Almost 150 employees involved* ○ *Average: 24 shifts/person* ○ *Median: 15 layers* ○ *Range: 1- 118/ person* • *Conclusion:* ○ *Almost ¾ RKI internal communication* ○ *March and August biggest burden so far* ○ *Range: approx. 100 - 900 e-mails/day* ○ *Peak: up to 24/ minute* ○ *Saturday: quietest day on average* ○ *Main activity 7.00 to 22.00 hrs* ○ *Plateau: between 9.00 am and 5.00 pm* ○ *Rest period: Between 1.00 a.m. and 5.00 a.m.* • *Legal advisor receives many requests under IFG* • *To reduce the number of minor questions, Minister Spahn has agreed to hold a weekly meeting of the Bundestag Health Committee. Questions will be answered on the spot so that fewer small*	*FG32* *Management*

	Enquiries	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 14.09.2020, 13:00, via Vitero*	

Minutes of the crisis unit meeting "Novel coronavirus (COVID-19)"

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*14.09.2020, 1:00 pm*
Venue:	*Vitero virtual conference room*

Moderation: Osamah

Hamouda Participants:

- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
  - *Bettina Rühe*
- *FG14*
  - *Mardjan Arvand*
- *ZBS1*
  - *Janine Michel*
- *FG17*
  - *Dschin-Je Oh*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG37*
  - *Tim Eckmanns*
- *P1*
  - *Ines Lein*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sandra Beermann*
  - *Sarah Esquevin*
- *BZGA*
  - *Heidrun Thaiss*
- *Protocol*

- *Janet Frotscher*

Agenda:

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International* • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Compared to the previous week, France recorded the largest increase among these countries.* *Increase* ▪ *India reports daily records, hotspot Marrakech over 1 million cases / day* ▪ *Africa: declining trend overall* ▪ *South America: infection rates are balanced* ▪ *Israel will be in lockdown for at least three weeks from Friday, 18 September 2020* ▪ *Europe Trend rising (new on the list: Czech Republic and Monaco)* • *National* • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 260,355 (+927), thereof 9,350 (3.6%) deaths (+1), incidence 313/100,000 inhabitants, 7-day inc. 10.3/100,000, approx. 233,300 recovered, Reff=0.1.18* *7T Reef=1.04* ○ *Smaller outbreaks in Bavaria, e.g. in a nursing home in Kaufbeuren* ○ *Outbreaks in risk groups: close monitoring is required!* ○ *Syndromic surveillance (Wednesdays)* ○ *Test capacity and testing (Wednesdays)*	*ZIG1* *Mrs Esquevin* *FG32* *Mrs Diercke*
2	**International** • *Macron Commission mission (email from Professor Didier Pittet): Ms Hanefeld informs about planned 2-day visit at the beginning of November to talk to German stakeholders (RKI, Charité) about possible improvements in France's handling of Covid-19 - Mr Hamouda makes himself available as a discussion partner*	*ZIG* *Mrs Hanefeld*

	ToDo: *Clarification: Participation of Mr Wieler / Mr Schaade*	
3	**Digital projects update (Mondays only)** • *Corona WarnApp (CWA)* *- BMG cuts funding for the CWA* *- Interoperability has been prioritised by the BMG, request for supporting third-party funding is ongoing* *-RKI prioritises functional improvement* *-5 employees work for the CWA in the areas of technology, epidemiology, laboratory connection, public health service coordination, public relations; 3 employees help out daily with incoming citizen enquiries (+ FG 37, + legal department, + data protection)* *- approx. 80 press enquiries per month and approx. 500 citizen enquiries per day* *- The RKI was asked to submit an evaluation concept for the CWA by 16 September 2020. FF FG21* *-FG37 is also carrying out a project with the University of Marburg to evaluate containment scouts and conduct a survey on CWA* • *RKI laboratory is in the final stages of being connected to CWA* • *BZGA updates the virtual school pack and asks ministries of education which recommendations they pass on*	*Mrs Beermann / Mrs Thaiss / Mr Eckmanns*
4	**Current risk assessment** • *Not discussed*	*all*
5	**Communication** • *Poster on three elementary risk situations https://www.infektionsschutz.de/fileadmin/infektionsschutz.de/Downloads/Merkblaetter/3Gs/Infografik_3g.pdf* • *Mrs Thaiss suggests more targeted links to the BZGA with regard to accompanying materials (such as translations etc.)* • *RKI homepage is slightly modified* • *Documents that are frequently searched for should be available on the RKI homepage (link follows)* • *A-Z is to be streamlined* • *Goal: more clarity*	*BZgA* *Press* *Mrs Thaiss / Mrs Degen / Mr Mielke*

	• *Mr Mielke reports on the AGI's interest in information on antigen tests; he presents himself in the sense of the*	

	coordinated approach and competent planning to answer questions *ToDo: abridged management report must be well communicated !!!*	
6	**News from the BMG** • *Not discussed (successor to Mrs Andernach not yet appointed)*	
7	**Strategy questions** **a) General** • **Quarantine and isolation duration for SARS-CoV-2 - basics for risk assessment:** *- Ms Rühe presents the draft of the EpiBull contribution and points out the involvement of many specialist areas (FG37, FG36, FG17, ZBS1, Dept. 1, MF1, IBBS)* *- Basic idea in the introductory section: how important are careful recommendations on quarantine and isolation* *-Basic* **part** *of the definition, transition to virus kinetics (FG17)* **-Main part***: both concepts must be considered separately from each other* *- Opinion of the RKI* *- Reduction in combination with testing from 14 to 10 days* *- Agreement of the meeting participants, the approach is perceived as good, with additional text modules the draft can be worked with well* **b) RKI-internal**	*IBBS* *Mrs Rühe / Mr Mielke / Mr Hamouda*
8	**Documents** • *Not discussed*	
9	**Information on occupational health and safety (Fridays only)**	*IBBS*

10	**Laboratory diagnostics** • *1076 samples analysed* • *7.25 % positive rate* • *Virological surveillance received 184 samples/4 weeks* • *Of these, 98 samples were positive for rhinovirus. Testing for all other respiratory viruses, including rhinovirus, was positive.*	*FG17 Mrs Michel / Mrs Oh / Mr Mielke*

	SARS-CoV-2 and Flu A/ Flu B, was negative. • Mr Mielke expects a statement from the BMG (reaction to the GMK decision)	
11	**Clinical management/discharge management** • Not discussed	FG36/IBBS
12	**Measures to protect against infection** • Vaccination information: from now on always fixed Top Fridays • Secondment of Mrs Matysiak-Klose (FG33) to the BMG • Tim Eckmanns points to the first ecological study in the USA on infection protection through mask wearing (Mask Wearing and Control of SARS-CoV-2 Transmission in the United States) https://pubmed.ncbi.nlm.nih.gov/32869039/	Mr Hamouda / Mr Eckmanns
13	**Surveillance** • Corona daycare centre study -Decline in registration figures for the 0 to 5 age group -Incidence and proportion by age group: slight decline -13 cases / 4 children aged 5 years (presumably carers are also affected) ToDo: Mr Haas will present questions on hospitalisation on Friday, 18.09.2020	FG32 FG36 / Mr Haas
14	**Transport and border crossing points (Fridays only)**	FG32
15	**Information from the situation centre (Fridays only)**	
16	**Important dates** • Not discussed	all
17	**Other topics** • Next meeting: Wednesday 16.09.2020, 11:00-13:00	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*16.09.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *AL1*
  - *Martin Mielke*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus (protocol)*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *P1*
  - *Esther-Maria Antao*
- *ZIG1*
  - *Regina Singer*
- *BMG*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *International trend analysis, measures (slides here)* *Approx. 29 million cases and approx. 928,000 deaths (3.2%)* *Top 10 countries by number of new cases in the last 7 days:* ○ *Little change overall* ○ *India, 84,000 new cases on 15 September, and USA continue to lead the way* ○ *Trend in United States, Brazil, descending; Colombia, India continue to grow* ○ *Spain and France, biggest change in the last 7 days, show an increasing trend* *Case numbers by WHO regions worldwide* ○ *America: Case numbers decline slightly, still makes up the largest share* ○ *South-East Asia: increasing number of cases (India and Indonesia)* ○ *Europe: increasing number of cases (especially in Spain, France and Israel)* ○ *Africa: Declining number of* *cases 7-day incidence per 100,000 inhabitants* ○ *No major change. Currently 40 countries with a 7-Daily incidence > 50 cases / 100,000 population* ○ *North and South America similarly affected; Ecuador newly added, South America almost completely affected* ○ *Africa no change* ○ *Asia: Oman (new)* ○ *Europe: Malta (new)* *Subregions in EU/EEA/UK and CH with 7d incidence >50/100,000 population.* ○ *New on the list: Normandy/France, Dublin/Ireland, Malta, Voralberg/Austria* ○ *In the Czech Republic, 2 regions have been added, meaning that 10/14 regions have a 7d incidence of over 5/100,000 inhabitants.* ○ *three other regions in Hungary* **National** *There were server problems this morning, these seem to have been resolved*	*ZIG1* *FG32/ All*

	Case numbers, deaths, trend (slides here) ○ *SurvNet transmitted: 263,633 (+1901), of which 9,368 (3.6%)*	

	Deaths (+6), incidence 317/100,000 inhabitants, approx. 236,000 recovered, Reff=1.00; 7T Reff=1.06 ○ *ITS capacities: no changes 7-day* *incidence by reporting date Federal states* ○ *BY (17/ 100 000) highest incidence, followed by HH, BE, BW* ○ *Little change in BW and NRW* ○ *Rest of BL below the national average (11); on a plateau for some time; declining in HE* *Geographical distribution in Germany: 7-day incidence* ○ *2 LK >50-100 cases/100,000 inhabitants* ○ *Leading the list:* *Würzburg and Garmisch-Partenkirchen (GP) Feedback from Epilag: The events in GP are not only related to one person (superspreader); great media interest* *In the AGI, this presentation is perceived very critically, as often small districts with few cases quickly reach a value above and/or very close to 50/100,000 inhabitants. In comparison, SK Munich reported 500 cases in one day and little change can be seen here.* *COVID-19 cases with exposure abroad* ○ *Information on place of exposure abroad decreases despite increase in cases in week 37. It appears that the majority of transmissions take place in Germany, which should continue to be monitored* *Most frequently mentioned exposure countries of the COVID-19 cases reported in reporting weeks 34-37* ○ *Still frequently Balkan states* ○ *Turkey leads the way in week 37* ○ *Czech Republic increases in the period CW34-CW37* ○ *Picture consistent with the international situation* *Weekly comparison Distribution by age group* ○ *Shift to older age groups has increased Outbreaks:* ○ *Events in LK Neu-Ulm and LK Würzburg rather diffuse (private celebrations, households), no major outbreaks* ○ *LK Cloppenburg: Football team with 10 players and the coach tested positive, all have mild courses of the disease* ○ *LK Weimarer Land: Senior bus trip to the Czech Republic, imported infections, family celebration* *Interpretation/general categorisation in the management report should be adjusted in view of the increase in autochthonous cases and the increase in cases among older people* *Any adjustments to the management report should be well thought out, as they are often quoted. The graph (slide 4) should be described in detail, accurate reporting promotes transparency* *The general categorisation will be adjusted again on Friday discussed.*	

	Syndromic surveillance (slides here) ○ *Development of the ARE rate corresponds to the previous year with a time shift of one week forward (slide2)* ○ *No extraordinary development of ARE figures in the population, no rebound effect* ○ *Overall, the ARE consultation incidence values are within the range of the previous seasons. The value for 5- to 14-year-olds is higher compared to the previous season.* ○ *In the National Reference Centre (NRC) for influenza viruses, rhinoviruses were identified in a total of 28 (76%) of the 37 sent-in sentinel samples in week 37 of 2020, including a double infection with influenza B viruses (Victoria lineage).* ○ *SARI case numbers and proportion of COVID stable at 3% since week 33; significant increase in the 5-14 age group* *Lockdown heralded the end of the influenza season. Impact of AHA rules on respiratory viruses and influenza season are still unclear. We currently have a very exclusive circulation of rhinoviruses. The proportion of rhinoviruses that are transmitted via surfaces is significantly higher than for other respiratory viruses.* **SARS-CoV-2 in ARS (slides here)** ○ *Number of positive and negative tests per week - nationwide: high testing activity compared to previous week, no changes* ○ *Test delay: slight increase in test delay, 1.25/1.3 days turnaround time* ○ *Proportion of positives by age group and calendar week: proportion of positives at max. 1.1; for over 80s at 0.4%* ○ *Number of tests per 100,00 inhabitants by age group and calendar week: decreases in all age categories except 15- 34 yrs and 60-79 yrs* *Praise for the recording system; important sign of how valuable it is that the test figures can be analysed in this way* *Qualitatively assured diagnostics through validation by experts is the limiting factor in expanding test capacities*	*FG36/ All* *FG37*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed* • *No change/adjustment without coordination with the institute management, therefore postponed to the next meeting*	*FG38*

5	**Communication** **BZgA** • *not present*	*BZgA*

	Press ○ *No queries to the press regarding changes to the management report. A good solution was found with the online declaration* *Provision of data to the data journalists:* *A meeting of data journalists was held at the beginning of July with M. Diercke and M. an der Heiden. It was discussed that the results should be made available/displayed in tabular form in the situation report* *Journalists are currently asking about the current status.* ○ *Table creation and the morning mail to the BMG/BMI with case number table is currently being automated. The cumulative case numbers must be classified epidemiologically.* ○ *Position Lagebricht is very busy, dispatch to the press can be organised, work is currently being done on the automation process. We are still checking which tables can be placed on the website. Special analyses cannot be provided. We are endeavouring to implement this as soon as possible.* ○ *Dashboard will be updated to better represent the current events/situation. The 7-day incidence is emphasised more strongly, 14-day incidence can be included.* *Adaptation of press releases* ○ *A lot of press releases are sent to the Corona distribution list via the press office. The current presentation (sorted by date and time) is perceived as confusing. For a better overview, the topics will be displayed first in the mail.* *TODO Press: Customise press release emails* *Enquiry Fraunhofer Institute for Open Communication Systems FOKUS on the use of Katwarn for COVID-19 notifications by RKI* ○ *The proposal was discussed in the AGI TK. There were reservations about the proposal both in the federal states and at the RKI, as the systems (including NINA/BKK) are mainly filled/designed with content by the municipalities and federal states. RKI information should not contradict local/municipal information and would have to be carefully checked and harmonised with the federal states.* ○ *Overall, the instruments (CtaWarn Fraunhofer/Nina BBK) are known and are also used at state and municipal level. Additional input from the national level is also viewed critically from a technical perspective.* *The Health Security Committee's communications group will meet tomorrow. The press and science communication group has been asked to attend.*	*Press*

6	**News from the BMG** • *Vaccination is currently a "hot topic" at the BMG (distribution, procurement, logistics, etc.) Ole Wichman has already given a presentation on this in the Influenza Expert Council. Division 614 is responsible at the BMG and was represented by Mr Cornelius Barthels A contribution on vaccination is planned for the crisis team on Friday.* *TODO: Enquire whether FG33 will participate in the crisis team on Friday.* • *Determining the risk areas is a lot of work and requires a lot of coordination.*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** *Antigen test:* *Morgen AG Diagnostics under the direction of BMG* *Update of the information on testing for SARS-CoV-2 and the statement in the EpiBull article will be harmonised. The update will be presented to the crisis team next week.*	*AL1*
8	**Documents** ○ *The formulation/detailed presentation of the categorisation of KP in classes/daycare centres has led to many queries as to whether quarantine of entire classes is necessary. These are not guidelines, but only suggestions for adapting the procedure depending on the situation if categorisation is not possible.* ○ *Lessons learnt: Frequent adaptation of documents should be avoided and carried out gradually. It has not worked well here and is perceived as an innovation.* ○ *The paper on marginalised groups was criticised for potentially reinforcing stigma. There is a dialogue with the migration commissioner and there may be adjustments to the wording.*	*FG38 /FG36* *FG38*
9	**Information on occupational health and safety (Fridays only)** • *Not discussed* •	
10	**Laboratory diagnostics** • *Virological surveillance* *Low level of activity and up to 90% rhinoviruses are detected.* *This week, influenza B (Victoria lineage) was detected for the first time in 25-*	*FG17*

	year-old patient from NRW with typical symptoms	
	proven. It is unclear whether the infection was acquired in NRW or abroad. *Influence of the lockdown clearly visible in the sentinel. One week after lockdown, there were no more virus detections, but as lockdowns eased, detections of rhinoviruses increased. No other viruses detected so far.*	
11	**Clinical management/discharge management** • *EpiBull article will be prepared by Bettina Rühe and shared with Abt1 and FG37 for comment. More details will be discussed in the crisis team on Friday.*	*IBBS*
12	**Measures to protect against infection** • *Not discussed*	

13	**Surveillance** *DEMIS Update:* ○ *Map with the participating LK/GA, 291 GA are ready to receive, published on homepage. Laboratory activity is also increasing.* ○ *Incomplete information on the laboratory consignment note will not be resolved by DEMIS. This information is often not available to the laboratories because the senders do not complete the information.* *Antigen test:* ○ *There is a legal basis for reporting every direct and indirect detection of SARS-CoV-2. Not all detections are currently not included in the case definition; this may be adjusted in the long term. It is recommended that a positive antigen test be confirmed by PCR so that the case is recorded. Reporting compliance among doctors tends to be low. If carried out by the persons themselves, reporting could become problematic. The problem with retesting is that it is not necessarily labelled as such and can therefore be recorded twice, which could lead to distortions in the system. Negative tests are not retested.* ○ *Discussion within the AGI: In the case of high specificity, retesting is seen as duplication of work.* *SurvNet update:* ○ *Today we will receive feedback regarding the testing of a technical function. Then rollout at the RKI, ideally from Friday and the update will be made available to the gas at the beginning of next week.*	*FG32* *FG37/FG32/ all* *FG32*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Crisis team meeting BMG/BMI* • *GMK on vaccination* • *HSC* • *ECDC vaccination as a webinar*	
17	**Other topics** • *Next meeting: Friday, 18 September 2020, 11:00 a.m., via Vitero*	

Minutes of the crisis unit meeting "Novel coronavirus (COVID-19)"

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*18.09.2020, 11:00 a.m.*
Venue:	*Vitero virtual conference room*

Moderation: Lars Schaade

Participants:

- *Management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *BMG*
  - *Christoph Bayer*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - -
- *FG24*
  - *Thomas Ziese*
- *FG33*
  - *Ole Wichmann*
- *FG 32/FG38*
  - *Ute Rexroth*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Walter Haas*
  - *Julia Schilling*
  - *Stefan Kröger*
- *FG37*

- *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
- *P1*
  - *Myriam Jenny*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG2*
  - *Chabel El Bcheraoui*
  - *Francisco Pozo Martin*
- *INIG*
  - *Regina Singer*
- *ZBS1*
  - *Janine Michel*
  - *Livia Schrick*

Agenda:

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International* • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *More than 29 million cases and over 940,000 deaths (3.2%)* ▪ *Top countries have not changed all week* ▪ *India still in 1st place, more than 90,000 cases/day* ▪ *Spain and France in midfield with an upward trend* ○ *Countries with >70,000 new cases in the last 7 days* ▪ *Recently, Argentina, India, USA and Brazil have always been there* ▪ *Spain is newly listed with a rising trend* ○ *7-day incidence per 100,000 inhabitants* ▪ *7-day inc. >50 cases/100,000 population:* *-Israel rose over the course of the week* *-Of EU countries: Luxembourg and Hungary fluctuate above and below the threshold* *-Newly listed Austria with 50.73 7-T.-Inz.* ○ *7-day incidence per 100,000 inhabitants - EU* ▪ *The following countries have >50:* *-Spain, France, Czech Republic, Austria, Hungary* ○ *Subregion in EU/EEA/UK and CH with 7d incidence >50/100,000 inhabitants* ▪ *New addition since Wednesday:* *-Bulgaria, whose region fluctuates around the Threshold value.* *-France: two regions added* *-GB: 1 region above the threshold; this region is in Scotland* *-NL: Utrecht added* *-Romania: strongly fluctuating regions;* *-Czech Republic: 2 further regions, all regions of the country above threshold value* ▪ *Feedback on the EU discussion:* *-Desire for common indicators for the designation of risk areas. These are in the vote*	*ZIG1 Singer* *BMG*

	-In the context of this discussion, it was clarified that the positive rate in Germany cannot be recognised regionally; • National • Case numbers, deaths, trend (slides here) ○ Information for the crisis team ▪ Increasing number of cases and increasing 7-day inc. ▪ Highest number of cases since the end of April, significantly more autochthonous cases than imported cases ▪ R-value well above one; ITS no major changes ○ 7-day incidence by reporting date Federal states (BL) ▪ highest in Bavaria, followed by Berlin, BaWü, NRW, HH ▪ However, BLs with lower values are also showing an upward trend in some cases ○ Geographical distribution in Germany: 7-T.-Inz. ▪ 3 LK >50 cases/100,000 inhabitants: Würzburg, Kaufbeuren, Garmisch ▪ 600 cases transmitted from Munich, no new cases transmitted today ○ Number of SARS-CoV-2 tests ▪ Over 9,600 positive tests this week, positive rate 0.76% ○ Backlog of PCR samples for SARS-CoV-2 diagnostics (CW 15-37, 2020) ▪ In week 37, 70 laboratories reported a backlog of over 30,000 samples ▪ 44 laboratories reported supply difficulties for reagents ○ Weekly death rates ▪ Data from the Federal Statistical Office (BA) ▪ There was greater heat in CW33 and the total number of deaths in this week was increased. Statistische BA attributes this to the heat ○ Why is it that there are fewer tests than cases? ▪ There is a longer wait until the test is repeated ▪ In ARS, the changes to test repetitions in participating facilities can be will be analysed. ○ At what point do we categorise ourselves as community transmission? ▪ Spain is still categorised as cluster transmission. ▪ Ms Diercke had a table some time ago created for transmission categorisation	FG32 Diercke FG32/FG38 Rexroth ZBS1/ Schrick FG37/ Eckmanns FG32/FG38 Rexroth

	▪ *This table will be discussed again next week* *ToDo:* *-Ms an der Heiden asks to include the proportion of deceased in the 1st slide (top 10 countries by number of new cases/last 7 days) in the next presentation of the international situation.* *-Preparation for next week: Table for community transmission*	
2	**International** • *Presentation of OECD analysis (slides here)* • *Title: Impact of type and timeliness of control measures on COVID-19 epidemic growth: OECD countries, March-July 2020* • *Aim:If we had to choose, what measures work best?* • *Objective: Measure the effect of policy interventions on epidemiological trend of the pandemic in OECD countries* • *Longitudinal panel study using data for public use: Data from Oxford Covid tracker* • *Repeated measures over the time span of 12 weeks* • *Two different estimation approaches were entered into the model to get average daily growth rate (ADGR) of weekly confirmed cases* • *Epidemic growth/intensity of policies over time* ○ *Horizontal axis represents time, vertical axis represents ADGR* ○ *Lines are countries and the thick line is the average* ○ *Most countries control COVID-19* ○ *Second graph shows overall intensity of control measures* • *Stringency of policy implementation over time* ○ *Each graph for each policy measures; horizontal axis: time; vertical axis: intensity of measures; dots: on top are more intense* ○ *Green: over time most intense measures* ○ *Red: in beginning more strict and in the end more lax* ○ *Yellow: at the end tend to be more intense* • *Final model results* ○ *Numbers are very similar* • *To Summarise* ○ *The following measures were effective: restriction on gatherings, mask wearing requirements, school closing requirements, work closing requirements, the total number of tests performed*	*ZIG* *El Bcheraoui* *Pozo Martin*

	• *Slide 10 was not discussed* • *Discussion:* ○ *Total number of tests difficult to include since counted differently in countries* ○ *The list on slide gives the order in which the factors were influencing outcome* ○ *To summarise: As policy increases the growth rate decreases* ○ *Not enough evidence for interaction effect, wanted to keep it as simple as possible* ○ *Next step would be to check data if it allows analysis of public support of measures and if adherence is waning*	*All*
3	**Digital projects update (Mondays only)**	
4	**Current risk assessment** • *Adapt risk assessment to developments: As increase in autochthonous cases, increase in older people affected* • *Mr Haas had sent a formulation proposal. After minor adjustments, this was adopted in the following form* *"After a temporary stabilisation of case numbers at a higher level, a further increase in transmissions in the population in Germany can currently be observed, with a slight increase in cases in the older population."* • *Start of management report (blue box):* *"After a temporary stabilisation of case numbers at an elevated level, a further increase in transmissions in the population in Germany is currently being observed."* • *We need even greater awareness among the population:* *ToDo: insert the link to risk assessment in the English management report*	*Rexroth/ Schaade/ Haas/ All*
5	**Communication** • *City of Munich uses different population figures for incidence calculation than LGL and RKI* ○ *OB Munich accuses RKI of using different population figures for inc. Calculation* ○ *In SurvNet and publications we use old Population figures, new ones have been available since this week. The new population figures for*	*Press* *FG38/32 Rexroth*

the RKI	*Munich would be*	

	lower. Munich has not reported any new cases since yesterday ○ *We do not calculate from reported data on cases from the previous day. Therefore, RKI is lagging behind somewhat, which is actually lower than the countries* ○ *Language regulation: We take Bev. figures from the regional office and have not corrected them*	*FG32 Diercke* *Management / Schaade*
6	**News from the BMG** • *Nothing new since yesterday's morning situation*	*Bayer*
7	**Strategy questions** **a) General** • *Strategy paper from the informal advisory group returned to Mrs Hanefeld with many comments* • *AL1 requests that test scenarios not be integrated into the strategy paper. Its integration into the strategy paper was named as a work order on Wednesday two weeks ago. This was a misunderstanding. Everyone agrees that the test strategy should not be integrated into the strategy paper.* • *Appointment with Minister Spahn: Strategy paper will be presented in a joint press conference in the first week of October:* ○ *Until then, paper can be changed.* ○ *Minister addressed testing strategy: Antigen tests should play a major role in testing strategy, details were discussed in the diagnostics working group.* ○ *Key message: you simply cannot have 100% certainty; you have to live with a certain amount of risk.* ○ *Status of statements on antigen tests, one with BfArm and one AG Diagnostics, this afternoon Health Ministers' Conference, factual information has been communicated to BMG* • *Validation protocols are the responsibility of the PEI, as eligibility for billing depends on them. In addition, validation protocols as a post-marketing measure* **b) RKI-internal** *Not discussed*	*IBBS Hanefeld/ AL1 Mielke* *Management Wieler* *AL1* *Management Schaade/ AL1*
8	**Documents** • *RKI internal situation management*	

9	**Vaccination update (Fridays only)** *List of the most important background activities for the introduction of vaccination:*	*FG33 Wichmann*

	• *Fortnightly jour fixe with PEI and BMG* • *Internal RKI working group for vaccination recommendations* • *Contact studies: Survey on the contact behaviour of the population* • *Dedicated in-house working group for press communication, P1 and the communication team on vaccination acceptance (FG33)* • *International: WHO Eurogroup and WHO SAGE, as well as ECDC for evidence processing* • *Preparation of the national immunisation strategy in preparation* • *Current status of vaccine development:* ○ *If the data in Phase 3 trials continue to be good, a vaccine will be available in January 2021;* ○ *Top candidate Biontec, probably initially 4 million doses available, then certainly later other pharmaceutical suppliers on the market* ○ *Procurement planning for needles, syringes, storage temperature,* • *Discussions on implementation in vaccination centres vs. by doctors in private practice* • *Coordination of vaccination communication was created at the RKI (for core messages) and was initially well received by the BMG. This is because communication to the population about the upcoming vaccination should start now.* • *Vaccination rate monitors:* ○ *Many suggestions from the stakeholders in the healthcare system* ○ *Monitoring will most likely be entrusted to the KBV. Contact with Mr Kroll as the scientific side of the KBV is planned.* ○ *Mr Wieler had spoken to Minister Spahn about this:* ○ *The BMG has been told that a complete record of the vaccinations carried out is required. This would have to be carried out by a service provider, as the RKI is unable to do this additionally.* ○ *Mr Spahn had indicated that trust in the RKI was becoming more difficult due to the difficulties with DEMIS implementation. Mrs Diercke pointed out that the expectations of the BMG are rather unrealistic. In all projects of this kind, the integration of stake holders takes the longest and is available for all providers of DEMIS-like*	*Manage ment Wieler* *FG32 Diercke*

	solutions.	

	A challenge	
10	**Occupational safety info** *ABAS could be completed by December 2020*	*IBBS Schulz*
11	**Laboratory diagnostics** • *Investigation of Straubing samples: First positive sample* • *Remarkable sample results: One influenza A and one influenza B positive sample* • *otherwise nothing unusual* • *News on virus evolution: viruses are evolving, but no significant changes so far*	*ZBS1 Schrick* *FG17 Wolff*
12	**Clinical management/discharge management** • *Not discussed/no update was necessary*	*FG36/IBBS*
13	**Measures to protect against infection** • *Nothing new*	*FG14*
14	**Surveillance** *Analysis of COVID-19 reporting data (slides here) Description of the first wave with a focus on disease severity* • *Evaluation of the first 200,000 cases of the 1st wave, these are younger in international comparison.* • *Note on methodology: Cases included have information on age, hospitalisation and deceased status, and only cases reported up to calendar week 20; disease progression according to Epi Bull article* • *Course of the disease by age group* ○ *From the 60-79 age group onwards, the number of mild cases decreases significantly and the proportion of people hospitalised and dying increases* • *Among the cases with information on risk factors:* ○ *With increasingly severe progression, more risk factors are reported* ○ *Share of risk factors: Cardiovascular diseases most common, followed by neurological disorders and diabetes. disorders and diabetes* ○ *From April neorolog. Symptoms moved up, probably dementia patient in nursing home* • *Interval from onset of hospitalisation to admission to hospital longest among 40-59 year olds with a median of 7 days.*	*FG36 Shilling*

	• *Interval from hospital admission to ICU admission median 0 days. ITS length of stay longest in 40-59 year olds (12 days); may be recognised later in hospital and stay longer* • *Deceased with risk factors: Proportion of kidney disease increased, coincides with papers, half of the deceased risk data* • *Conclusion Middle age group 40-59 year olds underestimate their risks: As a result, longer VWD and ITS stay, advanced age with many risk factors. However, unclear whether already existing or due to COVID-19 Comparison with other papers reflects results.* • *By no means all serious cases were on ITS or not hospitalised* *ToDo:* *-Separate evaluation of the hospitalisation trend over time in progress* *-Please analyse the proportion of deaths in the older age groups* *-Please analyse how many died of circulatory failure without pneumonia.* *-Analysis of the cases in summer will be carried out with the ICOSARI data, presentation next week* • *New SurvNet update rolled out* ○ *new version offers new applications for KoNa / contact management, which are important functions for GÄ.*	*FG32/AL3*
15	**Transport and border crossing points (Fridays only)** • *Publication for the Bundesgesundheitsblatt already well prepared* • *Drop-off cards: Questions arising cannot be clarified via e-mail from Deutsche Post; postal solution has been launched and is working with some difficulties* • *Model quarantine ordinance still with the BMG*	*FG38 an der Heiden*
16	**Information from the situation centre (Fridays only)** • *Communication burden decreases somewhat, a lot of IFG and still decrees* • *Inaction Review in-house: does not go any further under data protection law;* • *Mrs Mehlitz first for a statement and then to the management.*	*FG38/FG32 Rexroth* *FG38 an der Heiden/ AL3*

17	**Important dates** • *Not discussed*	*all*

18	**Other topics** • *Next meeting: Monday 21.09.2020, 13:00-15:00*	

Crisis team meeting "Novel coronavirus (COVID-19)"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*21.09.2020, 1:00 pm*
Venue:	*Vitero virtual conference room*

Moderation: Osamah

Hamouda Participants:

- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *Dept. 3*
  - *Jan Walter*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
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- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG38*
  - *Maria an der Heiden*
- *P1*
  - *Ines Lein*
- *Press*

- *Jamela Seedat*
- *ZIG*
  - *Johanna Hanefeld*
- *INIG*
  - *Sarah Esquevin*
- *ZBS1*
  - *Janine Michel*
- *BZgA*
  - *Heidrun Thaiss*

Agenda:

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International* • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Little changed compared to last week* ▪ *Israel slipped ahead of Mexico* ▪ *A further column on the case fatality rate (CFR); please indicate this with Interpret with caution, as countries code deceased persons very differently;* ▪ *Trend predominantly rising trend: USA on the rise again, Israel and France showing strongest changes; India's change slower, perhaps reaching a plateau* ○ *7-day incidence per 100,000 inhabitants* ▪ *In total with 47 countries with 7-T. inc. >50 cases/100,000 inhabitants: This is 5 countries more than last week;* ▪ *South America hardest hit, but slowly stabilising* ▪ *The continent with the most affected countries is Europe;* ▪ *Trend in Libya stabilises* ▪ *In Asia, the majority of countries show an increase: Israel by 26%, Jordan by 108%* ○ *7-day incidence per 100,000 inhabitants - EU* ▪ *NL and Belgium newly added, otherwise unchanged* ○ *Subregion in EU/EEA/UK and CH with 7d incidence >50/100,000 inhabitants* ▪ *Summary of the changes since last Friday:* ▪ *Belgium: all regions over 50* ▪ *generally increased again more strongly in Eastern Europe, e.g. in Poland, this development is seen in connection with the return to work* ▪ *In France: Isolation time reduced to 5 days: But only after 7 days of isolation the PCR test is carried out; New: also PCR tests from*	*INIG Esquevin*

	Saliva samples for symptomat. persons allowed ▪ *GB: Are 3 regions above the threshold value; these have a doubling time of one week, quite short,* ▪ *Croatia fluctuates* ▪ *NL: 2 regions added, again have measures for catering and group size* ○ *Demand for development in Sweden, as the slide is comparable with Germany:* ▪ *Sweden have continuously decreasing trend; have strong test rate extended* ▪ *ISAA report on Sweden also shows stable development,* ▪ *Sweden: week 37: 1,394 tests/100,000, positive rate approx. 1%* ▪ *Publications on Sweden's measures; reliable sources on the measures are: the ISAA platform and ECDC data on mortality (Ms Esquevin later shared these with the crisis team by email).*	*FG36 Haas/ FG38/32 Rexroth/ AL1*
	• *National* • *Case numbers, deaths, trend (slides here)* ○ *Information for the crisis team* ▪ *Mecklenburg-Western Pomerania not transmitted on WE* ▪ *7-T.-Inz up, highest value since April* ▪ *R-value stabilised around one* ▪ *ITS no changes* ○ *7-day incidence by reporting date Federal states (BL)* ▪ *Further upward trend in the national average* ▪ *Berlin and Bavaria are well above the national average* ▪ *However, BL with values below the national average also recorded small increases.* *See* ○ *Geographical distribution in Germany: 7-T.-Inz.* ▪ *Top 3: Still SK Würzburg, LK Cloppenburg, SK Munich.* ▪ *SK Munich:reports the highest number of cases with 769 in the last 7 days* ▪ *Over 30 districts >25-50 cases/100,00 inhabitants.* ▪ *There is a circle with 0 cases next to Cloppenburg on the map: Background information on this LK will be delivered later* ○ *COVID-19 inc. by city/county and reporting week* ▪ *Shows none at the beginning of calendar week 5*	*FG32 Diercke* *AL3/ FG32 Diercke*

	Differences ▪ *In the peak higher in the LKen* ▪ *Around CW20, values in cities rise and have been higher since then with a similar trend as in LKen* ▪ *Will be further differentiated* ○ *Cases with epidemiological data (by week of notification); (only cases without place of exposure abroad)* ▪ *Two slides: one in tabular form and one as a line chart* ▪ *Overall, 6 weeks ago it was clearer to say whether cases would lead to outbreaks or not. belong to* ▪ *Discussion as to whether the type of transmission is better recognised with reporting or sentinel data* ▪ *Change to community transmission would including a change for testing according to WHO recommendation, as well as change travel authorisations. The aim is therefore to keep the community transmission categorisation as small as possible.* ○ *Cases with epidemiological data by BC (only cases without exposure location abroad)* ▪ *The differences in Saxony and Meck-Vorp. are most likely input artefacts, as different software is used (Octoware).* ▪ *The decision to change to community transmission will be made at a later date. point in time.*	*FG36 Buda/ FG38/32 Rexroth/ AL3* *FG32 Diercke* *All*
	• *Situation report: harmonised language on the currently low proportion of deaths among the reported cases* ○ *Progression of the case-to-death ratio for COVID-19 cases by age group (slides here)* ○ *Case fatality rate (by reporting week); as at 21/09/2020, 0:00 a.m.* ▪ *Separated by gender and age group* ▪ *KW11 to KW33 in the evaluation* ▪ *Proportion has decreased significantly over time for both genders* ▪ *Proportions of the 60-79 and 80+ age groups are the same for both genders and across the Time above the other age groups* ▪ *Percentage of deceased cases (by reporting week); separated by hospitalisation (KH)* ▪ *Only age groups 60-79 and 80+ shown* ▪ *Separated by gender and hospitalisation (KH)* ▪ *Proportion of deceased 80+ without and with KH*	*Manage ment* *FG34 An der Heiden/ Dept.3 Walter*

	higher for both sexes ▪ *Proportion of deceased with CH among 60-79 year olds higher than without CH for both sexes* ○ *Percentage of case deaths (by reporting week); separated into with ITS vs. no ITS:* ▪ *no ITS descending trend* ▪ *But with ITS, the proportion of deaths per case appears relatively constant* ○ *Conclusion:* ▪ *Downward trend in both the "no hospital" and "hospital without ITS" groups* ▪ *Decline case-deaths tend to happen outside KH* ○ *Discussion* ▪ *Please do not overinterpret the data, as an initial overview of the data situation* ▪ *Increased testing could result in easier courses* ▪ *Formulation for declining case fatality rate in Germany: In all countries* *age groups in the reporting data. But the proportion of risk factors has remained the same despite increased testing; the most important factor was more frequent testing; we are currently reducing the number of unreported cases through increased testing* ▪ *Presumably selection effects in the data for cases that were never admitted to KH were* ▪ *Message: Protected persons still present* ▪ *So far no indication that virulence of SARS-CoV-2 has decreased significantly.* *ToDo: Ms Buda takes over the formulation proposal, which is coordinated with the crisis team. The aim is to integrate the agreed text into the situation report on Tuesday.*	*AL1/ AL3* *FG36 Buda* *FG36 Haas* *BZgA* *FG38/32 AL3/ FG17 Wolff*
2	**International** *Not discussed*	*ZIG*
3	**Digital projects update (Mondays only)** *Not discussed*	
4	**Current risk assessment** *Not discussed*	

5	**Communication** • *Info-graphic and poster further developed for the three A*	*BZgA*
6	**News from the BMG** *Not discussed*	
7	**Strategy questions** **a) General** *Situation report: harmonised language on the currently low proportion of deaths among the reported cases* **Discussed under point 1.** **b) RKI-internal**	*Management*
8	**Documents** • *RKI internal situation management*	
9	**Vaccination update (Fridays only)**	
10	**Occupational safety info**	*IBBS*
11	**Laboratory diagnostics** • *Notes on testing in which Ct area infectivity; a laboratory standard for this is in progress. This in collaboration with KL coronaviruses, among others* • *Antigen tests in AG diagnostics in the BMG still have many questions to be clarified; surprisingly different results were communicated to the outside press* • *Last week: 1,120 samples of which 109 were positive; almost 10% positive rate* • *Komolo samples analysed; further nationwide study prepared, samples will be sent to participants from 1 October 2020*	*AL1* *ZBS1* *Michel*
12	**Clinical management/discharge management** • *Not discussed/no update was necessary*	*FG36/IBBS*
13	**Measures to protect against infection** • *Colleagues from WHO increasingly reported that they wanted to discuss to what extent additional measures for pharmaceutical interventions are effective.*	*FG14* *Arvand*
14	**Surveillance** • *Update Corona-KiTa study (slides here)* ○ *Based on Fluweb, all incidences are below the previous year's figures* ○ *Registration figures: Inc. declines during the week; SK*	*FG36* *Haas*

the RKI	*Munich shows an increased inc.*	

	○ *Incidence and proportion by age group: proportion of reported COVID-19 cases has stabilised.* ○ *Outbreaks in day care centre:* ▪ *7 new outbreaks: number of reported cases increases; proportion of 15-year-olds higher* ○ *Outbreaks in schools:* ▪ *27 new outbreaks in schools since last week* ▪ *significantly more activity, especially between the ages of 11 and 14.* ▪ *Adults from private households are often the index for outbreaks among schoolchildren or school breakouts spill over into private households* • *SurvNet RKI was successfully rolled out internally last Friday:* ○ *The GÄ can be connected to the latest version by tomorrow morning at the latest* ○ *However, this update is also accompanied by changes to the DB* ○ *Information letter to the GÄ in preparation in coordination with the state authorities* ○ *Included is a simplification of contact person management* ○ *AL3 will communicate the update to the BMG* *ToDo: Presentation of the school breakouts in the Epilag by FG36*	*FG32 Diercke*
15	**Transport and border crossing points (Fridays only)**	
16	**Information from the situation centre (Fridays only)** -	
17	**Important dates** • *Not discussed*	*all*
18	**Other topics** • *Next meeting: Wednesday 23.09.2020, 11:00-13:00*	

Agenda for crisis unit meeting "Novel coronavirus (COVID-19)"

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*21.09.2020, 1:00 pm*
Venue:	*Vitero virtual conference room*

Moderation: Osamah

Hamouda Participants:

- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *Dept. 3*
  - *Jan Walter*
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- *ZBS1*
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- *BZgA*
  - *Heidrun Thaiss*

Agenda:

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International* • *International trend analysis, measures (slides here)* ○ *Top 10 countries by number of new cases/last 7 days Slide1: little changed Israel moved ahead of Mex, another column on case fatality rate; interpret this with caution, as countries code deceased very differently; trend predominantly rising; USA again in rising trend, Israel and Fr. strongest changes, INd. Change slower, perhaps plateau* ○ *7-day incidence per 100,000 inhabitants* ○ *5 more than last week South America most affected, the continent with the most countries is Europe; trend in Libya is stabilising; South America is slowly stabilising, in Asia more countries increase, Israel by 26%, Jordan by 108%* ▪ ○ *7-day incidence per 100,000 inhabitants - EU* *NL and BEL newly added* ○ *Subregion in EU/EEA/UK and CH with 7d incidence >50/100,000 inhabitants* *Addition of since last Friday: BEL at regional level all regions over 50; generally increased again more strongly in Eastern Europe, e.g. in Poland in connection with return to work; in Fr.* *Isolation time reduced to 5 days: initially 5 days of isolation, on 7th day tested; PCR tests from saliva samples also permitted for symptomatic persons; GB: 3 regions. GB: 3 regions have been added, this doubling time of one week, quite short, Croatia fluctuates, NL: 2 regions have been added, again have measures for gastro and group size* *Mr Haas questions: Frankr. KP only become interesting after 7 days after the pos test? KP will be contacted* *Sweden on map like Germany? Swedes have continuously decreasing trend, but testing rate greatly increased* *Ute: ISAA report Sweden is also shown stable,* *Mielke: 37.KM 1394 tests/100.000, pos. rate approx. 1%* *Hamouda: Madrid from news 1% of BEV: are infected Mielke: asks for publications on Sweden's measures to be sent around/shared; reliable source on the measures Answer Ute: the ISAA platform is a good source on Sweden* *Sarah: To the Martalität ECDC link she will send around*	*INIG Singer* *FG32 Esquevin*

	Haas: • *National* • *Case numbers, deaths, trend (slides here)* ○ *Information for the crisis team* ▪ *MeCkVorp on WE not transmitted on WE* ▪ *7-T.-Inz up, highest value since April* ▪ *R-value stabilised around one* ▪ *IST no changes* ○ *7-day incidence by reporting date Federal states (BL)* ▪ *Further upward trend in the national average* ▪ *Ber and Bay are above the national average* ▪ *However, BL with values below average can also see small increases* ○ *Geographical distribution in Germany: 7-T.-Inz.* ▪ *Also Würzb, Cloppenb, Mü. Highest: 769 cases in the last 7 days* ▪ *Over 30 LK >25* ▪ *Hamouda: Next to Cloppenburg a district with 0 cases, Michaela checks this* *COVID-19 inc. By city/county and reporting week* *To be further differentiated* *Cases with annotated epidemiology (n reporting week) Slide 6* *Overall, 6 weeks ago it was clearer to say whether cases would lead to outbreaks or not.* *Ute: lower for cases that are explainable cases* *Silke: Difficulty in recognising the type of tansmission from the reporting data. Therefore relevant feedback in the sentinel (or ARS), then speak of community transmission. Hamouda: Does the change to community trans. have any consequences for us? Ute: First of all, with regard to the WHO recommendation on testing, with regard to neighbouring countries, how they allow travel. Therefore community trans. If possible, keep it small.* *Slide 7: Cases with epidemiological data by BL* *Saxony and Meck-Vorp. BL differences are often input artefacts because different software is used.* *Decision will be made at a later date* *Presentation: Development of the case-fatality ratio for COVID case-fatality rate* *Slide 2: Proportion of deceased 80+ without vs. with hospital stay* *Separated by ICU vs. no ICU: without ICU descending trend, but with ITSS looks at proportion of case deceased relatively constant* *Conclusion: descending trend for without ICU and if ICU without ICU decline in case deceased happens outside ICU,* *Mielke: Stratification of the data is important; surprisingly, the proportion of men drops in June. Asks not to overinterpret data* *Hamouda: More intensive testing means more easy cases*	*FG32/ Diercke*

	Buda: Formulation for declining case fatality rate in Germany: Declined in all age groups in the reporting data. But proportion of risk factors has remained the same despite increased testing; most important factor was more frequent testing; we are currently reducing the number of unreported cases through increased testing *Haas: Selection effect, the data that are never admitted to hospital. Consider the dynamics between the numbers when people were admitted to hospital Thaiss: Those who are vulnerable and are admitted to intensive care; conclusion/ message: people who need protection still exist* *Ute to virologists: Is the virulence of SARS-CoV-2 decreasing? Osamah: Not so fast; Wolff: No evidence that virulence is decreasing* *Diercke: Language rules for the situation report: Hamouda suggests that Silke and Matthias propose wording* *Haas: Main effect the other age groups* *Silke makes formulations and sends them around to the crisis team for approval; the test denominator has become larger* *ToDo:* *-*	
2	**International** *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only) Not discussed**	
4	**Current risk assessment** *Not discussed*	
5	**Communication** *BZgA: info Graphic and poster further developed to the three A;* *Press:*	*Press*
6	**News from the BMG** -	
7	**Strategy questions** **a) General** *Management report: harmonised language regulation on the currently low proportion of deaths among the*	*Management*

	reported cases **b) RKI-internal**	
8	**Documents** • *RKI internal situation management*	
9	**Vaccination update (Fridays only)** ○	
10	**Occupational safety info**	*IBBS*
11	**Laboratory diagnostics** • *Notes on testing for infectivity in which Ct area; a laboratory standard for this is being developed in collaboration with KL coronaviruses* • *Mielke on antigen tests in AG diagnostics in the BMG still many questions to be clarified, other results were communicated to the outside press* • *Janine: Last week 1120 samples/109 pos. just under 10% rate; Komolo samples analysed; continue to prepare nationwide komo study, samples to be sent to TN from 1 October;* • *Haas: Ask Mielke to what extent he is involved in the diagnostics working group: Mr Drosten direct line to BMG; Mr Streek no representative in WG diagnostics; Hamouda:* *You can't rule out who is exerting influence.*	*FG17 Wolff* *Mielke* *Michel/ZBS1*
12	**Clinical management/discharge management** • *Not discussed/no update was necessary*	*FG36/IBBS*
13	**Measures to protect against infection** *Arvand: Colleagues from WHO.int increasingly reported, wanted to discuss to what extent the RKI is in favour of a general recommendation to carry out hand disinfection for the general population in DE as an additional measure of non-pharmaceutical intervention.* *Answer: RKI and BzgA recommend this* *Hand washing for the general population in DE.*	*FG14*

14	**Surveillance** o **Update Corona-KiTa study** *Slide 1: Based on Grippeweb, all are below the previous year's values* *Slide2: Registration figures inz. Declines during the week; SK Mü an increased inc.* *Slide 3: Development stabilised* *Slide 4: Outbreaks in daycare centres: 7 new outbreaks; the number of reported cases is increasing Share of 15-year-olds higher* *Slide 5 in schools 27 new ones since last week, significantly more*	*FG36 Haas*

	activity, especially 11-14 year olds. Be careful that this does not spill over into private households Mielke: Is it known how many of the pupil's index case is in the private household? Haas: Often adults who lead to outbursts among pupils *Ute: Presentation of the school breakouts at Epilag;* *will be done* *Hamouda: Additional information on what happened in Munich?* *Haas: No information beyond the reporting data.* • *Friday SurvNet RKI rolled out internally, the GÄ can be connected to the latest version by tomorrow morning at the latest; but also involves changes to the DB; info letter to the GÄ in preparation in coordination with the state authorities* *Hamouda will communicate this to BMG* *Including a simplification of contact person management*	*FG32/ Diercke*
15	**Transport and border crossing points (Fridays only)**	
16	**Information from the situation centre (Fridays only)** •	
17	**Important dates** • *Not discussed*	*all*
18	**Other topics** • *Next meeting: Wednesday 23.09.2020, 11:00-13:00*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*23.09.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *FG12*
  - *Annette Mankertz*
- *FG 14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG32/FG38*
  - *Ute Rexroth*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Sarah McFarland*
- *BMG*
  - *Iris Andernach*
- *Protocol*
  - *Janet Frotscher*

TOP	Contribution/Topic	contributed by
1	**Current situation**	
	International *International trend analysis, measures (slides here)* *Approx. 31 million cases and over 960,000 deaths (3.1%)* *Top 10 countries by number of new cases in the last 7 days:* ○ *Little change overall* ○ *Israel, France, USA over 15% increase in case numbers by WHO region worldwide* ○ *Slight decline in India, Colombia, Peru 7-day incidence per 100,000 inhabitants* ○ *No significant change; currently 49 countries with a 7-Daily incidence > 50 cases / 100,000 p.e.* ○ *North and South America are most affected; the three islands of Bonaire, Saint Eustatius and Saba (Caribbean Netherlands) are new additions* *Subregions in EU/EEA/UK and CH with 7d incidence >50/100,000 p.e.* ○ *Since Monday, 21 September 2020, Denmark and Iceland have been added, they have exceeded the threshold of the 7d incidence >50/100,00 p.e.* *The ECDC Threat Assessment Brief: Reinfection with SARS-Cov-2: considerations for public health response was published on 21 September 2020 with the following objectives (slides 4-7):* ▪ *Describe the frequency and characteristics of known reinfections* ▪ *Summarise information on SARS-CoV-2 infections and the development of antibodies*	*INIG McFarland*
	Questions about 7-day incidence: 1. *Will the threshold be raised?* 2. *Is consideration being given to no longer categorising countries with > 50 cases / 100,000 population into risk areas?* ▪ *Another approach is to define common standards with the European Commission* ▪ *There are currently no endeavours to extend or change limit values* ▪ *Risk areas continue to be defined with a threshold value* ▪ *Regional classification of the risk area* ▪ ***Thanks to ZIG 1 for the comprehensive reporting - is regarded as extremely helpful!***	*FG 32 /FG 38 Rexroth* *BMG / Andernach*

	3 How effective is it to designate everything as a risk area?	FG34 / Bremen
	▪ Trend: increase in incidences, coordination is underway, relevant information will be provided by Mr Bayer on Friday, 25.09.2020, communicated	BMG / Andernach
	AGI: possible legal action by administrative courts to be expected	FG32 / FG38 Rexroth
	National	
	Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 275,927 (+1769), thereof 9,409 (3.4%) Deaths (+13), incidence 332/100,000 p.e., approx. 245,400 recovered, reef=0.79; 7T reef=0.95 7-day incidence by reporting date Federal states (slide 2) ○ Berlin leads the way, followed by Bavaria and Hamburg ○ Berlin and Bavaria are well above the national average Total incidence ○ Higher incidences are found in Baden-Württemberg, Hamburg, North Rhine-Westphalia and Bremen before Geographical distribution in Germany: 7-day incidence ○ 32 LK >25-50 cases/100,000 p.e. ○ 2 LK >50-100 cases/100,000 p.e. ○ Leading the list: SK Hamm, SK Remscheid, SK Würzburg In the report from NRW on parties, events and bar visits but here, too, there are clear differences in the individual regions - it is important to observe closely! COVID-19 cases with exposure abroad o Decrease in COVID-19 cases exposed abroad	FG32 / FG 38 Rexroth
	Syndromic surveillance (slides here) ○ Comparable with previous season, a fortnight ago at Slight decrease in children and slight increase in adults (FluWeb rates); all within the framework of the usual seasonal Movement ○ Consultation incidence similar same course, also here everything within a seasonal framework ○ SARI case numbers and proportion of COVID stable at 3% since week 33	FG 36/ Buda

	SARS-CoV-2 in ARS (slides here) ○ *Test delay: 1.3 days turnaround time* ○ *No major changes compared to last week* ○ *Positive share by age group and calendar week: parallel and very constant trend in all age groups* *Suggestion: show the range of the delay (percentiles)*	*FG37/ Haller* *FG36/ Buda*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Not present* **Press** • *Not discussed / no update necessary*	*Press / Wenchel*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** ▪ *In the event of abridgements and any changes in the management report, please stay precise!* ▪ *In the management report, the language used in the Case fatality rate omitted* ▪ *It makes sense to insert a cautious, evasive clause (formula) here (clarify in footnote)* **b) RKI-internal** ▪ *Regulations on wearing masks at the institute should be clearly communicated (also requested by the situation centre and by Press department)* ▪ *An internal work order has already been issued and will be issued shortly. published by the management - guidelines which we will recommend outside!*	*FG32 / FG38* *Rexroth* *FG36 / Buda* *FG37 / Haller* *FG32/ FG38* *Rexroth* *Press / Wenchel* *FG12 / Mankertz*

8	**Documents**	

	• *Not discussed*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *No change compared to the previous week* • *Low rhinovirus detection* • *No influenza virus detection*	*FG17 / Dry forest*
11	**Clinical management/discharge management** • *Mr Herzog discusses international requests for the transfer of patients with the BMG*	*IBBS / Duke*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	
17	**Other topics** *Mr Wieler reports from his visit to the WHO this week as Chair of the IHR Review Committee that the Director-General Tedros Adhanom Ghebreyesus and the Executive Director of the WHO Health Emergencies Programme Mike Ryan have praised the RKI to the skies. If you had looked at the US CDC or Public Health England in the past, it would have been as follows during the COVID-19 pandemic: "the global landscape shifted to RKI".* *Mr Wieler clearly sees this as a team effort by the RKI, is very impressed by our work and expresses his high regard for us.* • *Next meeting: Friday, 25 September 2020, 11:00 a.m., via Vitero*	*FG 38/ Maria an der Heiden*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*25.09.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

Participants:

- *Pres*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Sarah McFarland*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Matthias an der Heiden*
- *FG36*
  - *Barbara Hauer*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *ZBS1*

- *Janine Michel*
- *IBBS*
  - *Bettina Ruehe*
- *ZIG*
  - *Johanna Hanefeld*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** **International trend analysis, measures** *(slides here)* *Approx. 32 million cases and over 978,000 deaths (3.1%)* *Top 10 countries by number of new cases in the last 7 days:* ○ *Little change overall* ○ *Mainly increase in 5 countries: USA, Argentina, Spain, France, Israel* ○ *All except Russian Federation and India 7d incidence/100,000 population over 50%* *7-day incidence per 100,000 population - EU/EEA/UK/CH: 11 countries, like Wednesday, Malta newly added* **RRA: Increased transmission of COVID-19 in the EU/EEA and the UK - 12th update** *(24.09.2020) (full document here) Background information (Attention: Data status 13.09.2020!)* • *Increased in the EU, significant differences between countries* • *Sustained increases of >10% in the 14-day notification rate in 13 countries (CW37): Denmark, Estonia, France, Ireland, the Netherlands, Norway, Portugal, Slovenia, Slovakia, Spain, the Czech Republic, Hungary, the United Kingdom* • *Increase in the testing rate in most countries* • *Last 4 weeks: Majority of cases (67%) in people aged 15-49, of which 25-49 make up 45% of cases* • *49 % of deaths in people >80 yrs* • *The median age of deaths is 80 years (71-86 IQR)* • *Last 4 weeks: 239 (0.%) severe cases*	*FG32/INIG Sarah McFarland*

- *Highest proportion of severe cases between 15-49 years (4%)*
- *Median age of hospitalised cases 60 yrs (41-74 IQR)*
- *Seroprevalence for the majority of regions < 15%*

On the risk to the general population, risk groups and healthcare:

- **low** *for the general population and healthcare in countries with stable or low notification rates and low test positivity*
- **Moderate** *for vulnerable people in countries with stable or low reporting rates and low test positivity*
- **Moderate** *for the general population and healthcare in countries that have a high or sustained increase in reporting rates or test positivity BUT with high testing rates and transmission mainly in young populations*
- **high** *for the general population in countries that have a high or sustained increase in reporting rates or high test positivity and an increasing proportion of cases in older populations and/or a high or increasing COVID-19 mortality rate*
- **very high** *for vulnerable people, based on a very high probability of infection and very severe consequences of illness.*

Countries categorised by trend: "stable" or "concerning"
"Concerning" = at least 2 of the following criteria:

- *high (≥ 60/100 000) or sustained increase (≥7 days) in 14- day case notification rates*
- *high (≥60/100 000) or sustained increase (≥7 days) in 14-day case notification rates in older age groups (65-79 years old AND/OR 80 years or older)*
- *high (≥ 3%) or sustained increase (≥7 days) in test positivity*
- *high (≥ 10/1 000 000) or sustained increase (≥7 days) in 14- day death rates*
- *2 categories for countries with "concerning" trends:*
- *high or increasing notification rates due to high testing rates; transmission primarily in young individuals with a low proportion of severe cases and deaths*
- *high or increasing notification rates in older individuals and an increase in proportion of hospitalised and severe cases*

	National **Case numbers, deaths, trend** *(slides here)* ○ *25/09/2020: + 2,153 confirmed cases, 15 deaths IST 296 (+3 to previous day), R: 0.91; 7-day R: 1.01* ○ *7-day incidence in the federal states: all rising, very quickly Berlin in particular (presumably due to approx. 300 older reports on the platform between Labor28 and the public health department that were not retrieved)* ○ *Berlin: Friedrichshain-Kreuzberg, Mitte, Neukölln and Charlottenburg-Wilmersdorf with 7d incidence between 41.5 and 32.8 (leading SK Hamm 96.0; SK Remscheid 71.2 and LK Dingolfing-Landau 64.4)* ○ *Positive rate of SARS-CoV-2 tests 1.2% (significantly higher than in recent weeks, laboratory test capacities remain high at approx. 1.5 million per week);* ○ *Weekly death figures CW34: 17,032 deaths (-2,261 compared to the previous week), approx. 3% above the average of the previous years 2016-19 (late registrations still possible);* ○ *Approx. 30 % of earlier deaths were outpatient, this is still being determined for current deaths (hospitalised or outpatient)* **Syndromic surveillance** ○ *Wednesday only* **SARS-CoV-2 in ARS** ○ *Wednesday only* **A comparison of the COVID-19 data from Bavaria and Munich** *(document here)* ○ *Business trip 20.9. to 23.9.2020: very rapid mobilisation required and feasible, necessity questionable in retrospect* ○ *7-day incidence by federal state relative to the end of holidays/start of school - Bavaria has no decline after the holidays, like many other federal states.* ○ *Possible explanation: Increase is in line with the general trend (trend overlap)* ○ *Age-adjusted 7-day incidence (10-year intervals) Bavaria: Outbreaks triggered by younger age groups (mainly 20 to 29-year-olds)* ○ *Age-adjusted 7-day incidences (5-year increments up to 35) age group 10-19 in particular must be divided into 10-14 and 15-19: 0 to 14-year-olds do not contribute much to outbreaks, these are triggered by older age groups (see Garmisch-Partenkirchen: a single age group carries the entire peak)*	*FG37 / Tim Eckmanns*

	○ *Exposure Germany vs. exposure abroad: especially Rosenheim (Balkans)* *→ Infection incidence currently mainly triggered by leisure time and private households* *→ The first outbreaks in hospitals and retirement homes have already list*	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*all*
5	**Communication** **BZgA** • *Not present* **Press** • *Not discussed*	*BZgA* *Press*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** **Initiative report to BMG - Quarantine for households** *(document here)* ○ *Quarantine period 14 d after last infectious contact, for infectiousness of up to 10 d: at least 24 d quarantine for multi-person households* ○ *Analysis of outbreak notification data in households (HH): with 2 to 5 cases per HH on day 0, proportion of secondary cases roughly similar (Fig. 1) - conceivable due to combination of cases with short incubation period or common external source everywhere high* *→ Number of cases per HH irrelevant, approx. 98 % to d 14* *→ Exposure occurs early in HH, the onset of symptoms in further cases depends almost exclusively on when the The disease of the primary case begins and not if or when further cases occur in the household* ○ *Previous procedure: max. approx. 24 d quarantine* ○ *proposal in the future (Fig. 2):* ▪ *Laboratory-confirmed cases with a mild course are (like so far) isolated for 10 d*	*FG36 / Udo Buchholz*

	▪ *Sick household members are tested (as before)* ▪ *Further occurring cases are isolated (as before) for 10 d from their own symptom onset* ▪ *Infected/test-negative or HH members without disease are quarantined for a maximum of 14 days, regardless of whether they are infected or not. of the occurrence of further cases in HH (NEW)* ▪ *Sick/test-negative or non-diseased persons should be protected from d 15-20 like contact persons II° behaviour (limit contacts to min., isolation & testing in case of illness) (NEW)* → *significant quarantine time savings with continued good justifiability and efficiency* → *Consent to future handling* **SARS-CoV-2 test criteria: Adjustments for autumn 2020** *(document **here**)* ○ *Adaptation of the test criteria for the upcoming ARE season to prevent overloading of medical practices and enable optimal utilisation of laboratory capacities* ○ *Restriction to Prio1 persons* ○ *no full coverage of all cases possible Recording of all cases possible* ○ *Important measure Self-isolation with ARE of at least 5 d as an acceptable measure* *Goals:* *1. Reducing SARS-CoV-2-related mortality by* *a. Cases with an increased risk of severe progression are recognised in good time and* *b. diseases in contact persons of vulnerable persons (groups) should be identified at an early stage.* *2. Detection of cases with a higher probability of exposure.* *3. Retrospectively recognise and prospectively prevent proliferation risks* *Test criteria for symptomatic persons (ARE) were adjusted (see comment in the text)* *Notes:* ○ *Use of the term "test criteria", not "test strategy" (wording of the BMG)* ○ *It is debatable whether it makes sense to specify a time component when staying in closed rooms, as a time interval of 30 minutes is usually automatically fulfilled (length of school hours)* ○ *Use of the term "mind." instead of "approximately"* ○ *Crisis team requests that the time be set at "5 d and 48 h symptom-free", also in the applicable publication on*	*FG36 / Stefan Kröger*

	Schools (compliance is a relevant factor) ○ *Switch to this new test strategy depending on threshold value* ○ *Consultation with relevant stakeholders such as KBV, AG Diagnostik BMG, AGI before publication* ○ *Flowchart customisation* ○ *New test strategy to be published as soon as possible due to increasing case numbers* ○ *Prioritisation of test strategy: as before, symptomatic before asymptomatic; event-related before non-event-related* **Preventive measures in schools during the COVID-19 pandemic** *(Preventive measures - document **here**)* *(Orientating threshold values/indicators for infection prevention measures in schools - table **here**)* *Target group: persons responsible for hygiene in schools* *For discussion:* ○ *Preventive measures* ▪ *Teaching staff should also wear an MNS or MNB in the classroom, at least when a minimum distance of 1.5 m from the pupils cannot be ensured (result see below)* ○ *Procedure in the event of a suspected case at the school* ▪ *[Persons (pupils or educational staff) with any kind of illness should be respiratory symptoms stay at home for 5 days as an orientation and only return to school when they are free of symptoms* ▪ *Procedure in the event of suspected case 5 d is adjusted to 48 h* ○ *For the use of risk indicators and limit values to assess the entry and transmission risk in schools and to derive graduated measures (risk-adapted approach)* ▪ *Remove "School bus" (see table), as separate regulations apply to public transport out* ▪ *Teachers: Use of a mask even with a low infection rate if the minimum distance is not can be maintained, with medium and high infection incidence permanent use of a mask (MNB or MNS; MNB sufficient for students)* ▪ *For older pupils/higher incidence: MNB;* ▪ *In the event of a positive case in a class: MNS; cohort nevertheless remains the first-degree contact person (health authority). Decision)* ○ *Incidences (thresholds): no change, retention of 25 (no Change to 35)*	*FG 36 / Barbara Hauer*

	○ *Delete R-value (4th column), not relevant at district level* **SARS-CoV-2 testing strategy in schools during the COVID-19 pandemic** *(document here)* *Corresponds to discussed criteria, context explained more clearly, presence operation emphasised more strongly as a goal, criteria congruent with other paper* *Note: Constancy of the term "test criteria" instead of "test strategy", cave!* *The report compiled from the individual papers will be sent to the BMG today with the note that the school papers are required at the Chancellery on Tuesday and must therefore be sent on Monday (clarification as to whether the MBG or the RKI should take over the transmission)* **b) RKI-internal** ▪ *Not discussed*	
8	**Documents** **Rapid review of the effectiveness of non-pharmaceutical interventions in controlling the COVID-19 pandemic** *(document here) Rapid review by ZIG2* *Overview of 37 OECD countries and impact of interventions and rapid review of literature on non-pharmaceutical interventions Submission as publication planned in the next two weeks* *Systematic literature search: 27 studies included in review, of which* *16 studies: Real World Data Analysis (non-modelled) retrospective explanatory approach and reappraisal (Table 1: Evidence from statistical studies of the impact of policies on the COVID epidemic) Restrictions, among others:* ○ *little information about, for example, subnational variations* ○ *Measures are viewed very differently: "Lockdown" and "Wearing a mask" unclear* ○ *Effectiveness of the measure under-measured (R, death rate, new infections,...)* ○ *Most common (see Table 1): Travel control, mask, quarantine, school and workplace closures, tracking, cancellation/restriction of public events/public transport* ○ *Nevertheless: Direction of Travel of evidence: restriction of gatherings > 5 people, home office, school interruption, wearing masks appear particularly effective, but heterogeneity is present, but quite clear differentiable with regard to sub. measures and their*	*ZIG / Johanna Hanefeld*

	Executions *<u>11 studies regarding predictive simulation modelling</u> (Table 2: Evidence from simulation studies of the impact of policies on the COVID epidemic)* ○ *Major limitation: the strength of impelementation is not measured* ○ *Please give us general feedback, we would be happy to include more papers* ○ *Conspicuousness: "Contact tracing" method appears to be less effective: BUT* ▪ *Effectiveness of implementation in the respective countries is not recorded* ▪ *Time of epidemiological activity must be taken into account (from a certain number of cases). Number of cases Contact* *less effective, additional measures such as lockdown take effect)* ▪ *Time to notification of test results varies between countries* ▪ *Can be published promptly on homepage, include limitations in summary* *Proposal: Analysing the effectiveness of contact tracing in sample countries depending on the stage of the epidemic* ○ *Measuring the effectiveness of a measure using different values (for contact tracing) in different countries and presentation of the procedure in Germany* ○ *For countries with a high number of unreported cases, stratify according to this* ○ *Compliance within the population must be taken into account* ○ *If applicable, as an independent publication via contact tracing*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *Not discussed*	*FG17 / ZBS1*
11	**Clinical management/discharge management** • *Not discussed*	*FG 36 / IBBS*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG 32*

15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Monday, 28.09.2020, 13:00-15:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*28.09.2020, 1:00 pm*
Venue:	*Viteroconference*

Moderation: Ute Rexroth

Participants:

- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG27*
  - *Julika Loss*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah McFarland*
  - *Sandra Beermann*
- *BZgA*

- *Heidrun Thaiss*
- *German Armed Forces*
  - *Katalyn Rossmann*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 32.9 million cases and approx. 995,000 deaths (3.02%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *The United Kingdom is a newcomer in 10th place, while Peru has dropped out.* ○ *Increase in % change is particularly large in the UK, Israel and France.* ○ *Israel is in first place for incidence in the last 7 days.* ○ *With the exception of India and the Russian Federation, all countries exceed the threshold value >50 for the 7d incidence.* • *7-day incidence per 100,000 inhabitants* ○ *51 countries with incidence >50* ○ *New on the list since Friday is Belize in America and San Marino and the Faroe Islands in Europe.* ○ *North and South America are particularly hard hit.* • *7-day incidence per 100,000 inhabitants Europe* ○ *11 countries with incidence >50, since Friday Malta is no longer on the list, UK has been added.* • *Summary* ○ *America: approx. 38% of new cases and 53% of new deaths in the last 7 days. Most cases/deaths in Brazil, USA.* ○ *Asia: approx. 40% of new cases and 33% of new deaths, mainly in India, Israel, Indonesia, Iraq and Iran.* ○ *Africa: comparatively few cases (2.6%), of which almost 29% are in Morocco and 19% in South Africa.* ○ *Europe: continued increase in most countries, approx. 20% of new cases, 11% of deaths.* ○ *Oceania: Decline in cases in Melbourne, Australia, measures will be relaxed from 29 September.* • *What is the reason for the low number of deaths in India?* ○ *It is not known how deaths are counted.* ○ *Perhaps because of the age composition? Only 5% of Indians are older than 60.* ○ *Demographic composition plays a role, but also where the elderly population lives (urban/rural, in institutions/family). There will be more literature on this soon.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 285,332 (+1,192), of which 9,460 (3.3%) deaths (+3), incidence 337/100,000 inhabitants, approx. 252,500*	*ZIG1 (McFarland)* *FG32 (Diercke)*

	Recovered, reef=1.18; 7T reef=0.98 ▪ More than 1,000 cases also increased at the weekend. ▪ 7-day incidence: 14 cases /100,000 pop. ○ 7-day incidence of the federal states by reporting date ▪ Berlin with the highest 7-day incidence, followed by Bremen. ▪ Slight decline in Bavaria, steady increase overall. ○ Geographical distribution in Germany: 7-day incidence ▪ The west and south are heavily affected, but other regions are also increasingly affected. ▪ Top 15 counties all with incidence >30. ▪ 4 LK with incidence >50: SK Hamm, SK Remscheid, LK Dingolfing-Landau, SK Berlin-Mitte ▪ Diffuse events in large cities. ▪ Rhön-Grabfeld: Wedding celebration with 78 guests, 36 of whom tested positive. ▪ Slight decline in incidence in Munich. ▪ 5 Berlin boroughs in list of LK with incidence >25th delay in transmission in Berlin contributes also contributes to the increase, to what extent is unclear. • Presentation of the COALA study (Corona - occasion-related investigations in **daycare** centres) (slides here) ○ COALA study design (Module 4 of the Corona-Kitastudy) ▪ Only daycare centres with an acute outbreak with at least 1 child or at least 1 Employees. ▪ Planned: 20-30 daycare centres in 6-8 months ▪ Approx. 15 children and approx. 3 carers per daycare centre. ▪ Infected and exposed persons from daycare centres and their families are visited at home, examined (mouth-nose swab, saliva sample and blood) and questioned. ▪ On day 3, day 6, day 9 and day 12, the participants take an oral and nasal self-swab and send this to the RKI together with a saliva sample. They should also keep a symptom diary. ○ Questions ▪ What role do children play in the infection process? How infectious are children? • Calculation of the secondary attack rate (how many contact persons an infected child has infected) compared to adults. ▪ How do COVID-19 infections progress in children? Through symptom diaries and the measurement of viral load can be determined every three days: • When the symptoms begin. • How many cases are asymptomatic. • How long the complaints last. • And how the symptoms relate to the amount of virus. ▪ What role does the daycare centre environment play?	FG27 (Loss)

	• *The influence of group structure, premises, outdoor area and hygiene measures is analysed.* ○ *Start of planning in June 2020; so far: finalisation of information materials, networking, approval of the ethics application, training of the field team.* ○ *From 12 October start of field phase, intensification of contacts with the GAs.* ○ *Bundeswehr offers support in establishing contact with GA.* ○ *The study will take place nationwide and will follow the outbreak events. It is not yet clear whether a selection of daycare centres can be made according to certain criteria or whether all eligible centres must be included.* ○ *Capacity limits are approx. 1 daycare centre per week.* ○ *BZgA is surprised by the positive ethics vote. However, no deep throat swab is carried out, but a combination of a swab in the mouth and in the anterior nasal cavity. This combination achieves approximately the same sensitivity as a deep nasal swab and saliva test.* ○ *Contact must always be made via the state authorities.* ○ *The project will be presented tomorrow at EpiLag.* • *Requests for administrative assistance from Berlin and Pinneberg* ○ *It is currently being examined whether the requests for administrative assistance can be honoured.* ○ *Pinneberg (SH):* ▪ *Contact has been established with the German Armed Forces, as the RKI is having difficulties fulfilling the request.* ○ *Berlin:* ▪ *Containment scouts for contact tracing, quarantine support and monitoring,* *and support for swab collection teams.* ▪ *Staff also requested for crisis unit and LAGeSo, infection control/epidemiology* ▪ *Support with Containment Scouts possible from Thursday.* ▪ *Counselling in the form of participation in certain meetings and support with evaluations, if necessary possible. Ask whether resources are available for this.* ▪ *Anne Becker from IBBS is still seconded to the Senate Administration.* *ToDo: Ms Rühe to contact Ms Becker for further information.* *ToDo: Mrs Hanefeld takes the topic to the Monday meeting.*	
2	**International (Fridays only)** • *Not discussed*	

3	**Update digital projects (Mondays only)** • *Corona warning app* ○ *Last Thursday lecture by Mr Wieler at the Academy for Public Health Service.* ○ *User-friendliness of the information in the app has been improved.* ○ *Evaluation planned using external data sources.* ○ *There is a desire to include the symptom status in the app, but other political prioritisations.* ○ *International approach planned with 3 other European countries from 15 October.* ○ *Technical application: Verification and approval of positive results by GA depend on costs incurred. (cost savings desired)* ○ *Still not all labs connected, stagnating somewhat at the moment.* • *Should symptoms of people who have tested positive also be shown? Not symptoms, but the onset of symptoms should be requested. At the moment, all people who have had contact in the last 10 days are warned after the positive result is released.*	*FG21 (Beermann)*
4	**Current risk assessment** • *To be discussed on Wednesday.*	
5	**Communication** **BZgA** • *Increasing number of questions from the population about the difference between quarantine and isolation, especially for holiday returnees when risk areas are subsequently designated.* • *Information on care facilities from the population in which the AHA rules are not observed.* • *Risk situations have been presented in detail, visualised and put on one page. Information sheet - Pay attention to the "Three Gs"! - is available and will be advertised more intensively.* **Press** • *The press office does not consider the Federal Chancellor's endeavour to have the RKI hold regular press briefings again to be sensible. Joint press conferences with the BMG are favoured, possibly a first one next Thursday or Tuesday next week. It is not yet clear whether they will take place regularly.* **German Armed Forces** • *Where and how are laboratory reports about sample backlogs recorded and does this information also go to the local GA? Background: Laboratory results are available within 2 days from Monday to Wednesday, from Thursday onwards this sometimes takes a week. In which areas is the backlog and why?* ○ *No notification, but voluntary registration of laboratories via*	*BZgA* *Press* *German Armed Forces*

	Voxco, local differentiation is not possible in this query.	
	possible. Small-scale allocation would also only make limited sense, as laboratories operate on a large scale. ○ *Further parallel enquiries of the Bundeswehr would not be expedient.* ○ *Information from ARS is more detailed. However, only information on the duration from acceptance to sampling is available, not up to the notification of results. This time period could be analysed. It would have to be clarified with the laboratories to what extent this information can be released.* *ToDo: Coordination on this between Mr Eckmanns and the Bundeswehr*	
6	**News from the BMG** • *Not discussed*	

7	**RKI Strategy Questions** **a) General** • *Update strategy paper (document here, graphic here)* ○ *Revised again after meeting with advisory committee and discussed again with Mr Wichmann, Mr Eckmanns, Mr Mielke and Mr Schaade.* ○ *The diagram describes three scenarios and identifies objectives, priorities and instruments.* ○ *The aim is to show prospects for the future.* ○ *To be presented as an RKI strategy paper at a press conference on 15 October, provided it is approved by the BMG.* ○ *Ask the crisis team to check the document to see whether an essential element has been forgotten and whether the document is congruent with the other papers.* ○ *To be sent to the BMG tomorrow. Therefore, feedback must be provided by this evening at the latest.* *ToDo: will be circulated by e-mail in the crisis team. Feedback by this evening at the latest.* **b) RKI-internal**	*ZIG (Hanefeld)*
8	**Documents** • *Changes to the contact person management paper* ○ *To be discussed on Wednesday*	*FG36/ FG37*
9	**Information on occupational health and safety (Fridays only)** • *Nothing new*	
10	**Laboratory diagnostics** • *ZBS1* ○ *In week 39, 1,747 samples were received, of which 137 (7.8%) were positive for SARS-CoV-2.* ○ *Komolo: last sample received yesterday, one sample positive so far.*	*ZBS1 (Michel)*
	○ *17/18 September Accreditation by DAkkS* • *Virological surveillance* ○ *88 samples, 55% of which tested positive for rhinoviruses.* ○ *1 positive SARS-CoV-2 detection in >50 year old man with fever, no information about risk contacts. Symptoms not so easy to distinguish from influenza. No reaction to individual cases necessary, individual cases are not yet community transmission.* ○ *Preparation for winter season, seasonal coronaviruses to be included in diagnostics.*	*FG17 (Wolf)*
11	**Clinical management/discharge management** • *Therapy instructions are currently being extensively revised.*	*IBBS*

12	**Measures to protect against infection** • *Vaccination* ○ *STIKO has a mandate to develop vaccination recommendations. German Ethics Council and Leopoldina are to be involved, i.e. 8 additional experts, not all of whom have expertise in vaccination prevention.* ○ *The first step is to develop an ethical guideline for prioritising scarce vaccine quantities.* ○ *In the course of October, FG33 will be holding meetings with vaccine manufacturers to present their vaccines.* ○ *Data from phase 3 trials are not yet available. There are up to 10 vaccines that will gradually come onto the market.* ○ *Approval by the FDA before the US elections is not desired, not even by the European authorities, i.e. the first results will not be available before November.* ○ *All vaccine manufacturers are already producing vaccines that are expected to be available from the first quarter of 2021.* ○ *An initial concept for the introduction of the vaccination was developed back in May. The concept went back and forth for months, with discussions about where to vaccinate, for example.* ○ *The concept is now to be revised again and result in a national vaccination strategy that can then be shared with the federal states.*	*FG33 (Wichmann)*
13	**Surveillance** • *Population figures, SurvNet update* ○ *From the beginning of October, new population figures will be used as a basis, possibly triggering jumps in incidence in individual districts.* ○ *The Survnet update is available, but not yet installed in many GAs. It contains more variables: e.g. in the KoNa area; multiple selection is possible for care and accommodation and the relationship to the facility; affiliation with the German Armed Forces; serological results in detail; case known through Corona-Warn-App* *Contacts; country of exposure.*	*FG32*
	○ *These variables will only be in an analysable state bit by bit.*	
14	**Transport and border crossing points (Fridays only)** • *Digital exit tickets* ○ *From 01.11.: until then scan-post solution* • *Quite a lot of commotion because Tyrol was declared a risk area.* ○ *The press only finds out what has been declared a risk area an hour beforehand at the earliest.* ○ *BMG normally informs the GAs responsible for airports in the morning which new risk areas have been added. This was not the case last week.*	*FG38*

15	**Information from the situation centre (Fridays only)** • *Interaction Review on situation management in the company will be sent to all employees this week.*	
16	**Important dates** • *CMO meeting EU Council Presidency* ○ *Tomorrow is the only CMO meeting during the German EU Council Presidency.* ○ *Contact tracing in travel is on the agenda, time frame approx. 2.5 hours.* ○ *The aim would be a decision that the carriers must provide better contact details.* ○ *One consideration is a portal in which travellers have to register.* ○ *We will be able to report more on this next week.*	*FG32/ FG38*
17	**Other topics** • *Next meeting: Wednesday, 30 September 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.09.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade

(VPräs) Participants:

- *Pres*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG 12*
  - *Annette Mankertz*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Ralf Dürrwald*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Luisa Denkel*
- *FG 34*
  - *Viviane Bremer*
- *FG 36*
  - *Silke Buda*
  - *Udo Buchholz*
  - *Anna Stoliaroff-Pépin*
  - *Stefan Kröger*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 33 million cases and approx. 1 million deaths (3.0 %)* • *Top 10 countries by number of new cases in the last 7 days:* • *Unchanged compared to Monday, India continues to lead, overall trends slightly declining, while development in Europe appears to be becoming more dynamic* • *7-day incidence per 100,000 population* • *50 countries with incidence >50; Oceania: Franz. Polynesia newly added; America: United States Virgin Islands and Guyana no longer listed; Eurasian countries: unchanged* • *7-day incidence per 100,000 population Europe* • *Newly added: Romania* • *Conference call on risk areas* • *Consultation on risk areas always takes place on Wednesdays with the BMG, BMI and other parties involved* • *Explanation of the background information as a basis for decision-making using the example of Belgium (see below)* • *On Mondays, background research on countries in focus based on WHO data (daily and regional data), the situation in the entire country is recorded and other parameters such as test rate and situation in hospital and ITS are included* • *WHO EURO data with colour coding (slide 5): Red = threshold value (50, dashed line in graph) exceeded and NO risk area (here Wallonia, Flanders); Orange = threshold value exceeded AND risk area according to RKI (here Brussels); Brussels also at > threshold value (x / 10 T) of 10 = threshold exceeded on 10 out of 10 days* • *Summary:* • *More than 1 million deaths, mainly in America and Asia* • *Currently a very active infection situation in Europe* *Note: Which case definition is used for testing should be processed via INIG if necessary, or the case definition of testing / test strategy may be of interest, but test recommendations or case definitions for testing are different in the countries and the test strategy is therefore difficult to monitor.* **National** • *Case numbers, deaths, trend (slides here)*	*ZIG1 (Luisa Denkel)*

	• SurvNet transmitted: 289,219 (+1,798), of which 9,488 (3.3%) deaths (+17), incidence 348/100,000 population, approx. 256,000 recovered, 4T R=0.96; 7T R=1.00, • 7-day incidence: 14.5 cases /100,000 population (rising slowly), Higher number of deaths in some cases, older people more affected again • 7-day incidence of the federal states by reporting date ▪ Total approx. 14.5 %, mainly Bremen, Berlin and Hamburg affected ▪ Bremen currently highest incidence, suspected cause on the press side: no specific outbreak, but caused by private parties, among other things → Here, the responsible authority is being contacted to find out whether whose data is consistent with this press information ▪ Mecklenburg-Western Pomerania, Saarland, Thuringia: very low incidence ▪ Saarland as a neighbouring region to France particularly low and Saxony as a neighbouring region to the Czech Republic Low incidence • Geographical distribution in Germany: 7-day incidence ▪ 2 CC > 50; mostly attributable to specific outbreak events (Hamm: wedding(s), Remscheid: Daycare centres, schools & returning travellers) ▪ Berlin > 25 (Mitte, Friedrichshain-Kreuzberg, Tempelhof-Schöneberg, Neukölln), calculation basis must be clarified with competent authority, delay in transmission also contributes to increase, to what extent is unclear • Included in the situation report on Tuesday: two columns in Table 3 ("COVID-19 cases transmitted to the RKI by gender and proportion of hospitalisation and death): "Number with clinical information" and "Proportion of no symptoms or no symptoms significant for COVID-19 → 30% asymptomatic proportion is not significant compared to data from serological studies in hotspots (approx. 16 %) much higher, possibly depending on the underlying depth of analysis	FG 32 (Michaela Diercke)
	Laboratory-based surveillance *(slides here)* • Test frequency (shown: approx. 1/3 of the laboratories; slide 2): peak may have been reached • Number of tests per 100,000 population by age group and calendar week (slide 3): older people and 15- to 59-year-olds continue to be tested more frequently • Positive rates by age group and calendar week (slide 4): at the beginning of the year, large differences between the age groups with positive rates of up to 15 %, now clustering well below 2.5 % • Berlin (slide 6): Age groups of the number of tests per 100,000 population by age group and calendar week show a different distribution compared to Germany (slide 3), here a significant increase in 15 to 34-year-olds, possible explanation: in Berlin	FG 37 (Tim Eckmanns)

	Currently only some of the laboratories are mapped, e.g. laboratory28: currently no data transmission possible (= approx. 90 % data from the outpatient sector, currently more data from the hospital sector) • *Berlin (slide 7): Positive share compared to Germany here in the age group of 15 to 34-year-olds and 35 to 59-year-olds (bottom right chart), but also in older age groups* • *Bavaria (slides 8 & 9): Trend here more similar to data for Germany as a whole* • *Days between sample collection and day of testing (slides 10 respective number of tests & slide 11 proportion of tests by day): e.g. 0 = test on the day of sampling; 2 = 2 days between sample collection and test; comparison Munich versus Berlin: slightly more frequent delays in Berlin, but overall majority of tests performed on the day of sampling* • *Abnormalities in the comparison of the above data will be investigated further* **Syndromic surveillance** *(document here)* • *Flu web: Total ARE rates up to 39 weeks are below those of the last three previous seasons* • *ARE rate up to week 39: children: increase one week earlier compared to previous season; adults: currently increasing, but below values of the last two previous seasons* • *AG Influenza Praxisindez: relative number of ARE visits to doctors' surgeries lower overall compared to the last three previous seasons, no current increase recorded* • *ARE consultation incidence: two peaks in children (0 to 4 and 5 to 14 years) after lockdown during partial school opening and after the end of the holidays* • *Regional ARE consultation incidence, end of holidays marked (vertical bar): highest rate overall among 0- to 4-year-olds, followed by 5- to 14-year-olds; increase in 38th week among > 60-year-olds in Berlin/BB has relativised again* • *New slide format (slide 8, COVID-19 incidence per 100,000 population): right y-axis scaled to 10,000, left y-axis to 100; currently slightly higher autumn level, usual increase in children or schoolchildren after holidays; opposite after flu epidemic, adults most affected here; currently (around week 39) COVID-19 cases are i n c r e a s i n g in the 15-34 age group, partly reflected in ARE activity (COVID-19 only a small proportion of ARE)* • *ICOSARI-KH-Surveillance - SARI cases: normal seasonal level, transiently higher proportion of hospitalised children decreased again* • *Proportion of SARI cases with COVID diagnosis: increased to 5% in week 38* *ToDo: Determine possible explanations for the increase before the end of the holidays (around week 27 in Berlin/BB, around week 30 in Bavaria and BaWü) with the exception of NRW (see slide 7)*	*FG 36 (Silke Buda)*

2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *No need*	*all*
5	**Communication** **BZgA** • *Not present* **Press** • *Currently bottlenecks regarding internet presence until probably next week* *ToDo: Addition of "L" for ventilation and "C" for corona warning app to the AHA rule still needs to be clarified, possibly with BMG or BZgA (currently not available there)* **German Armed Forces** • *Not present*	*BZgA* *Press (Ronja Wenchel / Susanne Glasmacher)*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** • *Strategy paper in the BMG for approval* • *Feedback on the further handling of recommendations (e.g. with regard to domestic quarantine) is pending from the BMG* • *Overload notifications currently from SH Pinneberg and Berlin; according to EPILAG 29 September, many other BuLä but very close to overload notification* • *Contact tracing essential, should be maintained* • *Containment Scouts an extremely successful model of support* *To Do: In consultation with health authorities, clarify how workload can be reduced (e.g. with regard to daily calls from people in quarantine by the health authorities)* *To Do: Proactively approach the BMG: Based on our impression and positive feedback from the federal states, we propose the deployment of a further 500 containment scouts. In addition, we remind you of the commitment of the federal states (see resolution: for every 20,000 inhabitants, 20*	*Management (Lars Schaade)*

	Teams of 5 persons are provided by the respective LK) **b) RKI-internal** • *Not discussed*	
8	**Documents** *Changes to the contact person management paper (document here)* • *Contact persons category I, two case definitions are distinguished (see p. 3):* • *A. Infectious virus is transmitted from the source case via aerosols/small particles (hereinafter referred to as "aerosol(s)") or (in much smaller numbers*) emitted via droplets. [...] Near field > 1.5 m* • *B. Aerosols can float for hours in an unventilated or poorly ventilated room, whereby the virus capable of replication has a half-life of about 1 hour. [...] Distance to source irrelevant.* • **Supplement to be deleted (see below)* • *These case definitions are now described in more detail* • *Change accordingly in table: KP1 differentiates between near field and aerosol, clearer headings* • *Should be cancelled (p. 6): Testing of asymptomatic category 1 contacts for early detection of pre- or asymptomatic infections should be carried out. Testing should take place as early as possible on day 1 of the investigation in order to quarantine possible contacts of positive asymptomatic contact persons in good time. In addition, a second test should be carried out 5-7 days after the first exposure, as this is the time when there is the highest probability of pathogen detection. It should be emphasised that a negative test result does not cancel the health monitoring and does not shorten the quarantine period!* • *Synopsis of contact person management (p. 12): Contact reduction for category III: "No" At this point, a more precise statement on private contacts is desired (this also applies to CPs who are allowed to return to work after one week if there is a staff shortage, even though they are CP 1)* • *Discussion: FG14 points out the discrepancy between the permissibility of MNB in patients and the BAuA's protective mask recommendations and asks for a decision from the crisis unit. The SC decides that this passage should remain.* • *To Do: "or (in much smaller numbers) via droplets" : instead of "or" please use "AND" and delete "(in much smaller numbers)"*	*FG36 (Anna Stoliaroff-Pépin)*

	To Do: Subdivision near field - far field should be widely explained, not only here or in the profile but also in explanatory videos, please ask Mrs Rexroth to contact the BZgA about this *To do: Please circulate again in a smaller distribution list/the respective working groups under the leadership of FG 36 and participation of FG37 and FG14. Consolidated version: Deadline Monday or Wednesday to be discussed again in the crisis team!* *Discussion points to be taken into account:* • *Discrepancy to the general recommendation of the MNS of the BAuA, if applicable* • *Recommendation in this document applies to general outpatient care, not exclusively hospital care* • *BAuA competence towards employees versus patients* • *Reference to other hygiene recommendations* • *Further points to note: Degree of detail of the definitions (duration, room size, with regard to particle half-life, quantifiability of a person's viral load), possibility of new enquiries and misunderstandings, etc.* • *Choice of test times or possibility of saving tests: as early as possible from day 1 of the investigation and on days 5 - 7:* • *if necessary, omit day 1 after determination, as this would be day 3 or 4 anyway, or* • *Keep the first test time, as the person concerned is quarantined afterwards anyway, then serves as KP information*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *Virological surveillance: stable level, 50% rhinovirus, no further influenza/SARS-COV2 detections*	*FG17 (Dürrwald)*
11	**Clinical management/discharge management** • *Increase in living wills to forego ventilation observed* *To Do: Please include "Clinical Management" in the agenda for Friday*	*FG36/IBBS (Christian Herzog)*
12	**Measures to protect against infection** • *Not discussed*	*FG33*
13	**Surveillance** • *Not discussed*	*FG32*

14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates** • *CMO meeting EU Council Presidency: among other things, contact person tracking addressed, generally positive outcome, currently working on summary*	*FG32/ FG38 (Maria an der Heiden)*
17	**Other topics** • *Next meeting: Friday, 02 October 2020, 11:00 a.m., via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.10.2020, 11:00 a.m.*
Venue:	*Viteroconference*

Moderation: Lars Schaade (Moderation) Participants:

- *Management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG 12*
  - *Annette Mankertz*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Oh Dschin-Je*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG 36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG 37*
  - *Tim Eckmanns*
- *FG 32/38*
  - *Ute Rexroth*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *INIG*
  - *Luisa Denkel*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZIG*

- *Johanna Hanefeld*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Data status 01.10.20* ○ *Top 10 unchanged compared to Wednesday, only two countries have swapped places;* ○ *New cases on the American and Asian continents appear to be stabilising at a high level.* • *7-day incidence per 100,000 population* ○ *Today 55 countries with 7-T. inc. > 50 cases/100,000 inhabitants. Compared to Wednesday, there are 5 more countries today;* ○ *In Africa: steep rise in Tunisia (50.74)* • *7-day incidence per 100,000 population Europe* ○ *Newly listed: Slovakia and Ireland* • *Study: "Seroprevalence of SARS-CoV-2 antibodies in people with an acute loss in their sense of smell and/or taste in a community- based population in London, UK: An observational study"* ○ *Published yesterday in PlosMed; conducted in the UK;* ○ *78% of patients with acute loss of taste and odour tested positive for SARS-CoV-2;* ○ *40% of them had no other symptoms (meaning no cough or fever in the study);* ○ *Participants with loss of smell were three times more likely to be seropositive and those with loss of smell and taste four times more likely to be seropositive than those with acute loss of taste;* ○ *Caution: Here, mild cold symptoms (blocked nose) were not rated as a symptom.* • *Summary:* ○ *High number of new infections in America and Asia, but declining trend recognisable;* ○ *Infections remain very active in many European countries (Spain, France, UK, Czech Republic, Netherlands, Slovakia; Poland)* ○ *POTUS and FLOTUS have tested positive for COVID-19* • *Questions* ○ *How common is loss of odour with other viral diseases, or with COVID?* ○ *Loss of smell without nasal congestion is a very specific symptom of COVID-19, but is not present in all infected people;* ○ *Caution with GB study: adhere closely to WHO Def. Here, mild cold symptoms are interpreted as no symptoms at all*	*INIG (Luisa Denkel)* *Press* *FG 36(Silke Buda)*

	National • *Case numbers, deaths, trend (slides here)*	*FG 32 (Michaela*

	• SurvNet is transmitted: +2,673 new cases, this increase in the R value is not yet so clear; also not in ITS compared to the previous day • 7-day incidence of the federal states by reporting date ○ Increase mainly in Bremen and Berlin: On enquiry at both state offices, a diffuse event is mentioned; no outbreak event ○ Slight increase in NRW and HH ○ A slight increase in the national average continues • Geographical distribution in Germany: 7-day incidence ○ 43 LK have over 25-50 cases/100T population; ○ only 5 districts in which no cases were reported; ○ specific outbreak in Hamm and SK Berlin Mitte • No. of SARS-CoV-2 tests (as at 30/09/2020) ○ Since the start of testing in Germany up to and including week 39/2020, 16,999,253 laboratory tests have been recorded, of which 328,566 tested positive for SARS-CoV-2. ○ See no increase for now, more people tested, pos. rate slightly increased to 1.22% • Sample backlog (as at 30/09/2020) ○ In week 39, 46 laboratories reported a backlog of 15,983 samples to be processed ○ 35 laboratories cited supply difficulties for reagents • Mortality surveillance this refers to data as at the end of August ○ No excess mortality recognisable at present	Diercke)
	• ITS shows a small increase compared to the last few months, enquiry with the DIVI team for better presentation has already been made • Berlin is actually a so-called unitary municipality and thus a district; Mecklenburg-Western Pomerania also sees Berlin as a unitary municipality; as soon as a 7-T. inc. per 100,000 inhabitants of over 30 cases is reached, there is no accommodation for tourists from Berlin. • STAKOB also reports increase in ITS occupancy	FG32/38 (Ute Rexroth) FG37 (Tim Eckmanns)
2	**International projects (Fridays only)** • Mission in Kosovo comes to an end; Mrs Hanefeld travels to Kosovo to conclude the project on Monday ○ After 2 weeks of intensive exchange, support and training in the laboratory as well as in the clinical area with broad support from BW, STAKOB and many other organisations. • Another mission from mid-October is Namibia: ○ twinning project; specifically support for the COVID-19 situation; problems mainly in the clinical area • New coordinator of the global SeroStudies: Welcome Mrs Sophie Müller ○ The aim is a common RKI approach • Charité has provided a lot of support in Latin America. Now	ZIGL (Johanna Hanefeld)

	Meeting with foreign representatives of the federal states in Berlin for follow-up/reworking of assignments in the field of diagnostics, very interesting	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *View risk assessment update: Whether we always ventilate (should be more present next to AHA) and whether CWA (BMG uses A for App) should be included* • *Latest Rapid Risk Assessemnt of the ECDC shows discrepancy to German assessment, we should explain this* • *Schaade: Use abbreviations like the BMG* *To Do: Mrs Buda makes a formulation proposal by Monday (05.10.20) to prevent/clarify misunderstandings due to the discrepancy between ECDC RRA and our assessment.*	*All* *Management*
5	**Communication** **BZgA** • *Not present* **Press** *No update points; nevertheless 30-40 enquiries per day from the press* **German Armed Forces** • *Not present*	*BZgA* *Press*
6	**News from the BMG** • *Not present*	

7	**RKI Strategy Questions** **a) General** • *Quarantine condition for children:* ○ *On behalf of Mr Wieler Report on conversation:* ○ *Reported: GÄ order quarantine for children under extreme measures; children are to remain isolated alone in the room for 14 days and only have contact with their families at mealtimes;* ○ *Hence complaints from parents;* ○ *Can we clarify how quarantine for children under 10-12 years is meant?* ○ *Consent from participants* ○ *The IBBS and BZgA had produced leaflets on quarantine, so a leaflet on child quarantine could be developed on the basis of these.* *To Do: IBBS (FF) in collaboration with FG36 is commissioned to develop an information sheet on child quarantine.*	*Management (Lars Schaade)* *FG36 (Silke Buda)*
	b) RKI-internal • *According to a press release, MNS is also mandatory in the working environment in Berlin, but not when sitting at the workplace (as is already the case in restaurants); will be implemented in the building from Monday* • *Staff Council now proposes the installation of disinfection stands in the properties after all;* ○ *As contact transmission plays a minor role, the majority are against the installation of the disinfection stands in a manual vote* • *New test criteria paper: For which tests is this valid? Only applies to PCR tests, as only validated tests, as long as antigen not yet validated* • *(Positive) effect of the corona measures on communicable diseases* ○ *Mrs Rexroth and her team are already working on the topic. Mr Wieler has been informed. The topic will be presented soon* ○ *Interpretation proves difficult* ○ *Much consultation with FG33* ○ *Mrs Mankertz retires from the FF*	*Management (Lars Schaade)* *All* *Management (Lars Schaade)/ FG36 (Stefan Kröger)* *FG12 (Annette Mankertz)*

	• *IFG enquiry by NDR: Nowcast of the BL - fundamental discussion: put online vs. answer specifically?* ○ *Reports on the nowcast to BL are not legally classified as worthy of protection. Will be given to NDR, putting it online could provoke even more enquiries;* ○ *This legal assessment probably also applies to other reports to the BMG, e.g. on capacity monitoring, escapes and DIVI updates;* ○ *Please keep this legal assessment in mind for all reports that are later released through IFG requests* ○ *Mr an der Heiden has requests to publish the code of the R-value and the nowcasting. Considering putting this online;* ○ *Please bear in mind that the code/script contains unpublished variables. These would then also be requested after publication;*	*FG38/ all*
8	**Vaccination update** • *Update on the discussion with the BL on the purchase and use of influenza vaccines:* ○ *Federal government has purchased 6 million vaccine doses* ○ *Also includes 500,00 doses of the Sanofi high performance vaccine (Efluelda); this is 10-30% more effective than previous vaccines on the market; this is more likely to be used in nursing homes and will not be available until Nov;* • *Recording of Covid-19 vaccination rates:*	*FG33 (Ole Wichmann)*

	○ *Earlier this week, I spoke to the BMG on the phone about recording vaccination rates: this recording is the national standard for vaccination. We need to know who is vaccinated with which vaccine.* ○ *So far, the BMG has planned 3 parallel stand-alone systems: These include vaccination rate recording by vaccination centres, PEI app for recording side effects;* ○ *If the vaccination rate recording is given to the RKI by the BMG, because we have many new jobs through the ÖGD contact centre* ○ *More information at the BMG than with us, so there is now a direct exchange with the manufacturers, e.g. with biontec; this probably first market entry already via 33,000 people vaccinated: side effect headache, batches will be ready from 01.12.2020, how many vaccination sites are needed? Vaccine purchased, but not yet the solvents for it* ○ *Problem: We need a complete/centralised, well-positioned recording of vaccination rates. But our staff resources do not allow for this.* ○ *As an alternative, the BMG mentions the recording of vaccination rates by the KVs;* ○ *RKI submitted draft to BMG for registration in May and no decision yet* ○ *Priority is: work on what we have as existing systems; for example: no funding extension for DEMIS to date; the funding expires on 1 January 2021;* ○ *Please contact Mr Wichmann directly with KVs, because we need to record the vaccination rates* ○ *Recording vaccination rates by telephone surveillance as in 2009 as an alternative to the KVen solution* ○ *Discuss further procedure with FG33 at management level* *ToDo: Meeting at management level on the further procedure for recording vaccination rates*	
9	**Documents** • *Not discussed*	*FG36*
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	

11	**Laboratory diagnostics** • *Statistics: 1,157 samples, 8.5% positive rates,* ○ *SK Tempelhof/Schöneberg: positive rate 22%!!!* • *Presentation: Comparison of antigen tests (RDT) via ZBS1 (slides will be submitted later by ZBS1)* ○ *Previous results ZBS1* ○ *Goal: evaluation of rapid tests by BMG commissioned less than one week Time: identical samples for selected tests* ○ *Several participating laboratories in cooperation with RKI* ○ *Test selection should actually be based on market research but due to time constraints, everyone has been tested with the what they had;* ○ *Previous tests: Existing vs. planned* ○ *Preparation of reference samples: VL determined by qPCR, freezing/thawing hardly any influence and also no influence whether PBS vs. medium* ○ *Instructions for use sent to partner: 50 tubes at Store at -80 degrees,* ○ *RKI results from this standard: frozen then thawed then tested: small overlap between positive and negative results* ○ *Indication of the 50% and 95% probability of detection* ○ *Outlook: Cultivation of selected samples, evaluation of RKI data, compilation of all partner data, evaluation with PEI, final evaluation of Abbott ID- NOW (nucleic acid test)* ○ *Testing in the other institutes will take place from now on* ○ *Many thanks from the management to Mrs Michel and the team for this achievement in such a short time*	*ZBS1 (Janine Michel)*
12	**Clinical management/discharge management** • *Clinical management update on Monday, as the STAKOB is still in session* *To Do: Clinical management update on the agenda for KS on Monday, 5 October 2020*	*IBBS (Schulz-Weidhaas)*
13	**Measures to protect against infection** • *Not discussed*	

14	**Surveillance** • *Update SurvNet is currently being downloaded, info letter in preparation;* • *approx. 22 GÄ and most LS have already downloaded the new update;* • *Version runs stable, but very extensive updates, which generates a lot of demand;* • *From 5 October 2020, incidence calculations will be carried out using the new population figures; this could result in jumps in incidence rates;* • *Unfortunately, the federal states have different cut-off dates than RKI; this was noticed this week at the SK Berlin-Mitte;* • *This could be explained in the management report;* • *Please coordinate with these federal states at the beginning of the week, as cancellations of Bundesliga matches cause a lot of resentment;* • *RKI incidences tend to be lower than BL data due to transmission delay; local data are more accurate; BL often use their reporting registers to calculate incidences in relation to Population;*	*FG32 (Michaela Diercke/ Ute Rexroth)* *Press/AL3* *Management* *FG32*
	• *Destatis had only published the population data as at the end of 2018 in Sept. 20; need these for breakdown by e.g. age groups and gender;*	
15	**Transport and border crossing points (Fridays only)** • *Maria: new regulations from the BMG with entry into force on 29.09.20; RKI related content:* ○ *exit tickets can also be collected by the Federal Police when travellers arrive from non-EU countries* ○ *Previously carriers collected the tickets, now travellers give them directly to the Federal Police and the latter to the GÄ;* *RKI addresses are given for enquiries* ○ *Next order on 15.10.20 RKI* • *Report on digital exit cards: no mention of the RKI from the BMG, hope project remains with the BMI for the time being;*	*FG38*
16	**Information from the situation centre (Fridays only)** • *Situation Centre (LZ) Update with presentation (slides here):* ○ *Shift times changed by LZ: 8.30-18.00 and position International Communication until 21.00;* ○ *Decrees with a very short deadline (2-3 hours)* ○ *AL3 calls for more support for the LZ shifts, especially for employees outside Dept. 3*	*FG38*
17	**Important dates** • *None named*	

18	**Other topics** • *Next meeting: Monday, 05.10.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

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	• *SurvNet is transmitted:* *+2,673 new cases, this increase in the R value is not yet so clear; also not in ITS compared to the previous day* • *7-day incidence of the federal states by reporting date* ○ *Increase mainly in Bremen and Berlin: On enquiry at both state offices, a diffuse event is mentioned; no outbreak event* ○ *Slight increase in NRW and HH* ○ *A slight increase in the national average continues* • *Geographical distribution in Germany: 7-day incidence* ○ *43 LK have over 25-50 cases/100T population;* ○ *only 5 districts in which no cases were reported;* ○ *specific outbreak in Hamm and SK Berlin Mitte* • *No. of SARS-CoV-2 tests (as at 30/09/2020)* ○ *Since the start of testing in Germany up to and including week 39/2020, 16,999,253 laboratory tests have been recorded, of which 328,566 tested positive for SARS-CoV-2.* ○ *See no increase for now, more people tested, pos. rate slightly increased to 1.22%* • *Sample backlog (as at 30/09/2020)* ○ *In week 39, 46 laboratories reported a backlog of 15,983 samples to be processed* ○ *35 laboratories mentioned supply difficulties for reagents Slide 6 Mortality surveillance based on data at the end of August, currently no excess mortality* *Note Ute IS a small increase in comparison, enquiry to the DIVI team for better presentation; Berlin: actually a single municipality and thus a district, MeckVorP also sees it that way and with over 30 no accommodation for tourists from Berlin.* *Timm: StrKob reports increase in actual occupancy* **Laboratory-based surveillance** *(slides here)* **Syndromic surveillance** *(document here)*	*Diercke)*
2	**International (Fridays only)** • **Projects:** • **Mission in Kosovo comes to an end; goes there on Mon. for exchange after 2 weeks of intensive support training in the lab but also in the small area. BW StarKob and many other organisations** • **Further mission 17.10. Namibia, twinning project; especially support for COVID situation problems in the clinic area** • **SeroStudies global coordinator Sophie Müller newly hired: Aim of joint RKI approach** • **Charité has supported many projects in Latin America. region. Now meeting with foreign representatives of the countries in Berlin to follow up/rework assignments in the field of diagnostics, very interesting**	*ZIG Hanefeld*

3	**Update digital projects (Mondays only)** •	
4	**Current risk assessment** • *View risk assessment update: Whether we always air (should be more present next to AHA) and CW (BMG uses A for app) should be included* • *Latest ECDC Rapid Risk Assessment Explains discrepancy with German assessment* • *Use the same methods as BMG, case numbers are rising* • *Silke. Prepare for whether potential for misunderstanding about ECDC assessment She suggests something by Mon.*	*all*
5	**Communication** **BZgA** • *Not present* **Press** *No update points; nevertheless 30-40 enquiries per day from the press* **German Armed Forces** • *Not present*	*BZgA* *Press*
6	**News from the BMG** • *Not present*	
7	**RKI Strategy Questions** **a) General** **Mr Wieler in conversation with Anna Berbaum: GÄ quarantine for children under extreme measures: Children 14 days isolated alone in room only given food; Therefore complaints by parents; Can we clarify for children under 10-12 years how quarantine f. children are meant. Ute: very much in favour of softening this** **Silke: Did IBBS give a leaflet on quarantine, possible to develop for child quarantine?** **Ute: I agree. BZgA also has information specifically on quarantine for children** **But no quarantine of contacts of contacts, only if case in family; then the whole family in quarantine Schulz-W: plus FG36 u 37 collect existing docs put everything together** **ToDo: IBBS (Schulz-Weidhaas) receives this as an assignment Develop leaflet for child quarantine in support of FG36** **b) RKI-internal** • *Via press release, MNS is mandatory in Berlin if not at the workplace; Will be implemented in the house from Monday; Perhaps after all*	*Management (Lars Schaade)* *Shade*

	The staff council suggests disinfection stands, Silke: Since contact transmission plays a minor role, Drosten also says, therefore do not set up stands • *Brunke joins Silke* • *Show of hands in favour of stands: 2 in favour; 8 against (majority)* • *New test criteria paper: For which tests is this valid? Kröger: Only applies to PCR tests, as they are the only validated tests as long as the antigen has not yet been validated.* • *Validation with PCR for antigen tests still necessary, therefore so far point pos effect of corona measures on other diseases Ms Mankertz: Ute is already working on this topic Mr Wieler knows about it; current status will be presented soon, interpretation difficult, much to be discussed with FG33, Ms Mankertz withdraws from FF* *-Reports on the nowcast to BL are not legally classified as worthy of protection. Will be given to NDR, online posting could provoke even more enquiries* *-Also applies to capacities monitoring outbreak reports DIVI to BMG* *-Keep in mind with all reports that they will later be released through IFG requests* *-Osamah: Matthias may publish enquiries about the code of the R-value nowcasting* *-Diercke: Addition: need licence application from Dept.1; problem with code/script publication includes unpublished variables, which would then also be requested* *-The legal department provides an overview of large IFG requests, rather refuse to be sued*	
8	**Vaccination update** *Short: Discussion with BL on influenza vaccines; federal government purchased 6 million vaccines also 500,00 vaccine doses from a Sanofi a high-performance vaccine (Fluelda) 10-30% more effective than previously on the market; compromise rather used in nursing homes, will only be available in Nov.* *-Telephone call with the BMG to record vaccination rates: National vaccination status. We need to know who is vaccinated with which vaccine. 3 Parallel stand-alone systems: Vaccination rate recording by vaccination centres, PEIS app for recording hub effects Vaccination rate recording to be given to the RKI by the BMG because we have many new posts due to ÖGD contact point* *-More information at the BMG than with us, therefore exchange directly with manufacturers, e.g. BionTec probably first market entry already vaccinated over 33,000 people: side effect headache, from 01.12.2020 the batches are ready, how many vaccination sites do you need? Vaccine purchased, but not yet the solvents for it* *-Problem: When BMG asks whether KVs or RKI vaccination rate recording? KVs are not centralised; RKI submitted draft to BMG in May and BMG has not yet made a decision* *Osamah: SORMAS under a lot of pressure from BMG to fulfil their expectations; although it's clear that we won't be able to do this* *Ute: Honestly, we would not be able to achieve a vaccination quota.*	*FG33*

	Prioritise what we have as an existing system; no extension of funding for DEMIS as of 1 January 2021; please prevent the vaccination quotas from being given to KVs *Osmah: How do we deal with it when the BMG orders us to do this like CWA* *Schaade: Example: When BMI has finished programming, the exit cards will also be sent to the RKI* *Osamah: SORMAS, exit cards, CWA all ordered by the BMG and sent to the RKI* *Schaade: Ask Mr Wichmann to speak directly with KVs about this* *Ole: We need this data, who programmes these minimum requirements* *Lars: Read vaccination data into a database using the KVen software or via telephone surveillance as in 2009 as an alternative to the KVen solution* *Timm wants to summarise: SORMAS and CWA use up resources pointlessly because they don't achieve anything. But clear priority to more important projects such as vaccination recording!* *Hamouda: How do we deal with it if BMG orders and we cannot refuse.* *Silke/Michaela: GrippeWeb is prioritised lower than SORMAS at ITZBund, this comes from Department 5 of the BMG, Mr. Rottmann wanted to take care of it.* *ToDo: Meeting FG33 Abt3*	
9	**Documents** •	*FG36*
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
11	**Laboratory diagnostics** • *Statistics: 1157 samples, 8.5% positive rates, Tempelhof/Schöneberg: positive rate 22%!!!* • *Presentation: Comparison of antigen tests (RDT) via ZBS1* *2. Slide previous results ZBS1* *3. Slide Objective: Evaluation of rapid tests by BMG commissioned less than one week time: identical samples for selected tests Slide TN* *Folie Test selection actually through market research, but due to limited time everyone tests what they have,* *Slide previous tests: Existing vs. planned* *Slide Preparation of comparative samples: VL determined by qPCR, freezing/thawing hardly any influence and not PBS vs. medium Foil Instructions for use sent to partner: store 50 tubes at - 80 degrees* *Slide results RKI from this standard: frozen thawed again then tested: small overlap between pos. neg* *Results*	*ZBS1*

	50% detection probability: 10 to the power of 3 - 10 to the power of 4 RNA copies Slide Outlook: Cultivation of selected samples, evaluation of RKI data, provision of all data from partners, evaluation with PEI, final evaluation Abbott ID-NOW (nucleic acid test) testing in the other institutes will now take place *Many thanks from the management to Michel and the team for this achievement*	
12	**Clinical management/discharge management** • *Clinical management update on Monday*	*IBBS (Schulz-Weidhaas)*
13	**Measures to protect against infection** • *Not discussed*	*FG33*
14	**Surveillance** • *Update SurvNet is currently being downloaded, info letter in preparation* • *Are about 22 GÄ most LS new update downloaded* • *Version runs stable, but very extensive generates a lot of demand* • *From 05.10. is carried out on new population figures, could jumps in inc. Unfortunately, other countries have different cut-off dates, which was noticed this week in Berlin Mitte* • *Explain in the management report (Press/Osamah)* • *Please coordinate with these countries at the beginning of the week, as there is a lot of resentment when Bundesliga matches are cancelled.* • *Diercke: Inc. Due to transmission delay, therefore our data is rather lower, therefore better data on site more up-to-date more accurate* • *Wieler: Population figures were previously from the end of 2018* • *Diercke: Destatis only published this data in Sept. 20; need this data broken down by age group, gender;* • *Ute. LK partly take their registration register*	*FG32*
15	**Transport and border crossing points (Fridays only)** • *Maria: new regulations BMG with entry into force 29.09.20:* *Content: exit tickets can also be collected by the Federal Police if travellers come from non-EU countries* *-Previously carriers collect the cards, now the travellers give them directly to the federal police and these to GÄ, RKI addresses are given for enquiries* • *Next order on 15.10.20 RKI* • *Report digital exit cards: technical contact person BMG no mention of RKI, hope project remains with BMI for the time being*	*FG38*

16	**Information from the situation centre (Fridays only)** • *Situation Centre Update (Presentation)* *Shift times changed by LZ: 8.30-18.00 and Int. comm. Until 9 p.m.; decrees with very short notice (2-3 hours)* *AL3 Call for more support outside Dept. 3 for LZ*	*FG38*
	Layers	
17	**Important dates** •	*FG32/ FG38*
18	**Other topics** • *Next meeting: Monday, 05.10.2020, 13:00, via Vitero*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.10.2020, 13:00 h*
Venue:	*Vitero/Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Christina Leuker*
- *ZBS1*
  - *Janine Michel*
  - *Andreas Nitsche*

- *Luisa Denkel*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 34.9 million cases and approx. 1 million deaths (3.0%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Countries not changed* ○ *Falling trend in the United States for several days and rising trend in the UK and Russian Federation.* • *7-day incidence per 100,000 inhabitants* ○ *55 countries with incidence > 50* ○ *Tunisia is barely off the list.* • *7-day incidence per 100,000 inhabitants Europe* ○ *16 countries in EU with incidence > 50* • *Study: Epidemiology and transmission dynamics of COVID-19 in two Indian states* ○ *Large Indian study with approx. 85,000 cases and 600,000 contact persons* ○ *Results:* ▪ *Children of all ages can become infected and infect others.* ▪ *A small number of people (5%) are responsible for the majority of transfers (80%).* *Most people (71%) do not appear to have infected anyone.* • *Summary (past 7 days)* ○ *Africa: still low proportion of cases (2.6%) and deaths* ○ *America: 37.6% of all cases* ○ *Asia: 38.4% of all cases* ○ *Rising trend in Europe (22.3% of all cases)* ○ *Hardly any infections in Oceania* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 300,619 (+1,382), of which 9,534 (3.2%) deaths (+5), incidence 362/100,000 inhabitants, Reff=1.21; 7T Reff=1.08* ○ *7-day incidence: 16.8 (rising)* ○ *ITS: 424, change from previous day: +20* ▪ *It is important to consider not only the change from the previous day, but also the trend: shows a slight increase in the* *Number of Covid-19 cases in intensive care.*	*ZIG1 (Denkel)* *FG32 (Diercke)*

	▪ *Number of beds: Does this reflect the number of staffed intensive care beds?* *ToDo: Mrs Diercke asks how the data is collected.* ○ *7-day incidence of the federal states by reporting date* ▪ *Overall incidence is rising continuously.* ▪ *Highest incidences in the city states of Berlin, Bremen and Hamburg* ▪ *Calm in Bavaria* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *7 LK with incidence > 50* ▪ *44 LK with incidence >25* ▪ *Hamm: Outbreak in connection with wedding* ▪ *Remscheid and Berlin: diffuse outbreaks* ▪ *Vechta: Breakout in nursing home* • *What measures has Bavaria taken to minimise the rising Can the trend be stopped?* ○ *Individual measures, such as wearing a mask, were better communicated in Munich than in Berlin, for example.* ○ *The recommendations of the RKI have all already been agreed and passed on to the BMG. They must also be communicated at a political level.* ○ *BZgA has described risk situations together with AHA messages on its website.* ○ *Other indicators also show clear signs of an increase, e.g. more outbreaks in retirement and nursing homes. There is a need for action. RKI should point this out to politicians again.* ○ *What is the instrument for this? To be addressed tomorrow at ministerial talks. Could be addressed in AGI.* ○ *The situation in Munich and Berlin is not comparable. The target group, young adults, does not see the threat. This group is the key to preventing a new lockdown.* ○ *What are instruments from the RKI? New extrapolation?* ○ *Projections are too abstract for the population and would only be relevant for politics.* ○ *The medical profession should once again make it clear what a severe COVID infection means. Long-term consequences should be communicated by professional associations.* ○ *BZgA has prepared materials for young adults. It is a political decision as to whether it can go public with them. Joint appearance of BZgA and RKI makes sense.* *ToDo: Consultation with BZgA on how to approach politicians with the materials.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	

4	**Current risk assessment** • *Discrepancy with the assessment in the last RRA ECDC* ○ *Postponed to Wednesday* • *Should the risk assessment be adjusted?* ○ *Thin line between reacting too quickly and too late.* ○ *Do not set it to "very high", but adapt the wording (escalate it slightly).* *ToDo: Mr Haas will send a formulation proposal by Wednesday, which will be supplemented by the crisis team.* ○ *Mr Wieler is in BPK with the minister on Thursday and can communicate the risk assessment.*	*All*
5	**Communication** **BZgA** • *motif line for young people performed well in the pre-test in the group of 14-17 year olds, not so well with young adults.* • *Stickers have been developed for schools to encourage regular ventilation.* • *Posters advertising the flu vaccination have been put up. There is a supply bottleneck for the vaccine, waiting time 4-5 weeks.* ○ *Concern that risk groups will no longer receive the vaccine or have already been vaccinated (i.e. too early). Optimal vaccination months are October and November.* • *Many questions from the population about entry bans and quarantine when (returning) from risk areas within Germany, especially in view of the upcoming autumn holidays.* ○ *Does the RKI have an overview of which BL have which rules? The federal government's website links to the corona regulations of the BL. There is no tabular overview.* ○ *MV and SH have quarantine regulations. MV considers Berlin as a whole, SH the individual districts. There are accommodation bans in some BL. Some BL do not designate risk areas within Germany. Berlin has designated risk areas within Germany, but this does not apply to individual districts in Berlin.* ○ *Risk areas within Germany are to be abolished.* • *Would special communication be useful for certain groups, e.g. the Turkish community, who do not use the BZgA hotline of their own accord?* ○ *Materials in various languages are available and should be specifically advertised.* **Press** • *Mr Wieler will take part in the Federal Press Conference together with Minister Spahn on Thursday, 8 October.* • *Vigil on the north bank: should it be communicated in the building how this should be handled?* ○ *Gate has been instructed, RKI receives information in advance if a vigil is planned. There are currently only 2*	*BZgA* *Press*

	people. Topic: Exposure of the population to the	
	Measures, ratio of measures to threats. Up to now, vigils have tended to be viewed from a security perspective. ○ *Communicating how employees should not react does not make sense at the moment.*	
6	**News from the BMG** • *Not discussed*	*BMG liaison*

7.	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Assessment of the draft bill to amend the ordinance on the right to testing* *(Draft here, summary discussion here)* ○ *Content: Reimbursement of antigen tests in addition to PCR. As a supplement to test options and to avoid bottlenecks in PCR, the regulation is intended to create a basis for billing. Intervals for cost reimbursement are defined.* ○ *Expectation: RKI defines minimum criteria for antigen tests and provides a list of tests that fulfil these criteria. This would lead to national market distortions; this problem has already been expressed by Mr Mielke to the BMG. Minister wants the naming of qualitatively sufficient tests. Actually the task of the BfArM, legal clarification from our side should take place.* ○ *§4 Preventive testing: only test capacities in the form of antigen tests are intended for this purpose. PCR tests should only be carried out in the medical-diagnostic field.* ▪ *Screening for the protection of vulnerable persons is specified as once a week. Weaknesses in the Sensitivity can be compensated for by frequent testing (proposal from the Diagnostics Working Group).* ▪ *It was intended for use in the medical sector, but now companies are also appearing in the text for the first time.* ○ *§6 Provision of services: Tests should be provided by the public health service. ÖGD as a supplier of medical devices?* ○ *Dept. 1 will have to comment on this tomorrow.* ○ *Antigen detection should be supplemented by PCR. Propose adaptation of IfSG. Antigen detection is also notifiable.* ○ *The positive rate will shift upwards as the people are pre-selected. Separate documentation of the retesting of positive antigen tests would be useful.* ▪ *GAs can only collect this information if they receive it. This information would have to be request forms, which are created by KV. Mr Mielke should clarify whether this has any influence on*	*AL1 (Mielke)*

	can be taken. ▪ *Would have to be customised in the reporting software.* ▪ *For Voxco queries and ARS, it would have to be checked whether it is possible to obtain this information.* ▪ *It is probably very difficult to make a statement on this, as partial information from different systems. Is there a way to ensure that all positive antigen tests are recorded? Many unanswered questions.* ○ *Regarding the obligation to report: what are the consequences of a positive antigen test result, should GAs find out and take initial measures?* ▪ *Given the current prevalence in the population, the positive predictive value is very poor. 2/3 of all pos. Samples could not be confirmed in PCR. Therefore, GA should not take action on the basis of antigen tests. Confirmation by PCR is necessary.* ▪ *GAs need clearly defined instructions and good accompanying materials.* ▪ *Results of antigen tests must be reported; medical practices are also obliged to report them. About case definition* *it can be regulated that the person is only considered a case if the PCR confirmation is positive.* ○ *BMG has purchased millions of tests from various manufacturers and will issue them via GA. The fact that a corresponding confirmation takes place is left with GA.* ○ *Additional workload for GA? Case definitions have no influence on tests carried out. Burden remains with GA.* ○ *Was discussed in AGI, tests have been purchased, various costs around it have to be organised by BL itself.* ○ *In the feedback to the BMG, it should be included that a PCR post-test must be included.* *ToDo: Please send your comments to Mr Mielke in an email by 10 a.m. tomorrow.*	
8	**Documents** • *Not discussed*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*FG37*

10	**Laboratory diagnostics** • *Validation of Ag tests (proposal here)* ○ *Every antigen test that is billable must undergo a comparison protocol. This requires the rapid collection of clinical reference material for the evaluation of rapid antigen tests.* ○ *Plan of ZBS1:* ▪ *Patients measured positive in ZBS1 are visited the next day and treated with as many swabs as possible.* *sampled if possible. GA could prepare this with a consent form at the first sampling. Ethics vote and information sheet are available.*	*ZBS1 (Michel/ Nitsche)*
	▪ *Samples from one patient are pooled and measured in the PCR. Patients with comparable viral loads are pooled and comparative samples prepared.* ▪ *For the pipetting of the samples, help from other FGs is needed for a few days (pure pipetting work).* ○ *The GÄ cannot do the sampling, hence the question, could the MA from Dept.3 or Dept.2 take over?* ○ *Department 3 currently has no free capacity.* ○ *Question: To what extent is it possible to involve the companies that make money from it in the extraction of the material? As a rule, it is difficult for the companies to get hold of this material. Independent investigations are therefore necessary.* ○ *The responsibilities on the European market have been legally clarified. According to the Medical Devices Directive, only very limited testing is required for the evaluation of tests.* ○ *The tests can be placed on the market. The tests must be validated in order to be reimbursed.* ○ *The requirements for the tests have already been published. Rapid validation according to RKI criteria is included in the current paper.* ○ *BfArM has FF for necessary clinical validation.* ○ *ZBS1 could also simply carry on as before, but will then not be able to keep to the Ministry's schedule.* ○ *One suggestion would be to agree with public health officers that two swabs should always be taken for interesting samples. However, much more material is needed, and duplicate samples are already being taken from the centre.* ○ *Could the task be outsourced? How quickly could this be realised via work contracts? Time is the main problem. It concerns a phase of 2-3 weeks in which between 30-50 positives per day would have to be tested. It is relatively expensive to employ people for 2 weeks.* *ToDo: Dept. 2 is still being asked for capacities, otherwise by means of contracts for work. GA should be involved in the conclusion of the contract.*	

11	**Clinical management/discharge management** • *Clinical management update* ○ *Feedback from STAKOB meeting on 2.10.20: According to STAKOB treatment centres, case numbers are increasing while maintaining the full elective programme for financial reasons. Maintaining a tripartite spatial and complete staff separation is difficult.* ○ *Feedback on nosocomial infections since the start of the outbreak has been positive overall. There have been smaller clusters and outbreaks. Infections among staff often occur during leisure time, sometimes while in break rooms.* ○ *Feedback from STAKOB on participation in international missions was very positive. STAKOB office is compiling a pool of personnel for future missions.* ~~○ According to information from STAKOB, the situation is much more difficult than in the spring. Access to staff and beds is more difficult now that operations are no longer being suspended.~~ ~~○ Various management teams are no longer prepared to forego elective operations, but continue to insist on separate staff. The number of cases is increasing, but is not yet that high at the moment.~~ ~~○ Feedback on nosocomial infections since the start of the outbreak has been positive overall. There have been smaller clusters and outbreaks. If there were transmissions among staff, it was often during break times.~~ ~~○ Feedback on international missions was very positive. STAKOB provides a personnel pool for this.~~ *ToDo: Create a short report on impressions from STAKOB centres for BMG, FF Rühe*	*IBBS (Rühe)*

12	**Measures to protect against infection** • *Shortening the isolation period to 7 days* ○ *Is there anything to be said against shortening isolation to 7 days for mild cases?* ○ *There is a lack of good evidence. If at all, then only conceivable in mild cases of illness with symptoms that were diagnosed early and are symptom-free for at least 2 days.* ○ *UK has increased the duration again from ~~7~~8 to 10 days.* ○ *The question is how large this group is. If it is a relevant group and compliance would then be better, it might make sense.* ○ *The residual risk in relation to the potentially better compliance with shorter isolation would have to be estimated.* ○ *The two-phase course of the disease speaks against shortening it: an acute deterioration can occur after 7 days. It would also be difficult to communicate the different duration of quarantine to the different groups.* ○ *At the moment, neither the quarantine nor the isolation period should be shortened. There is no evidence from the data to justify a shortening.*	*VPräs / IBBS*
13	**Surveillance** • *Not discussed*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates**	*All*
	•	
17	**Other topics** • *Due to problems with Vitero at the last crisis team meetings, it was decided to switch to Webex. The meeting should be password-protected in order to increase the security level.* *ToDo: Organisation by FG38* • *Next meeting: Wednesday, 07.10.2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*07.10.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah Hamouda(Moderation)

Participants:

- *Management*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG 12*
  - *Annette Mankertz*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Ralf Dürrwald*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG 36*
  - *Walter Haas*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
- *INIG*
  - *Sarah Esquevin*
- *P1*
  - *Christina Leukert*
- *Press*
  - *Jamela Seedat*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *35,523,518 cases worldwide; deaths: 1,042,398 (2.9%);* ○ *The top 10 has not changed since Monday, but the order within it has:* *-moved up in the UK order due to late entries; interpret with caution;* ○ *Trend shows a mixed picture, USA rises slightly;* ○ *Global events supported by TOP5.* • *7-day incidence per 100,000 population* ○ *58 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* ○ *South America more affected;* ○ *Cases are increasing in the EU;* ○ *India and the Philippines have apparently stabilised their figures;* ○ *Case numbers have successfully stabilised in South Africa and Australia;* ○ *China: all imported cases, very isolated, credible figures* ○ *Number of tests in countries with a decline is known from Australia: positive share of 1%* • *7-day incidence per 100,000 population Europe* ○ *Newly listed: Malta, previously fluctuated* ○ *17 EU countries over 50 cases/100,000 inhabitants* • *Summary* ○ *Share of reported cases in EU worldwide 24%; share of worldwide deaths 12.4% (in the past 7T);* ○ *America has reported 36% of global cases; share of global deaths 54% (in the past 7T);* ○ *Asia has reported 37.3% of global cases; share of global deaths 30.5% (in the past 7T);* ○ *Most countries show rising 7-tonne indexes, especially the Netherlands, Poland and Slovakia;* ○ *France, Sweden and Italy are showing a downward trend;* ○ *Of all the continents, Europe is currently experiencing the greatest increase;* • *Questions/Discussion* ○ *Consideration of comparing CFR internationally vs. Germany; idea rejected as some countries under-report or record CFR differently;* ○ *Outbreaks in hospitals and nursing homes are increasing; delay between new cases - hospitalisation - deaths; some countries like Belgium transfer cases within the country according to this delay* ○ *FG37 reports that she went to a hospital for support. are invited to break out. AL1 asks to record whether and in*	*INIG* *FG37/INIG/ FG32*

	how an admission screening is carried out in the hospital becomes;	AL1/FG37
	National • Case numbers, deaths, trend (slides here) • SurvNet is transmitted: ○ +2,828 cases; +16 deceased; 4-day R: 1.10; 7-day R: 1,11; ○ Increase compared to previous day, deaths still low but double-digit increase; R-value still around one; see no further developments • Number of COVID-19 cases reported by reporting week ○ Number of reported cases is continuously increasing • Reported number of COVID-19 cases and incidence per year Federal state in Germany in MW 39 and 40 ○ The biggest change compared to week 39 vs. 40 showed Mecklenburg-Western Pomerania (+139%) and the Saarland (+134%); • 7-day incidence of the federal states by reporting date ○ Berlin and Bremen continue to lead the field; ○ But there is also an increase at a lower level in watch most other BLs; ○ Saarland increases significantly; ○ But Bavaria is not yet showing any increase; • Geographical distribution in Germany: 7-day incidence ○ 58 LK over 25-50 cases/100,000 inhabitants; ○ Hotspots in NRW with outbreaks and Berlin with diffuse Done • Presentation of the COVID-19 cases transmitted per 100,000 inhabitants in Germany by age group and MW; ○ group of 15-34 year olds has been at the top since week 28 and shows significant increase; ○ Unfortunately, 80-year-olds are on the rise again; • The 14 most frequently named countries besides Germany Infected countries of the transmitted COVID-19 cases, calendar week 37-40; ○ Germany most frequently stated; ○ Poland from CW39 to CW40 significantly more frequently than Country of infection; • Questions/Discussion	FG 32 (Michaela Diercke)
	○ As in Bavaria, an increase in younger people leads to an increase in among the 80+;	FG32/FG37
	○ There are currently more cases in Berlin than in the first wave, but there are more asymptomatic people have now been tested than in the first wave. Therefore difficult to compare;	
	○ The proportion of asymptomatic positives is significantly declined;	FG32
	○ DIVI rises, increase in age of positive cases, conclusion: indicators point to an increase in cases;	AL3/FG36/ All

	○ Now is the time to step up the measures; ○ Of course, the effect will only be seen later, so now Take action!!! If the number of deaths increases, it is too late for many;	
	○ BPK will focus on two points: -Explain time delay of measures and effect; -Against shortening the quarantine ○ This is because, according to the latest estimates, shortening to 10 days an increase in the residual risk by a factor of 6; ○ According to feedback from the GÄ, the compliance of citizens good in quarantine; • Conversion to population figures as at 31.12.2019 in the course of the day; tomorrow the new inc. can be viewed on of this new basis in the management report; A language regulation for the Declaration for the management report is being prepared; • Results of the syndromic surveillance of acute Respiratory diseases: GrippeWeb, AG Influenza, ICOSARI (slides here) • FluWeb until 40. week 2020 ○ ARE activity on Bev.-ebne not yet over Seasonal average; • Influenza working group - ARE consultations until week 40, 2020 ○ Older age groups are beginning to see an increase; • Comparison of COVID reporting data inc. with ARE consultation inc. per 100,000 Ew. ○ Four representations: dotted: ARE; solid: COVID Registration numbers ○ Bavaria and BW go back to summer holidays ARE curves, but COVID cases are on the rise; • ICOSARI-KH-Surveillance - SARI cases (J09-J22) up to week 39 ○ Total number of inpatient cases treated with acute respiratory infections (SARI); ○ In week 39, SARI cases are only slightly higher in 60+ year olds. increased; • ICOSARI-KH-Surveillance - SARI cases (J09-J22) and proportion of SARI- Cases with COVID diagnosis up to week 39 ○ In week 40, increase in COVID cases among SARI cases, Increase in older people in the hospital system too • Update on the test capacities will be provided on Friday, 09.10.2020, with a presentation on ARS-SARS-CoV-2	Pres FG32 FG36 FG37

	To Do: Update on test capacities by FG37 on the agenda	
2	**International projects (Fridays only)** • *Not discussed*	*ZIGL*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Discrepancy with the assessment in the last RRA ECDC (document here)*	*FG36/All*
	○ *Please post the risk assessment on the RKI website directly on the first page on COVID-19 as a link;* ○ *On the draft: Move the basic principles to the back and the core message to the front;* ○ *No change in the risk assessment, only the wording has changed;* ○ *KW replaced by week of the month (end of August);* ○ *Momentum is increasing in almost all regions;* ○ *The following are editorial suggestions;* ○ *Infection protection measures and strategy: Take it even more seriously now and get everyone involved; especially young adults: Ventilation and masks even outdoors if the minimum distance is not maintained;* ○ *Press requests inclusion of the AHA plus L rule;* ○ *P1 asks that the wording of the infection control measures and strategy be adapted so that the group of young adults is not stigmatised;* ○ *Amendments were adopted* *To Do:* *-Mrs Leuker (P1) and Mr Haas (FG36) make a joint formulation proposal that does not involve blaming, but rather inclusion of young adults. This risk assessment is then included in the management report.* *-Press gives webmaster the task of analysing the current risk assessment more prominently on the website.*	*Press P1* *All*
5	**Communication** **BZgA** • *Not present* **Press** • *Apart from BPK and preparation of the speaking note (Mrs Deegen) nothing extraordinary*	*Press*
6	**News from the BMG** • *Not present*	

7	**RKI Strategy Questions** **a) General** • *Criticism of the crisis management by Prof Gottschalk:* ○ *Gottschalk criticises the fact that too few federal advisors come from the ÖGD* ○ *We would like to see more public health specialists on the committees* ○ *Consideration of a direct exchange with Prof Gottschalk* **b) RKI-internal** ○ *No points introduced and discussed*	*Management FG38* *All*
8	**Documents** • *Contact tracing (document here)* ○ *document has been discussed intensively, also on the basis of from GÄ enquiries, especially from Anna Stoliaroff-Pepin and Udo Buchholz;* ○ *The principles on which measures are based are presented even more clearly (highlighted in yellow);* ○ *KP1 Description even clearer, no change in content: two infection scenarios: via the near field or close contact and aerosols;* ○ *Leave the contact situation in the aircraft;* ○ *Addition: GÄ should obtain regular information from people in quarantine; no more daily updates;* ○ *Testing asymptomatic CP is optional;* ○ *KP2: left in, make it clear that there are different KP categories;* ○ *KP3: Special case of medical personnel, here illustrated: KP2 exposed in the private environment with professional activity in a medical/nursing setting. setting;* ○ *Impression from the AGI: This document, which is central to the work in the GA, is becoming increasingly complicated due to the RKI; wish for simpler instructions;* ○ *In the future, KP3 will be outsourced to FG37; then it will be a little easier;* ○ *Focal point school: If the whole class is assessed as KP1, schools would become empty;* ○ *This is why this passage has been reworded, as it is not meant to mean that the entire class is automatically considered KP1 in a case;* ○ *Many thanks to Anna and Udo for their cooperation: Difficult task, because on the one hand the GA wants precise instructions, but on the other hand these are too complex for the GA;* ○ *Prof Wieler is trying to prevent the quarantine from being shortened. Pay attention to how the conversation with the minister goes so that the document does not contradict the outcome of the conversation.* ○ *The document was adopted on this condition*	*FG14, FG37 and FG 36* *(Haas)* *AL3* *FG36* *AL3* *FG37* *AL3* *All*

9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *Statistics: 1 SARS-CoV-2 detection from Darmstadt, rhinoviruses detected, no other viruses, all* • *Draft TestVO* ○ *Specific questions to other parties involved in the decree, including Walter Haas; controversial that antigen tests are to be introduced without validation* ○ *Document for consultation to: Hanefeld, Haas, Kleinmann-Hilmes, Rexroth, An der Heiden Ma, Diercke* ○ *Please return with comments by 9am tomorrow, then AL1 summarises this as an answer*	*FG17* *AL1*
11	**Clinical management/discharge management** • *Clinical management update* *Not discussed*	*IBBS (Schulz-Weidhaas)*
12	**Measures to protect against infection** • *Shortening the isolation and quarantine period* *Was mentioned above by management under 1. current situation National discussed*	*VPresident*
13	**Surveillance** • *No further additions*	*FG32 (Diercke)*
14	**Transport and border crossing points (Fridays only)** •	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates** • *Federal Press Conference Thursday, 8 October 2020, 9:00 a.m.*	*All*
17	**Other topics** • *Next meeting: Friday, 09 October 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.10.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah Hamouda(Moderation)

Participants:

- *Management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG14*
  - *Marc Thanheiser*
  - *Melanie Brunke*
- *FG 17*
  - *Genie Oh*
- *FG 21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
  - *Mona Askar*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Daniel Schmidt (protocol)*
- *FG 36*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Soliaroff-Pepina*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *INIG*
  - *Luisa Denkel*
- *P1*
  - *Christina Leukert*
- *Press*
  - *Jamela Seedat*

- *Janine Michel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Worldwide cases: 36,194,764, deaths: 1,053,961 (2.9%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *The top 10 has not changed since Monday, but the order has: the UK has slipped to third place after India, the USA and Brazil;* ○ *The increase in the UK due to a data breakdown resulting in late reporting should be interpreted with caution;* ○ *UK responds with curfew, have a tier-based lockdown system, there is an increase in deaths, clusters are observed in educational institutions* • *7-day incidence per 100,000 population* ○ *59 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* ○ *New additions Qatar and San Marino* • *7-day incidence per 100,000 population Europe* ○ *New San Marino due to small population, some cases quickly lead to an increase* ○ *17 EU countries over 50 cases/100,000 inhabitants* ○ *Denmark has restricted private and public events to 50 people, restaurants and bars must close after 10 p.m.; MNS compulsory in many public areas, far-reaching restriction of contacts including home office recommended;* • *Summary* ○ *The majority of new infections in the past 7T continue to be in America and Asia (36% each)* ○ *Most of the deaths in the past 7T in America (> 50%) and Asia (approx. 30%)* ○ *More than a quarter of new infections over the past 7T in Europe (UK, France, Russia, Spain, Ukraine)* ○ *13% of deaths in the past 7T in Europe (Russia, Spain, France, Ukraine, Romania)* • *Questions/Discussion* ○ *Question about hospitalisations in the countries: Hospitalisations already on the rise in France, UK, Spain;*	*ZIG1* *AL1/ZIG1*

National

- *Case numbers, deaths, trend (slides here)*
- *SurvNet is transmitted:*
  - *+4,516 cases; +11 deceased; 4-day R: 1.34; 7-day R: 1,37;*
- *Number of deaths still low but effect of rising case numbers only expected in 2-3 weeks, R-value significantly above 1;*
- *Number of COVID-19 cases reported by reporting week*
  - *Number of reported cases is continuously increasing*
- *7-day incidence of the federal states by reporting date*
  - *Berlin and Bremen are still the clear frontrunners >50/100,000 inhabitants*
  - *Increase also seen in NRW, Hesse, BW;*
  - *Bavaria is also rising slightly again;*
- *Geographical distribution in Germany: 7-day incidence*
  - *1 district with >100 cases/100,000 inhabitants;*
  - *14 LK with >50-100 cases/100,000 inhabitants;*
  - *79 LK over 25-50 cases/100,000 inhabitants;*
  - *Requests for administrative assistance from Hesse, Berlin, Mecklenburg-Western Pomerania, not yet from Bremen;*
  - *Test figures: more positive cases despite decline in the number of tests in week 40, positive rate rises to 1.6%*
  - *Deaths (all causes) week 36: 16,308 (-32 compared to the previous week), approx. 1.6% above the average of the previous years 2016-19 (late registrations still possible)*
  - *No excess mortality currently observed*

FG 32 (Michaela Diercke)

- *Questions/Discussion*
  - *One of the questions raised at the Federal Press Conference was whether some additional important case numbers should possibly be presented in the management report - perhaps the DIVI figure could be reported;*
  - *A stronger emphasis on severity is probably desirable, but it is difficult to make the right choice here; long delays in some indicators (hospitalisation, ITS) make it difficult to highlight them,*
  - *Overall view is important, consideration should be given to emphasising figures that show the development as an outlook rather than looking back, point is under discussion (see ToDo);*
  - *AL3's suggestion for the situation report: emphasise new cases and de-emphasise the cumulative number, reverse the emphasis and sequence, emphasise intensive care patients more strongly even if the number is lagging behind, perhaps also point out that although younger patients are treated less frequently in intensive care, an*

VPräs/ FG32/ FG36/ Pres/ AL3/ FG38

		overall increase is expected, ○ *Terminology: The term "recovered" should be critically be reconsidered, as many patients continue to be treated*	

	suffer for a long time after the acute phase of the disease ○ *Number of recovered is a rough estimate with not so large informative value, it should be discussed how this is handled* ○ *If applicable, number of infectious / acute cases could be specified be specified* ○ *Other indicators would be DIVI, positive rate, this is already in the management report but the question of the position and whether it should continue forwards,* ○ *It is good that the R value is not at the front,* *ToDo Viviane Bremer, FG 32, FG36:* *Prof Wieler suggests that we please think about this again* *Which figures can still be included in the management report, e.g. positive test rate, average age, e.g. proportion >65 years, proposal to be developed;* *Discuss the term "recovered" and the designation of the number of recovered persons and revise;* • *Regional positive quota to ECDC* ○ *The ECDC would like to see a more differentiated regional breakdown,* *Voxco query does not allow regionally differentiated expulsion; this is only possible via ARS. However, ARS only covers part - may not be entirely representative.* ○ *Question: should this be made available or not?* ○ *Management report shows some differentiated figures from ARS,* ○ *FG37 T. Eckmanns, data could actually be weekly at the federal level would have to be somewhat and set in relation to the tests in 2-3 weeks it should be feasible to do this then automated transmission* ○ *Result ECDC gets it in an automated process* ○ *Decision: Data is shared, even if it is not 100% representative are* *ToDo: Clarification of responsibility, if necessary FG31 should transmission (TESSY), should be adopted as far as possible. be automated* • *Test capacity and testing (slides here)* ○ *Number of positive and negative tests per day - nationwide - data as of 06/10/2020, participating laboratories: 72 with 7,857,876 tests performed,* ○ *Distribution of tests by acceptance location, not yet finalised see that more testing is being done in KH, but it is not yet all in, testing in the hospital should be seen as an admission indicator* ○ *Acceptance location is an important indicator, it must be*	*FG32/FG38/ FG37/FG36* *FG37*

	observed that the "Others" group includes a number of other locations, e.g. screening centre is included ○ Further differentiation from the "Other" acceptance point but also difficult in terms of data protection and would have to be be made	
	○ The number of tests per 100,00 inhabitants by age group and calendar week increased from week 31 onwards, especially among 15-34 and 35-59 year olds, ○ Proportion of positives by age: 5-14 initially increase now declining again, probably related to end of holidays, no increase due to start of school, ○ Curves of 60-79 and >80 year olds increase from week 35, give cause for concern, progression with a delay but it is going up, ○ New presentation of test delay: time between acceptance and testing increases to 5 days, overall delay increases; • Bad Saarow: ○ Team sent to Bad Saarow, event at Helios Klinikum with 25 positive patients and 19 positive MA, ○ Bergmann Klinikum's mistake should not be repeated, hence the involvement of RKI, ○ This was only discovered following reports of patients transferred from Frankfurt Oder, which turned out to be positive, ○ Initially, however, the hospital may not have paid enough attention to this, ○ Further cases are currently being uncovered and more could follow ○ Exchange with public health officer and epidemiologist took place	FG37

2	**International projects (Fridays only)** • *Mission Kosovo:* ○ *was very good because it prepared us for future events and expected cases,* ○ *Certification of the laboratory and recognition of on-site testing by Germany,* ○ *Laboratory testing in the process of being decentralised,* ○ *The situation regarding travellers returning from Kosovo has calmed down in other countries,* ○ *Ms Hahnefeld thanks Ariane Halm and Nadine Zeitlmann from FG 38 for their excellent cooperation,* ○ *Cooperation will hopefully be expanded within the framework of GHPP in the coming years,* ○ *Kosovo is now expecting an entry from Switzerland because the regulations have been relaxed and Kosovars living in Switzerland may now be travelling to Kosovo, while the number of cases in Switzerland is increasing significantly* • *A mission to Namibia is in preparation, again with the support of Dept. 3* • *There was a request for help from Ecuador* • *Further exchange with Egypt on contact tracing planned* • *In the afternoon, exchange with Sweden on experiences and possible differences in the response*	*ZIGL*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Updated on 7.10. Formulation also covers rise in falls in the last few days*	
5	**Communication** **BZgA** • *Not present* **Press** • *Next week a BPK on vaccination,* • *Friday BPK on daycare centre study but RKI not involved, no press briefing next week* • *Exchange with the press office and Mr Wieler on the publication of the strategy paper, which is to go online on Tuesday,* • *Feedback from AL1 on the BPK: great respect for yesterday's preparation*	*Press* *AL1*
6	**News from the BMG** • *Not present*	

7	**RKI Strategy Questions** **a) General** • *Containment and protection:* ○ *Public contributions by Prof Krause and Prof Gottschalk raise the question of tracking by GA* ○ *Question of how contact tracing should look and continue, change of strategy?* ○ *Prof Wieler notes that one should not be played off against the other or stand in opposition to each other, but are intended as parallel, non-contradictory concepts, which must be communicated in this way* ○ *GA should fulfil the containment requirements and this has already been pointed out* ○ *Interesting is the example of Bavaria, which seems to be the only state that has managed to push the figures down,* ○ *Seek dialogue with players in Bavaria and see what has worked there* ○ *Other components that have already been shown to be useful could be helpful, e.g. telephone sick notes - these suggestions should come from the BMG* *ToDo: Exchange with colleagues from Bavaria (Tim Eckmanns)* **b) RKI-internal** • *The subject of reinfections.*	*Management/ FG38/ AL3/ FG32/*
	○ *Creation of a FAQ text and brief instructions for Health authorities.* ○ *Proposal LZ should FAQ be created on handling? Responsibility?* ○ *handling in SurvNet in the event of reinfection, a new case or old case, suggestion pragmatic to proceed, new case to be created for the Reporting is of secondary importance given the low prevalence,* ○ *Dealing with contact persons who have already recovered in the KP paper regulated* ○ *The question is rather scientifically interesting but not so important for the reporting system,* ○ *Would be something for a project, there is already a Project application,* ○ *Nevertheless, LZ has received many enquiries and requests from the Clarification of RKI responsibility and leadership* ○ *Suggestion List questions and see which are open and then clarification*	*FG32/ FG38/ FG34/ FG36/ AL1/ VPresident*

	ToDo: LZ should create a list of open questions • *Situation around testing and capacities: will probably change due to regulations of the BL and accommodation bans,* ○ *The impression seems to have arisen that a claim to passes the test,* ○ *There was a draft of the test criteria, which was initially was rejected, but this will probably be become important again,* ○ *When quarantine regulation is through, then on BMG approach with test criteria*	*FG34/ VPresident*
8	**Documents** ○ *Test capacity and tests: detailed tables with explanatory text on homepage and only short version in Wednesday's management report* ○ *Contact tracing (document here)* ○ *Changes in documents:* ○ *Testing is a case-by-case decision* ○ *Formulation for negative test result changed to "a negative test result does not replace quarantine" instead of "a negative test result shortened Quarantine not"* ○ *Formulation no longer daily contact with GA, but regular contact in accordance with the GA Note that an addendum with a proposal to which*	*FG 36/ AL3/ AL1/ VPresident*

	days contact should be made, ○ *Discussion about people in care or employees in healthcare who belong to category III, there is a contradiction in the restriction, formulation no contact reduction necessary check again* ○ *Further discussion on the wording for quarantine, e.g. dealing with previously infected persons,* ○ *Wait until after 15 October with the paper until the decision of the quarantine regulation of the ministry, so that no immediate adjustment is necessary,* ○ *Children in quarantine: (document here): Flyer has been rewritten, new wording on children in quarantine,* ○ *Wording: Rules should be rewritten as hygiene rules (no distance to children by parents)* ○ *Suggestion from FG36 on the wording: "speak to your GA", this should be reworded to minimise the burden on the GA,* ○ *Note on the importance for parents when children are in quarantine, there is already a lot about this, a link should be included* *ToDo: IBBS: Add on which days contact by GA would be useful, check wording for contact person category III and adapt if necessary, rephrase: rules in hygiene rules, "speak to your GA" differently, insert link to consequences for parents*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** ○ *There is a very high volume of samples at the RKI,* ○ *27,790 samples analysed from GA and other submitters plus ~6,700 study samples, >30,000 samples in total* ○ *Prioritising which samples should be sent to the RKI is perfectly permissible and important* ○ *Many laboratories report bottlenecks in materials*	*FG17/ ZBS1/ Pres*

11	**Clinical management/discharge management** • *Duration of isolation remains at 10 days*	*FG36/IBBS*
	Not discussed further	
12	**Measures to protect against infection** • *Feedback on the survey on the acceptance of the duration of quarantine and isolation in the ÖGD feedback group (slides here)* ○ *Compliance/adherence survey with ordered quarantine of 14 d & isolation of 10 d* ○ *Feedback from 12 GÄ & 4 state authorities from 8 BL (BW, BY, MV, NI, RP, SN, ST, TH)* ○ *Results: Generally good adherence & compliance* ○ *References to individual offences* ○ *Monitoring of quarantine/ isolation heterogeneous* ○ *Partly responsibility of regulatory authorities* ○ *Daily calls/ online visits or random checks* ○ *Challenges: Contact via mobile number -> no control of location* ○ *Increasing lack of understanding and rejection of the guidelines in some cases* ○ *Quarantine of KP in a family setting* ○ *Decrease in compliance with duration of quarantine* ○ *Lack of understanding of different time periods Isolation, quarantine KP/ travel returnees (desire for standardisation)* ○ *High need for explanation & advice* ○ *Very resource-intensive, load limit of the GÄ reached*	*Mona Askar*

13	**Surveillance** • *COSIK* ○ *Start of the 4-week pilot phase of COSIK next week, for which 8 KISS hospitals will be recruited.* ○ *The website www.rki.de/cosik is launched at the same time* ○ *COSIK will use the web-based electronic system webKess as an established platform (1300 hospitals participate) for weekly data entry.* ○ *RKI in collaboration with the National Reference Centre for Nosocomial Infections* ○ *Supplement to existing surveillance systems.* ○ *Objective: to systematically collect and analyse data on the number of hospitalised patients (new admissions), the severity of the clinical course of COVID-19 and the proportion of COVID-19 patients in the overall hospital and intensive care unit on a weekly basis. Nosocomial infections and infections among medical staff can also be recorded.* ○ *The data, which is collected very promptly, is hospitals in a standardised weekly hospital report for their own internal evaluation.* ○ *The positive data protection vote has been received.*	*FG37*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates** • *Exchange with Sweden, AL3 and FG38 present, possibly VPräs*	*All*
17	**Other topics** • *Next meeting: Monday, 12 October 2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.10.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah Hamouda(Moderation)

Participants:

- *Management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG 17*
  - *Dschin-Je Oh*
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  - *Patrick Schmich*
- *FG 32*
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- *INIG*
  - *Luisa Denkel*
- *P1*
  - *Christina Leukert*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Worldwide cases: 36,194,764, deaths: 1,053,961 (2.9%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *The top 10 has not changed since Monday, but the order has: the UK has slipped to third place after India, the USA and Brazil;* ○ *The increase in the UK due to a data breakdown resulting in late reporting should be interpreted with caution;* ○ *UK responds with curfew, have a tier-based lockdown system, there is an increase in deaths, clusters are observed in educational institutions* • *7-day incidence per 100,000 population* ○ *59 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* ○ *New additions Qatar and San Marino* • *7-day incidence per 100,000 population Europe* ○ *New San Marino due to small population, some cases quickly lead to an increase* ○ *17 EU countries over 50 cases/100,000 inhabitants* ○ *Denmark has restricted private and public events to 50 people, restaurants and bars must close after 10 p.m.; MNS compulsory in many public areas, far-reaching restriction of contacts including home office recommended;* • *Summary* ○ *The majority of new infections in the past 7T continue to be in America and Asia (36% each)* ○ *Most of the deaths in the past 7T in America (> 50%) and Asia (approx. 30%)* ○ *More than a quarter of new infections over the past 7T in Europe (UK, France, Russia, Spain, Ukraine)* ○ *13% of deaths in the past 7T in Europe (Russia, Spain, France, Ukraine, Romania)* • *Questions/Discussion* ○ *Question about hospitalisations in the countries: Hospitalisations already on the rise in France, UK, Spain;* **National** • *Case numbers, deaths, trend (slides here)*	*ZIG1* *AL1/ZIG1*

	• SurvNet is transmitted: ○ +4,516 cases; +11 deceased; 4-day R: 1.34; 7-day R: 1,37; • Number of deaths still low but effect of rising case numbers only expected in 2-3 weeks, R-value well above 1; • Number of COVID-19 cases reported by reporting week ○ Number of reported cases is continuously increasing • 7-day incidence of the federal states by reporting date ○ Berlin and Bremen are still the clear frontrunners >50/100,000 inhabitants ○ Increase also seen in NRW, Hesse, BW; ○ Bavaria is also rising slightly again; • Geographical distribution in Germany: 7-day incidence ○ 1 district with >100 cases/100,000 inhabitants; ○ 14 LK with >50-100 cases/100,000 inhabitants; ○ 79 LK over 25-50 cases/100,000 inhabitants; ○ Requests for administrative assistance from Hesse, Berlin, Mecklenburg-Western Pomerania, not yet from Bremen; ○ Test figures: more positive cases despite decline in the number of tests in week 40, positive rate rises to 1.6% ○ Deaths (all causes) week 36: 16,308 (-32 compared to the previous week), approx. 1.6% above the average of the previous years 2016-19 (late registrations still possible) ○ No excess mortality currently observed	FG 32 (Michaela Diercke)
	• Questions/Discussion ○ One of the questions raised at the Federal Press Conference was whether some additional important case numbers should possibly be presented in the management report - perhaps the DIVI figure could be reported; ○ A stronger emphasis on severity is probably desirable, but it is difficult to make the right choice here; long delays in some indicators (hospitalisation, ITS) make it difficult to highlight them, ○ Overall view is important, consideration should be given to emphasising figures that show the development as an outlook rather than looking back, point is under discussion (see ToDo); ○ AL3's suggestion for the situation report: emphasise new cases and de-emphasise the cumulative number, reverse the emphasis and sequence, emphasise intensive care patients more strongly even if the number is lagging behind, perhaps also point out that although younger patients are treated less frequently in intensive care, an overall increase is expected, ○ Terminology: The term "recovered" should be critically should be reconsidered, as many patients continue to suffer for a long time after the end of the acute phase of the disease ○ Number of recovered is a rough estimate with not so much significance, it should be discussed how to deal with	VPräs/ FG32/ FG36/ Pres/ AL3/ FG38

		it ○ *If applicable, number of infectious / acute cases could be specified*	

	be specified ○ *Other indicators would be DIVI, positive rate, this is already in the management report but question about the position and whether it should continue forward,* ○ *It is good that the R value is not at the front,* *ToDo Viviane Bremer, FG 32, FG36:* *Prof Wieler suggests thinking again about which figures could be included in the management report, e.g. positive rate of tests, average age, e.g. proportion >65 years, proposal to be drawn up;* *Discuss and revise the term convalescents and the designation of the number of convalescents;*	
	• *Regional positive quota to ECDC* ○ *Request from ECDC for more differentiated regional reporting, Voxco query does not allow regionally differentiated reporting; this is only possible via ARS. However, ARS only covers part of the data - it may not be fully representative.* ○ *Question: should this be made available or not?* ○ *Management report shows some differentiated figures from ARS,* ○ *FG37 T. Eckmanns, data could actually be reported weekly at federal level, would have to be processed a little and put in relation to the tests, in 2-3 weeks it should then be feasible to transmit this automatically* ○ *Result ECDC gets it in an automated process* ○ *Decision: Data is shared, even if it is not 100% representative* *ToDo: Clarification of responsibility, if necessary FG31 should take over the transmission (TESSY), should be automated as far as possible*	*FG32/FG38/ FG37/FG36* *FG37*
	• *Test capacity and testing (slides here)* ○ *Number of positive and negative tests per day - nationwide - data as of 6 October 2020, participating laboratories: 72 with 7,857,876 tests performed,* ○ *Distribution of tests by place of acceptance, not yet visible that more tests are being carried out in hospitals, but not everything is in there yet, testing in hospitals should be seen as an admission indicator* ○ *Acceptance location is an important indicator, it must be noted that there are a number of other locations under the "Other" group, e.g. screening centre is one of them* ○ *Further differentiation from the acceptance location "Other" but also difficult in terms of data protection and would have to be done manually* ○ *The number of tests per 100,00 inhabitants by age group and calendar week increased from week 31 onwards, especially among 15-34 and 35-59 year olds,* ○ *Positive percentage by age: 5-14 first increase now*	

	declining again, probably in connection with	

	End of holidays, no increase due to start of school, ○ *Curves of 60-79 and >80 year olds increase from week 35, give cause for concern, progression with a delay but it is going up,* ○ *New presentation of test delay: time between acceptance and testing increases to 5 days, overall delay increases;* • *Bad Saarow:* ○ *Team sent to Bad Saarow, event at Helios Klinikum with 25 positive patients and 19 positive MA,* ○ *Bergmann Klinikum's mistake should not be repeated, hence the involvement of RKI,* ○ *This was only discovered following reports of patients transferred from Frankfurt Oder, which turned out to be positive,* ○ *Initially, however, the hospital may not have paid enough attention to this,* ○ *Further cases are currently being uncovered and more could follow* ○ *Exchange with public health officer and epidemiologist took place*	*FG37*
2	**International projects (Fridays only)** • *Mission Kosovo:* ○ *was very good because it prepared us for future events and expected cases,* ○ *Certification of the laboratory and recognition of on-site testing by Germany,* ○ *Laboratory testing in the process of being decentralised,* ○ *The situation regarding travellers returning from Kosovo has calmed down in other countries,* ○ *Ms Hahnefeld thanks Ariane Halm and Nadine Zeitlmann from FG 38 for their excellent cooperation,* ○ *Cooperation will hopefully be expanded within the framework of GHPP in the coming years,* ○ *Kosovo is now expecting an entry from Switzerland because the regulations have been relaxed and Kosovars living in Switzerland may now be travelling to Kosovo, while the number of cases in Switzerland is increasing significantly* • *A mission to Namibia is in preparation, again with the support of Dept. 3* • *There was a request for help from Ecuador* • *Further exchange with Egypt on contact tracing planned* • *In the afternoon, exchange with Sweden on experiences and possible differences in the response*	*ZIGL*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment**	

	• *Updated on 7.10. Formulation also covers rise in falls in the last few days*	
5	**Communication** **BZgA** • *Not present* **Press** • *Next week a BPK on vaccination,* • *Friday BPK on daycare centre study but RKI not involved, no press briefing next week* • *Exchange with the press office and Mr Wieler on the publication of the strategy paper, which is to go online on Tuesday,* • *Feedback from AL1 on the BPK: great respect for yesterday's preparation*	*Press* *AL1*
6	**News from the BMG** • *Not present*	
7	**RKI Strategy Questions** **a) General** • *Containment and protection:* ○ *Public contributions by Prof Krause and Prof Gottschalk raise the question of tracking by GA* ○ *Question of how contact tracing should look and continue, change of strategy?* ○ *Prof Wieler notes that one should not be played off against the other or stand in opposition to each other, but are intended as parallel, non-contradictory concepts, which must be communicated in this way* ○ *GA should fulfil the containment requirements and this has already been pointed out* ○ *Interesting is the example of Bavaria, which seems to be the only state that has managed to push the figures down,* ○ *Seek dialogue with players in Bavaria and see what has worked there* ○ *Other components that have already been shown to be useful could be helpful, e.g. telephone sick notes - these suggestions should come from the BMG* *ToDo: Exchange with colleagues from Bavaria (Tim Eckmanns)* **b) RKI-internal** • *The subject of reinfections.* ○ *Creation of a FAQ text and brief instructions for health authorities.* ○ *Proposal LZ should FAQ be created on handling? Responsibility?* ○ *Handling in SurvNet in the event of reinfection, a new case or*	*Managem ent/ FG38/ AL3/ FG32/* *FG32/ FG38/ FG34/ FG36/*

	old case, suggestion pragmatic to proceed, new case to be created for the Reporting is of secondary importance given the low prevalence, ○ Dealing with contact persons who have already recovered in the KP paper regulated ○ The question is rather scientifically interesting but not so important for the reporting system, ○ Would be something for a project, there is already a Project application, ○ Nevertheless, LZ has received many enquiries and requests from the Clarification of RKI responsibility and leadership ○ Suggestion List questions and see which are open and then clarification ToDo: LZ should create a list of open questions • Situation around testing and capacities: will probably change due to regulations of the BL and accommodation bans, ○ The impression seems to have been created that there is a right to testing, ○ There was a draft of the test criteria, which was initially was rejected, but this will probably be become important again, ○ When quarantine regulation is through, then on BMG approach with test criteria	AL1/ VPresident FG34/ VPresident
8	**Documents** ○ Test capacity and tests: detailed tables with explanatory text on homepage and only short version in Wednesday's management report ○ Contact tracing (document here) ○ Changes in documents: ○ Testing is a case-by-case decision ○ Formulation for negative test result changed to "a negative test result does not replace quarantine" instead of "a negative test result shortened Quarantine not" ○ Formulation no longer daily contact with GA, but regular contact in accordance with the GA Note that an addendum with a proposal to which days contact would be useful should, ○ Discussion about people in care or MA in Healthcare systems that belong to category III, there	FG 36/ AL3/ AL1/ VPresident

	there is a contradiction in the restriction, Formulation no contact reduction necessary	
	check again ○ *Further discussion on the wording for quarantine, e.g. dealing with previously infected persons,* ○ *Wait until after 15 October with the paper until the decision of the quarantine regulation of the ministry, so that no immediate adjustment is necessary,* ○ *Children in quarantine: (document here): Flyer has been rewritten, new wording on children in quarantine,* ○ *Wording: Rules should be rewritten as hygiene rules (no distance to children by parents)* ○ *Suggestion from FG36 on the wording: "speak to your GA", this should be reworded to minimise the burden on the GA,* ○ *Note on the importance for parents when children are in quarantine, there is already a lot about this, a link should be included* *ToDo: IBBS: Add on which days contact by GA would be useful, check wording for contact person category III and adapt if necessary, rephrase: rules in hygiene rules, "speak to your GA" differently, insert link to consequences for parents*	
9	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** ○ *There is a very high volume of samples at the RKI,* ○ *27,790 samples analysed from GA and other submitters plus ~6,700 study samples, >30,000 samples in total* ○ *Prioritising which samples should be sent to the RKI is perfectly permissible and important* ○ *Many laboratories report bottlenecks in materials*	*FG17/ ZBS1/ Pres*
11	**Clinical management/discharge management** • *Duration of isolation remains at 10 days* *Measure Not discussed further*	*FG36/IBBS*

12	**Measures to protect against infection** • *Feedback on the survey on the acceptance of the duration of quarantine and isolation in the ÖGD feedback group (slides here)*	*Mona Askar*
	○ *Compliance/adherence survey with ordered quarantine of 14 d & isolation of 10 d* ○ *Feedback from 12 GÄ & 4 state authorities from 8 BL (BW, BY, MV, NI, RP, SN, ST, TH)* ○ *Results: Generally good adherence & compliance* ○ *References to individual offences* ○ *Monitoring of quarantine/ isolation heterogeneous* ○ *Partly responsibility of regulatory authorities* ○ *Daily calls/ online visits or random checks* ○ *Challenges: Contact via mobile number -> no control of location* ○ *Increasing lack of understanding and rejection of the guidelines in some cases* ○ *Quarantine of KP in a family setting* ○ *Decrease in compliance with duration of quarantine* ○ *Lack of understanding of different time periods Isolation, quarantine KP/ travel returnees (desire for standardisation)* ○ *High need for explanation & advice* ○ *Very resource-intensive, load limit of the GÄ reached*	
13	**Surveillance** • *COSIK* ○ *Covid Surveillance in Hospitals, module similar to ICOSARI with additional nosocomial aspects,* ○ *Pilot phase starts next week* ○ *Website goes online*	*FG37*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates** • *Exchange with Sweden, AL3 and FG38 present, possibly VPräs*	*All*
17	**Other topics** • *Next meeting: Monday, 12 October 2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.10.2020, 1:00 pm*
Venue:	*Webex conference*

Moderation: Osamah Hamouda(Moderation) Participants:

- *Management*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Thorsten Wolff*
- *FG 21*
  - *Patrick Schmich*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG 36*
  - *Walter Haas*
  - *Silke Buda*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *P4*
  - *Dirk Brockmann*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG 1*
  - *Sarah Esquevin*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *BZGA*

- *Heidrun Thaiss*

- *Protocol*
  - *Janet Frotscher*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Worldwide cases: 37,287,908, deaths: 1,073,675 (2.9%)* ○ *Increase in UK due to data breach resulting in late registrations, sharp rise in number of cases* • *7-day incidence per 100,000 population* ○ *64 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* • *7-day incidence per 100,000 population Europe* ○ *17 EU countries over 50 cases/100,000 inhabitants* • *Summary* ○ *India has apparently overcome the peak* ○ *USA seems to be starting the 3rd wave* ○ *Canada is experiencing a rising 2nd wave (associated with migrant workers in agriculture, who are housed in pricier accommodation)* ○ *Israel has apparently overcome the peak, the military has been sent to Haifa to support the hospitals* ○ *Oceania records strongest increase in 7d incidence in French Polynesia* ○ *Slight decline on both continents* ○ *Europe rising* • *Questions/Discussion* ○ *Question about the difference between Australia and South America - so far no findings on the weather factor, but the positive effects of compliance with protective measures and access to healthcare (Uruguay) are very clear here.* *have* **National** • *Case numbers, deaths, trend (slides here)* • *SurvNet is transmitted:*	*ZIG1* *AL 1 / ZIG1 / FG 36* *FG 32*

	○ *325,331 (+2467), of which 9,621 (3.0%) deaths (+6), incidence 391/100,000 p.e., approx. 276,900 recovered, Reff=1.29; 7T Reff=1.25*	

	• *Over 22,000 new cases in the last 7 days* • *Furthermore, Berlin and Bremen clearly exceed >50 / 100,000 P.E.* • *Hamburg possibly flattening (observe)* • *Geographical distribution in Germany: despite regular Outbreak screening makes events more diffuse* • *32 districts have passed the "50 mark"* • *Questions/Discussion:* ○ *Questions about requests for administrative assistance (where and how?), here is information from Mr Wieler already sent to the Chancellery takes place* ○ *How do we proceed with the designation of areas that >50 cases / 100,000 p.e. (over 70 cities and districts (top 15 list on homepage is no longer sufficient here)* ○ *Proposal list:* ○ *Extension of the list with a corresponding note, that no measures are taken by the RKI, but this is the decision of the respective municipalities and authorities (it must be automated). take place - pure epidemiology - we are not in favour of VO responsible)* ○ *Dashboard proposal:* ○ *Incidences of the other districts in the dashboard (Dashboard does not replace a list, however)* ○ *Alternative: 7-day incidence of country groups per day* ○ *Enormous time savings for citizens* *ToDo: final coordination with management still needs to take place*	*AL3 / Present* *FG32/ FG34 / FG 37 /FG38 / AL3 / Press* *Management*
	• *Update Kita-Corona study (slides **here**)* ○ *Increase parallel to the overall development in the Population* ○ *Significant increase in the 15-20 age group year olds* • *Outbreaks in kindergartens/day nurseries* ○ *A total of 84 outbreaks were recorded in SurvNet in Kindergartens/after-school care centres (>= 2 cases) created* ○ *63 (75%) outbreaks incl. with cases < 15 years, 32% (111/348) of the cases are 0 - 5 years old* ○ *21 outbreaks only with cases 15 years and older* • *Outbreaks in schools* ○ *A total of 188 outbreaks in schools were recorded in SurvNet. created (>= 2 cases, 0-5 years excluded)* ○ *169 (90%) outbreaks incl. with cases < 21 years, 10% (6-10YRS.), 25% (11-14YRS.), 38% (15-20YRS.), 27% (21+)* ○ *19 outbreaks only with cases 21 years and older* • *Praise for the relevance of the instrument, also with regard to the Management of communication measures*	*FG36*

		BZGA
2	**International (Fridays only)**	ZIG

	• *Not discussed*	
3	**Digital projects update (Mondays only)** • *Update "Corona data donation", (slides here)* • *Around 530,000 data donors* • *Daily pulse rates and cutting numbers to measure whether a person has a fever* • *Fever detections from data donation* • *Seasonal and climate fluctuations can now be factored out* • *Figures and curves are available to experts* • *Fully documented (code)* • *Automation must be given high priority, stand-alone solutions are not future-proof, now is the time to realise this, because resources and support are available* • *Possibility to include this in the weekly management report in order to not only show net figures, but also to contribute own ideas* • *Congratulations to Mr Brockmann and his team for their immense hard work* • *Offer: ready for analysis pipelines, the know-how is gladly made available* • *Confirmation from Präs, the aim is to use automated pipelines - both in bioinformatics and in this area* • *The Corona-Warn App will be presented in more detail again soon* • *ITZ-Bund: Chatboard (more information to follow)* *ToDo: Include a batch with a short accompanying text in the management report*	*FG21, P4* *Pres* *FG21* *FG36* *P4* *Pres* *FG 21*
4	**Current risk assessment** • *Will be postponed to Friday*	
5	**Communication** • *Infographic "Auf_die_3G_achten" is available for download as a poster* • *New page on ventilation with FAQs is being developed* • *Creation of window stickers for schools: Button and emoji to remind you to air the room* • *Expansion of the catalogue of symptoms (target group male 20-45 year olds)* • *Information about BZGA activities in a smaller circle* • *Preparations are being made at full speed for participation in the government press conference on the current corona situation worked on 14.10.2020*	*BZgA* *Press*

	• *Strategy paper will be sent to DPA in advance today, publication on RKI website tomorrow* • *Various questions on the accusation of alarmism*	
6	**News from the BMG** • *Not present*	
7	**Strategy questions** **a) General** • *When do we see these increases in urban centres, are all points addressed (transmission in large crowds on public transport)?* *ToDo: important note for Wednesday's agenda* **b) RKI-internal** • *Meeting between the Federal Chancellor and cities: Tasks for RKI and Bundeswehr Proposal of the Bundeswehr for the management of cities (slides **here**)* • *Uniform, joint approach by the Bundeswehr and RKI* • *Trained staff and process optimisation for KoNa* • *Development of a similar common methodology for administrative assistance requests (situation centre support)* • *Agreement on cooperation (key performance indicators are very helpful, such a tool is very advantageous) and support* • *Test capacities working group: Include recommendation in the algorithm on the importance of a regional test centre coordinator* *ToDo: Slide proposal for dashboard will be sent by Ms Rossmann to the distribution list for co-signing by the RKI (in a model city standard from the RKI)* • *Note on testing: announcement to 500 laboratories on 15 October 2020 (1st communication)* • *Mr Mielke is invited to the Health Committee as an expert (topic: freedom to travel through testing)* • *On 15 October 2020, national test strategy with accompanying text is finalised in the BMG (expanded graphic of antigen tests)*	*FG36* *AL3* *German Armed Forces* *Pres* *AL1* *AL1*

	ToDo: *1) Mr Haas asks for notification of the publication of the Quarantine regulation of the BMG, it shifts,*	

	according to current information, on 08.11.2020 2. please ask the BMG whether the flow chart and document on contact person management should be put online now after all	FG36 / Present
8	**Documents** • Not discussed	
9	**Vaccination update (Fridays only)** • Not discussed	
10	**Information on occupational health and safety (Fridays only)** • According to C. Herzog, this point should be omitted, as Julia Sassa has now been transferred to the BMAS, see mail in nCoV-Situation from 11.10. at 1pm	IBBS
11	**Laboratory diagnostics** • first PCR tests today (30 tubes) • 2360 Sample input • Praise from Mr Wieler and thanks from Mr Hamouda for a very comprehensive and remarkable performance! • Problem: ○ Commercial laboratories do not take samples on Thursdays and Fridays ○ Health authorities send samples in different tranches ○ Immensely high labour and personnel costs for our laboratory (30 people are employed in diagnostics per day) ○ Solution concept is being sought (communication to BMG) ToDo: Please urgently develop a concept for reduction diagnostics for Berlin!	ZBS1 Pres, AL3 ZBS1 Pres
12	**Clinical management/discharge management** • Will be postponed to Wednesday	FG36/IBBS
13	**Measures to protect against infection** • Not discussed	
14	**Surveillance** • Not discussed	
15	**Transport and border crossing points (Fridays only)** • Not discussed	
16	**Information from the situation centre (Fridays only)** • Not discussed	
17	**Important dates** • Not discussed	
18	**Other topics** • Next meeting: Wednesday 14 October 2020, 11:00-13:00	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*14.10.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah

Hamouda Participants:

- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG 14*
  - *Melanie Brunke*
- *FG 16*
  - *Anton Aebischer*
- *FG 17*
  - *Ralf Dürrwald*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *?*
- *FG 36*
  - *Walter Haas*
  - *Silke Buda*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Maud Hennequin*
- *ZIG 1*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
- *IBBS*
  - *Bettina Rühe*
- *BZgA*
  - *Heidrun Thaiss*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ◦ *Worldwide 37,875,422 cases, 1,081,632 deaths (2.9 %)* ◦ *Colombia and Mexico swapped 9th and 10th place, otherwise unchanged since Monday* • *7-day incidence per 100,000 population* ◦ *68 countries with a 7-T. inc. >50 cases/100,000 inhabitants; continues to increase, since Monday Morocco and Holy See have been added, Guyana no longer listed* ◦ *First reported re-infection: 25-year-old man, positive tests in mid-April and June with detectable genomic difference of the virus, two negative tests in between, second course of infection more severe with hospitalisation* ◦ *J&J Phase III vaccine trial of adenoviral vector vaccine paused due to unexplained disease in subjects (unclear whether in control or study group)* ◦ *Eli Lilly also interrupts monoclonal antibody study* • *7-day incidence per 100,000 population Europe* ◦ *20 EU countries over 50 cases/100,000 inhabitants (new: Italy and Liechtenstein)* • *EU Commission recommendations on the coordination of measures affecting the free movement of persons* ◦ *On 13 October, the EU Council adopted a recommendation on a coordinated approach to restricting the free movement of persons* ◦ *Member States should provide ECDC with the following criteria:* ◦ *Number of newly reported cases per 100,000 population in the last 14 days* ◦ *Number of tests performed per 100,000 population in the last week* ◦ *Proportion of positive tests (of the tests carried out in the last week)* • *Criteria:* ◦ *ECDC to publish weekly map of EU Member States broken down by region based on Member State data* ◦ *Areas should be colour-coded* • *Restriction of freedom of movement:* ◦ *Member States should not, in principle, refuse entry to travellers from other Member States* ◦ *Differences between orange and red areas should be observed and a proportionate approach*	*ZIG1 McFarland*

	become ○ *Epidemiological situation in own territories should be taken into account* *To Do: Ask Ms Diercke to clarify with the ECDC which data must be provided for adequate classification (current colour coding is inconsistent)* **National** • *Case numbers, deaths, trend (slides here)* • *SurvNet is transmitted:* ○ *334,585 (+ 5,132), of which 9,677 (2.9%) deaths (+43), incidence 402/100,000 population, approx. 281,900 recovered, reef=1.04; 7T reef=1.16* ○ *43 new deaths are not due to late reporting, increase in the number of cases is also reflected here, detailed analysis will follow* ○ *Figures for incidence, ITS and "Invasively ventilated" are rising* • *7-day incidence (slide 2): Berlin and Bremen well above 50, increases also in other federal states, in some cases quite steep increase* • *7-day incidence (slide 3) 123 LK >25-50, 44 LK >50-100, 3 LK >100-500 cases/100,000 inhabitants* • *mainly urban regions affected, no district without cases* • *One district did not submit the data in time, apparently so as not to reach the incidence threshold of 50 and not have to take appropriate measures* • *Number of COVID-19 cases by place of exposure at home and abroad: Proportions from abroad (blue) are currently decreasing, proportions from other countries very low (red), increasing number of incomplete data (grey), thus apparently playing a more important role. Data (grey), thus seemingly subordinate role of travel* • *Number of COVID-19 cases by probable place of infection in Germany (slide 5):* • *mainly of private origin and at the workplace (see slaughterhouses) relevant* • *Exact location of infection often difficult to determine, therefore limited significance* • *but: longer and closer contact is relevant for transmission, but this is also easier to detect, thus does not reduce the evidence of the main transmission route* *ToDo: If necessary, include slide 5 in the weekly report, but explicitly state that breakout events are considered here (cautious interpretation, see above)*	*FG 32 Diercke*

	Syndromic surveillance *(slides* **here***)* • *GrippeWeb until 41st week: ARE rate from approx. 36th week currently below the ARE rates of the last three seasons* • *Consultation incidence (slide 5) 0-4-year-olds: stable; 5-14-*	*FG 36* *Buda*

	older age groups: rising - in each case compared to the previous calendar week • *Consultation incidence regionally (slide 7): partly heterogeneous, Berlin/Brandenburg: currently increasing in all age groups; schoolchildren: mainly caused by rhinoviruses* • *Electronic SEED^{ARE} module (slide 8): ARE rates plotted in 7 instead of the usual 5 age groups, in recent weeks increase mainly in children, less in older age groups* • *ILI rates (slide 8): only febrile illnesses shown, special filtering e.g. according to pneumonia diagnoses also possible, very powerful tool* • *ICOSARI-KH-Surveillance - SARI cases up to week 40 (slide 9): Total number not increased, still usual seasonal level* • *ICOSARI-KH-Surveillance - SARI cases and proportion of SARI cases with COVID diagnosis up to week 40 (slide 10): Total number of SARI cases slightly declining in week 40, proportion of COVID-19 to SARI cases correspondingly unchanged* • *Number of SARI cases with a duration of up to one week in a seasonal comparison (slide 11): time trend can be assessed, flu progression in 2017 very prominent compared to the current situation* **Test capacities and testing** *(slides here)* • *Number of positive and negative tests per week - nationwide (slide 2) week 30 to 41 almost constant* • *Number of tests per 100,000 population by age group and calendar week (slide 3): no specific age groups with strong increase, in the last two weeks positive rate (slide 4) increasing in all age groups, especially between calendar weeks 40 to 41, test delay (slide 5) also increasing*	*FG 37 Eckmanns*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Digital projects update (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Has been postponed to Friday*	
5	**Communication** • *Motif campaign for young people: Pretest turned out well, now distribution at schools* • *Information material on ventilation posted, as well as virtual school pack and links to new RKI papers* *To Do: Clarification with the BMG regarding compatibility of the four messages with the three AHA rules* • *Telephone counselling: mainly enquiries from*	*BZgA Thaiss*

	the catering trade and those wishing to travel, but also increasingly	

	psychological nature and on the part of health authorities with regard to overwork • *Due to the overload of the health authorities, further requirements with regard to study participation and cooperation are difficult* • *However, there seems to be a high inhibition threshold with regard to submitting overload reports (although these do not originate from the work level)* • *Currently Federal PK on flu vaccination*	*Press Hennequin*
6	**News from the BMG** • *Not present*	
7	**Strategy questions** **a) General** *When do we see these increases in urban centres, are all points addressed (transmission in large gatherings of people on public transport)?* • *Urban centres play a special role, that of public transport currently unclear, outbreaks in propagation media very rare* *Are there points where the strategy can be supplemented well without additional burdens?* • *E.g. sufficient availability of means of transport or improvement of ventilation to reduce the probability of transmission (MNS only relevant for local transmission, Aersole only slightly reduced by everyday masks, fresh air supply crucial for long-distance transmission), possibilities with regard to occupancy limits (especially for journey times > 15 min): limited clocking, preventive ventilation regimes* • *Partly already part of the overall concept (public transport to be considered as a closed space)* • *Focus should not be taken away from larger centres of risk* • *Generally applicable recommendations should continue to be made* *To Do: New strategy task for the entire crisis team: deadline by Friday 12 noon, coordinated by Ms Diercke* • *Tests for Sars-Cov2 may now also be carried out in vitro by non-physicians (dentists and veterinarians)* *To Do: Request to FG 36 to check whether § 13 points are correct*	*AL3*

	were taken over **b) RKI-internal** • *Report on contact person management currently still at the BMG, renewed discussion possible, e.g. regarding quarantine time reductions, deadline 15 October was postponed to November, model quarantine regulation to be published on 8 November*	
8	**Documents** • *Not discussed*	*FG36*
9	**Vaccination update (Fridays only)** • *Not discussed*	
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*IBBS*
11	**Laboratory diagnostics** • *3 Sars-Cov2 detections (1 from Darmstadt, 2 from Berlin, different age groups): highest detection to date* • *Influenza: no further evidence* • *Preparations for new influenza season started* • *Today exchange of the national test strategy on the web, accompanying text from BMG, many queries expected* *To Do: the new test strategy should be explicitly referred to in a prominent place in the situation report, wording is of great importance here, feedback on this from the BMG to the situation centre is necessary (if necessary, note or take into account: Test capacity at the upper limit, reganzia are becoming scarce, test strategy should be introduced more positively in the situation report, please also coordinate by e-mail)*	*FG 17* *Dry forest* *AL1* *Mielke*

12	**Clinical management/discharge management** • *Will be postponed to Wednesday* • *Updated list of treatment strategies: in the German Medical Journal and on the RKI website: tabular overview* • *Telemedicine: target achieved, support from Charité for facilities with little experience in dealing with ITS cases, similar concept internationally in parallel (consultation with ZIG)* • *Infectiology and counselling: Consultancy services - new website with web seminar series* • *Cloverleaf concept: being revised for international enquiries from abroad*	*FG36/IBBS Rühe*

	To Do: Discussion of the overload of the health authorities; consultation between Maria an der Heiden and Osamah Hamouda (e.g. on a possible pause in contact tracing by plane as in March, involvement of the BMG)	
13	**Measures to protect against infection** • *Not discussed*	
14	**Surveillance** *Discussion of the key figures from the management report* • *Key figures of current development: cumulative figures in brackets, new figures in bold type in front* • *show not only infection figures, but also other key figures from different data sources, e.g. number of cases treated in intensive care, DIVI: different time period shown or (albeit incomplete) surveillance data on clinical severity. Severity* *Proposal is welcomed, sensible approach to be discussed, further proposals and input:* • *For ITS, use DIVI data as the most reliable data source if necessary; for the 7d incidence, state the absolute, confirmed number of cases and the change in absolute figures compared to the presentation* • *Input table is automated, DIVI would first have to be inserted manually, automation also desirable here* • *Per cent of ITS beds occupied* • *For active cases, a 14d incidence figure would be most meaningful for current events (without the need for an estimate)* • *"Recovered" not an accurate term* • *If applicable, "active" instead of "current" cases, these from "recovered" (the latter case numbers were particularly relevant to the public in the initial phase)* • *List of marginal notes at the end of the management report* • *Changes to the calculation algorithm necessary* • *Algorithm: not yet published, calculations and their limitations should be transparently comprehensible and communicated (e.g. with regard to cases that are no longer active - longer safety period for hospitalisation)* • *The overloads that occur due to heavily utilised test capacities (e.g. with regard to the increased volume of people wishing to travel) should be included in the reporting if necessary* *To Do: Text proposal by e-mail for voting or first vote with*	*FG34/FG32 (V. Bremen only from 12:00)*

	management, also approval	

	required by the BMG (especially with regard to the cancellation of the number of recovered patients)	
15	**Transport and border crossing points (Fridays only)** • *Not discussed*	
16	**Information from the situation centre (Fridays only)** • *Not discussed*	
17	**Important dates** • *Not discussed*	
18	**Other topics** • *Next meeting: Friday 16 October 2020, 11:00-13:00*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*16.10.2020, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah

Hamouda Participants:

- *Pres*
  - *Lothar Wieler*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG 17*
  - *Djin-Ye Oh*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Claudia Houareau (Minutes)*
- *FG 36*
  - *Silke Buda*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Annegret Schneider*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
- *BMG*
  - *Iris andernach*
  - *Telephone dialling +4930184****56*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Top 10 countries by number of new cases in the last 7 days* ○ *38,581,234 cases; 1,093,140 deaths (2.8%);* ○ *Proportion of deaths fell over the weeks;* ○ *Top 10 countries are the same as on Wednesday;* ○ *Argentina and Russia have swapped positions; stronger increase in France;* ○ *Top 4 are: India, USA, Brazil, France;* • *7-day incidence per 100,000 population* ○ *Few changes since Wednesday;* ○ *68 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* ○ *Bonaire, Saint Eustatius and Saba and San Marino no longer on the list* ○ *Monaco back on the list* ○ *China: Outbreak locally in Xin-Dao hospital now all tested there; mass testing* ○ *Russia: second vaccine authorised; no public data on release stage yet;* • *7-day incidence per 100,000 population Europe* ○ *New addition: Bulgaria (55 cases/100,000 inhabitants);* ○ *State of emergency in France and the Czech Republic;* • *Update: EU Commission Recommendation on the coordination of measures affecting the free movement of persons* ○ *ECDC will now publish four cards on Thursdays with the data as of Tuesday 23:59 in the TESSy database:* 1. *Number of newly reported cases per 100,000 population in the last 14 days (14-day incidence);* 2. *Number of tests carried out per 100,000 population in the last week (test rate);* 3. *Percentage of positive tests in the tests carried out in the last week (test positivity rate)* 4. *Combined indicators (1-3)* • *Example card for these cards:* ○ *Unfortunately, data transmission for Germany did not work;* ○ *ECDC takes care of Dtl. for once today;* ○ *WHO call with China, among others: They reported that 10 million Chinese have already been vaccinated against SARS-CoV-2; but no information on which vaccine and no information on the side effects;*	*ZIG1 McFarland* *FG 32 Diercke/* *Pres*

	National	

	• *Case numbers, deaths, trend (slides here)* • *COVID-19: National situation, 16 October 2020* ○ *SurvNet is transmitted:* *-increasing 7-T. inc;* *-Changes compared to the previous day: +24 deaths; +7,334 confirmed cases;* *-ITS continues to rise;* *-This is not yet reflected in the R value;* • *COVID-19 cases by reporting date (changes from previous day)* ○ *we have less underreporting than in March/April and there is a clear increase* • *7-T inc. of the federal states (BL) by reporting date* ○ *Rise seen in almost all BLs: It is currently an accelerated rise, not an exponential rise;* • *Geographical distribution in Germany: 7-T.-Inz.* ○ *9 LK with 7-T. inc. >100-500 cases/100,000 inhabitants;* ○ *62 LK with 7-T. inc. >50-100 cases/100,000 inhabitants;* ○ *132 LK with 7-T. inc. >25-50 cases/100,000 inhabitants;* ○ *As of this week, we no longer report to the BMG - by agreement - all LK over 50, but only the TOP 15 are reported to the BMG;* • *Number of SARS-CoV-2 tests* ○ *Positive rate rose to 2.48% in CW42;* • *Questions/Discussion:* ○ *Proposal: To report the cases of the entire previous week to ECDC; will be discussed internally;* ○ *Mr Drosten wondered whether the increase in cases was due to unrecognised clusters, e.g. in public transport?* ○ *Question whether positive rate is related to hospitalisation? Despite differences in test behaviour between 1st and 2nd wave;* ○ *Consider making an inc. list available online; at LK level; in Excel; available online with archive for queries;* • *3 points for discussion see e-mail "Consultant" (dated 15/10/20 at 07:09)* ○ *Mr Drosten's argument: He assumes that the rising number of cases is due to unresolved clusters, such as in public transport. What arguments do we have for not overlooking clusters? But the GÄ are pursuing exactly what he wants:. GÄ focus on the big events. But most cases are no longer attributable to major events. What does Drosten mean by clusters in public transport? Because the people change at every stop.* ○ *Optimise recommendations for GÄ: But changes sparingly. This is because their resources are very exhausted and the implementation of changes requires more of them. Pres would like to start a communication programme that makes the difference between KP1 and KP2 clear for GÄ.*	*FG32 Diercke* *FG32 Diercke* *Präs/AL3* *AL1* *Press Wenchel* *Pres/AL3/All* *AL3/Pres* *FG37*

	○ *Application for further containment scouts approved by the BMG.* ○ *ITS tool is currently provided by FG37, as the tool from Mr Grabenhenrich's group has not yet been started. The current tool from FG37 is in urgent need of an update.* *To Do:* *-LZ: It was decided to publish the incidence list at LK level daily in the morning on the RKI website.* *-Präs/AL3: Next week, exchange with Mr Drosten at the BMG on his understanding of clusters.* *-P1: Please suggest a way to clearly communicate the difference between KP1 and KP2. Also graphically.*	*Eckmanns*
2	**International (Fridays only)** • *International activity update: 14-day mission to Namibia starts tomorrow - support will also be provided in the laboratory area;* • *Implementation of the EU Council Regulation has tied up a lot of resources: several enquiries already answered; government wants further analyses before risk areas are reset; still to be defined here which parameters will be applied for countries outside the EU; will probably take some time* *another 2-3 weeks until a viable solution is found;*	*ZIG* *Hanefeld*
3	**Digital projects update (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Upgrading of the risk assessment necessary;* • *Now already customised as a very dynamic position;* • *Will be discussed next week whether a number-based trigger and/or description of the overall situation will be used;* • *Need a position on this in the next press briefing;* *To Do: On the agenda for Monday*	*AL3/Präs/ FG34 Bremer/ Press/All*
5	**Communication** • *Press: New procedure on the part of the BMG: Risk areas are published on the website in advance and are not immediately valid; risk areas do most of the work with queries* • *BZgA topics: Employees of the GÄ call the hotline due to increased psychological stress; in the population, young people are more likely to report high levels of psychological stress due to the pandemic;* • *In the case of corona cases in daycare centres, the families of the index and contact children are poorly informed by the daycare centres; families are unsettled, do not know what measures will follow; can the recommendations be applied here?*	*Press Wenchel* *BZgA Thaiss*

	• *Displeasure from populations that there are waiting lists for flu vaccinations, with strong advertising in favour of the flu vaccination;* ○ *Argument in favour of a later flu vaccination not being a disadvantage: flu vaccination works better if vaccinated in Nov/Dec;* ○ *Distribution problems of the vaccine exist every year, only this year this is very noticeable;* • *Ventilation point omitted;*	*FG36 Buda/* *AL3*
6	**News from the BMG** • *Assessment of the risk areas: Thank you for the input from the RKI;* • *unfortunate ECDC data transfer for the EU card;* • *Test recommendation just published, looking forward to the implementation;* • *look with concern at the development*	*BMG Andernach*
7	**Strategy questions** **a) General** • *When do we see these increases in urban centres, are all points addressed (transmission in large crowds on public transport)?* *Already discussed previously (see point 1 on Mr Drosten) and no further need for discussion;* • *Draft bill for a third law to protect the population in the event of an epidemic situation of national importance* ○ *Points on the draft bill of the Third Population Protection Act: (Adoption Ms Thaiss);* ○ *Mrs Diercke presents the critical points (document here):* ○ *Extensive changes: RKI was not involved in any of the proposed amendments in advance; particularly with regard to travelling and exit tickets;* ○ *Joint review of the summary: non-named notification is accepted; for negative and positive notifications have added value for the RKI, the proposed changes would not make this possible; current draft ref. was edited without expert advice;* ○ *In vitro diagnostics should not be reported; antigen tests as rapid tests cannot be considered reportable. Here, too, there is a need for adaptation;* ○ *Many new tasks accommodated for the RKI e.g. to provide §4 data, to provide GEMATIK data as an additional benefit,*	*AL3* *FG32 Diercke*

	but weekly reporting should suffice; ○ Rapid tests could also be carried out by non-physicians; ○ Further legal certainty for important data required for Int. comm. Necessary; ○ Syndromic surveillance and antibiotic resistance surveillance are currently mentioned by name; ○ GEMATIK is committed to supporting DEMIS, especially in hosting; ○ As feared, the role of the RKI is not only as a technical advisor, but it became clear in the discussion that the tool is to be supervised by the RKI in terms of content and technically by the Bundesdruckerei; this brings the RKI even more into focus and is seen as responsible for the designation of risk areas; ○ No additions, very annoyed that we are not were included; ○ Thanks to Präs for quick BMI appointment regarding exit cards: personal data en mass; Telekom has 14,000 data per day; already planned to make these available to the GA. Urgent clarification needed on this draft ref; ○ Law could come into force as early as the beginning of Nov; ○ The draft goes to the cabinet on Wed; **b) RKI-internal** • (From Wednesday) Supplementing the strategy with further measures with low burdens ○ Already discussed above	AL3 Pres FG38 An der Heiden FG32 Pres
8	**Documents** • Publication status: Management of contact persons: ○ OK from the BMG by Rottmann-Groß; ○ Also OK from the BMG for the further suspension of Flug-KoNa; ○ Mrs Buda adds this to the document for online publication; will be online next week; ○ An IFG enquiry about KP management is made in the LZ, can this be answered later or rejected? If this answer cannot be provided at present, then reject it with good reason; To Do: FG 36 presents updated document on KP-Management online.	FG36 Buda FG38 An der Heiden FG36 Buda/AL3
9	**Vaccination update (Fridays only)**	AL3

	• *A rough concept was discussed yesterday at the BMG: Vaccination management at local level. Recording vaccination rates, recording vaccination side effects* ○ *Holtherm commissioned the RKI to establish a nationwide immunisation monitoring system;* ○ *This means another software project;* ○ *The aim of vaccination monitoring is to assess the effectiveness of the vaccination;* ○ *Please bring out all the service providers you can, e.g. Capgemini or Bundesdruckerei;* ○ *Difficult for vaccination monitoring, as tasks can only be issued quickly to those with whom framework agreements exist; detailed questions remain with the RKI; vaccination monitoring must be are primarily processed professionally;*	*Pres* *AL3*
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*IBBS*

11	**Laboratory diagnostics** • *Regulatory aspects of antigen tests play a major role and must be clarified at PEI, BMG and BfArM level;* ○ *Some of the antigen tests are very promising;* ○ *Test list is kept at BfArm;* ○ *Antigen tests can be a useful addition, as PCR testing with capacity at the limit and reagent shortage;* • *Valid antigen tests are pathogen detection and should be reportable. But currently antigen tests require PCR confirmation; manufacturer only covers use in symptomatic; any use in asymptomatic not covered by manufacturer; but when we have validated these, they must be recorded as reportable pathogen detection;* • *Virolog. Surveillance:* ○ *Out of 220 sample submissions, 4 were SARS-CoV-2 positive;* • *Status of the validation of the antigen tests:* ○ *11 different tests validated by 6 laboratories; wide range in quality 50% detection rate between 600 and 10,000 per test;* • *SARS-CoV-2 testing of submitted samples:* ○ *214 positive; 13.4% positive rate; more and more samples from KOMO, otherwise some technical devices are defective;* • *Localisation at local level for test capacity coordination:* ○ *Mr Müller is a good candidate here; please contact us in the near future.*	*AL1* *Mielke* *FG17* *Oh* *ZBS1* *Michel* *AL1*

	Record AGI	
12	**Clinical management/discharge management** • *Not discussed*	
13	**Measures to protect against infection** • *GÄ are very overloaded; further documents should be kept short and simple;* • *The President asks for information on overloading to be sent to him. He realises the need for support as far as possible;* • *RKI Personnel Development has offers for the prevention of overload;* • *P1 can provide explanations for the GÄ with small podcasts;* • *Mobile Scouts are withdrawn from Hamm and are available for further enquiries; are actively offered to the Frankfurt GA;* • *Prioritisation of the flood of tasks from the LZ: Can IFG requests wait? Hamouda please contact L1 directly here so that the work on IFG is reduced to what is necessary; if shift managers want to reject tasks, they can contact AL3 or Consult the management;*	*FG38 an der Heiden* *Pres* *FG38 an der Heiden* *Pres* *FG37 Eckmanns* *FG36 Buda/ AL3*
14	**Surveillance** • *Not discussed*	
15	**Transport and border crossing points (Fridays only)** • *Not discussed*	
16	**Information from the situation centre (Fridays only)** • *Int. comm. position extremely strained: Expansion of the early shift to 5 people and the late shift to 4 people;* • *Flight KoNa setting provides little relief;* • *Containmaent Scouts are already providing support;* • *WBK supported with 3 full-time staff in the LZ in Nov. and Dec;* • *Reference to last point under 13. infection control measures;*	*FG38 an der Heiden*
17	**Important dates** • *The draft bill for a third law to protect the population in the event of an epidemic situation of national importance is to be presented to/adopted by the cabinet next* **Wednesday (21 October 2020).** *become*	
18	**Other topics** • *Next meeting: Monday 19 October 2020, 13:00-15:00*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.10.2020, 1:00 pm*
Venue:	*Webex conference*

Moderation: Osamah

Hamouda Participants:

- *Pres*
  - *Lothar Wieler*
- *VPresident*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzikt*
- *FG14*
  - *Melanie Brunke*
- *FG 17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Daniel Schmidt (protocol)*
- *FG 36*
  - *Silke Buda*
  - *Walter Haas*
- *FG 38*
  - *Ulrike Grote*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Christina Leuker*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
- *BMG*

- *Marc Degen*

- *BZgA*
  - *Martin Dietrich*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *39,774,852 cases, 1,110,902 deaths (2.8%);* ○ *Changes in top 10 countries by number of new cases in the last 7 days since Friday: Czech Republic and Italy added, France moved up to 3rd place after India and USA,* ○ *Strong wins in the Czech Republic and Italy* • *7-day incidence per 100,000 population* ○ *68 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* ○ *Europe (non EU/EEA/UK/CH) Albania added* ○ *Africa Botswana no longer on the list* • *7-day incidence per 100,000 population Europe* ○ *State of emergency in France and the Czech Republic,* ○ *1st place Czech Republic,* • *Summary / Overview (of the past 7T) Update:* ○ *Africa: 2.9% of new cases and 4.6% of new deaths* ○ *Top 5 countries with the most cases: Morocco, South Africa, Tunisia, Libya and Ethiopia* ○ *America: 32.1% of new cases and still the majority of new deaths (44.5%)* ○ *The United States, Brazil, Mexico, Peru and Colombia reported the most deaths* ○ *Continued rising trends in Canada and the USA* ○ *Asia: 27.7% of new cases and 29.6% of new deaths* ○ *Declining trend in India, but 15% of total deaths worldwide* ○ *After a four-week lockdown and due to declining case numbers, the measures in Israel are being relaxed* ○ *Europe: majority of new cases (37%) and 21.3% of new deaths* ○ *Increase in cases in approx. 83% of countries* ○ *Italy, France and the Czech Republic reached record numbers of new cases within 24 hours over the weekend (Italy and Czech Republic >10,000, France >30,000)* ○ *Oceania: 0.08% of new cases and 0.05% of new deaths* ○ *Most of the reported cases are from French Polynesia* ○ *Updated document of the ECDC: Guidance on discharge and ending of isolation of people with COVID-19 from 16.10.2020*	*ZIG1 McFarland*

	(https://www.ecdc.europa.eu/en/publications-data/guidance-discharge-and-ending-isolation-people-covid-19) ○ *Update on the designation of the risk areas and the coordination regarding the procedure for implementing the recommendations, publication Wednesday evening and the categorisation will then take effect from Friday midnight* • *Questions/Discussion:* ○ *Question about the impact if Germany as a whole exceeds the threshold of 50 cases/100,000 inhabitants, this is expected towards the end of the week* ○ *The consequences are not yet entirely clear. There are intensive discussions about this, things will probably become even more complicated* **National** • *Case numbers, deaths, trend (slides here)* • *COVID-19: National situation, 19 October 2020* ○ *366,299 confirmed cases, 9,789 deaths, proportion of deaths 2.7%,* ○ *Estimate 4-day R: 1.35, 7-day R: 1.25* ○ *rising trends in all BL, Berlin and Bremen remain high,* ○ *Saarland shows a sharp increase in the 7-day incidence, but due to the low number of inhabitants, even small numbers of cases can lead to this,* ○ *Focal points visible in the south and west and cities,* ○ *LK level currently Berchtesgardener Land at the top, diffuse events, report of cases in a shisha bar, but this does not justify everything,* ○ *107 LK exceed incidence of 50/100,000 population,* ○ *Germany will probably cross the border soon,* • *Questions/Discussion:* ○ *Question as to when the risk assessment should be adjusted and go to the highest level* ○ *Note that it may then no longer be possible to differentiate between the general population and risk groups, unless the risk classification is formulated differently. However, it would be good to differentiate,* ○ *On the other hand, it is better to issue warnings at an early stage and draw attention to the increase in the risk situation rather than reacting too late to the rising figures,* ○ *But the time is hard to find,* ○ *The moment at which Germany exceeds a total of 50 cases per 100,000 population would be a logical step* ○ *Note that the side of the physicians and clinical speciality societies is important when assessing the situation, inclusion of a clinician for*	*FG 32 Diercke* *Presidet/ VPräs/ FG32/ FGL36/ AL3*

	Press conference makes sense, ○ *Clinic (DIVI) shows increase in occupancy,* *To Do:* *- Decision on risk assessment to be discussed on Wednesday become*	
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)** • *App data donation has already been presented previously,* • *Proposal update digital projects next week*	*FG21* *Smear*
4	**Current risk assessment** • *Upgrading of the risk assessment see discussion on the national situation;*	
5	**Communication** • *Communication strategy of the BMG and cooperation between BMG and BZgA was presented* • *Important points in the communication and preparation of the campaigns are, for example, the question of how we will deal with the coming winter season* • *So far, the "We're staying at home" campaign in collaboration with the RKI, BZgA and BMG has been very successful with 1.2 billion clicks* • *Likewise the campaign on the AHA rules with ~90% awareness in the meantime, of these 90% state that they also adhere to the rules,* • *There is also a strong focus on young people, with 111 individual campaigns on Facebook, Twitter, Instagram and other platforms* • *Algorithms sort the different content,* • *In addition to poster campaigns, Google Adds implementations that pre-sort and then redirect to RKI.de or Infektionsschutz.de for certain search queries,* • *Campaigns are available in many languages,* • *With the help of the technical solutions, it is possible to react quickly and make adjustments, e.g. warning posters were activated within 1 day as a reminder of the AHA rules,* • *A lot of money and a large budget were spent,* • *In addition to Facebook, messenger services such as Telegram are also used, partly because many actors with conspiracy ideas gather there,* • *However, information is also provided via radio, or spots are placed at airports, specifically where people arrive from risk areas, posters and spots at petrol stations in various languages,* • *10,000 stickers with AHA rules and information were ordered and distributed to facilities,* • *A campaign is planned, among other things to counteract the fatigue towards the measures,* • *It turns out that the rules are understood, but the question of why it is worth continuing to follow the rules must be clarified.*	*BMG* *M. Degen*

	become, • *Focus groups to prepare a vaccination campaign from the beginning of December are being planned depending on when the vaccine will be available,* • *Questions and comments on the subject of communication are welcome at marc.degen@bmg.bund.de* **Questions/Discussion:** • *Question: Radio and television play a major role at a broad level. To what extent are things planned at this level?* • *Answer: This was discussed intensively, but campaigns on TV are very expensive, public broadcasting does not broadcast adverts from federal authorities such as the BMG, but above all it is also a question of money* • *Ultimately, television is not used as a medium, but radio is very heavily used,* • *Overall, the decision was made to take a less broad and more focussed approach,* • *Note: It could be useful to provide more information during the winter to enable people to make their own situational judgements and to train them in which measures make the most sense,* • *In addition to the AHA rules, there is sometimes a lack of personal judgement as to which measures are appropriate and how important they are. Are there ideas to promote this, to strengthen personal risk assessment?* • *This is an important topic, but it is a fluid one that needs to be constantly managed and adapted,* • *For this reason, a targeted approach using various media is favoured* • *The question of the visibility of the measures was raised and how they could be made visible at a point in the BMG's area of responsibility,* • *There is a dropbox with content from all campaigns, which can also be used freely by institutes in the business area, as well as daily reports with activities,* • *Yes, the link should be made available,* • *Are there any ideas on the extent to which those affected should have their say, e.g. to counteract trivialisation?* • *Telling illness stories is important, the form must be found accordingly, so far AHA rules have been important, but there are plans to implement something there* • *Note on the subject of conspiracy ideas: although they are loud, they are actually in the minority, overall people are disciplined, we should not allow ourselves to be driven by the minority,* • *Note: Information on when it makes sense to get tested may be appropriate* *RKI Press Office Ronja Wenchel:* • *Question about when a more detailed presentation of outbreaks is planned in the RKI situation report, there are many requests for this,*	

	• *A more detailed presentation of the outbreaks with graphics is planned for Tuesday,* • *However, no cases of domestic German travel are shown separately, but the probable country of infection is indicated*	
6	**News from the BMG** • *Not discussed*	*BMG Andernach*
7	**Strategy questions** **a) General** • *When do we see the increases in urban centres, are all points addressed (transmission in large crowds on public transport)?* • *discussion about the question, we are overlooking something,* • *Point already discussed last week,* • *Summary: Public transport plays a role, but no opportunity for larger outbursts, these are rather short contacts,* • *Drosten's statements are not entirely consistent in this respect, not looking forwards, but backwards, because clusters have existed for longer, but that is not so convincing in terms of public transport, GA are basically already doing the right thing, looking at major events and, if necessary, stopping them, identifying people who are affected and imposing quarantine,* • *Ask for information on restaurants and the number of cases that need to be followed up, there are no exact figures,* • *GA report that there are a large number of small events rather than a few large events* • *Note: John Hopkins University published high odds for people on public transport, but the mask policy in the USA should be taken into account here; this may have played a role.* • *Behaviour in the private sphere certainly plays a major role, communication may be necessary here* **b) RKI-internal** ○ *Not discussed*	*AL3/ AL1/ FG36/ FG32/ All*
8	**Documents** • *Publication status: Management of contact persons went online today*	*FG36 Buda*
9	**Vaccination update (Fridays only)** • *Not discussed*	
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	
11	**Laboratory diagnostics** • *FG 17 had 104 sample submissions in the virological surveillance of the AGI in the last two weeks:* *- 54 positive for rhinovirus* *- 4 positive for SARS-CoV-2* • *This means that after months of no SARS-CoV-2 in the*	*FG17 Oh*

	Surveillance, the virus is now detected regularly. • *Influenza was detected for the first time about 4 weeks ago, but not again since then.* • *Comprehensive presentation of the antigen tests planned for Friday* • *Further validation depends on data protection, has been communicated* • *Half of rhinovirus test results positive*	*ZBS1* *Michel*
12	**Clinical management/discharge management** • *Not discussed*	
13	**Measures to protect against infection** *Presentation on RKI_COVIDTestCalculator (slides here)* • *Tool for modelling strategies to shorten quarantine/isolation presented* • *Probability of infectivity is calculated* • *Mean residence time in different states of infection calculated and compared with available literature, taking into account incubation period, onset of symptoms, test sensitivity,* • *The predictive power of the model is good and has already been implemented in software,* • *The probability of being infectious is displayed, and time courses can be calculated and visualised assuming various parameters such as quarantine, successful testing and various incidence scenarios and dark figures,* • *Tool has been validated, on Wednesday there will be a meeting with Drosten's team for joint coordination, after which the tool will be made available free of charge,* *Questions/Discussion:* • *Note: Publication would be nice to show that shortening quarantine and isolation would not make sense and to be able to counter certain statements with something up-to-date,* • *It would be good to be able to read up on the basics of the tool, and help on how to use it correctly would also be useful to prevent incorrect use,* • *A few typical examples and progressions could also be calculated and shown,* • *There will also be a manual for this,* • *Has it been taken into account that certain people are particularly contagious?* • *Yes, it was taken into account, studies with severe courses were also included, overall the tool is kept flexible, parameters can be changed,* • *Could the tool be useful for other infections?* • *Probably not for all pathogens, but conceivable for rapidly spreading pathogens,* • *Distribution of the tool to experts or also to GAs and other stakeholders?* • *It is intended more for the specialised public,* • *It is important that no individualisation and*	*AL3* *MF5/P5* *Max von Kleist* *FG14* *Brunke*

	individual case interpretation of quarantine/isolation is suggested, • *The manual starts by explaining the purpose of the tool and what should and should not be done with it,* • *Strength can be, tool can make recommendation comprehensible and support* *FAQ Air purification devices discussed* • *There is somewhat misleading information from manufacturers that measures such as minimum distance can be omitted if devices are present* • *There are explicit applications and subsequent enquiries* • *The question arose as to whether FAQs should include the topic of ventilation?* • *The question of ventilation is dealt with in the FAQ on aerosols, but a comparison is necessary* *ToDo: Compare the FAQs, circulate them again for the next meeting, check ventilation and near field to see if there is a Information gap exists*	
14	**Surveillance** • *Corona KiTa study (slides here)* • *Longitudinal study to monitor the gradual opening of child day care centres/child day care facilities* • *Increase from week 38 in children <5 years, 3 times as high as in the lockdown phase* • *Ages 15 and up also play a role, with stronger increases seen here* • *Reflects the overall situation in the population* • *The effect of the school holidays becomes visible* • *What is happening corresponds to what is happening in the population,* *especially in the 0-5 age group and speaks against proactive school closures* • *Slightly older children >15 years to be seen differently,* • *Older children contribute to the infection process more like adults*	*FG36, Haas*
15	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
16	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
17	**Important dates** • *The draft bill for a third law to protect the population in the event of an epidemic situation of national importance is to be presented/adopted by the cabinet next* **Wednesday (21 October 2020)**	*FG32*
18	**Other topics** • *Next meeting: Wednesday 21 October 2020; 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.10.2020, 1:00 pm*
Venue:	*Webex conference*

Moderation: Osamah

Hamouda Participants:

- *Pres*
  - *Lothar Wieler*
- *VPresident*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
- *FG14*
  - *Melanie Brunke*
- *FG 17*
  - *Djin-Ye Oh*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Daniel Schmidt (protocol)*
- *FG 36*
  - *Silke Buda*
  - *Walter Haas*
- *FG 37*
  - *?*
- *FG 38*
  - *Ulrike Grote*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Christina Leuker*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
- *BMG*
  - *Marc Degen*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *39,774,852 cases, 1,110,902 deaths (2.8%);* ○ *Changes in top 10 countries by number of new cases in the last 7 days since Friday: Czech Republic and Italy added, France moved up to 3rd place after India and USA,* ○ *Strong wins in the Czech Republic and Italy* • *7-day incidence per 100,000 population* ○ *68 countries with a 7-T. inc. >50 cases/100,000 inhabitants;* ○ *Europe (non EU/EEA/UK/CH) Albania added* ○ *Africa Botswana no longer on the list* • *7-day incidence per 100,000 population Europe* ○ *State of emergency in France and the Czech Republic,* ○ *1st place Czech Republic,* • *Summary / Overview (of the past 7T) Update:* ○ *Africa: 2.9% of new cases and 4.6% of new deaths* ○ *Top 5 countries with the most cases: Morocco, South Africa, Tunisia, Libya and Ethiopia* ○ *America: 32.1% of new cases and still the majority of new deaths (44.5%)* ○ *The United States, Brazil, Mexico, Peru and Colombia reported the most deaths* ○ *Continued rising trends in Canada and the USA* ○ *Asia: 27.7% of new cases and 29.6% of new deaths* ○ *Declining trend in India but 15% of total deaths worldwide* ○ *After a four-week lockdown and due to declining case numbers, the measures in Israel are being relaxed* ○ *Europe: majority of new cases (37%) and 21.3% of new deaths* ○ *Increase in cases in approx. 83% of countries* ○ *Italy, France and the Czech Republic reached record numbers of new cases within 24 hours over the weekend (Italy and Czech Republic >10,000, France >30,000)* ○ *Oceania: 0.08% of new cases and 0.05% of new deaths* ○ *Most of the reported cases are from French Polynesia* ○ *ECDC: Guidance on discharge and ending of isolation of people with COVID-19 from 16.10.2020* ○ *Update on the designation of risk areas and the*	*ZIG1 McFarland*

	Coordination regarding the procedure for implementing the recommendations, publication Wednesday evening and the categorisation will then take effect from Friday midnight • *Questions/Discussion:* ○ *Question about the effects if Germany as a whole exceeds the threshold of 50 cases / 100,000 inhabitants is expected towards the end of the week* ○ *Consequences not yet completely clear, there are intensive discussions on this, things will probably become even more complicated* **National** • *Case numbers, deaths, trend (slides here)* • *COVID-19: National situation, 19 October 2020* ○ *366,299 confirmed cases, 9,789 deaths, proportion of deaths 2.7%,* ○ *Estimate 4-day R: 1.35, 7-day R: 1.25* ○ *rising trends in all BL, Berlin and Bremen remain high,* ○ *Saarland shows a sharp increase, but even small numbers of cases can lead to this,* ○ *Focal points visible in the south and west and cities,* ○ *LK level currently Berchtesgardener Land at the top, diffuse events, report of cases in a shisha bar but this does not justify everything,* ○ *107 LK exceed incidence of 50/100,000 population,* ○ *Germany will probably cross the border soon,* • *Questions/Discussion:* ○ *Question as to when the risk assessment should be adjusted and go to the highest level* ○ *Note that it may then no longer be possible to differentiate between the general population and risk groups, unless the risk classification is formulated differently again, but it would be good to differentiate,* ○ *On the other hand, it is better to issue warnings at an early stage and draw attention to the increase in the risk situation rather than reacting too late to the rising figures,* ○ *But the time is hard to find,* ○ *The moment at which Germany exceeds a total of 50 cases per 100,000 population would be a logical step* ○ *Note that the side of doctors and clinical speciality societies is also important in assessing the situation, inclusion of a clinician for press conference makes sense,* ○ *Clinic (DIVI) shows increase in occupancy,* *To Do:* *- Decision on risk assessment to be discussed on Wednesday become*	*FG 32 Diercke/* *Presidet/ VPräs/ FG32/ FGL36/ AL3/*
2	**International (Fridays only)**	*ZIG*

	-	
3	**Digital projects update (Mondays only)** • *App Data Donation has already been presented previously,* • *Proposal update digital projects next week*	*Smear*
4	**Current risk assessment** • *Upgrading of the risk assessment see discussion on national situation;*	
5	**Communication** • *Communication strategy of the BMG and cooperation between BMG and BZgA was presented* • *Important points in the communication and preparation of the campaigns are, for example, the question of how we will deal with the coming winter season* • *So far, the "We're staying at home" campaign in collaboration with the RKI, BZgA and BMG has been very successful with 1.2 billion clicks* • *Likewise the campaign on the AHA rules with ~90% awareness in the meantime, of these 90% state that they also adhere to the rules,* • *There is also a strong focus on young people, with 111 individual campaigns on Facebook, Twitter, Instagram and other platforms* • *Algorithms sort the different content,* • *In addition to poster campaigns, Google Adds implementations that pre-sort and then redirect to RKI.de or Infektionsschutz.de for certain search queries,* • *Campaigns are available in many languages,* • *With the help of the technical solutions, it is possible to react quickly and make adjustments, e.g. warning posters were activated within 1 day as a reminder of the AHA rules,* • *A lot of money and a large budget were spent,* • *In addition to Facebook, messenger services such as Telegram are also used, partly because many actors with conspiracy ideas gather there,* • *However, information is also provided via radio, or spots are placed at airports, specifically where people arrive from risk areas, posters and spots at petrol stations in various languages,* • *10,000 stickers with AHA rules and information were ordered and distributed to facilities,* • *A campaign is planned, among other things to counteract the fatigue towards the measures,* • *It turns out that the rules are understood, but the question of why it is worth continuing to follow the rules needs to be clarified,* • *Focus groups to prepare a vaccination campaign from the beginning of December are being planned depending on when the vaccine will be available,* • *Questions and comments on the subject of communication are welcome at marc.degen@bmg.bund.de* **Questions/Discussion:**	*BMG, M. Degen*

	• *Question: Radio and television play a major role at a broad level, to what extent are things planned at this level?* • *Answer: This was discussed intensively, but campaigns on TV are very expensive, public broadcasting does not broadcast BMG, but above all it is also a question of money* • *Ultimately, television is not used as a medium, but radio is very much in use,* • *Overall, the decision was made to take a less broad and more focussed approach,* • *Note: It could be useful to provide more information in winter on how to assess your own situation and to train when which measures make the most sense,* • *In addition to the AHA rules, there is sometimes a lack of personal judgement as to which measures are appropriate and how important they are, are there ideas to promote this, strengthen personal risk assessment?* • *This is an important topic, but it is a fluid one that needs to be constantly managed and adapted,* • *For this reason, a targeted approach using various media is favoured* • *The question of the visibility of the measures was raised and how they could be made visible at a point in the BMG's area of responsibility,* • *There is a dropbox with content from all campaigns, which can also be used freely by institutes in the business area, as well as daily reports with activities,* • *The link should be made available,* • *Are there any ideas on the extent to which those affected should have their say, e.g. to counteract trivialisation?* • *Telling illness stories is important, the form must be found accordingly, so far AHA rules were important, but it is planned to implement something there* • *Note on the subject of conspiracy ideas, these are loud but actually in the minority, overall people are disciplined, we should not let ourselves be driven by the minority,* • *Note: Information on when it makes sense to get tested may be appropriate* *RKI Press Office Ronja Wenchel:* • *Ask when a more detailed presentation on outbreaks is planned, there are many requests for this,* • *A more detailed presentation of the outbreaks with graphics is planned for Tuesday,* • *However, no cases of domestic German travel are shown separately, but the probable country of infection is indicated*	
6	**News from the BMG** • *Not discussed*	*BMG Andernach*

7	**Strategy questions** **a) General** • *When do we see the increases in urban centres, are all points addressed (transmission in large crowds on public transport)?* • *discussion about the question, we are overlooking something,* • *Point Already discussed last week,* • *Summary: Public transport plays a role but no opportunity for larger outbreaks, these are rather short contacts,* • *Drosten's statements are not entirely consistent in this respect, not looking forwards, but backwards because clusters have existed for longer, but that is not so convincing in terms of public transport, GA are basically already doing the right thing, looking at major events and, if necessary, stopping them, identifying people who are affected and imposing quarantine,* • *Ask for references to restaurants and number of cases to be followed up, there are no exact figures,* • *GA report that there are a large number of small events rather than a few large events* • *Note: John Hopkins University published high odds for people on public transport, but the mask policy in the USA should be taken into account here; this may have played a role.* • *Behaviour in the private sphere certainly plays a major role; communication may be necessary here* **b) RKI-internal** ○ *Not discussed*	*AL3/ AL1/ FG36/ FG32/ All*
8	**Documents** • *Publication status: Management of contact persons went online today* • *No further points*	*FG36 Buda*
9	**Vaccination update (Fridays only)** •	*AL3*
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	*IBBS*
11	**Laboratory diagnostics** • • *KOMO 3381 Porben, 7 positive* • *Capacities* • • *Comprehensive presentation of the antigen tests planned for Friday* • *Further validation depends on data protection, has been communicated* • *Half of rhinovirus test results positive* •	*FG17 Oh* *ZBS1 Michel*
12	**Clinical management/discharge management** • *Not discussed*	

13	**Measures to protect against infection** *Presentation on RKI_COVIDTestCalculator (slides here)* • *Tool for modelling strategies to shorten quarantine/isolation presented* • *Probability of infectivity is calculated* • *Mean residence time in different states of infection calculated and compared with available literature, taking into account incubation period, onset of symptoms, test sensitivity,* • *The predictive power of the model is good and has already been implemented in software,* • *The probability of being infectious and a confidence interval are displayed, and time courses can be calculated and visualised assuming various parameters such as quarantine, successful testing and various incidence scenarios and dark figures,* • *Tool has been validated, on Wednesday there will be a meeting with Drosten's team for joint coordination, after which the tool will be distributed,* *Questions/Discussion:* • *Note: Publication would be nice to show that shortening quarantine and isolation would not make sense and to be able to counter certain statements with something up-to-date,* • *It would be good to be able to read up on the basics of the tool, and help on how to use it correctly would also be useful to prevent incorrect use,* • *A few typical examples and progressions could also be calculated and shown,* • *There will also be a manual for this,* • *Has it been taken into account that certain people are particularly contagious?* • *Yes, it was taken into account, studies with severe courses were also included, overall the tool is kept flexible, parameters can be changed,* • *Could the tool be useful for other infections?* • *Probably not for all pathogens, but conceivable for rapidly spreading pathogens,* • *Distribution of the tool to experts or also to GAs and other stakeholders?* • *It is intended more for the specialised public,* • *It is important that no individualisation and case-by-case interpretation of quarantine/isolation is suggested,* • *This should be included in the manual if necessary, what is the intended use and what should and should not be done with the tool,* • *Strength can be, tool can make recommendation comprehensible and support* *FAQ Air purification devices discussed* • *There are somewhat misleading indications from manufacturers that measures can be omitted if devices are present* • *There are explicit applications and subsequent enquiries*	*AL3* *MF5/P5* *Max von Kleist* *FG14* *Brunke*

	• *The question arose as to whether FAQs should include the topic of ventilation?* • *The question of ventilation is dealt with in the FAQ on aerosols, but a comparison is necessary* *ToDo: Compare the FAQs, circulate them again for the next meeting, check ventilation and near field to see if there is a Information gap exists*	
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15	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
16	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
17	**Important dates** • *The draft bill for a third law to protect the population in the event of an epidemic situation of national importance is to be presented/adopted by the cabinet next* **Wednesday (21 October 2020)**	
18	**Other topics** • *Next meeting: Wednesday 21 October 2020; 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.10.2020, 1:00 pm*
Venue:	*Webex conference*

Moderation: Osamah

Hamouda Participants:

- *Pres*
  - *Lothar Wieler*
- *VPresident*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzikt*
- *FG14*
  - *Melanie Brunke*
- *FG 17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
- *FG 24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Daniel Schmidt (protocol)*
- *FG 36*
  - *Silke Buda*
  - *Walter Haas*
- ~~*FG 37*~~
  - ~~?~~
- *FG 38*
  - *Ulrike Grote*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Christina Leuker*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
- *BMG*

- *Marc Degen*

- *BZgA*
  - *Martin Dietrich*
  - *Heidrun Thaiss*
  -

TOP	Contribution/Topic	contributed by
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	0(https://www.ecdc.europa.eu/en/publications-data/guidance-discharge-and-ending-isolation-people-covid-19) ○ Update on the designation of the risk areas and the coordination regarding the procedure for implementing the recommendations, publication Wednesday evening and the categorisation will then take effect from Friday midnight • Questions/Discussion: ○ Question about the effects if Germany as a whole exceeds the threshold of 50 cases / 100,000 inhabitants is expected towards the end of the week ○ Consequences not yet entirely clear. There are intensive discussions about this, things will probably become even more complicated **National** • Case numbers, deaths, trend (slides here) • COVID-19: National situation, 19 October 2020 ○ 366,299 confirmed cases, 9,789 deaths, proportion of deaths 2.7%, ○ Estimate 4-day R: 1.35, 7-day R: 1.25 ○ rising trends in all BL, Berlin and Bremen remain high, ○ Saarland shows a sharp increase in the 7-day incidence, but due to the low number of inhabitants, even small numbers of cases can lead to this, ○ Focal points visible in the south and west and cities, ○ LK level currently Berchtesgardener Land at the top, diffuse events, report of cases in a shisha bar, but this does not justify everything, ○ 107 LK exceed incidence of 50/100,000 population, ○ Germany will probably cross the border soon, • Questions/Discussion: ○ Question as to when the risk assessment should be adjusted and go to the highest level ○ Note that it may then no longer be possible to differentiate between the general population and risk groups, unless the risk classification is formulated differently again, ○ On the other hand, it is better to issue warnings at an early stage and draw attention to the increase in the risk situation rather than reacting too late to the rising figures, ○ But the time is hard to find, ○ The moment at which Germany exceeds a total of 50 cases per 100,000 population would be a logical step ○ Note that the side of doctors and clinical speciality societies is also important in assessing the situation, inclusion of a clinician for press conference makes sense,	FG 32 ~~Diercke/~~ President/ VPräs/ FG32/ FGL36/ ~~AL3/~~

	○ Clinic (DIVI) shows increase in occupancy, To Do: - Decision on risk assessment to be discussed on Wednesday become	
2	**International (Fridays only)** -	ZIG
3	**Digital projects update (Mondays only)** • App data donation has already been presented previously, • Proposal update digital projects next week	FG21 Smear
4	**Current risk assessment** • Upgrading of the risk assessment see discussion on the national situation;	
5	**Communication** • Communication strategy of the BMG and cooperation between BMG and BZgA was presented • Important points in the communication and preparation of the campaigns are, for example, the question of how we will deal with the coming winter season • So far, the "We're staying at home" campaign in collaboration with the RKI, BZgA and BMG has been very successful ~~with~~ 1.2 billion clicks • Likewise the campaign on the AHA rules with ~90% awareness in the meantime, of these 90% state that they also adhere to the rules, • There is also a strong focus on young people, with 111 individual campaigns on Facebook, Twitter, Instagram and other platforms • Algorithms sort the different content, • In addition to poster campaigns, Google Adds implementations that pre-sort and then redirect to RKI.de or Infektionsschutz.de for certain search queries, • Campaigns are available in many languages, • With the help of the technical solutions, it is possible to react quickly and make adjustments, e.g. warning posters were activated within 1 day as a reminder of the AHA rules, • A lot of money and a large budget were spent, • In addition to Facebook, messenger services such as Telegram are also used, partly because many actors with conspiracy ideas gather there, • However, information is also provided via radio, or spots are placed at airports, specifically where people arrive from risk areas, posters and spots at petrol stations in various languages, • 10,000 stickers with AHA rules and information were ordered and distributed to facilities, • A campaign is planned, among other things to counteract the fatigue towards the measures, • It turns out that the rules are understood, but the question of why it is worth continuing to follow the rules needs to be clarified,	BMG~~,~~ -M. Degen

- Focus groups to prepare a vaccination campaign from the beginning of December are being planned depending on when the vaccine will be available,
- Questions and comments on the subject of communication are welcome at marc.degen@bmg.bund.de

Questions/Discussion:

- Question: Radio and television play a major role at a broad level. iTo ~~what extent~~ are things planned at this level?
- Answer: This was discussed intensively, but campaigns on TV are very expensive, public broadcasting does not broadcast adverts from budget authorities such as the BMG, but above all it is also a question of money
- Ultimately, television is not used as a medium, but radio is very heavily used,
- Overall, the decision was made to take a less broad and more focussed approach,
- Note: It could be useful to provide more information during the winter to enable people to make their own situational judgements and to train them in which measures make the most sense,
- In addition to the AHA rules, there is sometimes a lack of personal judgement as to which measures are appropriate and how important they are, ~~,~~ gAre there ideas to promote this, strengthen personal risk assessment?
- This is an important topic, but it is a fluid one that needs to be constantly managed and adapted,
- For this reason, a targeted approach using various media is favoured
- The question of the visibility of the measures was raised and how they could be made visible at a point in the BMG's area of responsibility,
- There is a dropbox with content from all campaigns, which can also be used freely by institutes in the business area, as well as daily reports with activities,
- Yes, the link should be made available,
- Are there any ideas on the extent to which those affected should have their say, e.g. to counteract trivialisation?
- Telling illness stories is important, the form must be found accordingly, so far AHA rules have been important, but there are plans to implement something there
- Note on the subject of conspiracy ideas: although they are loud, they are actually in the minority, overall people are disciplined, we should not allow ourselves to be driven by the minority,
- Note: Information on when it makes sense to get tested may be appropriate

RKI Press Office Ronja Wenchel:

- Question about when a more detailed presentation of outbreaks is planned in the RKI situation report, there are many requests for this,
- A more detailed presentation of the breakouts with graphics is

	planned for Tuesday, • *However, no cases of domestic German travel are shown separately, but the probable country of infection is indicated*	
6	**News from the BMG** • *Not discussed*	*BMG Andernach*
7	**Strategy questions** **a) General** • *When do we see the increases in urban centres, are all points addressed (transmission in large crowds on public transport)?* • *discussion about the question, we are overlooking something,* • *Point ~~S~~ already discussed last week,* • *Summary: Public transport plays a role, but no opportunity for larger outbursts, these are rather short contacts,* • *Drosten's statements are not entirely consistent in this respect, not looking forwards, but backwards, because clusters have existed for longer, but that is not so convincing in terms of public transport, GA are basically already doing the right thing, looking at major events and, if necessary, stopping them, identifying people who are affected and imposing quarantine,* • *Ask for references to restaurants and number of cases to be followed up, there are no exact figures,* • *GA report that there are a large number of small events rather than a few large events* • *Note: John Hopkins University published high odds for people on public transport, but the mask policy in the USA should be taken into account here; this may have played a role.* • *Behaviour in the private sphere certainly plays a major role, communication may be necessary here* **b) RKI-internal** ○ *Not discussed*	*AL3/ AL1/ FG36/ FG32/ All*
8	**Documents** • *Publication status: Management of contact persons went online today* • ~~*No further points*~~	*FG36 Buda*
9	**Vaccination update (Fridays only)** •	~~*AL3*~~
10	**Information on occupational health and safety (Fridays only)** • *Not discussed*	~~*IBBS*~~
11	**Laboratory diagnostics** • • *KOMO 3381 Porben, 7 positive* • *Capacities* • • *Comprehensive presentation of the antigen tests planned for Friday* • *Further validation depends on data protection, was*	*FG17 Oh* *ZBS1 Michel*

	communicates • *Half of rhinovirus test results positive* •	
12	**Clinical management/discharge management** • *Not discussed*	
13	**Measures to protect against infection** *Presentation on RKI_COVIDTestCalculator (slides here)* • *Tool for modelling strategies to shorten quarantine/isolation presented* • *Probability of infectivity is calculated* • *Mean residence time in different states of infection calculated and compared with available literature, taking into account incubation period, onset of symptoms, test sensitivity,* • *The predictive power of the model is good and has already been implemented in software,* • *The probability of being infectious ~~and a confidence interval~~ are displayed, and time courses can be calculated and visualised assuming various parameters such as quarantine, successful testing and various incidence scenarios and dark figures,* • *Tool has been validated, on Wednesday there will be a meeting with Drosten's team for joint coordination, after which the tool will ~~be~~ made available free of charge,* *Questions/Discussion:* • *Note: Publication would be nice to show that shortening quarantine and isolation would not make sense and to be able to counter certain statements with something up-to-date,* • *It would be good to be able to read up on the basics of the tool, and help on how to use it correctly would also be useful to prevent incorrect use,* • *A few typical examples and progressions could also be calculated and shown,* • *There will also be a manual for this,* • *Has it been taken into account that certain people are particularly contagious?* • *Yes, it was taken into account, studies with severe courses were also included, overall the tool is kept flexible, parameters can be changed,* • *Could the tool be useful for other infections?* • *Probably not for all pathogens, but conceivable for rapidly spreading pathogens,* • *Distribution of the tool to experts or also to GAs and other stakeholders?* • *It is intended more for the specialised public,* • *It is important that no individualisation and case-by-case interpretation of quarantine/isolation is suggested,* • *~~This~~ should be explained ~~in~~ the manual at the beginning,*	*AL3* *MF5/P5* *Max von Kleist* *FG14* *Brunke*

	what is the intended use and what should and ~~should not be done~~ with ~~the~~ tool, • *Strength can be, tool can make recommendation comprehensible and support* *FAQ Air purification devices discussed* • *There are somewhat misleading indications from manufacturers that measures such as minimum distance can be omitted if devices are present* • *There are explicit applications and subsequent enquiries* • *The question arose as to whether FAQs should include the topic of ventilation?* • *The question of ventilation is dealt with in the FAQ on aerosols, but a comparison is necessary* *ToDo: Compare the FAQs, circulate them again for the next meeting, ventilate and check the near field to see if there is a gap in information.* *gives*	
14	**Surveillance** • *Corona KiTa study (slides here)* • *Longitudinal study to monitor the gradual opening of daycare centres and childminders* • *Increase from week 38 in children <5 years, 3 times as high as in the lockdown phase* • *Ages 15 and up also play a role, with stronger increases seen here* • *Reflects the overall situation in the population* • *Effect of the school holidays becomes visible* • *What is happening corresponds to what is happening in the population,* *especially in the 0-5 age group and speaks against proactive school closures* • *Slightly older children >15 years are seen differently,* • *Older children contribute to the infection process more like adults*	*FG36, Haas*
15	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
16	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
17	**Important dates** • *The draft bill for a third law to protect the population in the event of an epidemic situation of national importance is to be presented/adopted by the cabinet next* **Wednesday (21 October 2020)**	*FG32*
18	**Other topics** • *Next meeting: Wednesday 21 October 2020; 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*21.10.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Ulrike Grote*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Maud Hennequin*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *Approx. 40 million cases and more than 1 million deaths (2.8%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *United States: increasing trend* ○ *India and Brazil: declining trend* • *7-day incidence per 100,000 inhabitants* ○ *73 countries with incidence > 50 cases* ○ *5 more countries than on Monday: Honduras (America); Cyprus, Lithuania, Germany, Denmark (Europe)* • *Summary* ○ *Africa:* ▪ *Very low proportion of global cases (1%)* ▪ *Top 5 countries: South Africa, Morocco, Egypt, Ethiopia, Nigeria* ▪ *almost 80% community transmission* ○ *America:* ▪ *33% of new cases and 45% of new deaths* ▪ *Argentina: highest number of new cases and deaths in the past week; access to medical care Supply is not guaranteed.* ○ *Asia:* ▪ *22% of new cases and 20% of new deaths* ▪ *Decline in new cases in Southeast Asia* ▪ *Nepal is the only country with an increase.* ○ *Europe:* ▪ *25% more new cases than in the previous week* ▪ *More than three times as many cases per day compared to peak in April, number of daily deaths five times lower than in April* ○ *Council Recommendation on a coordinated approach to restricting the free movement of persons was adopted by the EU countries on 13 October.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 380,762 (+7,595), of which 9,875 (2.6%) deaths (+39), 7-day incidence 51.3/100,000 inhabitants.* ○ *4-day R: 1.09; 7-day R: 1.17* ○ *ITS: 879 (+28), invasive ventilation: 411 (+22), increase in patients cared for in the intensive care unit* ○ *7-day incidence of the federal states by reporting date* ▪ *Highest incidences in Berlin and Bremen* ▪ *Trend Increase except Saarland* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *133 LK with incidence > 50*	*ZIG1 (E. Romo Ventura)* *FG32 (M. Diercke)*

	▪ *LK Berchtesgadener Land remains the frontrunner*	

	○ *Number of COVID-19 cases by exposure location in Germany* ▪ *Private households are still particularly affected.* ▪ *Med. Treatment centres are not yet so badly affected.* ▪ *Cases in old people's homes and nursing homes are increasing.* ▪ *Only a very small proportion is imported from abroad.* ▪ *Mr Wieler would like to use the illustration for the press briefing tomorrow.* *ToDo: Prepare short background for press briefing (M. Diercke)* ○ *Where would bars, clubs and major events appear in this categorisation?* ▪ *Presumably for leisure or something else?* ▪ *More precise differentiation is possible in the new SurvNet version.* *ToDo: by Friday evaluation of the data transmitted via the new SurvNet version (M. Diercke)* ○ *Are outbreaks analysed on the basis of genome sequences?* ▪ *There are projects for this, the problem is integration into the reporting system. This is the subject of the new Draft bill.* ○ *What about the cases that are not included in this analysis?* ▪ *In some cases, the GAs are no longer able to determine the location of the infection in all cases. Many overload reports from GA, especially from Hesse and BW.* ▪ *Furthermore, only outbreaks containing 5 or more cases are shown, otherwise the proportion of private households is probably much greater. A comparison with the table in EpiBull is therefore not possible.* ▪ *The epidemic is proceeding in compliance with measures. The AHA rules will probably be implemented in the In public, during leisure activities and on public transport, it is more likely to be observed, whereas in private spaces the probability of non-compliance is much greater.* ▪ *Proposal: This figure should be contrasted with a figure in which all information on the infection site must be taken into account. Then renewed discussion of this point.* • *Test capacities and testing (slides here)* ○ *Increase in positive share, trend is very clear in ARS.* ○ *The frequency of testing varies between age groups. Testing is most common among over 80-year-olds and 15-34-year-olds.* ○ *The proportion of positives increases relatively parallel in all age groups. This is a good argument in favour of the fact that the frequency of testing is not responsible for the increase in cases. Despite different test frequencies, there*	*FG37 (S. Haller)*

	is an increase in all age groups. ○ *Test delay is relatively stable over the last few weeks.*	

	• *What can be done to connect more laboratories to ARS?* ○ *It is not necessary to reach all laboratories for representativeness. It is planned to better describe how good the coverage is in the individual BCs and thus the representativeness.* ○ *If negative laboratory reports are also reported via DEMIS, individual case and location-based reports would be available.* ○ *In the current draft bill, the negative reports are to be deleted, but these would be desirable.* ○ *Advantages of ARS: Serological tests and antigen tests can also be integrated, specific questions can be answered and ARS is not limited to notifiable diseases.* ○ *It would therefore be desirable to attract more laboratories to ARS in addition to DEMIS. The new draft bill provides for more laboratories to commit to ARS.* • *Syndromic surveillance (slides here)* ○ *GrippeWeb until 42.KW:* ▪ *Figures still below the ARE rates of the previous seasons* ○ *Consultation incidence:* ▪ *Already declined in children last week, has now stabilised in all age groups. On population in Germany, this corresponds to around 1.1 million visits to the doctor due to ARE.* ○ *ICOSARI-KH-Surveillance - SARI cases until. KW* ▪ *Significant increase in SARI cases with a COVID diagnosis in hospitals too.* ▪ *Broken down by age group, the proportion of COVID cases among 15-34 year-olds in the SARI-patients is almost 40 per cent, but only about 15 per cent among 35-79 year olds.* ▪ *This figure is to be included in the management report next Thursday. Before that The figures will be monitored for another week and discussed within the department. There are not very many cases per age group.* ▪ *Suggestion: look at the same data from April this year, was the distribution different? Information gives Insight into the severity of the disease.* ▪ *What about previous illnesses in this young group? Discussion with clinicians would be useful. The cases tend to be younger, need to be ventilated for longer and tend to have fewer pre-existing conditions than SARI cases in previous years.* *ToDo: Comparison of proportion of COVID cases to SARI patients spring-autumn, FF K. Tolksdorf*	*FG36 (S. Buda)*
2	**International (Fridays only)**	

	• *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Should an upgrade be made? Or when should the general population be upgraded from "high" to "very high"?* • *It would make sense to revise the wording of the risk assessment. However, an upgrade to an intermediate level: "high - very high" is unlikely to contribute to clarity.* • *The risk assessment is not a forecast, but is based on criteria such as community transmission, disease severity and the burden on the healthcare system. An upscaling at this point in time would therefore probably be perceived as alarming, as the healthcare system still has considerable capacity at the moment.* • *Decision: The risk assessment, population high, risk groups very high, remains.* • *The wording is adapted, basic agreement to the amendment proposed by W. Haas.* • *Comments: "In all neighbouring European countries" is not correct for the northern countries and would have to be constantly adjusted. The exact number of cases and doubling time should rather be deleted, as otherwise they would have to be constantly adjusted.* *ToDo: W. Haas sends his proposed amendment to the crisis team for comments.*	*All*
5	**Communication** **BZgA** • *Feedback from the population: difficult to find testing facilities, GA often unavailable,* • *There is a critical discussion about compulsory masks for primary school pupils and possible long-term consequences.* • *Individual fates: depression, increasing use of addictive substances.* **Press** • *Press briefing again tomorrow at the RKI with Mr Wieler* • *New FAQ on ventilation, which refers to the Federal Environment Agency* • *FAQ on air purification devices is in coordination, consultation with BZgA on this* • *Teaser on start page has been adapted*	*BZgA (H. Thaiss)* *Press (M. Hennequin)*
6	**News from the BMG** • *Not discussed*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** • *Letter on the quality of the statistics published by the RKI and suggestions for improvement (here)* ○ *Key points of criticism:*	*FG38 (U. Grote)*

	▪ *Expression "estimate of recovered", as the number of chronic courses is relatively high. RKI proposal should cover late effects.* ▪ *Antibody tests should be differentiated.* ○ *Designation of recovered cases to be replaced by active cases and explain in the footnote how this figure is calculated.* ○ *The level of detail in the reporting system is limited, so reference should be made to the LEOSS and COVIM studies.* ○ *Question, how should criticism be dealt with in general?* ▪ *Short, factual answer: Reference to the limitations in the reporting system, reference to already existing studies and the opportunity to apply for funding for new studies.* ○ *Proposal: Publication of questions and answers for reasons of transparency* ▪ *Letters should be anonymised.* ▪ *If a platform is provided, it can be expected that more letters will be sent.* ▪ *No capacity available, a secondary area is opened up that ties up resources.* ○ *That is why we should continue to proceed as before: short answers to serious questions.* ○ *FAQ could be created for recurring points and free capacities.* **b) RKI-internal** • *Containment should continue to be maintained as one component. However, as millions of acute respiratory illnesses are expected, only a small proportion of which are related to COVID, a plan B of the strategy has been developed: the recommendation to stay at home for all people suffering from ARE who are not to be tested.* • *Text suggestion to supplement the strategy: Why people with acute respiratory illnesses should cure themselves at home for at least 5 days. Reducing contact in the work environment and at school would reduce the potential for transmission, would save GA resources and could help to keep daycare centres and schools open.* • *The amended test criteria from the last paragraph have already been cancelled by the Minister. Therefore, amended test criteria should not be submitted to the BMG again until next week or the week after. The flow chart would then also have to be changed.* • *The test strategy mentions extensive testing as the basis for situation assessment.* • *Insight into the situation can also be based on surveillance instruments; this could be communicated in this way. A more detailed description of the surveillance instruments should be provided elsewhere.* • *It is important for the population to know when they should get tested. This question should be answered for people who are acutely ill. In any case, a doctor should be consulted in the following situations*	*FG36 (W. Haas)*

	be visited: *a) Severe or non-improving (or even worsening) course of the disease, or specific symptoms (loss of sense of smell or taste), or belonging to a risk group,* *b) Contact with people from risk groups,* *c) Known contact with people with a respiratory disease or a confirmed COVID-19 infection, or if the disease may have been acquired as part of a group event, or if many people would be or have been exposed to a risk of infection after the onset of symptoms.* • *Does the proposal also affect children? This would lead to extensive parental absences. The recommendation applies to everyone and serves to maintain childcare and education services.* • *Separation of household members is more likely to be maintained with COVID than with other infections. Could this lead to more infections in households? Only a very small proportion of AREs are due to COVID-19.* • *To be submitted to the BMG and published as an RKI strategy supplement.* *ToDo: Circulate the proposal, record and revise comments* *ToDo: Check whether the strategy paper already recommends favouring working from home. And send this as a suggestion to Mr Degen (directs* *Communication at the BMG).*	
8	**Documents** • *Key figures management report (proposal here)* ○ *Revised version, overall more focus on development of current cases within the last 7 days, cumulative case numbers in brackets* ○ *Legend with explanations of what the individual points mean has been added.* ○ *7-day incidence overall and in >60 year olds, number of districts with 7-day incidence >50 and >100* ○ *DIVI Intensive Care Register: currently undergoing intensive care treatment: increase on the previous day and total in brackets; newly completed cases, of which % number of deceased* ○ *Why is the term "active" and not "acute" cases chosen?* ▪ *Includes asymptomatic cases, active cases are calculated from recovered - deceased.* ▪ *Are also called "active cases" abroad.* ○ *What should "recovered" people be called? Should the management report* *are no longer recognised.* ○ *Recovered cases could also be omitted from the dashboard, as the cumulative number is less and less meaningful. Internationally, they are labelled as "recovered"; one could speak of "recovered active infections".* *ToDo: Submission of the new management report to the BMG (V. Bremer)*	*FG34* *(V. Bremer)*

	• *FAQ Air purification (here)* ○ *Has been revised: ".... cannot effectively reduce the risk of transmission in the near field." The proposal was approved.* • *Should a standard information letter for Cat. 1 contact persons be provided to GAs to facilitate their work?* ○ *The GA could send this by e-mail and concentrate on relevant groups.* ○ *So far, only a sample letter for international communication is offered.* *ToDo: Clarification in ÖGD feedback group as to whether there is a need, FF M. Askar*	*FG14 (M. Brunke)* *FG36 (W. Haas)*
9	**Vaccination update (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *Virological surveillance* ○ *Sporadic SARS cases, otherwise only rhinoviruses* ○ *The usual decline in the number of samples during the autumn holidays is very pronounced this year.* • *KV have informed members (doctors in private practice) about new testing and billing options. Notifications about laboratory standards were sent to over 500 laboratories in order to achieve better comparability.*	*FG17 (B. Biere)* *Dept. 1 (M. Mielke)*
11	**Clinical management/discharge management** • *Postponed to Friday*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre (Fridays only)** • *Not discussed*	
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Friday, 23 October 2020, 11:00 a.m., via Webex*	

Crisis team meeting "Novel coronavirus (COVID-19)"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Location:	*Novel coronavirus (COVID-19)*
Date, time:	*23.10.2020, 11:00am*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Kirsten Pörtner (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Kai Schulze*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Ulrike Grote*
- *IBBS*
  - *Christian Herzog*
- *P1*

- *Ines Lein*
- *Miriam Jenny*

- *Press*
  - *Ronja Wenchel*
- *MF*
  - *Max v. Kleist*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *ZBS1*
  - *Janine Michel*

TOP	Contribution/Topic	contributed by
1	**Current international situation** • *International trend analysis, measures (slides here)* • *41 million cases, >1 million deaths (2.7%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Increasing trend in all countries except India* • *7-day incidence per 100,000 inhabitants* ○ *73 countries with incidence > 50 cases/100,000* ○ *2 new countries added since Wednesday: Kyrgyzstan and San Marino* ○ *Small countries have a high incidence* • *Europe:* ○ *no new country with >50/100,000 added, all countries except Scand. countries have >50/100,000* ○ *Europe had biggest change in the last 7 days* ○ *Top 3 7-day incidence: Czech Republic, Belgium, Netherlands (all >300/100,000)* ○ *Top 10 7-day deaths: Czech Republic, Montenegro, Andorra, Rebupblik Moldova, Armenia, Hungary, North Macedonia, Romania, Bosnia and Herzegovina and Spain* ○ *Majority of countries report community transmission* ○ *Mainly urban events* ○ *Countries with the highest increase: France, Russia, UK, Czech Republic* • *Why does the Czech Republic have such a low CFR? This is probably due to the young age of those infected* • *ECDC lists Germany as the only country with a worrying epidemiological development, where does this come from?* ○ *CFR is low and falling while case numbers are rising, so Germany may be in focus* ○ *Situation in Germany very dynamic, Germany was coloured orange for a long time*	*ZIG1 (E. Romo Ventura)*

	TODO: Consultation on this with the ECDC (M. Diercke) **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 403,291 (+11,242), thereof 9,954 (2.5%) Deaths (+49), 7-day incidence 60.3/100,000 pop.* ○ *Yesterday during the day server failure for over 1h, possibly therefore no case transmission took place, some doctors already reported problems with case transmission* ○ *Today's figure may therefore be underestimated, tomorrow's figure may be higher. In this case, there will be a disclaimer on this tomorrow, both in the management report and on the website.* *TODO: Together with the case numbers, a disclaimer may be sent to the press and the morning shift (M. Diercke)* [REDACTED] ○ *4-day R: 1.23; 7-day R: 1.3* ○ *ITS: 1030 (+87), invasive ventilation: 459 (+35), further increase in patients cared for in the intensive care unit,* *Capacities still in the green zone* ○ *7-day incidence of the federal states by reporting date* ▪ *highest incidences in Berlin, Hesse, NRW, Saarland, Bavaria, Baden-Württemberg very high* *strongly increasing* ▪ *Focus on southern and western Germany, but Saxony also increasingly trending. In addition Major cities such as Berlin and Hamburg* ▪ *Trend increase in all federal states* ○ *Geographical distribution in Germany: 7-day Incidence* ▪ *131 LK with > 50/100,000* ▪ *The Berchtesgadener Land district remains the leader, followed by Berlin-NK and Berlin-Mitte* ○ *Bene Zacher from FG32 has created a heatmap of the incidences by age group since week 10:* ▪ *Since week 40, incidences have been rising in all age groups, before that mainly due to Increase among younger people* ○ *Delay is probably getting bigger and bigger due to GÄ- load & lab load, does it make sense to look at the imputations rather than the daily case reports?* ○ *Test figures: in the 42nd week:* ▪ *Positive rate 3.62%* • *Spread in DE and initial analyses of the*	*FG32 (M. Diercke)*

Infection environment for cases:

- *C. Frank and M. Faber (FG35) have analysed the spread within Germany by district (slides here, from slide 8): Berlin exports e.g. many cases are exported to Brandenburg, from Hamburg cases are exported to SH and NI, etc.*
  - *Domestic expansion plays a subordinate role*
  - *This is not actively publicised, only on request*
- *Since the Survnet update, information on the probable infection environment is also possible for individual cases (previously this information was only possible for outbreaks) (slides here, from slide 13): :*
  - *6,000 cases with information on probable infection environment are available. infection environment are available*
  - *Top 3 probable infection environments: private household, workplace, Healthcare facilities*
  - *Data quality due to limited investigations by the GÄ and recall bias of the cases limited, not even for all infection environments denominator available or exposure duration*
  - *Pubs may be mentioned less often because, unlike in the workplace, they are not is no longer in contact with people who have infected you and/or does not make the connection to the infection.*
  - *Case-control study for a more precise breakdown pending (H. Wilking), Consent to the participation of the cases must be obtained by GÄ, this is currently rejected by GÄ due to overload. Support is to be sought again at the next AGI meeting, if necessary. Support of the GÄ by additional containment scouts, possibly by state authorities or the German Armed Forces*
  - *After the private environment, the workplace is a relevant infection environment. Not only in There is transmission not only in slaughterhouses, but also in open-plan offices, on construction sites or in the retail trade. Masks are often not worn here*
  - *Basic message: you can get infected anywhere, only the risk differs between the individual infection environments*
  - *Communication with Mr Degen pending*
  - *Risk perception in the general population: Risk starts from strangers, not confidants, that confidants have at least equally risky contacts.*

	must be better communicated ▪ *Possibility of further differentiating the cases from the CWA in order to minimise anonymous contacts.* *to be analysed by infection site* ▪ *If necessary, set data in relation to age in order to be able to differentiate further between the* *Risks* ▪ *How do the entries into private households take place? This is difficult to determine because* *The same limitations with recall bias etc. also arise here. For households with several cases, the index can be easily identified, then one could see whether there is information on the infection environment.* *TODO: On the one hand: realise case-control study, on the other hand evaluate survey data again, also compare imputation with reporting data to better assess delay (H. Wilking, M. Diercke)*	
2	**International (Fridays only)** • *Mission Namibia: RKI staff are currently in Namibia to support the KoNa (GoData) system and in the clinical area. The mission will continue next week.* • *Furthermore, the RKI exchanged information with the Vast Balkans (Croatia and, following the mission, also with Kosovo).* • *A small mission to Ecuador to support the university hospital and laboratory is planned.* • *Corona Global: An overall application with various projects (e.g. with international serostudies) was approved by the BMG in the first instance. The sub-projects are to be developed with a deadline of 10 days; an extension of 14 days has been requested* • *On Monday there was a discussion with the BMG on the different approaches of the WHO/ECDC to the designation of risk areas. The EU, for example, uses a traffic light system; Germany only uses 2 gradations. The procedure should generally be simplified, as the whole of Europe is now severely affected and therefore the whole of Europe is a risk area* • *Proposal to the ECDC, if applicable: If Germany is >50/100,000 positive rate of 4%, subnational risk designation may no longer be possible. reasonable. The proposal is approved.*	*ZIG (Hanefeld)*

3	**Digital projects update (Mondays only)**	

4	**Current risk assessment** • *New document by Walter Haas has been commented on and met with approval* • *3 pillars of coping (containment, mitigation, protection) must complement each other and be continued* • *Document will be placed on the homepage*	*W. Haas/all*
5	**Communication** **BZgA** • *Not present* **Press** • *Website was offline for a total of 4 hours, caused by an attack, automatic download of data is currently not working due to high security precautions, whether the attack continues or not is not yet clear, ITZBund is working on it. A standardised language regulation is in preparation.* ○ *Could the search engine be omitted because it was attacked? In principle, any point can be attacked* • *Discrepancy between incidences of the districts and those on the dashboard, FAQ in preparation, as many enquiries in this regard similar to spring* • *Thanks to everyone for the excellent preparation of yesterday's press briefing*	*Press (Ronja Wenchel)* *Pres*
6	**News from the BMG** • *Not present*	
7	**Strategy questions** **a) General** • *Presentation of the preprint paper Keeling et at. regarding 2-week mini-shutdowns in the UK, pure modelling study (slides of the paper here, presentation slides here)* ○ *Investigation of time-limited (2 weeks) but intensive, preventive measures ("breaks" or "brakes") to reduce negative effects of emergency measures through planning* ○ *Theoretical effects: Reduction of infection, reset in the course of the pandemic, stronger measures have a longer effect, greater and longer impact on infections than on hospitalisations and deaths* ○ *Methodologically good paper, in principle effect on infection incidence probable, but size of effect unclear as not transferable 1:1 to Germany (different population structure,*	*FG36 (Kai Schulze)*

	different health system than UK), effect very strongly dependent on compliance of the population, partly collateral damage to society as a whole, Sustainability questionable ○ *In addition to delay, peak Reduction* ○ *In the UK, the healthcare system is significantly overburdened, so the primary goal there is to relieve the system or make it functional again; breaks are already being implemented in parts of the UK* ○ *The positive thing about the brake is that it is prepared and is only intended for 2 weeks. However, such a brake may have to be used several times in order to achieve longer-term effects. The compliance of the population may be lower when the brake is used again.* ○ *It is treated with great attention with regard to of this paper. The BMG has already called ZIG regarding the paper.* • *How close are we to the point where coNa can no longer be provided by the GÄ? Then we can probably expect a significant increase in incidence, in which case a "brake" might be useful* ○ *Overload reports mainly come from Hesse, BaWü, SH, also Berlin, but possibly also due to different perceptions of the tool for reporting overloads, capacity bottlenecks are only reported from 4 states, probably not representative* ○ *It will probably not be possible to cope with more cases, but prioritisation can continue with a focus on clusters rather than individual cases* ○ *Symptom. Sick people could stay at home for approx. 5 days without testing to relieve the system, if necessary self-isolation/quarantine by cases or KP itself on its own initiative* ○ *Delay is estimated at 10-14 days with current exponential growth!!!* ○ *communicative challenge to use brakes here in Germany, as measures are already being discussed controversially* • *Supplement Strategy Paper* **b) RKI-internal** • *BMG feedback pending*	*all* *FG36 (W. Haas)*

	TODO: Consultation with the BMG on Monday (management)	
8	**Documents** • *Statement on FFP2 masks in the general population:* ○ *The use of FFP2 masks requires training, as they are more complex to use than MNS, even with training there is a lot of misuse, e.g. by medical staff, mask must be customised* ○ *The principle of solidarity (protection of others) no longer applies if self-protection takes centre stage* ○ *In addition, GÄ measures for contact persons may no longer be accepted, Compliance problem* ○ *Communication problem, as we previously used FFP2- Have not recommended masks* ○ *Airway resistance is increased, medical consultation may be necessary in the case of underlying diseases, compliance problem here too* ○ *No further, additional changes to the measures desired* ○ *Limited resources must continue to be taken into account* ○ *Transmissions are currently taking place where MNS/MNB are not worn, FFP2 cannot prevent this* ○ *Harm of FFP2 masks may outweigh benefits* ○ *How should we deal with events that are authorised by GÄ due to the distribution of FFP2 masks without any other hygiene concept? Should we differentiate between general recommendations for the general population* ○ *The public should be made aware of the problems/damage caused by wearing FFP2 masks.* *TODO: FG14 prepares statement regarding FFP2 masks for the population; coordination with BZgA if necessary, BMAS/ABAS and BfArM [ID 2063]*	*all*
9	**Vaccination update (Fridays only)** • *Not applicable*	*FG33*
10	**Laboratory diagnostics** • *On the BfArM website is a list of Ag tests that fulfil the requirements of PEI/RKI, a subset was developed independently of a subgroup of the AG Testen*	*Dept. 1 (M. Mielke)*

	validated, KBV and ALM have commented. ○ *A recommendation for testing with Ag tests is already available for care homes. The national testing strategy has been supplemented accordingly.* • *Fewer samples this week than last week (possibly due to prioritisation by GÄ), 18% positive among the submissions (possibly due to prioritisation?), CO-MO study:* *9% positive, samples from yesterday and today pending*	*ZBS1* *(J. Michel)*
11	**Clinical management/discharge management** • *Transfer of European patients to German hospitals has not yet taken place in a harmonised procedure; procedure to be established:* ○ *Normally request comes via EWRS, consultation with BMG: GMLZ writes to federal states to report back bed capacity, RKI (still to be clarified whether on-call service, situation centre or IBBS) compiles the responses from the federal states at the request of GMLZ/BMG and coordinates the exchange between the states, for <5 patients the procedure runs as usual via STAKOB* *TODO: C. Herzog sends out SOP on reconciliation processes*	*IBBS (C. Duke)*
12	**Measures to protect against infection** • *Not applicable*	

13	**Surveillance** • *Presentation of the "Ke incidence estimator based on SARS-CoV-2 genetics" (slides here)* ○ *Incidence history is statically estimated based on changes in genome sequences and presented instead of reported data* ○ *Additional tool to evaluate which measures have which effect, tool can also estimate reporting delays and help to retrospectively interpret epidem. Events* ○ *Not as easy to visualise for Germany as for other countries, as few genome sequences are available, but exponential growth is currently evident!!!!* ○ *To what extent do imported cases in Germany play a role, since an increase according to the method can already be seen in July? The method is stable compared to the introduction of sequences to Germany.* ○ *Alternatively, a positive rate in defined populations (e.g. among HCWs or patients) is also a very timely instrument for analysing events to judge*	*MF5/P5 (Max von Kleist)*

	○ *Sequencing is currently too slow to generate data in real time (approx. 4 weeks delay). Currently more useful for retrospective interpretation of case numbers. But also for prospective case estimation.* *TODO: FG32 will make a technical contribution to the manuscript with regard to the limitations of the reporting data (MF5/P5 & FG32)* • *The BMG may be planning to cancel the obligation to report the detection of Ag and negative laboratory results. This was only introduced in spring. The technical possibilities for this now exist. Among other things, the data is required for the mandatory reporting to the ECDC, also for the positive rate.* *TODO: RKI will position itself in this regard and emphasise the importance of retention (FG32)*	*FG32 (M. Diercke)*
14	**Transport and border crossing points (Fridays only)** • *From 20 October, Flug-KoNa is suspended*	*FG38 (U. Grote)*
15	**Information from the situation centre (Fridays only)** • *45 new employees from various departments, training courses will take place next week, plus 1 employee from the Bundeswehr and 2 from the BBK, position tasks is suspended on Saturdays*	*FG38 (U. Grote)*
16	**Important dates**	
17	**Other topics** • *Next meeting: Monday 26.10.2020; 13:00h*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*26.10.2020, 13-15 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
  - *Alexandra Hofmann (protocol)*
- *FG 32/38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG 34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Silke Buda*

- *Tim Eckmanns*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *ZIG1 / INIG*
  - *Eugenia Romo Ventura*
- *P1*
  - *Esther-Maria Antao*
  - *Mirjam Jenny*
- *BZgA: Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* • *42 million cases, >1 million deaths (2.7%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Increasing trend in all countries except India* • *7-day incidence per 100,000 inhabitants* ○ *77 countries with incidence > 50 cases/100,000* ○ *2 new countries added since Friday: Belarus and Kosovo* • *Africa: 2.4% of new cases and 3.9% of new deaths (top 5 countries: South Africa, Morocco, Egypt, Ethiopia and Nigeria).* • *Americas: 31.15% of new cases and 42.25% of new deaths (top 5 countries: United States, Brazil, Argentina, Colombia and Mexico).* • *Colombia is the eighth country with more than 1 million COVID-19 cases.* • *Asia: 21% of new cases and 25.34% of new deaths (top 5 countries: India, Iran, Iraq, Bangladesh and Indonesia)* • *Europe:* ○ *35% of new cases and 28.46% of new deaths* ○ *4 new countries with >50/100,000 added: Belarus, Kosovo, Latvia and Sweden; within the EU only Greece and Finland, Norway and Estonia <50/100,000* ○ *Top 3 countries 7-day incidence: Czech Republic, Belgium, Luxembourg (all >500/100,000)* ○ *the five countries that report the most cases: Russia, France, Spain, the United Kingdom and Italy.*	*ZIG / INIG Eugenia Romo Ventura*

- *ECDC RRA of 23 October: significant further increase in COVID-19 infections in younger and also older age groups.*
- *Oceania:*
  - *The lockdown in Victoria (Australia's second largest city) is eased as there have been no new infections for 24 hours for the first time in 4 months.*
- *Introducing China:*
  - *Cum. 91,125 cases; 170 cases in the last 7 days; CFR 0.33%; 0 deaths in the last 7 days*
  - *Centralised epidemic control system; rapid response by China to pandemic; partial isolation of cases in so-called make shift hospitals (cases with mild symptoms). Literature here*
- *The decline in cases appears to be due to centralised isolation (no isolation at home) or lockdown. Question: Is the decline in cases in Australia due to a similar approach?*
- *It should be noted that the case numbers in China are official government figures*
- *Discussion as to whether the Chinese concept of isolation (of mild cases) outside the household would also be conceivable in Germany, as many transmissions currently occur in the home environment? As this would mean a significant restriction of basic rights, Germany does not have the appropriate personnel and there are no suitable locations, this would be difficult to implement. It may already be too late to implement such a measure due to the current number of cases.*

TODO: Prepare INIG slides about Australia
TODO: INIG should research whether there are other countries that have successfully implemented the same measures as China.

National

- *Case numbers, deaths, trend (slides here)*
- *SurvNet transmitted: 437,866 (+8,242), of which 10,056 (2.3%) deaths (+24), 7-day incidence 80.9/100,000 inhabitants.*
- *ITS cases increase;*
- *R clearly above 1;*
- *Increase in 7-day incidence in every federal state*
- *99 LK with 7-day incidence >100 cases/100,000 inhabitants; 172 LK >50-100 cases/100,000 inhabitants; 100 LK with >25-50 Cases/100,000 pop.*
- *Report on the infection environment sent to the Federal Chancellery last Wednesday, report to be updated regularly.*
- *7 days Incidence should also be broken down by age group in future and, if necessary, shown on the first page of the management report. Proposal drawn up; feedback from the BMG still pending*

FG32 (M. Diercke)

	• *Proposal to review the mobility tool developed by Brockmann and use it for data analysis* • *There are currently several requests from local authorities to support Containment Scouts who do not yet have so many cases. LKs with many cases have partially discontinued KoNa, how should the Containment Scouts now best be deployed? As KoNa should be maintained for as long as possible, these requests should be discussed individually with the LK to check what exactly is needed.* ***TODO: M. Diercke (FG32) uses Mr Brockmann's mobility tool to analyse the current cases*** **Presentation Corona-Kita study (slides here):** • *Data from Fluweb show that incidences are currently rising in all age groups* • *149 outbreaks in daycare centres, including 32 outbreaks in which only cases aged 15 and over are affected; number of outbreaks increasing; adults frequently affected* • *268 outbreaks in schools, including 26 outbreaks in which all cases are older than 21 years.* • *BZgA receives many enquiries about compulsory masks for primary school pupils. Is there a way of cancelling this? Reference to B. Hauer's paper and the request to distribute the paper further.* • *Do teachers have a higher risk of infection than the general population? Nothing is currently known about this. If teachers adhere to the current rules, they should be considered Teachers do not have a higher risk of infection.*	*FG36 (S. Buda)*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Digital projects update (Mondays only)** • *Postponed to Wednesday*	*Smear*
3	**Current risk assessment** • *Enquiry as to whether the coordinated risk assessment was updated on the website on 26 October 2020. The update has been made.*	*All*

4	**Communication** *BZgA:* • *Enquiry received from GA Münchner Land. It was found that in several cases the awareness of wearing a mask was not very pronounced. BZgA offers to answer this enquiry for the situation centre and would also like to distribute the available materials.* • *CWA: A contact diary is to be included in the app. As there are also people who do not use the CWA, the BZgA offers to create an analogue contact diary. This idea was welcomed by the crisis team.* • *Enquiry about antigen tests and their use in care homes. How should they be used and who pays for them? The RKI is preparing an FAQ on this.* • *Mrs Mankertz reports on a conversation with the GA*	*BZgA*
	Hildesheim, who confirms that there are still people who do not know exactly how to protect themselves because they are not properly reached via the normal channels (e.g. due to language problems). This impression is confirmed by the BZgA, which is why the topic should be addressed in all BZgA channels, e.g. also in the liebesleben campaign. ***ToDo: Mr Mielke forwards information on the test strategy, information material from the BMG on antigen tests and contact details of the contact person at the BMG to the BZgA.*** *Press office:* • *Ask to change the graphical representation of the dashboard. The graphic for "COVID-19 cases/day after reporting date" should appear first instead of the graphic "COVID-19 cases/day after onset of illness, alternatively reporting date". ESRI has just received a catalogue of change requests from the RKI, where the change request can be included.* • *Due to holidays, the internet team is spread thin and requests that publications to be posted on the website be announced in advance so that better planning can take place.* *Arson attack at the General-Pape Str. site:* • *There was an arson attack on the RKI buildings i n General-Pape Str. The fire was extinguished promptly, a window was destroyed and there was no personal injury. Security staff are being increased at all entrances to the properties. The LKA's state security is investigating. There is an RKI working group which, together with the LKA, is examining what further measures can be taken to prevent such attacks in future.*	*Press* *L. Schaade*
6	**News from the BMG** • *Not discussed*	

7	**Strategy questions** **a) General** • **Modelling further course of the pandemic - required capacities (Chancellery request) (document here)** • *At the request of the Chancellery, Matthias an der Heiden has carried out new modelling, which is to be sent to the Chancellery today. MadH has used the existing modelling from the spring and adapted it to the latest findings.* • *The calculation is rather conservative and was carried out with an IFR of 0.55%.* • *The modelling does not take into account what happens if the intensive care bed capacity is insufficient. On average, 1 bed is required for 14 days for a COVID-19 patient requiring intensive care. The assumptions should be formulated more precisely*	*FG34 Matthias an der Heiden*

RKI	*should be made. It should also be clearly formulated that the course in this model is not natural and that the behaviour of the population is important, as could be observed in spring, for example.* • *Basic assumptions should be rather conservative. Is it possible to build in something like a saturation factor or add a basic immunity? A saturation factor is not useful because the parameters are unknown, but the infection figures fall when around 2/3 of the population is infected.* • *The infections are not spreading unchecked, as measures are already in place, how could this be incorporated into the modelling?* • *Proposal to introduce a 20-40% contact minimisation. This should definitely be included in the limitations.* • *It should be noted that the modelling is intended for policymakers and not for the population, so it should be included in the preliminary remarks that the population is not equally affected.* • *Were the demographics of Germany taken into account in the modelling?* • *It should be noted that learning effects can be assumed.* • **Global lockdown to bridge the gap until vaccine available makes sense?** o *Coordinating a simultaneous global lockdown does not seem feasible. In addition, the risk of numerous adverse side effects, e.g. in food distribution but also in the production and distribution of vaccines, would be very high.* • **Protection of vulnerable populations** o *Dept. 1 reports that care homes are currently working on infection prevention concepts and are asking for findings from outbreaks in order to incorporate them. Findings on the role of visitors, carers and the readmission of residents would be important. Does the RKI have any information that can be used when developing the concepts? FG37 reports that it is currently preparing a publication on this.* **b) RKI-internal** • *Not discussed*	
8	**Documents** • *Not discussed*	
9	**Vaccination update (Fridays only)** •	*FG33*
10	**Laboratory diagnostics** • *In week 43, 1,751 samples were processed in ZBS 1, of which*	

RKI	*289 (16.5%) tested positive for SARS-CoV-2. Compared to the previous week, the number of samples is slightly lower at 2,257 ZBS1 has received a request from the WHO to provide sera for a reference panel. 2 laboratories have offered samples to the WHO, but one only for plasma samples, so that the samples in the WHO reference panel will only consist of samples from the RKI.* • *22 different antigen tests were tested by ZBS and partner laboratories (n=6). The BfArM provides a list of billable tests. All antigen tests that fulfil the minimum criteria are included on the list. Products on the BfArM list can be removed if the sample panel produced by the RKI shows contradictory results with a test. Some of the products tested by ZBS 1 are very suitable for identifying samples that contain sufficient virus to grow in cell culture. However, there was also a test that only recognised 1 out of 50 positive samples. Products that have so far only been tested by one laboratory should be tested by at least one more laboratory.*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	*IBBS*
13	**Surveillance** • *Corona-KiTa study: Disease figures for children under 10 years see current situation*	*FG36*
14	**Transport and border crossing points (Fridays only)** •	*FG38*
15	**Information from the situation centre (Fridays only)** •	*FG38*
16	**Important dates**	
17	**Other topics** • *Next meeting: Wednesday 28 October 2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*28 October 2020, 11 a.m. - 1 p.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

Dry forest

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG32/38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG33/ZIG*
  - *Luisa Denkel*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*

- *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
- *BZgA*
  - *Heidrun Thaiss*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** **International trend analysis, measures** *(slides here)* • *43.6 million cases, 1.1 million deaths (2.7%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *USA in first place, rising trend in all countries except India* • *7-day incidence per 100,000 inhabitants* ○ *Instead of 77 countries on Monday, today 81 countries > 50; new: Canada, Maldives, Azerbaijan and Serbia* ○ *EU/EEA/UK/CH: all countries > 50 except Norway, Sweden, Finland, Estonia > 25 - 50* • *Australia: very low incidence throughout the country (7T incidence/100,000 population: 0.5) Test rate/100,000 population/week: 1,043 (20 - 26 October), test positivity: 0.1%* • *Increase in cases at the end of June / beginning of July in Melbourne, Victoria, presumably starting from a "quarantine hotel" -- > spread to the population via security personnel -- > spread there via family celebrations* • *Maximum number of cases in Victoria: 687 new cases / day (August 2020)* • *Increase in cases in NSW, localised clusters in NSW* • *Restrictions in NSW tightened since 24 July (especially catering)* • *Entry of cases in retirement and nursing homes* • *Severe travel restrictions* • *14-day quarantine (on entry) in quarantine hotels* • *Further course:* ○ *"Testing blitz" in Melbourne (1 week: 100,000 people tested)* ○ *Curfews in 10 districts* ○ *Lockdown Greater Melbourne 08.07.2020; leaving home only possible for 4 reasons (work in medical/nursing services, sports, shopping, work/study if not possible from home)* ○ *Closing the borders between NSW and Victoria*	*ZIG / Luisa Denkel*

RKI	○ *Masks compulsory in public spaces (Melbourne / Shire of Mitchell) end of July* ○ *Lockdown for Victoria at the beginning of August* ○ *Catastrophic situation (e.g. only 1 person per household allowed to shop, travelling to work only with working permit from employer, severe penalties for non-compliance) in Melbourne, Stage 4 (02.08. - 13.09.) and Victoria (02.08. - 11.10.), Stage 3 (stay at home);* ○ *Closing the borders between NSW and Queensland* ○ *General mask requirement in Victoria* • *Mid-September:* ○ *Relaxation of measures, e.g. day-care centre, outdoor pool Opening end of September* ○ *Further easing in Victoria and Melbourne (stay home, stay safe)* ○ *Further easing planned in line with the number of cases* • *Summary:* ○ *Continued drastic increase in new cases in Europe (approx. 50 % of cases worldwide)* ○ *Within the EU/EEA/UK/CH: only Sweden, Norway, Estonia and Finland have 7-day incidences < 50 new infections / 100,000 inhabitants* ○ *Slow return to normality in Melbourne and Victoria, Australia after weeks of lockdown ("Steps to COVID-19 normal")* ○ *On 24 October: 137 locally acquired asymptomatic cases in the Xinjiang region, China* • *Discussion on Australia:* ○ *No reports of difficulties with compliance in Australia apparent for the time being, however, severe fines for non-compliance* ○ *Despite lockdown and strict measures, very protracted process until case numbers decline, reasons for this not yet apparent* ○ *Very clear communication regarding restrictions and severe penalties* **National** **Case numbers, deaths, trend** *(slides **here**)* • *SurvNet transmitted: 464,239 confirmed cases (+14,964), of which 10,183 (2.2 %) deaths (+85), 7-day incidence 93.6 /100,000 population* • *ITS cases are rising steadily, currently 1,470 (+108)* • *R between 1.2-1.4 (from 27 and 26 October); figures from 28 October only available later today due to a server update* • *Significant increase in 7-day incidence in every federal state, levelling off in individual states (e.g. Saxony) most likely not a long-term trend*	*FG32 / Michaela Diercke*

RKI	• *132 CC with 7-day incidence >100 cases/100,000 population; 166 CC >50-100 cases/100,000 population; 86 districts with >25-50 cases/100,000 population* • *Incidence by age group and reporting week: age group (AG) of 15- to 34-year-olds continues to have the highest number of cases, followed by AG of 35- to 59-year-olds, third highest: AG of 80+ year-olds, lowest number of cases among 0-4 year-olds* • *Reported cases by gender and proportion of hospitalisations and deaths: almost 10,000 cases in week 37, over 73,000 in week 43 (sevenfold increase within 6 weeks), average age of cases slightly increasing (32 vs. 40), men and women equally affected, proportion of asymptomatic people decreasing (possible cause: limited testing capacity) -> mainly sick persons or older AG tested), number of hospitalised persons increased, proportion of deceased persons also increased* • *Current Mobility Monitor (https://www.covid-19-mobility.org/mobility-monitor/): decline of 39% after lockdown; June/July back at 100%, above average in Sept/Oct; currently showing a renewed decline; strong mobility still evident in the north-east in particular; it is unclear whether seasonal fluctuations have been taken into account in the model* • *Discussion:* ○ *Proportion of deceased on the first page of the report if necessary, but: possibly rather unclear indicator function in terms of external communication* ○ *The BMG has currently approved the inclusion of the incidence of the AG of over 60-year-olds* ○ *Indicator more meaningful for middle-aged population group (as risk awareness with regard to probability of illness exists among older AGs)* ○ *Proposal: Inclusion of the number of seriously ill persons per AG and week* *To Do: Inclusion of the already approved parameter (inc. of AG 60+) in the management report on the first page, inclusion of further parameters for further coordination* **Syndromic surveillance** *(slides **here**):* • *Influenza web: ARE rates in children have fallen significantly, presumably due to the two-week autumn holidays, in adults well below the last two-year average, transmission inhibition through general measures is reflected here* • *Consultation incidence ARE: different picture, from AG of 15-34 year olds increase in doctor's visits, with 0-4 year olds rather decrease in ARE doctor's visits*	*FG36 / Silke Buda*

RKI	• *ARE consultation incidence (total): 43rd week of 2020 approx. 1,500 doctor consultations per 100,000 inhabitants (based on population in Germany: Total number of more than 1.2 million ARE doctor consultations)* • *Overview of federal states BB, NRW, Bavaria, BaWü: (COVID reporting incidence on the right and ARE doctor visits on the left, each per 100,000 inhabitants; ARE consultation incidence dashed lines, COVID reporting data solid lines): overall strong increase, 15-34-year-olds continue to have the highest infections/consultations* • *ICOSARI-KH-Surveillance - SARI cases and proportion of SARI cases with COVID diagnosis: proportion of COVID patients with SARI continues to rise, 42nd week at 20%* • *By age group: in 42nd week, proportion of COVID cases to SARI: high number of SARI cases among children, high proportion of COVID cases among 15-34-year-olds* *To do: include penultimate slide (SARI cases and proportion of SARI cases with COVID diagnosis up to week 42 - by age group) in management report if necessary, discuss with Mirjam Jenny for a more visual, generally understandable presentation* **Test capacities and testing** *(slides **here**)* • *Number of tests and percentage of positives per week - nationwide: last 12 weeks shown, positive percentage (dashed) already over 5 %, number of tests slightly decreasing; highest level reached in week 41* • *Number of tests per 100,00 population by AG and calendar week: comparison of calendar weeks 32 to 43: number of tests increased, especially in lower AG, relatively constant in older AG; currently mainly > 80-year-olds and 15-34-year-olds tested* • *Positive share by AG and KW: highest among 15- to 34-year-olds, followed by 35-59-year-olds, parallel increase in positive share across all AGs (except for 0-4-year-olds)* • *Breakdown of positive rate by client, place of collection and HC: overall steep increase, strongest in doctors' surgeries, least in hospitals (presumed cause: very high test rate due to the requirements, possibly due to the fact that the test rate is very high).* *"Thinning effect"), "Other" = all other test centres (airports, centres in city centres, retirement homes)* • *Test delay: number of day(s) between acceptance and test: currently no significant delay, but in individual cases sometimes long delays, waiting times of up to 5 days* • *Discussion: what significance does the positive rate have for the healthcare system? Is it possible to obtain the test indication as an additional parameter? Test indication difficult to obtain via ARS, possibly symptomatic recording ("symptomatic" vs. "other indication"), laboratory information system: data not stored*	*FG 37 / Tim Eckmanns*

RKI	To Do: Mr Mielke will make further enquiries in this regard, if necessary. Meeting with Mr Müller	

RKI	**Spread in DE and initial analyses of the infection environment in cases** *(document* **here***)* • *Letter on limitations of the SARS-COV-2 test numbers recorded weekly (no full coverage available due to the voluntary nature of the information)* • *Critical final sentence "Subject to examination under data protection law, this can be made possible by nationwide electronic transmission of the data via DEMIS." must be deleted, as the corresponding passage of the § 4 IfSG was cancelled today*	*FG32/38 / Ute Rexroth*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Digital projects update (Mondays only)** • *Postponed report from Monday* • *Further postponed*	*FG 21/ Patrick Schmich*
3	**Current risk assessment** • *Updated on Monday, no need*	*All*
4	**Communication** *BZgA:* • *More targeted addressing of specific age groups, connectivity to existing programmes, addressing multiplier networks* • *Many foreign-language materials already available, but there is still often a lack of understanding, contact Ethnomedical Centre Hanover regarding further distribution of information materials* • *Explanatory video from initial video "Zuhausebleiben" to be placed again* • *Non-digital KONA for certain population groups Population groups still important as a possible solution (end-of-day notes on paper)* • *Health portal: Publications only harmonised with specialist areas, problem aspect e.g. the lack of specific correlation of symptoms with certain infectious diseases* • *Template already available for the symptom "cold"* *To Do: Ask the BzGA to get in touch with the health portal; technical and scientific aspects agreed with the RKI should be adopted correctly* *To Do: Ask Ms Buda and Mr Haas to forward a text on this to Ms Thaiss* *Press office:* • *No comments*	*BZgA / Heidrun Thaiss* *Press*

RKI		
6	**News from the BMG** • *Not discussed*	
7	**Strategy questions** **a) General** **Contact tracing** • *How can KONA be presented in an even more differentiated way?* • *Prioritise clusters over individual cases; prioritise accumulation in vulnerable groups over other settings* • *Berlin: since yesterday, general decree issued on alternative KONA procedure: if a person is aware of their positivity, they should a) immediately go into isolation and b) independently - without instructions from the health authority - inform possible CP; health authority only needs to be contacted for reimbursement regarding earning capacity* • *General ruling also relevant for employers: as soon as they become aware of the employee's positivity, they should also send the employees in their vicinity into quarantine (highly relevant for IBBS for in-house implementation of RKI)* → *lot of responsibility shifted to the private or employer sector* • *department is currently working on a presentation of KONA that is understandable for laypersons.* *To Do: Request to Ms Schulz-Weidhaas to take the newly issued general ruling into account in terms of technical and organisational matters in the building* • *KONA paper to be adapted according to Minister Spahn* *To Do: The RKI should proactively develop highly relevant technical aspects in cooperation with the relevant working groups and highlight them in advance, deadline at the end of the week if possible Suggestions: as a basic simplification, extract management of medical staff and maintain separately, graphically rework/elaborate prioritisation criteria, present core statements on one page, EpiBull article can be included (relief for families and employers, clearer structures regarding priorities)* **The challenge of the lack of mandatory reporting for antigen tests** • *Antigen tests: no reporting obligation introduced by the federal states, risk of loss of information and overview, practical solution urgently needed* • *Questions to be clarified: from which specific point in time and using which modality should the antigen tests be performed in the*	*FG32/38 / Ute Rexroth* *FG32/38 / Michaela Diercke*

RKI	*reporting statistics be recorded?* • *Possible solutions* ○ *Antigen tests to be added as a method in the VO (see BaWü)* ○ *Requirement to have positive antigen tests confirmed by PCR tests* ○ *Adaptation of the case definitions ("suspected case")* *To Do: Proposed solutions must be discussed promptly, but the figures will most likely lose their comparability and significance with the introduction of antigen tests* **Vote of the laboratory / testing working group on the efficient use of PCR testing for SARS-CoV-2** *(27 October 2020) (document* **here** *Markup* **here***)* • *Note from laboratories to Minister Spahn on the limits of test capacity* • *Prioritisation within the national test strategy should be pointed out* • *Changing the test criteria is extremely delicate, differentiation/focussing from COVID-19 to symptoms must be carried out very carefully* • *A coordinated proposal was sent to the ministry on 30 September* • *Must be translated into the flowchart as a clear basis for doctors to perform the tests and prioritise them* *To Do: Presentation of the flow chart and the test criteria on Friday by Stefan Krüger, request to send a working version in advance to Martin Mielke on Thursday* *Target group: doctors, public health services, politicians - test criteria to be differentiated from the general population, clear separation necessary* • *Behaviour in autumn/winter - paper on this: no feedback yet from the ministry as to whether this can be published, information package is already available, has also been available to Minister Spahn since Monday, so cannot yet be released* *To Do: Mr Schaade will speak to Mr Holthausen about this* **RKI-internal** • *Not discussed*	*FG32/38 / Ute Rexroth*
8	**Documents** • *Not discussed*	
9	**Vaccination update (Fridays only)** •	
10	**Laboratory diagnostics** • *Explanation of the meaning of the antigen tests and their interpretability in cooperation with Mirjam Jenny,*	*FG17/ZBS1 Martin Mielke*

	will be presented in the relevant working group of the BMG • *Dr Carsten (paediatrician, member of the Microbiological Society) has a good sentinel concept, has already compared various antigen tests with each other and correlated them with courses (Roche antigen test is the most promising)*	
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Discussed (see above)*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *On Friday, FG38 possibly represented by Osamah Hamouda*	*FG38*
15	**Information from the situation centre (Fridays only)** • *In November/December, 2 to 4 LÜKEX (interstate and interdepartmental crisis management exercise) employees expected for two months*	*FG38 / Maria an der Heiden*
16	**Important dates**	
17	**Other topics** • *Next meeting: Friday, 30 October 2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.10.2020, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept.3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ulrike Grote*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS1*

- Andreas Nitsche
- *ZIG1*
  - *Luisa Denkel*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here): worldwide >44.5 million cases, > 1.1 million deaths* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Above all the USA, India, France* ▪ *Downward trend in India and Argentina alone* ○ *7-day incidence per 100,000 inhabitants* ▪ *There are now 83 countries with >50/100,000, two more than on Wednesday,* ▪ *New: sharp rise in the number of cases in Asian Iran* ▪ *EU: Sweden now included, only 3 countries with 7-T-I <50/100,000 (Norway, Estonia, Finland)* ○ *Yesterday new Lancet study from Sweden on COVID-19 deaths in >70-year-olds (here)* ▪ *Linking of data from cause of death and population registers March to May 2020* ▪ *>275,000 people, just under 3,400 deaths of which 1,300 due to COVID-19* ▪ *Most important risk factors identified: Living in a nursing home (4 times higher risk) and housing density* ▪ *Interesting: Household contacts <66 years (i.e. working population) harbour an increased risk of death* • *Summary* ○ *Drastic increase in cases in Europe* ○ *Lockdowns (full or partial) in many countries* ○ *School closures in Poland, the Czech Republic and Slovenia* ○ *China cluster in Xinjiang: after testing 4.8 million inhabitants >160 cases (42 symptomatic), linked to garment factory* • *Discussion: The prospect of designating risk areas?* ○ *Expulsion still desired by the BKA, regardless of infection figures in Germany* ○ *RKI therefore does not apply ECDC recommendation, but remains with the applied procedure of the 7-T.-I., additionally the ECDC card is consulted for support but not implemented in this way* ○ *RKI and BMG are not entirely happy with this, further action has not yet been determined* ○ *BMG working level has suggested that RKI Präs this at the Minister and would support this, RKI-*	*ZIG1*

RKI	*discussed and decided internally* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 499,694 (+18,681), thereof 10,349 (2.1%) Deaths (+77), 7-day incidence 104.9/100,000 inhabitants, 7-Days-R_{eff} =1.2* ○ *Incidence rates: 105/100,00 nationwide, highest in HB, BE, HE, NW, overall increasing trend* ○ *Geographical distribution: Map is increasingly coloured red and dark red, >3/4 of all districts have incidences >50/100,000, only 15 districts below 25/100,000, most large cities except Leipzig >50/100,000, Frankfurt particularly affected,* *Bremen, Offenbach, Munich, Berlin districts* ○ *Testing (data as of 27 October 2020): further increase* ▪ *>1.3 million in CW43, number positive >5%* ▪ *Laboratories are increasingly reaching their limits, backlog (strong increase) is currently at approx. 70,000 samples, with* *However, with a daily output of 100,000, this is (still) manageable* ▪ *There is also a shortage of material within the RKI* ○ *7-day incidence by age group and districts (heat maps):* ▪ *Spread from KW43 - KW44 from younger to older groups* ▪ *There has also been an increase among 0-14 year olds,* ▪ *From the middle adult group, the situation moves to other older and younger age groups, this is different than with influenza* ▪ *No clear patterns, there are districts with very high incidence with neighbouring districts with low incidence → Local (limited) clusters* ○ *Information on sources of case information* ▪ *Mostly from KoNa, testing/series examination followed by suspicious activity reports* ▪ *Testing/serial testing divided into various categories (travellers returning from risk areas, sick people house recording, etc.)* ▪ *Only a small number of cases are known about CWA* ○ *Even more information is available from reporting data, Further bundling and communication is being discussed* • *Request for administrative assistance Offenbach* ○ *Increased incidence and very comprehensive data entry, including KoNa data in SurvNet* ○ *RKI is asked for scientific analysis* ○ *Team is currently being put together and enquiry is expected to be served next week*	*AL3/FG38*
2	**International (Fridays only)** • *Many people are currently in action:*	

RKI	○ *Namibia operation ends today* ○ *2 people are currently on Lesvos to support the European Mobile Lab* ○ *1 person is travelling with SEEG to Honduras to support* ○ *A follow-up mission to Uzbekistan for clinical support is being planned* ○ *Numerous and diverse applications - reflects the dynamic events* • *Yesterday's request for intensive care and laboratory support from the Czech Republic: teams to be mobilised* • *BMG was asked last week to extend the deadline for Corona Global applications, now until mid-November*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *With rising case numbers, increasing questions about* ○ *Behaviour in the event of a positive test* ○ *Handling with status KP I or II, this should be made even clearer* ○ *Domestic quarantine* • *In addition, revision of information on CoNa management; the RKI is currently preparing new documents on this, which will then be coordinated with the BZgA (see Documents); this is important in order to speak with one voice* **Press** • *Attack on RKI website last week* ○ *Everything is now back to normal, attack affected one day* ○ *Increased security precautions are maintained to prevent new attacks: if too many actions are performed on the website in quick succession, a captcha must be solved, which also prevents bots from German IP addresses. Addresses* ○ *If captchas appear too frequently, please inform the press*	*BZgA* *Press*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions**	

RKI

a) General

- *Not discussed*

b) RKI-internal

Explanation of decreasing R-values for today's management report

- *A text proposal for this was developed (here) as the slight drop in the R-value has led to enquiries*
- *Demand R calculation: Should this be adjusted even more with regard to the delay in testing? Is this currently modelled realistically?*
  - *The nowcasting takes into account daily changes in the ~~The fixed~~ delay ~~is used~~ between the start ~~of the case transmission~~ and the transmission of the case arrival ~~date~~ to the RKI*
  - *Nevertheless, it is assumed that the delays in the late registrations of the next few days will remain as they were last (roughly: in the last 7 days).*
    - *~~This value changes and is not adjusted daily~~*
  - *This has recently been checked: there is currently no significant change in the reporting delay~~, and no distinction between federal states or over time~~*
  - *This is monitored and adjusted in the calculation process if necessary*
- *4-day R value is subject to weekly fluctuations and is therefore only reported ~~in a sawtooth pattern up and down~~ for historical reasons*
- *The 7-day R value ~~should actually compensate for~~ these effects, but still shows slight weekly undulations. This could be corrected by taking into account the dependence on the day of the week. However, this requires a sufficiently high number of reports with information on the onset of illness*
- *Important ~~reformulation:~~Rule: ~~not~~ everyoneAn R value >1 means exponential growth*
- *Currently a slight indication of a slowdown in momentum → However, this should not be communicated in this way in order to measures, especially as we cannot be sure how the trend will develop.*
- *Even before the lockdown, the population had already implemented measures and restricted movements on its own initiative, anticipating on its own initiative what politicians had decided*
- *The ARE value is now also significantly lower than in previous years, and the transmission of respiratory pathogens is currently significantly lower than usual*
- *Slight adjustments to the text and the last two paragraphs will be deleted and the situation will continue to be monitored for the time being*

ToDo: LZ adapts explanation of R values and integrates them into management report

8	**Documents** **Contact tracing** • *The existing recommendations and documents are to be updated, Objective:* *- Definition of priorities in situations of high GA load* *- Streamlining and making it more comprehensible* • *Three documents were discussed for this purpose:* • *1 - Orientation guide (here and here)* ○ *Introductory document: aimed at doctors and general practitioners as well as affected persons, general population, corresponding to quarantine flyers* ○ *Has been reduced to a minimum* ▪ *Addressees* ▪ *Goals* ▪ *Priorities* ▪ *Steps: Case interview=1st step of the tasks of the GA* ▪ *Definition/identification of situations with high propagation potential (distance/context/time period) Triage by GA (possibly also by CS) - in the case of low potential, only passing on information, can also be delegated (e.g. by the case itself)* ▪ *Tracking periods, duration of isolation and quarantine* ○ *Should be understandable for everyone, core information will be presented graphically, infographic already in progress and being finalised* ○ *Comments/suggestions for improvement* ▪ *Replace the term "steps" with "procedure" (Präs)* ▪ *Subheading suggests that the doctors are supposed to do contact person management* ○ *For those who need/want to know more - link to →* • *2- Detailed working materials on KoNa management (here)* ○ *Long version for those who need it for their work* ○ *Has been streamlined, KP III (medical personnel) has been completely removed and will be processed by FG37 in a separate document together with the necessary institutional preparations (personnel, flow chart, etc.)* ○ *Here only KP I and II, including examples and questions for which concepts were developed* ○ *Household quarantine has been introduced* ○ *Otherwise no changes* • *3 - Illustration of contact types (here)* ○ *Aimed at the medical profession and the general population* ○ *Images can be placed as a supplement to the text* ○ *The scenarios shown are all already available in the text (only graphic supplement)*	

RKI	○ *The graphic realisation should enable interested members of the public to understand what the GA does (without being involved themselves); the target group is not GAs, e.g. large companies also do their own KoNa.* ○ *First slides are good and self-evident as pictograms, graphically realised situations should focus on a few, basic ones* ○ *The more text, the less helpful* ○ *Also coordination/work order for BZgA* • *When will KoNa paper for KP III be ready?* • *FG37 is working on it, concept and content are ready, graphic finalisation still to be done* *ToDo: Finalisation of the following KoNa documents* *1 Orientation guide - FG36/IBBS* *2 detailed recommendations - FG36* *3 Infographic- P1/FG36* *4 Paper KP III - F37* **Test criteria** *(here)*- **Strategy adjustments for winter** *(here)* • *Many aspects are familiar from the test criteria for schools* • *Specify criteria, symptoms or characteristics for a test indication, e.g. risk group, medical personnel, events, clusters, increased incidence, forward contact with many people, etc.* • *Case-based non-testing: runny nose and sore throat are not indications of COVID-19 but cannot be ruled out as symptoms either → Isolation at home until 48 hours after Symptom-free recommended* • *Terminology: not "vulnerable" group as this is more of a sociological term, instead risk group (medical disposition)* • *Contents are available, editorial updates are still being* • *Graphic design was important to BMG, is currently in detailed coordination* • *Contact reduction measure must always remain in place, as domestic isolation may not be ordered* • *Explanation of the strategy supplement for the winter: all respiratory diseases that could possibly lead to unnecessary tracing should be reduced by the fact that the sick do not appear in public, explanation of the collective gain despite the individual burden* • *Should definitely be published as an accompanying strategy supplement* • *BMG request: Minister will be back next week and would like to do press work immediately, topic of tests and recommendations for doctors should be used, BMG would like to send this information to KBV and bring it to doctors (associations of statutory health insurance physicians)*	

RKI	*ToDo: Package with flowchart test criteria and strategy supplement for winter and above-mentioned text orientation guide KoNa to Präs for forwarding to BMG (IBBS and FG36) completed*	
9	**Vaccination update (Fridays only)** **Latest information on vaccination** *(here)* • *Ongoing studies* ○ *2 vaccines have been submitted to the EMA* ○ *1. results of the phase III studies are expected in the course of November* ○ *If positive, approval could be granted within 2-6 weeks, then they would be available at the beginning of 2021* ○ *1. BioNTEch/Pfizer: 2 doses. Storage at* -70°C *(...), Solvent required for production, 5 cans per container* ○ *2. Oxford/AstraZeneca: probably 2 doses (whether one is sufficient is currently being tested), storage at* 2-8°C • *STIKO recommendation* ○ *1. prioritisation of ethical guidelines in final coordination, was presented to ministers in video conference, to be clarified is constitutional protection request for the necessity of parliamentary approval that prioritisation is allowed (possible complaints from interested parties who are not prioritised but want to be vaccinated)* ○ *2nd recommendation: responsibility remains with STIKO, orientation towards ethical guidelines, urgent need for planning of mass vaccinations by BL, ministry also wants first recommendation during November, STIKO reluctant to make recommendations without phase III study results* ○ *Current discussion: People in retirement and nursing homes, people over 80, risk groups with special exposures, not yet finalised* ○ *STIKO plans "living guideline" and "living systematic review", update e.g. every 2 weeks or depending on triggers (new vaccines, indications, etc.)* • *Various points:* ○ *Introduction/administration in BL: weekly AGI TK on this with BMG, PEI, BZgA, discussion on the place of vaccination, majority favours vaccination centres, NRW wants to integrate vaccination into the regular system, possibly in pharmacies and individual vaccine doses, there will still be a lot of discussion* ○ *Procurement: BMG responsible via EU Joint Procuremet, maximum 60 delivery locations per BL, also runs with/via the Bundeswehr and then it is the responsibility of the BL, distribution according to population share, no extra contingent for the federal government* ○ *There are still many uncertainties and questions about quantities, personnel, documentation, vaccination rates, etc., but everything should be ready by 1 January* ○ *RKI is responsible for monitoring vaccination rates (FF: FG31*	

RKI	*Management, technical, FG33 content)* ○ *Vaccination acceptance: also included in COSMO, 53% of the population would be vaccinated, lowest acceptance among HCW, RKI plans fortnightly surveys on vaccination rate and acceptance* ○ *Contact behaviour: KOMMI project since May, modelling, age groups at home, school, work Transport* • *Question: Effectiveness in >80-year-olds? Nothing is known about this yet, so far the available data suggest a relatively good immune response (also in modelling), even with vaccination efficacy of 20% many deaths are avoided* • *There is currently no evidence of disease enhancement through COVID-19 vaccination*	
10	**Laboratory diagnostics** **ZBS1** • *Attempts are being made to negotiate the GA down to lower sample numbers, last week there were 500 more* • *In the first 4 days of this week, 1,800 GA samples were analysed, positive rate is 20%* **FG17** • *There were 204 submissions via the virological AGI surveillance, 5 were SARS-CoV-2 positive, 94 showed rhinoviruses, otherwise no other respiratory pathogens*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Not discussed*	*IBBS*
12	**Measures to protect against infection** **Current status of the Containment Scouts (CS)** • *There was a BMG decree to hire 1500 new CS, a top-up application for this is almost ready* • *It will probably not be 1,500 but possibly 1,000, approx. 600 recruited via BVA, 400 via GA directly via recruitment via BVA* • *This was discussed with the BL yesterday and will now be initiated* • *Approval has not yet been granted but preparations are running in parallel so that the new CS will be available soon (end of Nov/Dec)* **Language regulation for the use of FFP2 masks in the private sector** *(here)* • *A short document on this issue was prepared primarily for internal use, based on the arguments that were exchanged last week:* ○ *FFP2 masks are an occupational health and safety measure*	

RKI	○ If people are not trained/qualified personnel, FFP2 masks have no added value if not fitted and used correctly ○ Under no circumstances should the use of FFP2 masks lead to other measures (distance, ventilation) being neglected or overridden (e.g. no full occupancy of a room) ○ Note that a possible shortage of masks for the intended users (medical sector) must be avoided at all costs • There are calls for concepts to protect risk groups (Gérard Krause calls for widespread use of FFP2 masks in Spiegel interview (here), Association of Statutory Health Insurance Physicians) and question why RKI does not recommend widespread use • This claim is not evidence-based • More proactive communication would be useful to make it transparent why the RKI does not recommend this • The restrictions are clearly outlined in the document and there is no evidence to support the use of FFP2 masks outside of occupational health and safety, this could also be made available to the public • Tim Eckmanns van received clear approval and support of the RKI position from hygienists, a public statement by hygienists/specialist society on this would be very desirable but not certain/probable • For healthy young people, a suitable FFP2 mask is uncomfortable to wear due to the considerable airway resistance; this is not acceptable for nursing home residents • Previous studies on the effectiveness of FFP2 masks have failed because masks were not worn or not worn correctly, their benefits should be limited to occupational safety for people working with infectious patients • The evidence base should be taken into account alongside the theoretical considerations • Another round of voting on the text and then as FAQ on the website ToDo: Crisis team members should comment on the FG14 document by Wednesday next week, after which it will be published in the form of FAQs on the RKI website [ID 2063]	
13	**Surveillance** • Not discussed	FG32/FG35
14	**Transport and border crossing points (Fridays only)** • New risk areas go online today	LZ
15	**Information from the situation centre (Fridays only)** **Survey on the RKI's internal situation management during the**	

RKI	**COVID-19 pandemic** • *Survey ran from 1-14 October 2020, results are now being evaluated and will be presented to the crisis team soon*	*FG38*
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Monday, 02.11.2020, 13:00, via WebEx*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.11.2020, 1:00 pm*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*

- *Christian Herzog*
- *Claudia Schulz-Weidhaas*

- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZBS1*
  - *Livia Schrick*
- *ZIG1*
  - *Luisa Denkel*
  - *Sandra Beermann*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Approx. 46.2 million cases and almost 1.2 million deaths (2.6%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *The United States remains at the top, followed by India, France and Italy in 4th place, with Germany in 10th place for the first time* • *7-day incidence per 100,000 inhabitants* ○ *81 countries on the list* ○ *2 countries less than on Friday: Ecuador (America), Maldives (Asia) are no longer there.* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Furthermore, only 3 countries do not exceed the incidence of 50: in Norway and Estonia the incidence is >40, only in Finland is it still relatively low.* • *Summary and news* ○ *Africa: only 2% of new cases in past 7 days* ○ *America: 29%, incidence is declining* ○ *Asia: 17%* ○ *Europe: increase to 51% of new cases* ○ *Oceania: no new case in Australia* ○ *Extension of the PHEIC by WHO on 30 October 2020 for a further 3 months* ○ *New measures in Europe:* ▪ *Slovakia: Testing of the entire population > 10 years within 3 weeks, approx. 1% of tests to date positive.* ▪ *UK: partial lockdown from 05.11. to 02.12.* ○ *The informative value of antigen tests is controversial, actually only in well suited for the 1st week of symptoms.* ○ *Situation in Japan: Japan has come through the crisis well so far, with around 100,000 cases so far.* ▪ *1st wave in spring, 2nd wave since June, mainly in the big cities.*	*ZIG1 (Luisa Denkel)*

	▪ *Reasons: Japan declared a national emergency relatively early. The early timing of the 1st lockdown (e.g. The experience with the Diamond Princess) was helpful, as was the strong compliance of the population.* *ToDo: ZIG is preparing more on measures in Japan for Wednesday.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 545,027 (+12,097), of which 10,530 (1.9%) deaths (+49), 7-day incidence 120.1/100,000 inhabitants.* o *4-day R=1.07; 7-day R=1.04* o *7-day incidence of the federal states by reporting date* ▪ *Rising trend in all BLs* ▪ *The highest incidences are still in Bremen, Berlin, Hesse, Saarland, North Rhine-Westphalia and Bavaria.* o *Geographical distribution in Germany: 7-day incidence* ▪ *Map is becoming increasingly red in colour, scale is to be extended* ▪ *Cases were recorded twice in Marburg-Biedenkopf. Nevertheless, the incidence is relatively high.* o *Age group-specific incidence rates for hospitalised cases* ▪ *The incidence increases most strongly in > 80 year olds, followed by 60-79 year olds.* o *Hospitalised cases by age group and reporting week* ▪ *60-79 year olds have the largest proportion of hospitalised patients. It is also a not insignificant number of 35-59 year olds hospitalised. These are not so noticeable in the incidences.* o *DIVI Intensive Care Register* ▪ *The DIVI scale is relatively bright; it should be noted that the scale adjusts to the values on a daily basis, so that a Comparison of the figure by colour is not possible. More cases are cared for in intensive care units in the west and south, while the number of COVID cases is relatively low in the north-east.* ▪ *Overall, the number is increasing.* o *Monthly COVID-19 deaths per 100,000 inhabitants.* ▪ *Incidences are again highest in > 90 year olds. Incidences are rising again in 80-89 year olds.* o *It would be useful to include comparative data from blood donors.* o *To what extent does the DIVI register reflect the real situation?* ▪ *The legal requirement is that only operable resources should be specified. Personnel, equipment and spatial resources must be available. The prerequisite is that elective operations are postponed again.* *ToDo: DIVI Registry team to follow up on this point.* o *Are the incidences in each LK only going up or are the numbers going down again in some LKs?*	*FG32 (Michaela Diercke)*

	○ *Is it possible to superimpose the 7-day incidences and the DIVI map in one map and thus also include an indicator for the severity, at the moment only for the crisis team for discussion?* ○ *Are the > 80 year olds nursing home patients or people living in their own home?* *ToDo: To be presented on Wednesday, FF M. Diercke.* ○ *Should the rating in community transmission be changed? This decision should not be made hastily, there must be a good reason for it.* ○ *The ESRI update problem has been solved, a faster server has been requested and will soon be ready for use. The update takes place overnight. The screen should be black until all data is updated, then there will be no misunderstandings due to the time-delayed update of the data. Will be clarified with ESRI this week.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *News about the CWA (slides here)* ○ *Symptom diary. People who test positive can record whether symptoms were present (yes-no) and if so, when symptoms began (no recording of exact symptoms).* ▪ *At the moment, everyone who has had contact with the person who tested positive in the last 10 days is being informed.* *had.* ▪ *The aim is to improve the risk assessment, an adapted and improved calculation of the* *Risk encounters.* ○ *Exchange keys with other international apps* ▪ *FF EU Commission, goal: secure exchange of information* ▪ *So far, keys have been exchanged with other countries with a decentralised system: Denmark,* *Ireland, Italy, Croatia and the Czech Republic.* ○ *International exchange and counselling* ▪ *with the EU Commission, ECDC, WHO EURO and various countries with similar apps* ▪ *Partial desire for professional and technical advice* ▪ *Exchange with Mr Lauterbach and other colleagues. This serves more to manage expectations, as* *The BMG has not budgeted any funds for additional functionalities.* ▪ *Contact diary as an additional function is one of the suggestions for improvement, but has not yet been implemented by the BMG.* *decided.*	*ZIG1 (Sandra Beermann)*
4	**Current risk assessment**	

	• *No need for adjustment.*	*All*
5	**Communication** **BZgA** • *Last week many mails about mask issues for children, this week complaints about missing flu vaccine* **Press** • *On Tuesday, 3 November, a federal press conference will be held with the participation of Mr Schaade and the Minister.* • *Mr Schaade should provide a categorisation of the situation, in the sense of "How bad is it and how do we know?". For this purpose, not only reporting figures must be considered, but other criteria must also be taken into account. The amended test criteria, which were approved by the minister at the weekend, should be communicated.* • *The message that not everyone with ARE will not be tested, but should stay at home for 5 + 2 days, could be published tomorrow.* *ToDo: Coordination of test criteria for publication with Mr. Degen (BMG), also question about proposal for home office, FF situation centre* • *The RKI is focussing on concepts for protecting risk groups. The only possible protection is that the numbers remain low. Mr Schaade can comment on this if asked, but it is not intended to be his topic. If there are questions about FFP2 masks for risk groups: these cannot be expected of the risk groups in the long term. They are only intended for immediate medical work on site and for a limited period of time (a 30-minute break should be taken after wearing them for 75 minutes).*	*BZgA* *Press*
6	**News from the BMG** • *Not discussed*	*BMG liaison*
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Explanation of the decreasing R-value (suggestions here)* ○ *R-value decreases, but R-values just >1 still mean exponential growth, albeit slower than before.* ○ *Is the number of unreported cases increasing? Cannot be ruled out, but is not the primary explanation. Do regional bottlenecks in testing play a role? Should not be discussed in detail at this point, the increase in patients on ITS is more relevant.* ○ *The fact that the declining R value should not be interpreted as a declining trend speaks in favour of a description. At the moment, there is no reason to sound the all-clear.* ○ *"Exponential" increase can also be misinterpreted.*	*AL3 / Matthias an der Heiden / All*

	Exponential increase is not synonymous with rapid increase. ○ *It is difficult to comment on the R value at the present time; it is better to wait for the effects of the partial lockdown and postpone interpretation until later.* ○ *Agreement on: "The reported R-values have been stable and well above 1 since the beginning of October. In recent days, the R-value has decreased slightly, but remains above 1. This means that the number of new COVID-19 cases continues to increase."* • *Would it be possible to test MAs who work in the situation centre at low thresholds?* ○ *Is not possible. In-house testing is only possible if there is an indication of exposure at the workplace. Testing beyond this would only be possible if certain areas are identified as crisis-relevant. All employees with respiratory symptoms should stay at home. The RKI must adhere to its own recommendations. In the case of occupational exposure, testing is carried out at the RKI, otherwise not.*	
8	**Documents** • *Adjustment Fig. 1 in the management report* ○ *The map becomes increasingly dark red, scale shows > 100 as the maximum category. One more differentiation, >200, should be shown. The colour light green (no cases) could be removed from the legend.* ○ *An extension of the scale also meets with general approval, but there is controversy as to whether light green should be removed from the legend.*	*Dept. 3*
9	**Vaccination update (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *ZBS1* ○ *In week 44, 2,785 samples were received, 553 of which were positive for SARS-CoV-2.* • *Virological surveillance* ○ *Of 86 samples, 36 were positive for rhinoviruses; 3 for SARS-CoV-2.* ○ *Letter of motivation has been sent.* • *Mr Mielke was in Laboratory 28 on Friday, they compare laboratory antigen tests. The ranking of antigen tests is becoming increasingly simple. The antigen tests can certainly be an enrichment for the capacity of the PCR tests.* • *A master list with an overview of facilities that carry out SARS-CoV-2 tests is maintained in Dept. 1. There is an overview on the KV website of where you can get tested. There are test centres that only take samples and those that also carry out tests.*	*ZBS1* *FG17* *AL1*

RKI	*ToDo: Please forward the parameters recorded via the ARS interface to Mr Mielke, FF Ms Abu Sin → Done* • *Could test centres also function as vaccination centres? Is it logistically difficult, as symptomatic people and those to be vaccinated would then meet in one place.* • *Both aspects should be separated. It would make sense to generate practices specialising in vaccination in the same way as practices specialising in testing.* • *There are many different plans in the individual BLs, and a lot is still in flux, AP is Ole Wichmann.* • *Can not be used from influenza pandemic vaccination schedule? The vaccine must be stored at -80 degrees and freshly prepared and will not keep for long. Not much information is available yet.* • *This has already been discussed at length in AGI, and various discussions have already taken place with KV and KBV. It would be rather counterproductive if further ideas were to come from the RKI now.*	
11	**Clinical management/discharge management** • *France has enquired whether 40 patients can be transferred to German hospitals.* o *There is a procedure for this that has been agreed with the federal states; coordination takes place via the RKI.* o *6 Federal states that would be particularly suitable for this are to be asked separately.* • *The beds that can actually be operated in the DIVI register are not real. Many hospitals are reaching their capacity limits, even though free beds are still shown. One reason is probably that beds are remunerated financially. DIVI has made adjustments here.*	*IBBS*
12	**Measures to protect against infection** • *Not discussed*	

13	**Surveillance** • *Corona-KiTa study (slides here)* ○ *FluWeb: Frequency of acute respiratory diseases* ▪ *ARE continues to play a role, but below the level of previous years* ○ *Incidence and proportion by age group* ▪ *Increase in all groups, flatter in younger age groups. The incidence in 15-20 year olds is above the incidence of > 20-year-olds, the other age groups below. The proportion of cases in 15-20 year olds is continuously decreasing and is constant for the rest.* ○ *Outbreaks in kindergartens/day nurseries* ▪ *35 new, rather smaller outbreaks* ▪ *Larger incidents only in BY with 9 cases each and in RP with 8 cases.* ▪ *Furthermore, 38 outbreaks affecting only older adolescents.* ○ *Outbreaks in schools* ▪ *Many BLs had autumn holidays. Number of outbreaks declined, number of people affected is not declining as sharply.* ▪ *Largest incidents in BY with 22 and 20 cases respectively, in MV and SH with 10 cases* ▪ *Older children (11-14 and 15-20 years) are in the foreground.* ▪ *It is not known whether there is an entry in the schools about adults or older adolescents.* ○ *COALA study started in Lübeck and Berlin. Test results have so far all been negative in Lübeck. Originally, contact was planned via GA, but the information was then passed on via very committed parent representatives.*	*FG36 (Walter Haas)* *FG24*
14	**Transport and border crossing points (Fridays only)** • *Not discussed*	
15	**Information from the situation centre** • *Due to busy servers, increasing problems in the LZ with Outlook, even the International team was at times barely able to work,* *ZV4 has been informed, problem must be solved urgently* ○ *Reason: Outlook is not designed for simultaneous access by many employees.* • *1 employee has tested positive. There are several contact persons who have all tested negative so far. Measures to protect against infection have been intensified.* ○ *All employees were once again reminded of hygiene measures and asked to reduce contact in private areas.*	*FG38*
16	**Important dates** • *Press conference 03.11.2020*	*All*

17	**Other topics** • *Next meeting: Wednesday, 04 November 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*04.11.2020, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*

- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
- *BMG*
  - *Iris Andernach*
  - *Romy Kerber*
- *BZgA*
  - *Heidrun Thaiss*
- *Protocol*
  - *Janet Frotscher*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Approx. 47.1 million cases and almost 1.3 million deaths (2.6%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *unchanged, only Poland and the Russian Federation have swapped places* • *7-day incidence per 100,000 inhabitants* ○ *81 countries on the list* ○ *One country less than on Monday: Peru (South America) no longer included.* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Norway is a new addition* ○ *Furthermore, only 2 countries that do not exceed the incidence of 50: in Estonia and Finland the incidence is >40* • *Summary and news* ○ *Europe: Increase of 58% compared to the previous week in Italy and 63% in Poland* ○ *Japan (slides 4-11) has coped well with the crisis so far, with approx. 102,000 cases since the start of the pandemic.* ▪ *"Clusters of cases"* ▪ *First case imported from Wuhan on 16/01/2020* ▪ *2nd wave is primarily due to younger people, nightclubs and larger events* ○ *Discussion: What makes Japan better than us? Is the discipline of the people a reason?* ▪ *A Japanese strategy: Cluster response teams focus on transferring superspreaders* ▪ *CR teams already have experience with SARS* ▪ *There is no evidence/study why, but citizens are strong and disciplined in adhering to measures (Print society)* ▪ *Great trust in the government*	*ZIG1 (McFarland)* *Pres* *FG34 (Bremer)*

	▪ *Masks were already accepted in advance (necessary consideration for others)* ▪ *Bows instead of hugs when greeting people* ▪ *Geographical advantage of the island (travel restrictions)* ▪ *Civil protection exercises* ▪ *Use of "cluster-based" approach* ▪ *High compliance of the population with recommendations/measures (shame of the redistribution)* ▪ *Japanese figures are reliable* ▪ *Communication of the "three Cs" (slide 5) as political communication - has a higher significance for the population than, for example, a campaign* ▪ *In Germany, it may be possible to formulate "GGG" instead of "3G" in order to minimise the association with mobile communications. avoid.* ▪ *Like "5G", this is also being discussed, mainly because of the analogy and the association with fast Transmission - both messages and viral spread* o *Discussion: How does the "cluster-based" approach work?* ▪ *cluster-based testing approach*	*FG34 (Haas)* *ZIG (Hanefeld)* *BZgA (Thaiss)* *Press (Glasmacher)* *BZgA (Thaiss)* *Pres* *ZIG (McFarland)*
	National • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 577,593 (+17,214), of which 10,812 (1.9%) deaths (+151), 7-day incidence 125.8/100,000 inhabitants.* o *4-day R=0.81; 7-day R=0.92* o *7-day incidence of the federal states by reporting date* ▪ *Further upward trend in all BLs* ▪ *The highest incidences continue to be in Bremen, Berlin, NRW and Hesse.* o *Geographical distribution in Germany: 7-day incidence* ▪ *Card becomes increasingly reddish in colour (slide 3)* ▪ *Only 46 counties with 7-day incidence >25-50 cases/100,000 inhabitants.* o *Age group-specific incidence rates for hospitalised cases* ▪ *Weekly comparison MW 35-44* ▪ *Significant increase in case numbers / week* ▪ *Mean age value increases* ▪ *Gender distribution remains relatively balanced* ▪ *Number of hospitalised people increases significantly (data not yet complete)* o *Reported COVID-19 deaths by week of death* ▪ *Significantly more cases in week 44 - approx. 400 deaths* o *Cases assigned to an outbreak according to Infection environment (setting) and calendar week (time of reporting the respective case)* ▪ *Data for week 44 not yet available in full (health authorities may no longer be able to provide data) determine so well)*	*FG32 (Diercke)*

	▪ *Results from blood donation surveillance will be discussed on Friday* ▪ *Data were relatively congruent in the last three weeks (information from Mrs Offergeld)*	*FG32 (Diercke)*
	o *Discussion: Argument in favour of distortion?* ▪ *Bad memory* ▪ *Case-control study not accurate*	*Pres FG32 (Diercke)*
	o *What are the benefits of infection setting?* ▪ *1st choice surveillance, then confirm with case-control study* ▪ *Noticeably more private individuals than in 1st wave* ▪ *Hoping for an increase in staff in GÄ*	*FG38 (Rexroth) FG37 (Eckmanns)*
	o *Is there any new data on the attack rate in households?* ▪ *Attack rates cannot be calculated* ▪ *No further information*	*FG32 (Diercke) Press (Glasmacher) FG36 (Buda)*
	• *Syndromic surveillance (slides here)* o *The value (total) in the 44th week of 2020 was just under 1,700 doctor consultations for ARE per 100,000 inhabitants. In relation to the population in Germany, this corresponds to a total number of approx. 1.4 million visits to the doctor for acute respiratory diseases. (Slide 4)* o *ARE consultations up to week 44 2020 only AG aged 15 and over: significantly and worryingly above the strong wave of 2017/2018* o *ICOSARI-KH-Surveillance - COVID-SARI cases (J09 - J22) up to week 43 max. length of stay 1 week: shown with all hospitalised patients with COVID-19 diagnosis (slide 7)* o *Data on hospitalised cases in films show high dynamics of the wave*	*FG36 (Buda)* *FG36 (Haas)*
	• *Test capacity and testing (slides here)* o *Further increase (7.5% number of tests)* o *Positive shares per week: almost 7.5% (slide 1)* o *Positive shares by federal state: Saxony significantly higher at 12% (slide 2)* o *Number of tests and proportion of positives in rehabilitation: proportion of positive tests at 2%, outbreaks on the rise (slide 3)* o *Number of tests per 100,00 inhabitants by age group and calendar week: slight decrease (slide 4)* o *Increase in the positive percentage in the various age groups (slide 5):0-4 year olds are excluded (small increase)* o *Test delay (slide 6): 0 days test delay (days between acceptance and test - shown in light blue)* o *In the meantime, we are waiting a little longer for the test result (1-2 days)*	*FG37 (Eckmanns)*

	○ *Discussion: Question about serial testing in relation to regular testing, formulation of an exception?* ▪ *Coordination regarding a flow chart, a cautious approach is recommended*	*FG38 (Rexroth) Dept.1 (Mielke)*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *No topics to discuss* **Press** • *Positive reports from the Federal Press Conference on 03.11.2020 2020 (participation of Mr Schaade)* • *No further topics to discuss*	*BZgA (Thaiss)* *Press (glassmaker)*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Explanation of the decreasing R-value:* *Yesterday, the text in the General Classification at the front read:* *Proposal:* *" In recent days, the R-value has decreased; it is now around 1. This means that, on average, every person infected with SARS-CoV-2 infects another person. As the number of infected people in Germany is currently very high, this means that there are still a high number of new cases every day."* **The resolution: Remains unchanged.** ▪ *purely technical treatment is not possible* ▪ *Conservative behaviour is preferred (otherwise the wrong message is sent at the wrong time)* ▪ *Let the partial lockdown take effect first* ▪ *Strong regionality (takes longer until it has reached the whole of Germany)* ▪ *Measures are political* ▪ *Consideration must be given to which measures - that was the*	*FG34 (an der Heiden)* *All* *Dept.1 (Mielke)* *FG36 (Buda)* *Press (glassmaker)*

	Work order from Mr Schaade ▪ *Consider de-escalation criteria in good time* *ToDo: Discuss again in de-escalation round*	*Pres* *FG36 (Buda)* *FG 34 (an der Heiden*
8	**Documents** • *Not discussed*	
9	**Vaccination update (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics** • *Sensitivity of the Sentinel* o *Extremely low sample volume since MW 43 - contradicts doctor consultations (telephone counselling of medical practices)* o *More information should be provided, because a representative sentinel is very important!* o *High circulation of renovations* o *SARS-COV-2 detections on Friday (30.10.) and Monday (02.11.): 1 sentinel and 1 hospital surveillance (Berlin Buch)* o *Consideration of increasing the service, e.g. in the form of courier services*	*FG17 (Dürrwald)*
11	**Clinical management/discharge management** • *France has enquired whether 40 patients can be transferred to German hospitals.* o *There is a procedure for this that has been agreed with the federal states (EWRS reference)* • *Conference with the BL* • *Patients arrive in tranches: this week 4 patients will be transferred to NRW, next week 10 patients will be transferred to Schleswig-Holstein* • *Dynamics in intensive care units are high* • *Forecast: some BLs could reach their capacity limits*	*IBBS (Herzog)*
12	**Measures to protect against infection** • *Is it possible to obtain more information on older people, with a focus on the comparison between older people living at home / older people living in a hospital or care facility?* • *Necessity is clear, but this question is difficult to interpret because the denominator is missing (how many people live not in retirement homes) - very time-consuming*	*FG36 (Haase)*
13	**Surveillance** • *Paper for FFP2 masks* • *DGHM website: Infection prevention by wearing masks - a joint statement by DGHM and GfV dated 4 November 2020, (document here)*	*FG37 (Eckmanns)*

	• *External protection measure of FFP2 masks is very unlikely* • *What's more: no safe protection for the layperson without accompanying application!* • *BZgA records significant increase in requests for FFP2 masks (whether it makes sense to generally order them and wear them in class)* • *FAQs on FFP2 masks are in preparation, so that many questions can be "intercepted" in advance* • *Recommendations of the BAuA and the ad-hoc working group "Covid-19" of the ABAS on the use of protective masks in connection with SARS-CoV-2 (document here)* • *However, not all occupational groups can be addressed (task of occupational health and safety)* • *Statement of the DGKJ on compulsory masks for children (document here)* ○ *Discussion: are aerosol videos of FFP2 masks available (in particular with information on incorrect handling)?* ▪ *New York Times Animation* ▪ *"Quarks" video* ▪ *"Programme with the Mouse"* ○ *Discussion: Contacts with the employers' liability insurance association for teachers? To what extent do teachers belong to the risk group?* ▪ *Mr Haas will take the question to the telephone appointment and provide prompt feedback* ▪ *Information from Mr Renard regarding the sickness rate among parents is provided* • *Dashboard updated with a delay* ○ *The dashboard is greyed out until current data is available to prevent misunderstandings* ○ *Absolute number on display* ○ *On 05.11.20 Discussion with ESRI* • *Case definition* ○ *EpiLag: many antigen tests are not PCR-activated* ○ *Changes may be necessary* • *Data provision Tessy (ECDC)* ○ *Temporary solution found* ○ *Provision of test figures* ○ *ECDC conference call - harmonised European approach*	*BZgA (Thaiss)* *FG14 (Brunke)* *FG36 (Haas)* *Pres* *BZgA (Thaiss)* *FG14 (Brunke)* *Abt1 (Mielke)* *FG36 (Haas / Buda)* *FG32 (Diecke)*
14	**Transport and border crossing points** • *Ask Mr Wieler to talk to the BMG about personnel and*	*FG38 (An der Heiden)*

	to insist on material resources • *Feedback from the President/President will be provided promptly* • *Leaflet in preparation (note the trends of the BMG, FF Minister Spahn)*	*Pres*
15	**Information from the situation centre** • *Due to overloaded servers, there are still problems with Outlook in the LZ, the International Team is also temporarily unable to work, ZV4 has been informed, problem must be solved urgently*	*FG38 (An der Heiden)*
16	**Important dates** • *Health Committee, Mr Schaade* • *WHO IHR Review Committee, Mr Wieler (Tuesdays)* • *IANPHI lessons learned, Mr Wieler* • *Presentations to Rehaforum, Mrs Diercke, Mr Eckmanns*	
17	**Other topics** • *Next meeting: Friday, 06.11.2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*06.11.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
  - *Sarah McFarland*
  - *Francisco Pozo Martin*
  - *Franziska Badenschier*
- *ZBS*
  - *Andreas Nitsche*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Djin-Ye Oh*
- *FG24*
  - *Thomas Ziese*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Ruth Offergeld*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*

- *Claudia Schulz-Weidhaas*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
- *BZgA*
  - *Heidrun Thaiss*
- *Protocol*
  - *Claudia Houareau*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Over Approx. 48.2 million cases and almost 1.3 million deaths (2.6%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *unchanged, order changed;* ○ *Top 3: USA, India, France;* ○ *Germany is in 10th place;* ○ *only India and Brazil are in decline;* • *7-day incidence per 100,000 inhabitants* ○ *83 countries on the list over 50/100,000 inhabitants.* ○ *Since Mi Changes: Jersey, Peru;* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Finland last under 50* ○ *All other EU/EEA/UK/CH countries >50 cases/100,000 population;* • *Summary and news* ○ *China new entry regulations from today: When entering from several countries (including Germany), a negative PCR and antibody test must be available (must not be older than 2 days);* ○ *Many in Europe have tightened measures in the last week;* ○ *Denmark: All mink (15-17 M) are subject to emergency slaughter due to SARS-CoV-2 outbreaks with mutations in the spike protein. So far, the mink virus variants have been detected in 12 individuals in Jutland; preliminary results show that this variant cannot be inhibited to the same extent by antibodies; as a measure: lockdown in North Jutland;* ▪ *Interim report on the assessment of the virus variant in the Danish minks: No reliable evidence so far, that a future vaccine might not work with this variant; contact is being made with Danish colleagues to discuss important details;* ▪ *Walter Haas will also talk about his networks*	*ZIG1 (McFarland)* *FG17 (Wolff)* *FG36 (Haas)*

	contact China to find out what experience they have in containing outbreaks on mink farms;	
	National • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 619,089 (+21,506), of which 11,096 (1.8%) deaths (+166), 7-day incidence 128.7/100,000 inhabitants.* ○ *4-day R=x; 7-day R=x (unfortunately not yet available for today)* ○ *7-day incidence of the federal states by reporting date* ▪ *Further upward trend in all BCs* ▪ *Flattens slightly; not steeper* ▪ *The highest incidences continue to be in Bremen, Berlin, NRW and Hesse.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *New category with inc. Over 250 cases/100,000 population*	*FG38 (Rexroth)*
	• *Update on serological testing of blood donations for antibodies against SARS-CoV-2 (SeBluCo; slides here)* • *Background: Thanks to the RKI's good nationwide network of blood donation facilities, serological data for estimating SARS-CoV-2 infestation could be obtained quickly;* • *Project:* ▪ *Testing of approx. 170 anonymised samples/region every 14 days from week 17* ▪ *Testing for antibodies with the anti-SARS-CoV2-IgG ELISA from Euroimmun (target: S1)* ▪ *Testing is carried out at the RKI (FG 22) for 13 regions* ▪ *Testing is carried out by the partners for 15 regions* ▪ *Positive samples are examined in the plaque reduction neutralisation test (PRNT)* ▪ *PRNT is carried out either in the consultant laboratory or in the medical virology department of the University of Frankfurt according to the same Protocol performed* ▪ *Further antibody tests possible (e.g. further EIAs, Luminex)* ▪ *Data on the samples: Year of birth, gender, 3-digit postcode* • *13 blood donation centres in 28 regions in Germany:* ▪ *Good coverage; all BLs represented except Saarland* • *Population:* ▪ *almost 50T samples analysed:* ▪ *Peak in younger donors around 25 years and in 52 year olds;* • *Core results:* ▪ *Health prev. (adjusted) 1.35% (95%CI: 1.22-1.49%);* ▪ *without adjustment, prev. is 1.8%;* ▪ *Proportion of neutralised AK has increased over time;* ▪ *Work is underway on how all effective AK can be recognised;*	*FG34 (Offergeld)*

	• *Distribution by age and gender* ▪ *Men are significantly more frequently affected than women (1.66% vs. 0.96%);* • *Distribution by region:* ▪ *bottom right Top performer: Bavaria; lowest prevalence in Görlitz Dresden (Cave: data not entirely up-to-date);* • *Trend over time:* ▪ *AK-Präv has decreased; asymptomatic healthy people are tested, because each donor can only be tested for 4 weeks.* *Donate after an infection;* • *Discussion points:* ▪ *Possible bias due to convenience sample;* ▪ *Disease severity not surveyed and severely affected very likely not among donors;* ▪ *Uncertainty in testing, have controlled computational for this;* ▪ *few older people;* • *Further planning:* ▪ *pos. Retest samples with other methods;* ▪ *Population reference by postcode possible;* ▪ *Check whether data is suitable for modelling;* ▪ *Application submitted to continue the study until April 2021;* ▪ *Comparable study in Denmark. Unfortunately only published in Danish so far, contact with Danes is produced*	
2	**International (Fridays only)** • *Presentation on rapid review on contact tracing policies; snapshot (slides here)* • *How it was done:* ▪ *still work in progress (=snap shot)* ▪ *searched databases with broad search terms* ▪ *inclusion criteria:* *- the impact/ effect of contact tracing on any epidemiological measure,* *- the implementation/ process of contact tracing, or* *- the acceptability of contact tracing.* • *Inclusion of 104 studies* • *Snapshot of the evidence - statistical studies:* *very few studies; full lockdown: includes e.g. Spain, Italy; mobile tracing: China, Korea; best paper was Kendall et al.; Quality of these papers is very low, so careful interpretation of the evidence;* • *Snapshot of the evidence - simulation studies:* *some elements of success of contact tracing interventions; Bi-directional contact tracing: in Japan and Singapore;* • *Background to this evaluation: Wieler had suggested this review when OECD data was presented in order to gather international experience: Contact tracing is relevant!* • *Definition of contact tracing must be taken into account*	*ZIG2 (Pozo Martin)* *ZIG (Hanefeld)* *FG37*

	• *Thank you very much for this evaluation;*	*Pres*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *No topics to discuss* **Press** • *Request for disclaimer for R-values in the management report*	*BZgA (Thaiss)* *Press (Wenchel)*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *The wording of the new test criteria published on the website has generated many enquiries;* • *Agreement on a rewording to make the statement clearer;* *ToDo: Walter Haas makes formulation proposal, sends it around*	*Pres*
8	**Documents** • *Mobility data is supplied via P4 on Fridays;*	*FG34 (Bremer)*
9	**Vaccination update (Fridays only)** • *No slides: A lot of work in progress* • *Vaccination surveillance: data protection via Bundesdruckerei considered, but all in the very short term;* • *Evaluation of vaccination safety in discussion with the PEI;* • *Communication takes place via a small steering group with the cooperation of BMG, BZgA, FG33 (Wichmann);* • *STIKO meeting on 4-5 November 2020: Joint publication with Leopoldina; STIKO prepares first vaccination recommendation for mid-December. Receive study data from manufacturers in parallel;* • *Thank you very much* • *Notes: If possible, involve support from external service providers (e.g. Bundesdruckerei or Accenture);*	*FG33 (Wichmann)* *Pres*
10	**Laboratory diagnostics** • *Sensitivity of the Sentinel:*	*FG17 (Oh)*

	○ *Last 4 weeks: 174 submissions: 8 SARSCoV pos; 2 positive per week;* ○ *83 samples were rhinovirus positive;* ○ *Are currently below the average submission compared to previous years;* ○ *Motivate senders to send samples to the RKI;* • *Discussion: It is alarming that positive antigen tests often do not result in isolation being ordered by the GÄ and doctors.* ○ *Also discussed at AGI and EpiLag. The consensus here was that antigen tests should trigger action;* ○ *Conclusion: Wieler writes to Holtherm about this* • *23% of submissions positive; KOMO letter submission 650 samples; 2% positive; a total of 20 positive; antigen tests: PEI sends BMG validation study today with* • *Global production of point-of-care tests, including antigen tests, will very likely experience production bottlenecks*	*FG37 (Eckmanns)* *FG38 (Rexroth)* *ZBS1 (Nitsche)*
11	**Clinical management/discharge management** • *Transfer of 4 patients from France to NRW will take place next week; enquiry for 30 further patients has already been received;* ○ *Many hospitals offer to accept them;* ○ *Further enquiries from Poland, Czech Republic, Greece;* ○ *Enquiries are made via various channels;* ○ *The most effective method so far has been the telephone conference with everyone for consultation;* ○ *Need to clarify the assumption of costs;* ○ *The condition of the 4 patients is stable despite the ITS obligation;*	*IBBS (Herzog)*
12	**Measures to protect against infection** • *Not discussed*	*FG36*
13	**Surveillance** • *BMG agrees to hire more containment scouts;*	*FG37 (Eckmanns)*
14	**Transport and border crossing points** • *Digital entry registration officially starts on 8 November;* ○ *L1 FF with the contracts;* ○ *Clearing centre FG31 Mr Claus;* ○ *Not all GÄ are connected yet;* ○ *Software via service providers (e.g. Bundesdruckerei or Accenture);* ○ *Attempts to find support via administrative assistance from Bundesdruckerei* • *ICC AOKpass;* ○ *This collaboration issues a QR code pass in an app if you have been authorised by an accredited laboratory/clinic wants to fly a negative test within a few days.*	*FG38 (an der Heiden)* *Pres* *FG38 (Rexroth)*

	○ *Participating airlines only activate the flight ticket if you have the QR code/pass.* ○ *For information: https://www.aokpass.com/en/media/* ○ *But also general website: https://www.aokpass.com/*	
15	**Information from the situation centre** • *Int. comm. is less burdened, more staff relieved;*	*FG38 (an der Heiden)*
16	**Important dates** • *ÖGD digitisation day: By ÖGD, for ÖGD: RKI involved* • *Mon. meeting with Prof Gottschalk and others, also on CoNa*	*Pres*
17	**Other topics** • *Next meeting: Monday, 09.11.2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.11.2020, 13-14:45 h*
Venue:	*Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 24*
  - *Thomas Ziese*
  - *Alexandra Hofmann (minutes)*
- *FG 32/38*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG 34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P1*

- *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZBS1*
  - *Livia Schrick*
- *INIG*
  - *Sarah Esquevin*
  - *Sarah McFarland*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** • **International trend analysis, measures (slides here)** ○ *Over approx. 49.9 million cases and almost 1.3 million deaths (2.5%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Top 3: USA, France, India* ○ *Germany is in 9th place* ○ *Declining trend in the Czech Republic (10th place)* • *7-day incidence per 100,000 inhabitants* ○ *85 countries on the list with over 50/100,000 inhabitants.* ○ *New since Friday: Botswana and Maldives* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Finland last under 50* ○ *All other EU/EEA/UK/CH countries >50 cases/100,000 population;* • *Africa: 2% of cases and 3.6% of deaths; top 5: Morocco, South Africa, Tunisia, Kenya and Libya* • *Americas: 28% of new cases and 30.2% of deaths; negative trends in many countries in South America, especially Brazil (-64.9%); increases in Canada and USA* • *Asia: 16.3% of new cases and 19.5% of deaths* • *China has identified pork knuckle imported from Germany (Bremen) as the cause of a new SARs-CoV-2 case in Tianjin; traces of the virus were found on the packaging; the pork was also sent to another city (Dezhou); an employee in a cold store tested positive. 8 close contacts to the case were quarantined (information from the media).* • *Discussion: BfR should be involved to check this* • **SarsCoV-2 in Nerzen (Denmark):** ○ *WHO has prepared a Rapid Risk Assessment (confidential); there is a risk assessment by the Staten Serum Institute; ECDC will publish a Rapid Risk Assessment on 12 November* ○ *Since June, 214 cases with mink-associated variants, 12 of them with a unique variant, have been identified; all 12 cases with the unique variant were identified in North Jutland in September* ○ *Age distribution 7 - 97 years; 8 cases had a connection with the companies and 4 were local cases*	*INIG* *S. MacFarland*

RKI	○ *clinical course, severity and transmission is similar to other already circulating viruses* ○ *Preliminary results show that the variant has a "moderately decreased sensitivity to neutralising antibodies" has* ○ *So far, 6 countries have reported mink-associated cases: Denmark, Italy, the Netherlands, Spain and Sweden* ○ *Measures in Denmark: emergency slaughter of all mink in the country, mass testing (PCR) in North Jutland, increased sequencing of the virus and sharing of the results, lockdown in North Jutland* ○ *Denmark, risk assessment (03.11.): high risk if mink production continues as before* ○ *Discussion: BMG/RKI is endeavouring to obtain sera to be able to test them; KL should be involved; PEI has published a statement that this is not a problem from a regulatory point of view for the vaccine, as it can be readjusted; sequences of the new variant have already been published, BfR should be involved in the process* • **National** • *Case numbers, deaths, trend (slides here):* ○ *SurvNet transmitted: 671,868 (+13,363), thereof 11,352 (1.7%) Deaths (+63), 7-day incidence 139/100,000 pop.* ○ *4-day R=1.09 (0.9-1.28); 7-day R=0.98 (0.87-1.07)* ○ *7-day incidence of the federal states by reporting date* ▪ *Ascent flattens out slightly; not steeper* ▪ *Decline in Bremen and Saarland, significant increase in Saxony* ▪ *Highest incidences still in Bremen, Berlin, Bavaria and NRW* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *15 LK with >250 cases/100,000 inhabitants* ▪ *only 7 districts under 25<100,000 inhabitants.* • *Discussion: Language rules for dealing with declining figures? Is this due to the changed test criteria?* • *Language regulation should be prepared, but together with the entry into force of the new draft law.* • *Is the decline in the number of cases due to changes in the number of tests? Are more symptomatic than asymptomatic cases being reported? This should*	*FG32* *M. Diercke*

RKI	*Wednesday with the help of the test figures and the detailed analysis of the symptom information in the notification data.* • *Is there further testing capacity, e.g. by veterinarians? Tests are already being carried out for the industry and some cooperation has been established in the countries, this is coordinated by test coordinators in the countries; however, the test capacity is also on the verge of being overloaded due to a lack of test material. The topic is on the agenda of the test capacity working group.* *TODO Prepare test figures in advance for Wednesday's crisis unit meeting (FF J. Seifried) [ID 2175]* *TODO M. Diercke prepares analysis of symptoms for Wednesday. [ID 2176]* • **Corona daycare centre study** • *Flu Web: youngest age group remains constant in week 43/44; in all other AGs usual annual level; estimated approx. 500,000 ARE in youngest AG* • *Reporting in week 45 still provisional (reporting delay): further increase in 15-20-year-olds* • *Outbreaks in day-care centres: 30 new outbreaks in week 44/45 with a median of 3 cases per outbreak;* • *Outbreaks in schools: 37 outbreaks in week 44/45 (outbreak investigation delayed); Furthermore, measures should be consistently implemented in schools to prevent outbreaks, e.g. the reduction in class sizes is still being implemented too rarely, which may mean that daycare centres and schools can no longer be kept open for long.* • *Discussion: The number of outbreaks is not increasing, but the number of cases in the outbreaks is. Infection does not occur outside the setting, but in the setting with a high density and many contacts. It is possible that not all outbreaks are documented due to the increase in the number of cases in the GÄ.*	*FG36* *W. Haas*
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)** • *CWA: interviews for a CWA coordination position took place last week* o *Many laboratories and GAs could be integrated into the CWA.* o *An increase in the daily use of the CWA was observed.*	*FG 21* *P. Schmich*

	○ *The evaluation of the CWA was advanced* ○ *SAP creates a dashboard that is also to be used by the RKI for the evaluation* • *Data donation app: Results from the app have been integrated into the management report and are now published every Thursday.* ○ *A meeting was held with interested parties on the further use of the data donation app, which could be used for future projects of Dept. 2, among other things* ○ *Discussion: Is there any experience in dealing with the warning messages from the CWA? Are there plans to include positive antigen tests?* ○ *This will be discussed in the next diagnostics working group together with S. Beermann. The evaluation of the CWA will also be discussed there. However, it is currently not possible to say how many warnings have led to a test* • *Current test criteria are based on symptomatic cases. Asymptomatic cases (including reports of CWA) are not included. How cases with a CWA warning should be handled has not been adapted to the recommendations since May, so the flow chart should be checked and adapted if necessary* *TODO: Check flow chart of CWA and adapt/update to new test criteria if necessary [ID 2177]*	
4	**Current risk assessment** • *Is there a need to change the current risk assessment?* • *Suggestion: we should examine which development leads to an overload: Extent of overtriage in the population? Development of medical systems? Development in intensive care units? The risk assessment should then be adapted. This could be analysed using a new forecasting tool. MF4 should take on this task. Until this tool is available, this task should continue to be performed by FG37 (FF T. Eckmanns); L. Schaade will consult with L. Grabenhenrich on the topic and then contact T. Eckmanns.* • *The text passages on intensive care patients should be reviewed at the next crisis team meeting. Do the DIVI figures actually refer to beds that can be operated (including staff)? According to DIVI, yes, but the view may differ from hospital to hospital. One Therefore, a certain degree of imprecision is not to be*	*All*

RKI	*to be excluded. A standardised definition is currently being developed at DIVI.* *TODO: Presentation of the forecasting tool to the crisis team and clarification of which data should be used for this; ensuring a possible data transfer from FG37 to MF4 (FF FG37 / MF4) [ID 2178]* *TODO: Checking the text passages on intensive care patients (FF crisis unit) [ID 2179]* • **Evaluation fluctuation R-value (presentation here)** • *Graphical representation of the comparison of R-values reported for one day (see management report) with the R-values corrected over time for this day.* • *The daily 7-day R values tend to be slightly underestimated, which can currently lead to a systematic underestimation, although this cancels out somewhat at the weekend (weekly effect). This underestimation could be due, among other things, to the delay in reporting between the onset of illness and transmission to the RKI.* • *Discussion: How should this be evaluated and communicated?* o *This delay should be incorporated into the modelling and corrected for. This should also be included in the limitations of the modelling. Matthias an der Heiden proposes a corresponding text for the management report by midday tomorrow, among other things.* *TODO: Proposed text for status report on extending the limitations for modelling the R-value (FF Matthias an der Heiden). [ID 2182]*	*FG34* *M. an der Heiden*
5	**Communication** • *BZgA: Thanks to RKI for the quick response to questions about FFP2 masks* o *Current complaints from the population due to lack of influenza vaccine;* o *There is uncertainty about what you have to do as KP1 or KP2. The ÖGD telephone hotlines and doctors' hotlines are currently overloaded. A draft guidance document was reviewed by the crisis team. This guidance should still be prepared graphically. To this end, P1 was in contact with FG36, FF Ms Antao* *TODO: Situation centre should check the current status of the*	*BZgA* *H. Thais*

	graphic processing is • *Press office: Mr Wieler is organising a press briefing on Thursday. A federal press conference was held today together with Mr Mertens and the Leopoldina.* • *FG14 is currently receiving many enquiries about the side effects of masks. Is the crisis team aware of any studies on this topic in the general population? If known, please forward the literature to FG14.*	*Press Office S. Glassmaker* *FG 14 M. Brunke*
6	**News from the BMG** • *not present*	*BMG*
7	**Strategy questions** **a) General** • *not discussed* **b) RKI-internal** • *not discussed*	*All*
8	**Documents** • *Online since Sunday: Digital Entry Authorisation (DEA), regulations for travellers entering Germany in connection with COVID-19 (see also https://www.einreiseanmeldung.de/)* • *A clearing centre has been set up for this at the RKI, for which Ms an der Heiden is responsible. She is familiarising herself with the topic, but it is unclear how many enquiries will be received. FG 31 is responsible for issuing certificates. The topic is a major project that could easily lead to the RKI being overstretched in terms of technology, personnel and expertise. The clearing centre should check which health authority is responsible for those entering the country. The aim is to outsource the clearing centre.*	*FG32 U. Rexroth*
9	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
10	**Laboratory diagnostics** • *Within 2 weeks, 110 cases were submitted, 49 tested positive for rhinoviruses and 7 for SARS-CoV-2. As in Sentinel, an increase can currently be observed.* • *In week 45, ZBS analysed 1,840 samples of GA*	*FG14 M. Brunke* *ZBS1*

	were analysed, 403 of which were positive. In addition, around 1,400 Como samples were analysed with isolated positive results. The investigation has not yet been fully completed, as many samples only arrived at the weekend.	*L. Schrick*
11	**Clinical management/discharge management** • *Last weekend, 1 patient was transferred from France to Germany, followed today by a further 2 patients (all stable). A further 30 planned transfers to Germany are now being relocated within France.*	*IBBS* *C. Duke*
12	**Measures to protect against infection** • *The federal government's care commissioner has drawn up a paper on visitors to care homes. This Wednesday, an exchange will take place with the RKI.* • *The Berlin Medical Association has written a statement on the testing strategy in which, among other things, a position is taken on serial testing of employees using antigen tests in care homes. In the paper on visitors to care homes, care should be taken to ensure that measures other than antigen tests are also considered. What is particularly important here is the Protection of third parties.*	*All* *FG37* *Dept.1* *M. Mielke*
13	**Surveillance** • *Corona-KiTa study* **(only on Mondays)***: see current situation*	*FG32* *FG36*
14	**Transport and border crossing points (Fridays only)** •	*FG38*
15	**Information from the situation centre (Fridays only)** •	*FG38*
16	**Important dates** • *ZIG: Ms Hahnefeld reminds us of the planned exchange with the French government. Interviews with employees of the RKI are to be conducted in this context. Corresponding invitations were sent to various people for 12 November from 16:00-17:30. Many have cancelled, hence the request to the crisis team to take part in the interviews. The corresponding invitation will be sent to the crisis team again. U. Rexroth may be able to attend.*	*All*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*11.11.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
  - *Iris Andernach*
  - *Eugenia Romo Ventura*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG32*
  - *Michaela Diercke*
- *FG36*
  - *Kristin Tolksdorf*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *IBBS*
  - *Michaela Niebank*
- *BZgA*
  - *Heidrun Thaiss*

- *P4*
  - *Dirk Brockmann*
- *German Armed Forces*
  - *Katalyn Rossmann*
- *MF1*
  - *Stephan Fuchs*
- *MF3*
  - *Nancy Erickson (protocol)*
- *MF4*
  - *Linus Grabenhenrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Over 50 million cases and almost 1.3 million deaths (2.48 %)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Instead of Czech Republic (Monday) Brazil in 10th place;* ○ *Top 3: USA, France, India;* ○ *Germany remains in 9th place;* ○ *Only Spain and Brazil are in decline;* • *7-day incidence per 100,000 inhabitants* ○ *83 countries on the list over 50/100,000 inhabitants;* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Finland and Iceland are the last countries with < 50 cases/100,000 inhabitants;* ○ *All other EU/EEA/UK/CH countries >50 cases/100,000 population;* • *Summary and news* ○ *Africa: 2.3% of new cases and 3.9% of deaths in the past 7 days* ▪ *Number of new cases continues to rise slowly* ▪ *Number of new deaths 30% higher than in previous week (mainly due to increase in South Africa, Kenya and Uganda)* ○ *America: 30.4% of new cases and 30.5% of deaths in the past 7 days* ▪ *Biggest increases since last week in Haiti, Saint Lucia, Belize, Canada and USA* ○ *Asia: 16.1% of new cases and 18.7% of deaths in the past 7 days* ▪ *China has imported pork from Germany (Bremen) as a trigger for new SARS-CoV-2-Case identified in Tianjin* ▪ *According to the BfR PM, no infections with SARS-CoV-2 via the consumption of meat products or contact with contaminated meat products or surfaces* ▪ *Coronaviruses cannot spread in or on food. means of propagation. In principle, they can be*	*ZIG1 (Romo Ventura)*

	infected person can be transmitted to sausage and meat. ○ *Europe: continued strong increase in new cases. 51.1% of new cases and 46.7% of deaths in the past 7 days* ▪ *ECDC Round Table Report (RTR): Belgium and France report significant increase in Frequency of outbreaks and deaths among residents of long-term care facilities in the last 1-3 weeks.* ○ *Oceania: 0.09% of new cases and 0.04% of deaths in the past 7 days* ○ *Vaccination: "What Pfizer's landmark COVID vaccine results mean for the pandemic" (Nature). There are no details about the type of infections the vaccine can protect against, how long the vaccine's effectiveness lasts or how well the vaccine works in different groups of study participants.* ○ *https://www.nature.com/articles/d41586-020-03166-8* ○ *https://www.deutschlandfunk.de/newsblog-zum-coronavirus-13-363-new-infections-in.2852.en.html?dram:article_id=472514* ○ *Note: the data should have been published peer-reviewed and not press-released.* **National** • **Case numbers, deaths, trend** *(slides here)* ○ *SurvNet transmitted: 705,687 (+18,487), of which 11,767 (1.7 %) deaths (+261), 7-day incidence 138.1/100,000 population.* ○ *R-value well below 1* ○ *ITS continues to increase significantly* ○ *4-day R=0.88; 7-day R=0.92 (10 November 2020)* ○ *7-day incidence of the federal states by reporting date* ▪ *Currently on a plateau in most BLs* *To Do: If necessary, address possible plateau in tomorrow's management report* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *North and east less affected* ▪ *Some (partly small) LCs with very high 7-day incidence.* ▪ *Large cities particularly hard hit* ▪ *Diffuse events* ▪ *New category with inc. over 250 cases/100,000 inhabitants (16 LK)* ○ *Proportion of asymptomatic people (purple) has fallen significantly from 35% in week 33 to 15% in week 44/45 → Positive- Most of those tested today are also symptomatic* ○ *Proportion of hospitalised persons (blue) currently approx. 5 % of cases, Underreporting in reporting data possible* ○ *Proportion of deceased (green): 6-7 % in week 15 (peak), Proportion of deceased remains quite low* ○ *Trend in the number of hospitalised persons by reporting week and age group (AG) (September to November 2020): Large proportion*	*FG32 (Diercke)*

RKI	*of hospitalised patients are older than 60, but increasingly People under 60 hospitalised* o *Number of deaths by week of death and AG (September-November 2020): largely unchanged Mainly > 80 year olds, but also cases < 60 years* o *Discussion: Figure "Asymptomatic" appears to be contra- Intuitive, presentation was chosen based on the screenings and the large number of enquiries about asymptomatic* *To Do: If necessary, also show the proportion of symptomatic patients* o *Yesterday's BMG conference: interest in measures for Severe, outbreak situations in daycare centres and schools, but: Outbreak events are therefore only represented to a limited extent, other infection settings are possibly underreported, meaningfulness and Possibility of interpretation questionable; however, BMG wishes Data on this;* o *Reference data for the previous year, e.g. regarding mortality data, but a delay of approx. 4 weeks is desirable* o *Cave: Selection bias (capacity limit: primarily symptomatic patients tested)* *To Do: Please prepare the above dates* • **Syndromic surveillance** *(slides here)* o *FluWeb: ARE rates continue to fall until week 45* o *AGI consultation incidence: significant increase in recent years Weeks, incidence now down again, overall quite high level compared to previous seasons* o *ICOSARI-KH-Surveillance - SARI cases up to week 44: 35- to 59-year-olds (light blue or red slide 7): further increase, not yet at the level of the flu epidemic, in > 60-year-olds (dark blue or red Slide 8) Increase currently steeper, level in like at the beginning of the flu epidemic* o *ICOSARI-KH-Surveillance - SARI cases and proportion of SARI cases with COVID diagnosis until the 44th week (slide 9): currently approx. 50% COVID-19 positive* o *ICOSARI-KH-Surveillance - proportion of COVID-SARI cases by AG (slide 10): partly comparable to the situation in spring, in very high for all AGs aged 15 and over* o *ICOSARI-KH-Surveillance - COVID-SARI cases until week 44 (slide 11): Absolute number of COVID-19 cases with SARI in the Sentinel: especially in AG 60 to 79 years steep increase and significant higher number compared to spring* • **Test capacity and testing** *(slides here)* o *Number of tests and percentage of positives per week - Positive share nationwide over 7.5 %, rise in curve flattens out but currently* o *Test delay after BuLa: Days of delay between Sample collection and laboratory test: often 0 days late, Bavaria very stable, SH little loaded, but tends to be slightly*	*FG 36 (Haas)* *BZgA (Thaiss)* *FG 36 (Tolksdorf)* *FG 37 (Eckmanns)*

	Increase, possibly signs of sample backlog ○ *Positive share by BuLa and KW: the entire period including the first wave is shown here, currently almost as high in all BuLä as in the first wave, in some cases slightly higher* ○ *Positive share according to AG and KW: 0 to 4-year-olds low positive share, but > 80-year-olds now again strongly increasing shares as at the beginning of the pandemic* ○ *Proportion of positives by sender and HC: doctors' surgeries highest proportion, hospital comparatively low (testing on admission presumably relatively low proportion of positives compared to doctors' surgeries with a high proportion of symptomatic patients),* *"Other": various test centres* ○ *In preparation: The data on which the weekly report is based will be made available as an Excel file in an edited format for download on the website* ○ *Discussion:* • *Decline in positive rate would be very meaningful with regard to the possible success of the partial lockdown and should be taken into account - possibly also in terms of press coverage* • *Hospitalisation: typically AG > 50 years, reflects large parts of the general population, but ARE does not differentiate whether test on admission or during stay* • *AG > 80 years: (percentage) differentiation between nursing home residents and people living at home desirable, data available, but reference to reporting data difficult (addendum by Ms Thaiss: around 2 million people aged 65 and over in need of care are cared for at home, around 760,000 in nursing homes)* *To Do: Request to Mr Eckmanns for a possible differentiated analysis or presentation of the last two points* *To do: Request to Dept. 3 to clarify the further handling of the changed variables (test criteria, lower proportion of asymptomatic patients tested, new AG-NW versus PCR, etc.): which parameters continue to be relevant and meaningful to map effects (positive rate, deaths, hospitalisation, etc.)*	*Management (Schaade)*
	• **Recording of SARS-CoV-2 test numbers and capacities** *(slides here)* ○ *Data sources: Germany-wide, voluntary information from the laboratories* → *NO full registration* ○ *no detailed / regional analyses or Comparisons with reported case numbers possible* ○ *Individual laboratory level: web-based platform (VOXCO, RKI test laboratory query)* ○ *Query of a professional association for laboratory medicine* ○ *Aggregated per KW: Network for respiratory viruses (RespVir), laboratory-based SARS-CoV-2 surveillance*	*Dept. 3 (Seifried)*

	established at the RKI	
	○ *Until calendar week 20, 2020: manual, from calendar week 20, 2020: app-based consolidation of data* ○ *Consented IDs for the laboratories labormed. Professional association / Voxco* ○ *253 laboratories registered to date (data submitted by approx. 190-203 laboratories/KW)* ○ *Challenge: manual comparison work (laboratory addresses, domains of e-mail addresses, etc.),* *Incorrect entries from → Regular data cleaning,* *Contact laboratories, corrections* ○ *Data collected RKI test laboratory query (Voxco):* ▪ *Number of PCR tests performed, tests positive/negative, patients tested, number Patients positive/negative* ▪ *Maximum possible (EMERGENCY) test capacity/day* ▪ *Number of regular weekly working days in the respective laboratory* ▪ *Range in days (=reagent available)* ▪ *Number of serological (and NEW AG) tests/positive/which test is used, PCR confirmation for AG test yes/no?* ▪ *Last week absolutely at the limit; week 25 was Tönnies breakout (see slide 6)* ▪ *Delivery bottlenecks/special features* ▪ *Sample backlog* ○ *Sample backlog good measure of overload in laboratories* ○ *Positive rate at laboratory level: below 1.5% in many laboratories in summer weeks, many laboratories even 0%* ○ *Reporting: Data as Excel file for download*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication**	

	BZgA • *Adaptation of FAQs: visualisations of contact persons etc. have arrived and are being checked* • *Two articles (Cleveland, France) Mentally ill people are particularly at risk of falling ill during a pandemic (6 to 7 times higher risk), these risk groups should be given further consideration* **Press** • *Preparation of press briefing, many documents on DEA to be placed on RKI page*	*BZgA (Thaiss)* *Press (Wenchel)*
6	**News from the BMG** • *Not discussed*	
7	**RKI Strategy Questions** **a) General** *Update the risk assessment, particularly with regard to the implications of the current situation for the burden on the healthcare system.* **Risk assessment update** *(document here)* ○ *More general wording used so that it is correct regardless of time: "increased sharply" instead of "more than doubled" (p. 1)* ○ *"may increase further very quickly" (p. 2, aggravation)* ○ *Further changes of an editorial nature* ○ *Amendments accepted* *To do: Request for finalisation and forwarding to webmaster* **b) RKI-internal** • *Not discussed* *ToDo: Strategy issues for Friday (Ute Rexroth)*	*FG 36 (Haas)*
8	**Documents** • *Visitor concept, project of the care officer* • *Brochure on the concept in retirement homes - collection of "best practice" examples, RKI provides expert input* *To Do: Cooperation between FG 14 and 37 to finalise the brochure at the beginning of December* *To Do: Request for clarification of previous communication processes between AG Testen or BMG and possibly RKI*	*FG 37 (Eckmanns)*
9	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*

10	**Laboratory diagnostics** • *55 samples so far this week, doubling the number of samples compared to last week* • *Rhinoviruses: approx. 40 to 50 % of samples positive* • *Partial lockdown likely to have little impact as schools and daycare centres remain open* • *SARS-CoV-2 detectable in up to 3% of cases in each round* • *A PIV3 detection last week* • *No evidence of influenza so far* • *Awaiting the effect of the partial lockdown* *To Do: Ask the laboratory to assess the publication in Science on protective AK in children and adolescents before the pandemic in the*	*FG17 (Dürrwald)* *FG 36 (Haas)*

	Connection with non-Covid coronaviruses and presentation of the findings **Research focus on sequencing/BI pipeline/ Presentation of new online tool** *Tool1 - CovPipe: SARS-COV-2 Genome Reconstruction Pipeline* • *Resource-saving, reproducible, transferable, automated and time-efficient (48 samples - approx. 5.5 min)* • *Human read exclusion* • *Automated negative control handling: automatic warning system when neg ctrl cover viral reads* • *Species filter statistics, Insert size estimation, Coverage distribution - html-based report* • *Pipeline already running, coronavirus samples can be analysed via MF1* *Tool2 - SARS-CoV-2 Spike Protein Analysis* • *Collaboration: HPI (Hasso Plattner Institute) - Bernhard Renard, de.NBI (server capacity)* • *Development started in spring, release this week* • *Analysis of available spike protein data with regard to variability* • *Public web service (supported by de.NBI)* • *Data available via CovRadar domain in future* • *Use of publicly available data (e.g. embl) and GisAID data (internally accessible, password-protected)* • *Currently 19,000 spike protein sequences, aligned → approx. 16,500 duplicates* • *Filterable by country or time* • *Colour coding shows variability* • *Insertions visible in multiple alignments, number of individual virus sequences deviating from the majority of virus sequences or variable virus sequences can be visualised* • *Shows total variability or all variations compared to the "first case"* • *Workflow: Calculation once a week, search function planned next*	*MF1 (Fox)*
11	**Clinical management/discharge management** *DIVI Intensive Care Register* • *Presentation of cumulative number of COVID-19 cases by reporting date incl. new entries and exits:* ○ *Absolute number of cases as of 10 November 20202 at approx. 3,000, well above the April figure of approx. 2,800* ○ *Number of new admissions daily approx. 400, relatively stable in the last two weeks, possibly levelling off visible* • *Illustration of IV capacities: significant decrease in free IV*	*MF4 (Graben-henrich)*

	ventilation capacities in the last 4 weeks (cave: not all IV capacities are available).	
	free beds are available for COVID-19 patients, to be recorded differentially in future) • *Presentation of high-care availability: Assessment of availability by intensive care physicians as a "traffic light", significant decrease in availability in the last 4 weeks (diagnosis-independent, reference: approx. 1300 hospitals)* • *Illustration of operating restrictions by cause: availability of space, consumables and ventilators is not a limiting factor, but rather the personnel* *Forecasting tool ITS beds SPoCK* • *Weekly forecast modelling (various data sources)* • *Currently: if projected into the next few weeks, the national average may be acceptable, but significantly tighter capacity will become apparent after BuLä progresses* • *Can be viewed regionally using the district level tool = highly regional events* • *Relatively large uncertainty interval is due to the fact that in some cases the situation in summer is relatively stable and only currently available data can serve as a basis* • *Proposal for differential recording of further parameters such as specific measures (e.g. postponement of elective procedures) that could lead to increases in capacity* • *Can be generated for management report if necessary* • *Significant increase in demand for information on web seminars and counselling services from specialist staff*	*IBBS (Niebank)*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed (Mondays only)*	
14	**Transport and border crossing points** • *Not discussed (only on Fridays)*	
15	**Information from the situation centre** • *Not discussed (only on Fridays)*	

16	**Important dates** • *Friday: TelKo country coordinators of test capacities, moderation BMG* • *Friday: TelCo for transfer of patients - question of contagiousness, also due to severe courses, relevance of the laboratory standard / Ct value* *To Do: Request for exchange on discharge criteria in advance*	*Dept. 1 (Mielke)*
17	**Other topics** • *Next meeting: Friday, 13 November 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*13.11.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Eugenia Romo Ventura*
- *ZBS1*
  - *Andreas Nitsche*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Claudia Houareau (Minutes)*
- *FG36*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Marieke Degen*

- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
- *P4*
  - *Dirk Brockmann*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Over 52 million cases and almost 1.3 million deaths (2.5 %)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *USA, France, India, Italy, Poland, UK, Russian Federation, Spain, Germany, Brazil;* ○ *All countries on the rise, except India, Spain and Brazil;* • *7-day incidence per 100,000 inhabitants* ○ *81 countries on the list over 50/100,000 inhabitants;* ○ *Change to Wednesday: Peru and Maldives are no longer listed;* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *As on Wednesday: the only countries with <50 cases are Iceland and Finland;* ○ *All other EU/EEA/UK/CH countries >50 cases/100,000 population;* • *Summary and news* ○ *Europe: continued strong increase in new cases (slight decrease compared to Wednesday): 49.8% of new cases worldwide and 24.1% of global deaths in the past 7 days;* ○ *Africa: 2.3% of new cases and 3.6% of deaths in the past 7 days;* ▪ *Top 5 countries (new cases in the last 7 days): Morocco, South Africa, Tunisia, Libya, Kenya;* ○ *America: 32.0% of new cases and 52.1% of deaths in the past 7 days;* ▪ *Top 5 countries (new cases in the last 7 days): United States, Brazil, Argentina, Colombia, Mexico;* ▪ *72% of new cases and 36% of deaths in the past 7 days in America from the USA reported;* ○ *Asia: 15.9% of new cases and 20.0% of deaths in the past 7 days;* ▪ *Top 5 countries (new cases in the last 7 days): India, Iran, Jordan, Indonesia, Iraq;* ○ *Oceania: 0.08% of new cases and 0.08% of deaths in the past 7 days*	*ZIG1 (Romo Ventura)*

	• *Enquiries:* ○ *Why is the incidence for Germany significantly higher in ECDC data than in our data? ZIG1 clarifies this and reports on Monday.*	*Pres*
	ToDo: ZIG1 clarifies the deviation of the incidence for Germany between RKI and ECDC data. Result next Monday.	
	National	
	• **Case numbers, deaths, trend** *(slides here)*	
	• *SurvNet transmitted: 751,095 confirmed cases (+23,542), of which 12,200 (1.6 %) deaths (+218), 7-day incidence 140.4/100,000 population;* ○ *R-value well below 1* ○ *ITS continues to grow significantly* ○ *4-day R=0.79; 7-day R=0.93 (12 November 2020)*	*FG32 (Diercke)*
	• *7-day incidence of the federal states by reporting date* ○ *Ascent no longer quite so steep* ○ *Seems to be stabilising at a high level* ○ *Berlin on top today; Bremen shows continued descent;*	
	• *Geographical distribution in Germany: 7-day incidence* ○ *32 LK with 7-T. inc. <50 cases/100,000 inhabitants;* ○ *In the south and west most cases;* ○ *18 LK have 7-T. inc. In the highest category (>250-500);*	
	• *Number of SARS-CoV-2 tests (as of 10 November 2020, 12:00 noon)* ○ *KW45: Positive rate 7.9%*	
	• *Difference in incidence compared to previous week for all CCs (as of week 45)* ○ *Every point a LK;* ○ *Green dot shows the drop in incidence;* ○ *Red dot stands for increase in incidence;* ○ *CW45 shows both: an increased decline, but also a significant increase;*	
	• *Number of CC with increase/decrease in incidence compared to previous week (as of week 45)* ○ *As previous slide as bar chart*	
	• *Enquiries:* ○ *The change in the test criteria for autumn/winter (primarily testing of symptomatic, vulnerable and outbreak events) is taken into account by additional instruments;* ○ *Mr Meyer-Hermann (DZI) presented data on the effect of the measures taken to date:* ▪ *There was a linear increase until 29 October, after which it levelled off;* ▪ *These results are in line with those of Mr Brockmann's Mobility Report;* ▪ *Presumption: The population already reduced contacts when the lockdown light was announced;* ▪ *It is questionable whether these measures will bring the incidence below 50 cases per 100,000 population by Christmas;* ▪ *Discussion as to whether schools should be closed*	*FG17 (Oh)* *FG38 (Rexroth)* *President*

	should; ▪ *High incidence seen in 10-19 year olds;* ▪ *Need more data on the incidence of infection in schools and, above all, what measures are being taken in schools.* *BL schools were implemented with decreasing incidence.* ▪ *An overview of the measures in the schools, so-called tableaux, is already being prepared by the Conference of Ministers of Education and Cultural Affairs;* ○ *In the WHO Situation Report we are listed as a country with cluster transmission; why not move to community transmission?* *ToDo:* *-FG36 (Kröger) adapt the FAQ on the test strategy to make it clear that current adaptation is not a change of strategy;* *-Please add the change to community transmission to the agenda on Monday;*	*FG36 (Haas)/ FG32 (Diercke)* *FG38 (an der Heiden)*
2	**International (Fridays only)** • *Mrs Rexroth, Mr Eckmanns and Mrs Hanefeld took part in the meeting with the Macron delegation;* • *Among other things, the following topics were discussed: increasing test capacities, federalism, importance of KoNa; interesting exchange;*	*FG38 (Rexroth)* *FG37 (Eckmanns)*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *Statements on the National Test Strategy coordinated with BMG (Ms Korr) via website* • *Support for suicidal people is new and much requested in telephone counselling; this on the mental health website;* • *There is an increasing number of enquiries to schools and daycare centres: What to do if quarantine has been ordered in schools/daycare centres; It takes up to 6 days for GA to contact institutions and parents. A lot of anxiety among the parents concerned;* **Press** • *Yesterday, revised FAQs were sent to the LZ; please respond quickly;*	*BZgA (Thaiss)* *Press (Wenchel)*
6	**RKI Strategy Questions** **a) General**	

	• *School closures:* *These have already been discussed above (see Top 1 National situation); collect more information/data via the requested tableaux;* **b) RKI-internal** • *ECDC case definition, Ag tests: Discussed under Top 12: Surveillance;* • *Quarantine shortening:* ○ *A reduction in quarantine was discussed in AGI;* ○ *Ask the crisis management team whether this is supported;* ○ *Current quarantine regulation: If entering from a risk area: 10 days quarantine; for KP1: 14 days quarantine;* ○ *AGI proposes standardising the quarantine period to 10 days in general;* ○ *Much discussion, as there is little scientific evidence on the consequences of shortening the quarantine compared to the desire not to lose the compliance of the population;* ○ *Conclusion: Initially no agreement on shortening;* *ToDo:* *-quarantine on the agenda for Monday.* *- Discussion on school closures on the agenda for Monday*	*FG38 (Rexroth)/ All*
7	**Documents** • *Documents: Guidance on contact person management in the autumn and winter season 2020/21 (document here)* ○ *Objectives: Efficient interruption of infection chains, rapid detection and isolation of cases; prevent spread in connection with risk groups or medical staff* ○ *Triage, means decision, categorisation* ○ *Discussion: term_ triage unfavourable; instead of triage, Evaluation and decision* ○ *Citizens Info about BZgA and this document for GA employees with previous knowledge* *ToDo: Wieler releases the document, will be published*	*FG 36 (Haas)/ All*
8	**Vaccination update (Fridays only)** • *Vaccination against COVID-19 (slides here)* • *Efficacy studies reach milestone for BioNTech/Pfizer mRNA vaccine;* • *So far only as a press release (PM) to prevent inside trading on the stock exchange;* • *Valid information from the manufacturer in PM, do not know the data in detail;* • *Vaccination recommendation from STIKO should be available by 15 December;* • *Several vaccines in the pipeline: AstraZeneca had*	*FG33 (Wichmann)*

	Difficulties; after opening, vaccine can be stored in the refrigerator at 2-8 degrees for 5 days • *Next week, Ole Wichmann will present a systematic review on vaccination risk;* • *Vaccination of residents in nursing homes must be organised on site in the homes* • *One of the first goals to be achieved is to reduce deaths in the risk groups*	
9	**Laboratory diagnostics** • *Virol. Surv, 239 samples analysed in the past week* • *Reduction in testing for GA is no longer affordable. Most doctors understand*	*FG17 (Oh)* *ZBS1 (Nitsche)*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Dealing with travellers who were confirmed SARS-CoV-2 cases (convalescents) (Mail from 12.11.2020 15:44)* o *Those who have recovered no longer have to quarantine but must monitor their symptoms themselves; but does this also apply to those who have recovered when travelling from risk areas?* o *There is currently no evidence that reinfections are rare. In particular, there is no evidence that reinfected people do not pass on the virus. The evidence that exists in this context comes from seasonal coronaviruses, with which people are repeatedly infected* *ToDo: Text is prepared by FG38; supported by Haas; approval by Dept.1;*	*All* *FG38 (an der Heiden)*
12	**Surveillance** • *ECDC proposal for an updated case definition that also includes antigen tests.* o *Proposal for an RKI solution: Count Ag test positives as cases (include in case definition) that do not fulfil the reference definition? Although there is no obligation to report Ag tests* o *do not send any comments to the ECDC because there are no problems with it.* o *Second paper on the validation of Ag tests; basically corresponds to the RKI paper* *ToDo: FG32 makes draft for adaptation of the case definition (Diercke)*	*FG36/32 (Diercke)*
13	**Transport and border crossing points** • *DEA: current status, FF to Mr Schmich*	*FG38*

	○ *Does not work at all for many, takes time until this is operational Thanks to the management for the commitment that Schmich FF has*	
14	**Information from the situation centre** • *Reminder: Replies to decrees are sent from the LZ and the responders are NOT cc'd, ID remains in subject;* ○ *So that BMG does not write back directly to the processor; ID in the subject line when sending to BMG, then you can also find the reply in the nCoV-Lage mailbox;*	*FG38*
15	**Important dates**	
16	**Other topics** • *Next meeting: Monday, 16 November 2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*16.11.2020, 13:00 - 15:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *MF1*
  - *Max von Kleist*
- *P1*
  - *Mirjam Jenny*
- *Press*

- *Susanne Glasmacher*
- *Ronja Wenchel*
- *Marieke Degen*

- *ZBS1*
  - *Andreas Nitsche*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International trend analysis, measures (slides here)* ○ *Approx. 52 million cases and approx. 1.3 million deaths (2.46%)* • *Top 10 countries by number of new cases in the last 7 days:* ○ *Order changed, with the United States in first place, followed by India, Italy and France. Brazil has risen from 10th place to 5th place. Then Great Britain, Poland, Russia, Germany and Spain.* ○ *The trend is downwards in 4 countries: India, France, Russia and Spain.* • *7-day incidence > 50 per 100,000 inhabitants* ○ *Botswana is no longer on the list; the Falkland Islands (America) and Israel (Asia) have been added.* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Incidence >50 in all countries except Iceland and Finland.* • *Summary and news* ○ *Africa: Top 5 countries not changed* ○ *America: not changed* ○ *Asia:* ▪ *At the weekend, coronavirus was detected in 3 Chinese cities from Brazil, Bolivia and New Zealand.* *and Argentina and its packaging. 115 people who came into contact with the packaging tested negative.* ○ *Europe:* ▪ *45% of new cases and 46% of deaths* ▪ *The top 5 countries are Italy, France, Great Britain, Poland and Russia.* ▪ *SARS-CoV-2 was found in minks in Greece. This makes Greece the 7th country (after* *Netherlands, Denmark, Spain, USA, Italy and Sweden) that found SARS-CoV-2 in minks.* ▪ *Poland has not yet reported any outbreaks in mink farms.* ○ *Oceania:* ▪ *0.06% of new cases, but alert due to Increase in cases*	*ZIG1 (Romo Ventura)*

National

- *Case numbers, deaths, trend (slides here)* — *FG32 (Rexroth)*
  - *SurvNet transmitted: 801,327 (+10,824), thereof 12,547 (1.6%) Deaths (+62), 7-day incidence 143.3/100,000 pop.*
    - *Still a lot for Monday, but less than last week.*
  - *4-day R=1.12; 7-day R=0.97*
  - *ITS: 3,385 (+60), invasive ventilation: 1,923 (+47)*
  - *7-day incidence of the federal states by reporting date*
    - *Flattening is still visible.*
    - *How can the significant decline in Bremen be as a decline or an overload?*
    - *The decline in Berlin has not continued.*
    - *Incidence in MV and SH decreasing, KoNa still possible due to the lower number of cases.*
  - *Geographical distribution in Germany: 7-day incidence*
    - *Approx. 120,000 cases; 252 LK with incidence >100-250 cases and 23 LK with incidence >250 cases.*
    - *Not expected to ease very quickly.*

- *Evaluation of the current case numbers (exhausted GA/lab capacity? Reporting delay? Real decline?); Mail 16.11.2020; 10:55 a.m. at nCoV location* — *All*
  - *On Wednesday TK to KoNa to discuss strategic Questions to discuss. So far rather anecdotal reports, that contact persons are no longer informed and tested can be realised.*
  - *Saturation to be expected in the absence of laboratory capacity. The backlog at the weekend is likely to increase.*
  - *Positive quota is an important parameter.*
  - *Is it possible to distinguish between patients with and differentiate without symptoms? Is Voxco-Query and also not possible in ARS. The laboratory does not know, whether a patient is symptomatic.*

ToDo: Inclusion of this point in AG Diagnostics, FF Mielke

  - *There is probably too little data in ARS to analyse specific analyses about Bremen.*
  - *At the moment, 95% of laboratory capacity is utilised, This indicates overloading. For example, pipette tips are missing, which are also necessary for other diagnostics.*
  - *How high is overload in the laboratory? Positive rate for assessment.*

- *R-value (figure here)* — *FG34 (at the Heiden)*
  - *In recent weeks, events have tended to underestimated, slightly overestimated in the last two days, therefore corrected slightly downwards.*

- *Heat map for the difference in incidences (here)*
  - *Comparison according to BL*

	▪ *In week 41, the incidence increases in many BLs. Start of the 2nd wave was very synchronised in many BLs, has apparently not just to do with the end of the holidays.* o *From week 44 Start lockdown light: What will happen in the following weeks?* ▪ *LK with high incidents react more to lockdown. Population-related measures work there better.* ▪ *No systematic effect when split by BL.* ▪ *No systematic effect with different population densities. Highest increases in LK with very high density, but in some cases also a high increase in low-density LCs.* o *What could be a critical value for exiting the measures?*	*FG34 (at the Heiden)*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *CWA* o *Users will be provided with further information from the app to improve acceptance.* o *Technically, it works well, but is heavily dependent on actual use.* o *Idea: Link Esri board, set R value to make app more attractive. The accompanying explanations would be time-consuming.* o *Quality management is required. Faster communication of laboratory results to users would contribute to greater acceptance.* o *Can the added value of the CWA be substantiated with figures in the meantime?* ▪ *In which dimension is still difficult to answer. The main added value is the achievement of contact persons who cannot be reached via the GA.* ▪ *Mr Kirchner has developed initial models to calculate added value. We are still considering how best to do this. can be estimated.* • *Digital entry registration project (https://einreiseanmeldung.de/#/)* o *The CWA team should be involved in order to utilise synergies. Together with FG38, a project structure is to be established in which different people from Dept. 2 are also involved.* *ToDo: Short presentation of the project next week*	*ZIG1 (Schmich)*

4	**Current risk assessment** • *Not changed*	*All*
5	**Communication**	
	BZgA • *Will be available from next week, as a pdf version to download and as a printed version to order.* **Press** • *There may be a press briefing on Thursday in which the school topic is addressed.* • *Joint campaign planned by BMG and RKI. People affected by COVID-19 (different ages, backgrounds, severity) will be featured in TV adverts and social media. The stories will be scientifically accompanied and put into context. The campaign will start at the beginning of December and is expected to run until February.* • *Are there plans to involve the BZgA? After consultation with the Ministry, Ms Jenny will contact the BZgA directly.*	*BZgA* *Press* *P1 (Jenny)*
6	**RKI Strategy Questions** **a) General** • *Request for change in WHO situation report from cluster to community transmission* ○ *Would it make sense to switch to community transmission?* ○ *Criteria:* ▪ *If the infection spreads uncontrollably through the population, then the sentinel Surveillance systems start up.* ▪ *If 80% of people have no information about the source of infection.* ○ *How do the other countries do it? The same measure should be used as in the other countries.* ○ *For strategic reasons, we do not want to switch to community transmission at this point in the lockdown. Perhaps the number of cases will drop soon. The decision is therefore being postponed for the moment.*	*FG38 (an der Heiden)* *All*

	• *Proposed resolution for the meeting between the Federal Chancellor and the heads of government of the federal states on 16 November.* o *FFP2 masks for vulnerable groups. "For the best possible everyday use, practical instructions are being developed by the RKI with the involvement of the BfArM (No. 7; p.8)".* ▪ *The government would like to decide that 15 of these will be given free of charge to each person at risk. The RKI is to develop practical guidelines with the involvement of the BfArM.* ▪ *Is it still possible to intervene? It is unfavourable and dangerous when masks are used by non-professionals.* ▪ *German Society for Microbiology and Hygiene considers FFP2 masks, if they do not fit well, to be a less favourable means than MNS, as they convey a false sense of security. BAMF and ABAS also do not recommend the masks for private use.*	*VPräs (Schaade)*
	▪ *Influence is no longer possible, the consultations take place at the same time, RKI has been not asked in advance.* ▪ *If this decision is taken, the challenges should be pointed out and a Dispensing with prescription after prior consultation with the family doctor is recommended.* ▪ *The GP can check whether there is a cardiac or pulmonary risk and, if used instruct.* ▪ *It will not be a 100% tight fit. Presumably the protective effect is similar to that of MNS, other Protective measures must not be neglected.* ▪ *Firstly, we will wait and see what is decided. Then the corresponding FAQ must be revised become.* ▪ *Mrs Brunke has already prepared and circulated a proposal for FAQs and is happy to receive further comments. against.* ▪ *A document recommending MNS is currently being prepared for nursing care. The aim here is to publication, the decision must first be awaited.* o *SORMAS and DEMIS (No. 9; p. 9);* ▪ *This is not feasible and weakens our system, no immediate consequences.*	*FG37* *FG38*

	b) RKI-internal • *Quarantine shortening; question from the Minister on quarantine shortening to 10 days by Ag test on day 10; Presentation of the current model by Max von Kleist* o *Tool: CovidStrategyCalculator has been created. The document will be uploaded to a preprint server (MedRxiv?) tonight and linked on the RKI page.* o *Takes into account the group of people (contact persons, travellers), quarantine time, isolation strategies and tests (PCR or antigen test) and calculates the probability of being infectious, the final risk and the risk reduction of the measures. Prevalence estimation is also possible.* o *Has been validated with available data.* o *An antigen test on day 10 leads to approximately the same risk reduction as a 14-day quarantine without testing, if antigen tests are sensitive enough.* o *How do you measure sensitivity? The Abbott and Roche tests were evaluated with clinical samples.* o *Virus progression is incredibly variable. Due to the great variability in patient samples, it is not possible to say that an antigen test generally works later or becomes negative earlier. The sensitivity of antigen tests is somewhat lower over the course of time* o *When publishing, it is essential to point out that*	*VPräs (Schaade)* *MF1 (von Kleist)*

	It should be noted that this is a model for strategy development and assessment and cannot be used for individual risk assessment. It is a theoretical modelling approach that works with average values and always refers to a collective. ○ *False positive antigen tests do not play a role in this model, as the tool covers the infection control perspective (from quarantine to isolation). In addition, every positive antigen test should be confirmed with a PCR.* ○ **Result**: *Shortening the quarantine to 10 days with antigen test is justified. Quarantine recommendation must be modified.* ○ *Is the aim to replace 14 days quarantine with 10 days + testing or rather to recommend 14 days quarantine to save on testing? An opening of the recommendation is political will.* ○ *How can contact person management be supplemented?* ○ *Shortening quarantine through testing has a different objective and is not part of contact person management. It is the task of the RKI to explain the technical background, the BMG can turn it into a regulation.* ○ *The Minister is holding talks with experts with the aim of simplifying quarantine. The quarantine recommendations must be summarised in one easy-to-understand place. The difference between the test on day 5-6 for travellers entering the country and the test on day 10 to shorten the period must be made clear.* ○ *An EpidBull article on quarantine duration describes the conditions under which quarantine can be shortened.* *ToDo: Review and revision of the EpidBull article, FF FG36 ToDo: In Friday's proposal on contact person management, the definition of quarantine: 14 days after last contact, alternatively 10 days + test.*	
7	**Documents** • *Adaptation of FAQ on test strategy (proposal here)* ○ *The rewording of the FAQ was approved.*	*All* *FG36* *(Kröger)*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *ZBS1* ○ *Postponed to Wednesday* • *Virological surveillance* ○ *Of 185 samples, 67 tested positive for rhinoviruses in the last 2 weeks; 1 for parainfluenza and 11 for SARS-CoV-2. 5 of the 11 samples were from children and young people.* ○ *A TK with Denmark on SARS-CoV-2 in minks took place.*	*FG17* *(Wolf)*

	takes place. An isolate will be sent to the RKI.	
10	**Clinical management/discharge management** • *De-insulation according to ITS (suggestion here)* o *There is a desire from the intensive care units for a clear definition of the discharge criteria for when isolation can take place.* o *Due to the increasing occupancy of intensive care units, they are under pressure to transfer patients who no longer require intensive care. However, the admitting facilities require a negative PCR test. It is also difficult to define criteria for freedom from symptoms in ventilated intensive care patients.* o *The current standard is from July, now seems to be the right time for a change.* o *Mr Mielke has already sent a text proposal to Mr Nitsche and Mr Herzog, retaining the previous recommendations as far as possible.* o *CT value to be replaced by established standard.* o *A sustained improvement in COVID symptoms must be maintained.* *ToDo: Coordination of the text at specialist level (Mielke, Nitsche, Herzog, Ruehe); subsequent coordination with STAKOB, finalisation planned in 1.5 weeks* *ToDo: Circulate the text in advance to the crisis management team for information by nCoV situation* o *There is currently no general recommendation to discontinue elective operations; this is a decision for the hospital.*	*IBBS / AL1 (Mielke)*
11	**Measures to protect against infection** • *Not discussed*	*All*
12	**Surveillance** • *Difference in incidence for Germany between RKI and ECDC data; enquiry with ECDC ongoing* o *postponed to Wednesday* • *Corona-KiTa study (slides here)* o *FluWeb: Frequency of acute respiratory diseases* ▪ *Still below last year's level* o *Incidence and proportion by age group* ▪ *Among children and adolescents, the proportion of reported cases is stable in almost all age groups.* o *Outbreaks in kindergartens/day nurseries* ▪ *37 new outbreaks, 19 in week 45/46, affecting daycare centre children, but also carers* ▪ *Oberhavel outbreak: 43 cases, including 14 daycare centre children (8 of whom were asymptomatic), 14 educators with* *Symptoms, and 15 external (parents/grandparents, siblings); not limited to daycare centre, direction not known* o *Outbreaks in schools* ▪ *44 outbreaks KW45/46, number of outbreaks relative*	*FG32* *FG36 (Haas)*

	constant ▪ *11-14 year olds are affected in almost the same proportion as older adolescents; primary school pupils are trending upwards less frequently.*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
14	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
15	**Important dates** • *Today's meeting between the Federal Chancellor and the heads of government of the federal states* • *IfSG amendments: Formulation idea to obtain information on contact persons was sent to the BMG on Friday, no feedback yet.*	*All*
16	**Other topics** • *Next meeting: Wednesday, 18 November 2020, 11:00 a.m., via Webex*	

Crisis team meeting "Novel coronavirus (COVID-19)"

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Location:	*Novel coronavirus (COVID-19)*
Date, time:	*18.11.2020, 11:00 a.m.*
Venue:	**RKI,** *WebEx virtual conference room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
  - *Regina Singer*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*

- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Kirsten Pörtner (protocol)*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *IBBS*
  - *Christian Herzog*
- *BZgA*
  - *Heidrun Thaiss*
- *P1*
  - *Esther-Maria Antao*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current international situation** • *Cases, spread (slides)* o *Approx. 55 million cases and approx. 1.3 million deaths (2.41%)* o *Top 10 countries by number of new cases in the last 7 days:* o *The order has changed slightly, with the United States in first place, followed by India, Italy, Brazil, France, the UK, Russia, Poland, Germany and Spain.* o *The trend is downwards in 4 countries: India, France, Poland and Spain.* o *7-day incidence > 50 per 100,000 inhabitants* o *Botswana back on the list, Maldives also added* o *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* o *Incidence >50 in all countries except Iceland and Finland* o *Still many cases in LUX, Austria, Slovenia, Switzerland, Liechtenstein, Poland* o *Slight decline in new infections in Europe* • *Summary and news:* o *Rising number of cases worldwide, percentage distribution: Europe 44.8%, America 38%, Asia 14.8%, Africa 2.3%,* *Oceania 0.07%* o *Europe: still the largest share with new cases and deaths, very different trends in individual countries (decline in France, Spain,*	*ZIG 1/Regina Singer*

	Poland, increase in Austria and Sweden, among others, with stricter measures) ○ *For details on the situation in Africa, see ZIG slides (here)* **National** ○ *Case numbers, deaths, trend (slides)* ○ *SurvNet transmitted: 833,307 (+17,561), thereof 13,119 (1.6%) Deaths (+305), 7-day incidence 139/100,000 pop.* ▪ *less than last week* ▪ *ICU cases on the rise* ○ *4-day R=0.88; 7-day R=0.95* ○ *ITS: 3,517 (+81), invasive ventilation: 2,010 (+39)* ○ *7-day incidence of the federal states by reporting date* ▪ *Flattening is still visible* ▪ *Decline in Berlin has not continued* ▪ *Bavaria on plateau, Bremen shows decline* ▪ *Saxony among the TOP 5* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Approx. 115,000 cases; 245 LK with incidence >100- 250/100,000 cases and 21 LK with incidence >250- 500/100,000 cases.* ▪ *The front runner is Berlin-Mitte with 367.8/100,000* ▪ *Heatmap: Highest 7-day incidences among 20-29 year olds and >90 year olds, among 0-9 year olds and 70-90 year olds have the lowest incidences* ▪ *Case numbers similar to last week, mean value at 42 years, hardly any change in the number of cases. Hospitalised compared to the previous week* ▪ *Trend of rising deaths unlikely to continue* ▪ *The age group of children and adolescents (10-19) is presented internally in a more differentiated way in order to Differences between children and adolescents are improving, currently highest incidence according to ARZ in 10-14 year olds* ▪ *Difference in incidences in primary and secondary schools?* ○ *Discussion on the expansion of measures and development of case numbers:* ▪ *The envisaged target of <50/100,000 will probably not be reached by Christmas, flattening of the Curve is slower than its rise, population compliance critical point* ▪ *If necessary, further analysis of the major cities: why is there a decline in Bremen but not in Berlin?* ▪ *If necessary, the 50-90 age group can implement more/better measures as they also have high Incidences?* ▪ *Limitations of the Heatmp: Heatmap does not reflect test frequency in age groups; if necessary, the*	*FG 32/M. Diercke* *all*

	limited laboratory capacity contributes to the "stabilisation" of case numbers *TODO: Further stratify data of age-related incidences of children and adolescents by subgroups (M. Diercke)*	
	○ *Syndromic surveillance (slides)* ○ *Flu web: Respiratory diseases significantly below previous year's level with a downward trend* ○ *ARE consultations have also been significantly below the previous season for 2 weeks and declining, approx. 830,000 ARE consultations. Consultations in the last week* ○ *SARI cases in the ICOSARI sentinel: no further increase among <60-year-olds, but significantly higher level among 35-59-year-olds, already reaching spring level here* ○ *Proportion of COVID cases among SARI cases at >50%, among 35-59 year olds at 75% in the 44th week* ○ *ARS data (slides): week 45 lower than week 44, no major test delay compared to the previous week, number of tests decreased in all age groups, slower increase in the proportion of positives among 0-4 year olds and lowest proportion of positives, also among 5-14 year olds, different picture of the proportion of positives when stratified by federal state, no indication of many transfers in schools*	*FG 36/S. Buda* *FG 37/T. Eckmanns*
	○ *Discussion of incidences in children and adolescents and measures in schools:* ○ *In principle, transmission in children/adolescents is comparable to the situation in adults, no indication that children/adolescents are less affected except for nursery/primary school children, but possibly also many undiagnosed asymptomatic cases in this age group in the sense of diagnostic bias* ○ *Although the current measures are not focussed on schools, there is no major increase in the number of children/young people* ○ *The aim remains to keep schools open but with stricter preventative measures* ○ *Concentration on federal states where there are few hygiene concepts in schools, possibly re-stratification of data according to positive rate by federal state* ○ *If necessary, adapt recommendations for sports and music lessons, as these are still taking place* ○ *Is there really a diagnostic bias in asymptomatic children or is the low positive rate not even underestimated due to the testing of more symptomatic children?* ○ *Our recommendations are up to date but are unfortunately*	*all*

	Only partially implemented so far ○ *Data basis of negative tests will be omitted, only ARS remains* *TODO: Dialogue with BMG on compensation for lost data via expansion of ARS (Management/T. Eckmanns)* ○ *Test capacity and testing (Wednesday slides)* ○ *Number of tests declining, i.e. capacity is no longer fully utilised, positive rate increased to 9%, however due to the new test criteria of 11 November 2020 only directly comparable to the previous week to a limited extent, the further course will then be comparable again, nevertheless under-reporting probably increasing, sample backlog has decreased, new paragraph regarding the proportion of positives under the new test criteria in the management report* ○ *Exchange GA Offenbach (Rexroth)* ○ *Work in progress*	*Dept. 3/O. Hamouda/all* *U. Rexroth*
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)**	*Smear*
4	**Current risk assessment** *TODO: review the risk assessment by Friday so that it can be discussed on Friday (all)*	*all*
5	**Communication** • *Vaccination information material will be adapted and finalised by the end of the week*	*BZgA*
6	**Strategy questions** **a) General** • *Effect of existing underlying diseases on the outcome of COVID-19 diseases (slides)* ○ *Umbrella Review (meta-synthesis of existing sys. reviews, here from the USA and Europe):* ○ *Calculation of association of comorbidities and severe outcome of COVID-19 (risk of hospitalisation or death), a total of 23 comorbidities were adjusted for age & analysed, individual pre-existing conditions resulted in different strong estimates, e.g. heart failure or Z.n. organ transplantation with very high estimates for hospitalisation* ○ *Message: from 70 years of age, risk of severe COVID disease and inhopital mortality adjusted for comorbidities is increased, from 80 years of age significantly increased* ○ *Data presented to STIKO regarding vaccination prioritisation*	*FG 33/Th. Harder*

	○ *Severity of the heart failure or setting of the existing diabetes are unfortunately not included in primary data*	
7	**Documents** • *KP management to be revised: Reduction to 10 days quarantine?* ○ *Must be resubmitted to the Ministry and finalised next week* *TODO: renewed consultation with BMG regarding shortening the quarantine to 10 days (management)* • *Is there any feedback on the "FAQ FFP2 masks"?* ○ *"Basically" it is disposable material, should be included*	*S. Kröger* *M. Brunke*
8	**Vaccination update (Fridays only)** -	*FG33*
9	**Laboratory diagnostics** • *67 submissions last week, of which 6 COVID-positive, 14 rhinoviruses, all others negative, rhinoviruses declining, possibly rhinovirus decline to be interpreted as a consequence of the measures, no influenza detection for weeks, also in the WHO-EURO region few influenza detections, more sample submissions would be desirable* • *Discrepancy between high COVID-positive rate and regressed rhinovirus-positive rate, presumably COVID detection lags behind?*	*FG17/ Dry forest*
10	**Clinical management/discharge management** • *International requests for the transfer of patients to Germany have been dealt with, national committee for the transfer of patients within Germany meets regularly, contact email address: ibbs-lage@rki.de for international situation, email address for national situation: GMLZ for coordination and COVRIIN specialist group for specialist advice. Consultancy* • *Unfortunately, DIVI still does not differentiate between beds that can actually be operated* *TODO: Pending optimisation of the DIVI register with regard to operable beds*	*IBBS C. Herzog/all*
11	**Measures to protect against infection** • *cancelled*	*All*
12	**Surveillance** • *Deviation in incidence for Germany between RKI and ECDC data; result of enquiry to ECDC* ○ *ECDC calculates 7-day incidence itself according to a different algorithm than RKI, RKI data probably somewhat underestimated* *TODO: please contact ECDC again and ask for*	*FG32/ M. Diercke*

	Consistency with our data (M. Diercke) and renewed feedback to BMG • *Tomorrow the 3rd "Act on the Protection of the Population in the Event of an Epidemic Situation of National Significance" comes into force, all documents must be updated, in particular on the obligation to report, etc.* • *Corona-KiTa study* **(only on Mondays)**	
13	**Transport and border crossing points (Fridays only)** •	*FG38*
14	**Information from the situation centre (Fridays only)** •	*FG38*
15	**Important dates** • *Influenza expert advisory board (Thu 19 Nov)* • *Exchange with France (Fri 20.11. RKI ZIG participants not yet clear), participants from WG Diagnostics pending* *TODO: Consultation with Ms Hanefeld, Mr Aebischer, Mr Mielke requested regarding outstanding participants from the diagnostics working group in order not to involve too many different people (Maria an der Heiden)*	*All*
16	**Other topics** • *Next meeting: Friday 20 November 2020, 11:00 a.m.*	

Crisis team meeting "Novel coronavirus (COVID-19)"

Results protocol

Location:	*Novel coronavirus (COVID-19)*
Date, time:	*18.11.2020, 11:00 a.m.*
Venue:	**RKI,** *WebEx virtual conference room*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamaha Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
  - *Regina Singer*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *FG 38*
  - *Ute Rexroth*

- *Maria an der Heiden*
- *Kirsten Pörtner (protocol)*

- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *IBBS*
  - *Christian Herzog*
- *BZgA*
  - *Heidrun Thaiss*
- *P1*
  - *Esther-Maria Antao*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current international situation** • *Cases, spread (slides)* o *Approx. 55 million cases and approx. 1.3 million deaths (2.41%)* o *Top 10 countries by number of new cases in the last 7 days:* o *The order has changed slightly, with the United States in first place, followed by India, Italy, Brazil, France, the UK, Russia, Poland, Germany and Spain.* o *The trend is downwards in 4 countries: India, France, Poland and Spain.* o *7-day incidence > 50 per 100,000 inhabitants* o *Botswana back on the list, Maldives also added* o *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* o *Incidence >50 in all countries except Iceland and Finland* o *Still many cases in LUX, Austria, Slovenia, Switzerland, Liechtenstein, Poland* o *Slight decline in new infections in Europe* • *Summary and news:* o *Rising number of cases worldwide, percentage distribution: Europe 44.8%, America 38%, Asia 14.8%, Africa 2.3%, Oceania 0.07%* o *Europe: still the largest share with new cases and deaths, very different development in individual countries (decline in France, Spain, Poland, increase in Austria and Sweden, among others, with stricter measures)*	*ZIG 1/Regina Singer*

	○ *For details on the situation in Africa, see ZIG slides (here)* **National** ○ *Case numbers, deaths, trend (slides)* ○ *SurvNet transmitted: 833,307 (+17,561), thereof 13,119 (1.6%) Deaths (+305), 7-day incidence 139/100,000 pop.* ▪ *less than last week* ▪ *ICU cases on the rise* ○ *4-day R=0.88; 7-day R=0.95* ○ *ITS: 3,517 (+81), invasive ventilation: 2,010 (+39)* ○ *7-day incidence of the federal states by reporting date* ▪ *Flattening is still visible* ▪ *Decline in Berlin has not continued* ▪ *Bavaria on plateau, Bremen shows decline* ▪ *Saxony among the TOP 5* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Approx. 115,000 cases; 245 LK with incidence >100- 250/100,000 cases and 21 LK with incidence >250- 500/100,000 cases.* ▪ *The front-runner is Berlin-Mitte with 367.8/100,000* ▪ *Heatmap: Highest 7-day incidences among 20-29 year olds and >90 year olds, among 0-9 year olds and 70-90 year olds have the lowest incidences* ▪ *Case numbers similar to last week, mean at 42 years, hardly any change in the number of cases. Hospitalised compared to the previous week* ▪ *Trend of rising deaths unlikely to continue* ▪ *The age group of children and adolescents (10-19) is presented internally in a more differentiated way in order to Differences between children and adolescents are improving, currently highest incidence according to ARZ in 10-14 year olds* ▪ *Difference in incidences in primary and secondary schools?* ○ *Discussion on the expansion of measures and development of case numbers:* ▪ *The envisaged target of <50/100,000 will probably not be reached by Christmas, flattening of the Curve is slower than its rise, population compliance critical point* ▪ *If necessary, further analysis of the major cities: why is there a decline in Bremen but not in Berlin?* ▪ *If necessary, the 50-90 age group can implement more/better measures as they also have high Incidences?* ▪ *Limitations of the Heatmp: Heatmap does not reflect test frequency in age groups, if necessary limited laboratory capacity contributes to the*	*FG 32/M. Diercke* *all*

	"stabilisation" of case numbers	

	TODO: Further stratify data of age-related incidences of children and adolescents by subgroups (M. Diercke)	
	○ *Syndromic surveillance (slides)*	*FG 36/S. Buda*
	○ *Flu epidemic: Respiratory illnesses significantly below previous year's level with a downward trend*	
	○ *ARE consultations have also been significantly below the previous season for 2 weeks and declining, approx. 830,000 ARE consultations. Consultations in the last week*	
	○ *SARI cases in the ICOSARI sentinel: no further increase among <60-year-olds, but significantly higher level among 35-59-year-olds, already reaching spring level here*	
	○ *Proportion of COVID cases among SARI cases at >50%, among 35-59 year olds at 75% in the 44th week*	*FG 37/T. Eckmanns*
	○ *ARS data (slides): week 45 lower than week 44, no major test delay compared to the previous week, number of tests decreased in all age groups, slower increase in the proportion of positives among 0-4 year olds and lowest proportion of positives, also among 5-14 year olds, different picture of the proportion of positives when stratified by federal state, no indication of many transfers in schools*	*all*
	○ *Discussion of incidences in children and adolescents and measures in schools:*	
	○ *In principle, transmission in children/young people is comparable to the situation in adults, no indication that children/young people are less affected except for nursery/primary school children, but possibly also many undiagnosed asymptomatic cases in this age group in the sense of diagnostic bias*	
	○ *Although the current measures are not focussed on schools, there is no major increase in the number of children/young people*	
	○ *The aim remains to keep schools open but with stricter preventative measures*	
	○ *Concentration on federal states where there are few hygiene concepts in schools, possibly re-stratification of data according to positive rate by federal state*	
	○ *If necessary, adapt recommendations for sports and music lessons, as these are still taking place*	
	○ *Is there really a diagnostic bias in asymptomatic children or is the low positive rate not even underestimated due to the testing of more symptomatic children?*	
	○ *Our recommendations are up to date but have unfortunately only been partially implemented so far*	

	○ *The data basis for negative tests will no longer exist, it*	

	only ARS remains *TODO: Dialogue with BMG on compensation for lost data via expansion of ARS (Leiung/T. Eckmanns)* ○ *Test capacity and testing (Wednesday slides)* ○ *Number of tests declining, i.e. capacity is no longer fully utilised, positive rate increased to 9%, however due to the new test criteria of 11 November 2020 only directly comparable to the previous week to a limited extent, the further course will then be comparable again, nevertheless under-reporting probably increasing, sample backlog has decreased, new paragraph regarding the proportion of positives under the new test criteria in the management report* ○ *Exchange GA Offenbach (Rexroth)* ○ *Work in progress*	*Dept. 3/O. Hamouda/all* *U. Rexroth*
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)**	*Smear*
4	**Current risk assessment** *TODO: review the risk assessment by Friday so that it can be discussed on Friday (all)*	*all*
5	**Communication** • *Vaccination schedule will be adjusted and finalised by the end of the week*	*BZgA*
6	**Strategy questions** **a) General** • *Effect of existing underlying diseases on the outcome of COVID-19 diseases (slides)* ○ *Umbrella Riview (meta-synthesis of existing sys. reviews, here from USA and Europe):* ○ *Calculation of association of comorbidities and severe outcome of COVID-19 (risk of hospitalisation or death), a total of 23 comorbidities were adjusted for age & analysed, individual diseases resulted in different strong estimates, e.g. heart failure or Z.n. organ transplantation with very high estimates for hospitalisation* ○ *Message: from 70 years of age, risk of severe COVID disease and inshopital mortality adjusted for comorbidities is increased, from 80 years of age significantly increased* ○ *Data presented to STIKO regarding vaccination prioritisation* ○ *Severity of the cardiac insufficiency or setting of the existing diabetes are unfortunately not included in*	*FG 33/Th. Harder*

Situation centre of the RKI	*primary data*	*Protocol of the COVID-19 crisis unit*

7	**Documents** • *KP management to be revised: Reduction to 10 days quarantine?* ○ *Must be resubmitted to the Ministry and finalised next week* *TODO: renewed consultation with BMG regarding shortening the quarantine to 10 days (management)* • *Is there any feedback on the "FAQ FFP2 masks"?* ○ *"Basically" it is disposable material, should be included*	*S. Kröger* *M. Bruhnke*
8	**Vaccination update (Fridays only)** -	*FG33*
9	**Laboratory diagnostics** • *67 submissions last week, of which 6 COVID-positive, 14 rhinoviruses, all others negative, rhinoviruses declining, possibly rhinovirus decline to be interpreted as a consequence of the measures, no influenza detection for weeks, also in the WHO-EURO region few influenza detections, more sample submissions would be desirable* • *Discrepancy between high COVID-positive rate and regressed rhinovirus-positive rate, presumably COVID detection lags behind?*	*FG17/ Dry forest*
10	**Clinical management/discharge management** • *International requests for the transfer of patients to Germany have been dealt with, national committee for the transfer of patients within Germany meets regularly, contact email address: ibbs-lage@rki.de for international situation, email address for national situation: GMLZ for coordination and COVRIIN specialist group for specialist advice. Consultancy* • *Unfortunately, DIVI still does not differentiate between beds that can actually be operated* *TODO: Pending optimisation of the DIVI register with regard to operable beds*	*IBBS* *C. Herzog/all*
11	**Measures to protect against infection** • *cancelled*	*All*
12	**Surveillance** • *Deviation in incidence for Germany between RKI and ECDC data; result of enquiry to ECDC* ○ *ECDC calculates 7-day incidence itself according to a different algorithm than RKI, RKI data probably somewhat underestimated* *TODO: please contact ECDC again and ask for coherence with our data (M. Diercke) and feedback to BMG again*	*FG32/ M. Diercke*

	• *Tomorrow, the 3rd "Act on the Protection of the Population in the Event of an Epidemic Situation of National Significance" comes into force, all documents must be updated, in particular on the obligation to report, etc.* • *Corona-KiTa study* **(only on Mondays)**	
13	**Transport and border crossing points (Fridays only)** •	*FG38*
14	**Information from the situation centre (Fridays only)** •	*FG38*
15	**Important dates** • *Influenza expert advisory board (Thu 19 Nov)* • *Exchange with France (Fri 20 Nov. RKI ZIG participants not yet clear), participants from diagnostics working group pending* *TODO: Consultation with Ms Handefeld, Mr Aebischer, Mr Mielke requested regarding outstanding participants from the diagnostics working group in order not to involve too many different people (Maria an der Heiden)*	*All*
16	**Other topics** • *Next meeting: Friday 20 November 2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*20.11.2020, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
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- *FG14*
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- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *FG34*
  - *Viviane Bremer*
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- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *P1*
  - *Esther-Maria Antao*

- ZBS1
  - Andreas Nitsche
- ZIG1
  - Sarah Esquevin
- BZGA
  - Heidrun Thaiss
- BMG
  - Christophe Bayer

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • Cases, spread (slides here): >56.3 million cases worldwide, >1.3 million deaths (2.4%) ○ Top 10 countries by number of new cases/last 7 days ▪ Increasing trend: USA, Italy, Brazil, Russia and UK on the rise ▪ Downward trend: India, France, Poland, Germany, Spain ○ 7-day incidence > 50 per 100,000 inhabitants. ▪ Currently 82 countries ▪ Since the beginning of October, there has also been an increase in Africa, where case numbers are now also being reported from North African countries. driven (previously mainly South Africa) ▪ Many reports in Iran, Jordan and Morocco, according to WHO EMRO measures there are not good complied with ○ 7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH ▪ Iceland and Finland alone not above the 50/100,000 threshold ▪ France, Spain and Poland currently leading the way, Italy also rising slowly ▪ Denmark has lifted corona restrictions in Jutland, originally planned until 3.12, due to incidence after the mink incident, cultural and leisure facilities are allowed to reopen there ▪ Restaurants, bars and cinemas will soon be allowed to reopen in Spain, restrictions on the number of people ○ Finland ▪ Total 19,935 cases, 7-day inc. 28,8/100.000 ▪ Test rate decreased in November, positive rate and new infections increased ▪ Hybrid strategy, increased testing, CoNa and handling of cases → Effective testing system and tracking of transmissions ▪ Measures: currently mild, 2 months stricter in March Lockdown, slow openings from May	ZIG1

RKI	▪ There were still depots with masks and PPE from the Cold War, enough material was available ▪ A central component of the strategy is an app, 45% of the population uses it (27% in Germany) and it is actively used also used for KoNa ▪ Highest rate of teleworking in Europe (>60%) ▪ No mask requirement, but are recommended in large cities and this is followed, generally followed Finnish population recommendations, there is great confidence in government and measures ▪ Number of people in restaurants limited, generally no large gatherings of people, also very Low population density ▪ Use of alternative methods on arrival at the airport, e.g. use of dogs on a voluntary basis Basis, then PCR test ▪ Crisis communication is multi-layered (different groups addressed individually) and modern, e.g. Integration of influencers ▪ Exact test strategy to be submitted later o South Korea and Taiwan: both have experience of the epidemic ▪ South Korea: 2015 MERS-CoV → Restructuring of emergency departments, health protection measures ▪ Taiwan: 2002-3 SARS • Summary o Africa: increase, currently mainly in the North African region o Europe: still highest proportion of new cases and deaths • Discussion o Important: Personnel capacity for KoNa in relation to cases o Lower number of cases, better to manage, e.g. superspreader at nightclub in South Korea in May, strong response and action at the time o Goal for Germany: Keeping case numbers as low as possible (also on the part of the BKA) may not be the goal in every country (some countries have let the situation run more) o RKI provides the basis for this, including strategy and communication in the political arena (including advice from the BKA), we cannot commit to action or enforce it o Federal states do not always agree with the Chancellery's plans - see school o Basically, Germany is set up like Finland and has the same approach, our case numbers are higher and Finland has certain advantages (e.g. population size/density, cultural differences) o In DE good institutions that publish data, HZ, Fraunhofer, OECD report confirms this o In some cases, prime ministers seek advice from academics with different convictions; the	

RKI	*Most virologists are against allowing the virus to pass freely and in favour of the recommendations developed by the RKI* ○ *RKI strength: not political mandate (or communication), but creation of scientific basis, RKI must rely on evidence* ○ *RKI should develop models from which something can be derived (until more figures are available)?* *ToDo: ZIG1 Presentation of the test strategy in Finland* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 879,564 (+23,648), of which 13,630 (1.5%) deaths (+260), 7-day incidence 139/100,000 inhabitants, Reef=0.98, 7T reef=1.05* ○ *Another top value today, significantly more than yesterday and slightly more than last week (possibly still plateauing?)* ○ *1% of the population has already been registered as confirmed* ○ *3,588 cases in intensive care* ○ *7-day incidences* ▪ *Plateau formation, significant drop in Bremen was also due to technical problems* ▪ *10 counties with incidence >300/100,000* ○ *Weekly death rates* ▪ *Not significantly higher than the average of recent years* ▪ *Late registrations still possible* ▪ *Unlike in some European countries, e.g. Belgium in the 3rd mortality peak* ▪ *In Finland and Germany no visible excess mortality, in DEU possibly also due to BL with low figures* **Discussion** • *Effectiveness of measures - measurable?* ○ *Comparison of measures (incl. speed) and effect at BL or even better district level would be desirable in order to evaluate differences and to create evidence that could be presented transparently* ○ *RKI has certain data at district level, but the events are multifactorial and subject to a variety of influencing factors (not just prescribed measures)* ○ *In addition, the implementation of measures is very heterogeneous and varies considerably at local level, and they are not systematically recorded* ○ *LK/SK and even individual neighbourhoods differ greatly in terms of socio-economic structure (discussed yesterday in the Expert Advisory Council)* ○ *Success of measures cannot be determined with RKI data satisfactorily, even local studies do not capture it with sufficient detail*	*FG32/FG38* *All*

RKI	○ We know which factors drive up the incidence and know sensible measures, but will not be able to prove this with RKI data • Target values ○ Question: where do we need to go to regain control? ○ Control was lost at the end of October ○ Current target is 7-day inc. <50/100,000, this corresponds to 5,700 cases/day, actually still relatively high, questionable whether the situation is then under control? ○ Modellers should look at this, when control is realistic, which figures should b e targeted by measures, when do they need to be tightened? What should these be based on? How do we define this control? That KKH and IST are not overcrowded? Has this currently been achieved? ○ Basic measures can be found in Annex 2 of the RKI strategy paper (here), classic infection control measures, goal: no/little economic and life restrictions and still no increase in incidence, some countries manage this (Finland) ○ Measures should be ramped up sharply when figures rise • StopsCOVID study ○ Has been running for a month with two sub-projects: ○ 1. (Matthias an der Heiden, Viviane Bremer) University of Bielefeld Monitoring of measures and comparison with infection figures, retrospective and prospective, current selection of districts (sampling) and data used ○ 2nd case-control study, investigation of individual protection and risk behaviour, started this week, certain trends can be identified • Schools ○ In schools, the implementation of measures varies greatly and evaluating them is much more complicated, as each one is different (teachers, rooms, disposition, etc.) ○ In the school sector, there are clear guidelines from the ministries of education that must be implemented, these are not available to the RKI, enquiries are being made as to whether these can be correlated to figures, measures are not recorded in the stoppcovid project, if data is not available, no correlations can be made ○ Evidence can be worked out more easily in the area of events ○ Viola Priesemann has defined test-trace-and-isolate (TTI) tipping points beyond which loss of control occurs (here): it describes the point at which the capacity of the GA is exceeded, but no numerical value is given ○ Could no numerical value be defined? ○ Matthias an der Heiden and Osamah Hamouda are able to contacting them to explore opportunities is a question of capacity and prioritisation	

RKI	○ Why are the figures coming down so slowly? Are the measures having little impact on households? Do we still have to recommend that sick people are not cared for at home? ○ Analyses of transmission in households have been carried out in Denmark, for example, should this be investigated in more detail here? (see also under Strategy) • Expert assessment of several publications on AK in children and adolescents (ID 2201) Sebastian Voigt (slides here) ○ There are 4 studies on the question of antibody (Ak) cross-reactivity between endemic coronaviruses HCoV and SARS-CoV-2: ○ 1st Science Paper (Ng KW et al., Science 2020): ▪ 4 groups were examined, Ac-positive with neutralising Ac, (grey) not PCR-positive but Partially neutralising ac, also in children (and children who were not infected) ▪ Controls: other groups and cohorts ▪ 1-15% of the non-infected had neutralising ac ▪ IgG reactivity correlates ▪ Only sick people have formed IgG ▪ People who were not infected but had Ac had IgG but no IgM and IgA ○ 2. Anderson EM et al: HCoV Ak detection after SARS-CoV-2 infection, Ak were found but no protection, no big difference in cases and controls, cross-reactive Ak had almost no neutralising effect ○ 3 Weisberg SP et al: ▪ Comparison of adult and paediatric titres with different courses of disease ▪ All were infected and mildly or severely ill (ARDS) ▪ Formation of neutralising ac rather dependent on age and not disease severity ▪ Increased respiratory infection in children → Possible immunity from previous illnesses that made them resistant to SARS-CoV-2 protects, but is not recognised ○ 4. Poston D et al: no cross-neutralising reaction, no indication of how old people were (children involved?) ○ Conclusion: only in 1st study neutralising Ac were found, there is cross-reactive effect, this may be age-dependent and recurrent (splendid isolation in Science publication), geographical location and circulating seasonal CoV strains may play a role ○ Discussion: How can age dependency be explained? Possibly because children are more frequently infected with endemic viruses, higher infection rate, relative protection correlates, this is only an assumption, also	FG12

RKI	*it is possibly seasonally dependent (which CoV) Epitope is located in the C-terminus (S2), which also plays a role for T-cells* ○ *Comment: The same is also observed in influenza (dependence on circulating viruses), but no neutralising Ac was found*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *No need for change or proposed wording today*	
5	**Communication** **BZgA** • *Joint communication campaign on the COVID-19 vaccination* ○ *Activities in this area have been ongoing for some time* ○ *Posters are to be submitted to the BMG next week* ○ *Accompanied by an umbrella campaign including social media activity* ○ *Also preparation of data management/monitoring of vaccination acceptance* ○ *Master FAQ collection is published on Corona website* ○ *After RKI approval also development of foreign language versions* ○ *Hotline, media, monitoring in regional press of various organisations, telephone campaigns to better address specific target groups* • *RKI press briefing yesterday: Explanation of the difference between isolation and quarantine very helpful, especially in educational institutions often questions about this (what does it mean for parents, carers, do they have to go into quarantine...)* • *Do existing recommendations, e.g. for care services, need to be adapted?* • *RKI response: Currently not really, measures are clearly described, people who go from household to household should pay particular attention to hygiene measures, brochure for visitors to retirement homes is being developed, this is not aimed at the people working there* • *It remains to be seen how the antigen test will be handled in practice* **Press** • *There are many questions on the following topics, should these be included in the management report?*	*BZgA* *Press*

RKI	1. Test figures by age group 2. How many schools and daycare centres are affected by outbreaks? • Re 1. test figures by age group cannot be shown nationwide but differentiated by age group from ARS data (not meaningful nationwide), ARS data are partly published in the Wednesday report, could be linked • Re 2. situation regarding children and young people is reported on a monthly basis, developments at schools presented on Mondays could be adopted for the situation report if necessary • Outbreaks in schools are not included in the Corona daycare centre report (concerns 0-5 year olds), but could be included • Please do not extend the situation report: further data will generate further questions or need for explanation, as they are not so easy to interpret, better refer to Corona daycare centre report • Decision: both aspects will be linked in the management report and the respective report will be tweeted, as well as included if necessary In press briefings on specific occasions → What is already published is made more visible	
6	**News from the BMG** • Not discussed	
7	**RKI Strategy Questions** **a) General** **Community transmission (adapt wording?)** • Has already been discussed and decided not to adapt it at the WHO in the current situation (lockdown) • Not quite clear where TOP came from today, should be clarified • If it is changed on the RKI website, this should also be done internationally • Topic Postponed **Entry quarantine** (text here) • Coordinated text proposal ○ In summary, partial immunity is assumed for people with proven infection, without specifically addressing the condition of the person ○ The text says: Self-monitoring should be carried out, immediate self-isolation and testing in the event of symptoms, as infection and illness can occur ○ The difference is that the person and KP do not go into quarantine • Discussion ○ After undergoing SARS-CoV-2 infection and according to the current state of knowledge, people have protective immunity, i.e. they do not become as ill when reinfected ○ There is no evidence of "sterilising immunity"; in people who have already been infected, the virus multiplies with	All FG36/FG38

RKI	*very likely still in the nasopharynx and the person may still be contagious → vulnerable groups can still be infected* ○ *Re-exposed persons should no longer be quarantined, rationale: virus excretion is then not as long and not as severe (similar to asymptomatically ill persons)* ○ *Critical point should still be worked out for the medical sector (KP III), as this has far-reaching consequences for the deployment of personnel* • *Completion by FG36, FG37, FG17 coordinate with each other* • *Laboratory proof* ○ *Which international molecular detection is sufficient, should this be specified?* ○ *Use of the country list of accepted laboratories as a basis?* ○ *Yes, this is what the BMG wanted ToDo: FG36,* *FG37, FG17 vote on the text together* **Strategy Number of cases Measures** *(continued from top Location National)* • *More diseases mean more transmissions, so measures must be linked to this* • *It is not entirely clear what measures the government is currently linking to this* ○ *Mass events, for example, are also being organised on a large scale during the current lockdown (several thousand people, without the possibility of complying with hygiene concepts) are still permitted → The ban on mass events has been proven to be the most effective measure (see ZIG's OECD analysis), a standardised approach should be adopted* ○ *Among young people (~15-20 year olds, differentiations can still be discussed) there is a clearly visible increase in transmission figures, alternating lessons (alternating face-to-face and digital alternatives, use of digital media) to be recommended/recommended, students in quarantine could also benefit from this* ○ *Expert advice yesterday: socially disadvantaged groups have a higher potential for infection and illness, how can we reach them and provide them with better support? Perhaps they don't have the opportunity to isolate themselves at home?* ○ *Measures are implemented half-heartedly, a stricter approach would possibly allow us to get out of the stagnation of the figures more quickly* ○ *Other events, e.g. church services, may be just as risky, also with regard to the specific participants* • *Legal basis was withdrawn with deletion of 7.4 (?)* • *How can all this be communicated to the right people?*	*All*

RKI	• *Rather caution/no report to the BMG or inclusion in PB* • *Collecting points that are considered critical and that jeopardise the effectiveness of the measures, low-threshold communication to the BMG, e.g. BMG morning briefing by Osamah Hamouda* • *Possibly also broader communication EpiBull article, topic current lockdown situation and critical points* **b) RKI-internal** • *Not discussed*	
8	**Documents** **Press release DGEpi - Statement on pandemic control in winter** • *Surveillance and Dept. 3 could review the planned indicators to see what can actually be implemented?* • *AG Test Strategy should take care of this* *ToDo: AG Test Strategy Investigation and, if necessary, preparation of a statement* **Enquiry Minister Spahn** • *The prevailing view is that the epidemiological situation is getting better, not worse: more tests are also being carried out with the addition of antigen tests, positive antigen tests are confirmed by PCR → Positive rates are rising, but with "good reason", is interpreted as "situation relaxed in reality"* • *We do not know how many antigen detections are made* • *Information on the reason for the test is not available to laboratories, they receive test requests without justification* • *Test reason could be requested by 1-2 laboratories, but is resource-intensive and not possible in everyday life* • *Survey of the number of antigen tests sold? Would possibly be interesting as an indirect measurement* • *Antigen tests in large laboratories are recorded via ARS, including whether confirmation by PCR takes place in the same laboratory* • *ZBS1: still receive samples for confirmation from Berlin GA (~8/day), good contacts for diagnostics, increase in positive rate is rather not due to antigen tests (no 2-3-fold increase as mentioned), GA were asked to categorise better and no longer send samples for confirmation*	*FG38/VPräs/ all* *VPresident/all*
9	**Vaccination update (Fridays only)** • *Not discussed*	
10	**Laboratory diagnostics**	

	• *FG17* ○ *297 submissions in the last 4 weeks* ○ *12 (4%) SARS-CoV-2 positive, 92 rhinoviruses* ○ *Overall slow increase in sample receipt, certainly also because FG36 contact reminded practices of the importance of sending in samples* • *ZBS1: GA send less samples this week for the first time, receive more study samples (Coala, CoMoLo, como...?), schedule for further evaluation to be determined*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *Not discussed*	*IBBS*
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	*FG32*
14	**Transport and border crossing points (Fridays only)** • *Not discussed, possibly report on DEA on Monday*	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates** • *Not discussed*	*all*
17	**Other topics** • *Next meeting: Monday, 23 November 2020, 13:00, via WebEx*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*23.11.2020, 1:00 pm*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Bettina Ruehe*

- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Andreas Nitsche*
- *ZIG1*
  - *Regina Singer*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, spread (slides here)* ○ *Approx. 58 million cases and > 1.3 million deaths (2.4%)* • *Top 10 countries by number of new cases / last 7 days* ○ *Top 10 countries have remained the same.* ○ *France has moved from 4th to 6th place. Poland and Great Britain have swapped places.* ○ *The United States, Brazil and the Russian Federation are experiencing an upward trend.* ○ *The trend in other countries is currently declining.* • *7-day incidence > 50 per 100,000 inhabitants* ○ *81 countries exceed the threshold.* ○ *New additions are Belize and the Turks and Caicos Islands (America).* ○ *The number of cases is increasing in North Africa.* ○ *Chile and the Falkland Islands are no longer on the list.* ○ *In Asia, the trend is rising sharply, particularly in Jordan and Palestine.* • *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *No major changes* • *Summary and news* ○ *America* ▪ *USA and Brazil: daily increase in new infections continues* ▪ *Mexico has exceeded the threshold of 100,000 deaths.* ○ *Asia/EMRO* ▪ *Slight decline in new infections in India* ▪ *Further increase in Japan and South Korea* ▪ *Increase in new infections in the WHO EMRO region; consequence of premature easing of lockdown measures, few Acceptance of the measures* ○ *Europe* ▪ *Still highest proportion of new cases in the last 7 days; new infections declining slightly overall, Deaths continue to rise compared to the previous week*	*ZIG1 (Singer)*

	▪ *Increase in new infections in Russia* ▪ *ECDC RRA of 19.11: Increase in fatal cases in long-term care facilities* • *Suggestion: vary incidences on the map of Europe by colour, do not just show >50 cases as the highest category.* • *Adaptation of the model quarantine ordinance:* o *Germany wants to move away from a fixed threshold towards a dynamic threshold. A 7-day incidence that is 30 higher than in Germany is being discussed. To be decided this week.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 929,133 (+10,864), thereof 14,112 (1.5%)* *Deaths (+90)* o *7-day incidence 143/100,000 pop.* o *4-day R=1.04; 7-day R=0.97* o *ITS: 3,709 (+79), invasive ventilation: 2,132 (+34)* o *7-day incidence of the federal states by reporting date* ▪ *Stays at plateau, no noticeable decline* ▪ *Slight ascent or descent in some BLs* o *Geographical distribution in Germany: 7-day incidence* ▪ *Little change, only a few LK (38) do not exceed the incidence of 50.* • *It should be remembered that there is still an upward trend in the number of deceased persons.* • *Is the high number of cases in border regions in both the east and the west due to border traffic?* o *Only in 1.4% of cases is the place of exposure abroad (low proportion of the total number of infections).* o *Could commuters to medical facilities play a role in the strong impact on care facilities in Saxony, for example?* • *It is noticeable that, contrary to the trend, there has been no decrease in the number of cases in Saxony, Saxony-Anhalt and Thuringia.* o *So far there has been no feedback from the BL, M. Diercke will enquire.* o *The number of cases in these BCs has been low so far. Perhaps this is why the population's behaviour is lagging behind somewhat.* o *Could it be due to a high proportion of "lateral thinkers"? Could the socio-economic panel survey be used to answer this question? Dept. 2 will clarify whether there are suitable variables in the Geda dataset.*	*ZIG (Hanefeld)* *FG32 (Diercke)*
2	**International (Fridays only)** • *2nd Uzbekistan Mission is completed.* • *1st mission to Ecuador comes to an end.* • *There may be a second visit to Namibia to support SARS-CoV-2 testing.* • *GHPP Corona Global: BMG asked ZIG to conduct the external review of the*	*ZIG (Hanefeld)*

	Organising applications will be a lengthy process. • *ECDC plans to publish data only once a week from December (on which day is still unclear).* ○ *From December, there will therefore only be an update on the international situation based on the ECDC figures once a week.* ○ *The other two dates are used for in-depth presentations of countries or publications.*	
3	**Update digital projects (Mondays only)** • *Postponed to Wednesday*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Everything to do with the vaccination campaign dominates.* • *Corona contact diary: should be user-friendly, but precise for ÖGD, final proposal on Wednesday.* • *Cases requiring acute crisis intervention are on the rise.* **Press** • *More and more articles for the EpidBull are being submitted by external authors. Topics are e.g: Testing, occurrence in hospitals, in the population, in schools. Some had to be rejected.* • *An article comparing antigen vs. PCR testing from the Stuttgart emergency exception was sent to the crisis team on Friday with a request for peer review.*	*BZgA (Thais)* *Press (Seedat)*
6	**RKI Strategy Questions** **a) General** • *Draft decision of the MPK chair country (here); and its impact on recommendations and flow chart* ○ *Quarantine period can be shortened if a test is carried out, to be announced on 01.12.* *ToDo: Customisation of the documents* ○ *Recommendation: If one pupil in a class is infected, the whole class is sent into quarantine for 5 days. An antigen test is carried out on the 5th day after diagnosis of the index case. If the result is negative, face-to-face lessons can be resumed.* ▪ *The reasons for the recommendation are pragmatic. Should the RKI comment on this?* ▪ *Actually, not all pupils in the class should be regarded as Cat. 1 contact persons. With Cat. 1 contact persons, however, the quarantine would be 14 days or 10 days + test.* ▪ *This position was clearly expressed to the Chancellery and the Minister. A further clarification*	*VPräs / All*

	makes no sense at the moment. We should first wait and see what is decided. Technical arguments should be given on request. ▪ *Mr von Kleist's tool can calculate the greater risk posed by a shortened quarantine. is to be expected. It was published last week on a preprint server and tweeted by the RKI; as of 23 November 2020, it is also linked from the RKI's COVID website.* o *Limitation to 5 persons from 2 households* ▪ *There are families with more family members. Not the number of people living in the same household is decisive, but how many households meet and what is defined as a household. Mr Haas will pre-formulate a sentence on this.* **b) RKI-internal** • *Mass testing in the total population or specific LCs* o *This question will come back to the RKI, which is why mass testing is to be re-evaluated based on the new findings from South Tyrol and the Czech Republic.* o *There is already a task from this morning from Minister Spahn on the assessment of the testing strategy/under-coverage in screening tests. There are currently many activities in this area. Admission tests in nursing homes and hospitals provide a good insight into the situation. However, serial testing in certain risk constellations is not the same as mass testing.* o *The question is how useful it is to test the entire population or, above a certain incidence, an entire district.* o *What are the results from South Tyrol, for example? What is the additional value? Is there an additional benefit for the management of measures?* o *The sensitivity of the tests is approx. 80%, the specificity approx. 98%. The result depends on the quality of the tests. A high proportion of false positive results is to be expected.* o *Antigen tests have been validated on symptomatic and not asymptomatic patients. Here too, however, more and more data is being added.* o *It should not be forgotten that these are self-selected tests and not compulsory tests.* o *In the socio-economic panel, the proportion of positive PCR test results is less than 1%. Participation was significantly lower than usual, perhaps due to the quarantine obligation in the event of a positive test. This is important for the evaluation of a nationwide sample.* o *Undesirable effects of mass testing are the Bringing many people together in one place and a possible false sense of security after a negative test.*	*VPräs / All*

	ToDo: Evaluation of mass tests, Ms Jenny: Explanation of the basic principle; Mr Hamouda: Contacting Italians; ZBS1: Quality of the tests ○ *In the longer term, self-tests will certainly become an issue again.*	
7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *ZBS1* ○ *Minks: Danish partners have agreed to provide isolates.* ○ *Antigen tests are also evaluated. The BMG asked how many tests can be evaluated weekly at the RKI and PEI?* • *Virological surveillance* ○ *In the last 2 weeks, 187 samples were tested. 26% were positive for rhinoviruses, 1* were found to be parainfluenza viruses and 9 samples were positive for SARS-CoV-2. The detection of rhinoviruses is currently decreasing. No other pathogens were detected.* ○ *FG17 continues to endeavour to obtain isolates of the mink mutants from Denmark.* ○ *The last detection in humans was in mid-September, and similar variants have not been able to establish themselves in other places either. These are more likely to be sporadic transmissions.* ○ *Is there any evidence of transmission to other animals?* ▪ *No studies available. Domestic cats, big cats are susceptible, have the virus in the zoo but more likely to get it from the carers. Experimentally, raccoons are also susceptible.* ▪ *Minks and ferrets are related. Whether there are differences in the receptors for SARS-CoV-2 is not yet known. not known.*	*ZBS1 (Nitsche)* *FG17 (Wolf)*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Corona-KiTa study (slides here)* ○ *FluWeb: Frequency of acute respiratory diseases* ▪ *Below seasonal average in all age groups, decreasing trend.* ○ *Incidence and proportion by age group*	*FG36 (Haas)*

	▪ *Plateau formation or decline* ▪ *Proportion of young people remains disproportionately high.* ○ *Outbreaks in kindergartens/day nurseries* ▪ *52 new outbreaks* ▪ *2/3 of all outbreaks in the last 1.5 months* ▪ *Only adults were affected in around ¼ of the outbreaks.* ○ *Outbreaks in schools* ▪ *Plateau formation, 75 new excavations* ▪ *Largest incidence in Hamburg with 51 cases: 33 among 0-10 year olds, 14 among 11-14 year olds, 2 among 15-20 year olds and 2 for >20 year olds.* ▪ *In 2 other major incidents in Thuringia and Saxony-Anhalt (32 and 30 cases), the main causes are 11-14 year olds and adolescents affected.* ▪ *Are there special circumstances for outbreaks with high case numbers? No further information is available available.* ○ *Feedback from the population (BZgA): time delay, as many parents are left alone with findings and receive no information on behaviour.* • *Suggestion to include the Ag tests in the case definition (request from the GÄ; see mail GA Düsseldorf to nCoV-Lage on 20/11/20, 15:10)* ○ *Was brought to the RKI by the federal states in AGI.* ○ *Currently also being discussed at European level. The change to the ECDC case definition should be awaited.* ○ *Counting all positive antigen tests would lead to overreporting.* ○ *A positive antigen test with clinical symptoms could be counted as a case.* ○ *In asymptomatic cases, the test should be confirmed by a positive PCR test.* ○ *The software would have to be customised.* ○ *If positive antigen tests are reported, it must be clarified whether they should also be shown in the official figures or whether a distinction should be made between probable and confirmed cases.* *ToDo: Preparation of a draft in a working group consisting of Dept. 3, FG36, FG38, Mr Mielke, FF Ms Diercke. Discussion of the draft in the crisis team at the end of this week or beginning of next week.*	*FG38*
13	**Transport and border crossing points (Fridays only)** • *Information from the airport group: many GAs and authorities are not yet technically connected in such a way that they can receive data electronically. FG38 is in close dialogue with Bundesdruckerei in this regard.* • *A total of 161,863 entry applications have been received to date. 52.8% of the applications were delivered by post, 7.4% via the clearing centre at the RKI and 39.9% via the digital system.*	*FG38 (Maria an der Heiden)*

	• *Yesterday, for example, 8,826 registrations were received, 48.2% via PostAG, 9.7% via the clearing centre and 42.1% via the digital system.* • *The countries are interested in continuing the process with the post office until the system runs smoothly.* • *Random checks by the police revealed that 20% of registrations were filled out incorrectly: https://www.trtdeutsch.com/news-inland/corona-meldepflicht- around-20-percent-of-returnees-enter-false-data-3634099*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
15	**Important dates** • *25.11.2020: Chancellor and MPK present further measures for the winter months*	*All*
16	**Other topics** • *Next meeting: Wednesday, 25 November 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*25.11.2020, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management (excused)*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzikt*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Marjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Daniel Schmidt (protocol)*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Julia Hermes*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*

- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *Press*
  - *Jamela Seedat*
  - *Ronja Wenchel*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Christoph Beyer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases, spread (slides here)* ○ *Approx. 59 million cases and > 1.4 million deaths (2.4%)* ○ *Top 10 countries by number of new cases / last 7 days* ○ *Top 10 countries relatively unchanged.* ○ *Iran has replaced Spain (now in 13th place).* ○ *Declining Italy, France Poland,* ○ *Increasingly USA, India, Iran, Africa strong growth,* ○ *France has moved up to 7th place. Poland and Great Britain have swapped places.* ○ *7-day incidence > 50 per 100,000 inhabitants* ○ *81 countries exceed the threshold.* ○ *Chile added again and Botswana added* ○ *The number of cases is increasing in North Africa.* ○ *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *No major changes* • *ECDC modelling: November update* ○ *Case number developments are modelled under various assumptions such as continuation of the measures from November to 25 December and various assumptions regarding contact restrictions, e.g. contact restrictions as in April, decline in cases by >50%, also decrease in hospitalisations,* ○ *Further scenarios for assuming easing of measures, shown using the example of France and Germany, resurgence of cases is modelled, e.g. measures eased around 7 December, resurgence already around Christmas,*	*ZIG1 (Esquevin)*

RKI	*Measures only eased towards the end of December, rebound only in January,* • *Discussion:* o *Modelling only of limited significance for Germany,* o *After Christmas, a third increase may be expected, which could possibly be higher than before;* o *Question about a similar projection for Germany makes sense => ECDC already shows the limitation, formulation of expectations and assumptions is difficult and effects difficult to quantify;* o *Limitation: Modelling looks at the measures without For example, compliance with the measures must be taken into account; in addition, the main focus is on case numbers, but these depend on many factors;* o *Shying away from making predictions that may not be completely accurate should not prevent you from creating a "what-if scenario";* o *Note on quarantine regulations, the OGV Münster issued a judgement in NRW cancelling them,* o *There are further considerations to move away from the incidence value; 10 days quarantine for KP1 or 7 days + negative PCR/negative antigen test,* o *Question about Germany's position on the draft resolution, test criteria and quarantine duration are probably rather uncritical, draft resolution will be shared and coordinated with the RKI as soon as possible*	*Hamouda Bayer ad Heiden Buda*
	National o *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 961,320 (+18,633), of which 14,771 (1.9%) Deaths (+410)* o *7-day incidence 140/100,000 pop.* o *4-day R=0.76; 7-day R=0.87* o *ITS: 3,770 (+28), invasive ventilation: 2,176 (+15)* o *Quite high number of deaths* o *Indifferent situation, ventilated patients have gone down a little* o *7-day incidence of the federal states by reporting date* o *Stays at plateau, no noticeable decline* o *It was noticeable that in Saxony, Saxony-Anhalt and Thuringia, contrary to the trend, there was no decrease in the number of cases.* o *Increase in Saxony and Thuringia still unclear, no clear official answer when asked* o *Geographical distribution in Germany: 7-day incidence* o *Little change, only a few LK (32) do not exceed the incidence of 50.* o *one county shows no cases, but it only had technical problems, no real drop in cases* o *Scale had to be adjusted upwards, 1 LK >500* o *Overall situation unchanged, no significant decline* o *Incidence age: Presentation was initially retained, to be adjusted if necessary*	*FG32 (Diercke)*

	○ *Mainly young and older age groups affected, few changes* ○ *KW 46/47 Middle age group increases slightly* ○ *Change over calendar week: Increase in number of deaths rises >1,000 cases in week 46/47, but share remains <1%*	
	• *Discussion:* ○ *Question about the language used to describe the falling proportion of deaths; answer: more younger people affected, wider testing, improved treatment; comment on this: Incidence of deaths/100,000 population may be more meaningful for international comparison;* ○ *Further note: Age group 10-14 years is declining, although schools are still open, the numbers of older people are rising again despite lockdown, as entries in old people's and nursing homes continue to take place,* ○ *Graphics (slides shown here) on age groups, 20-39 years and 80+ continue to show high numbers other lower ones*	*Mielke Diercke Rexroth Eckmanns ad Heiden*
	○ *Syndromic surveillance(slides here):* ○ *Flu significantly lower level compared to previous season, children on the rise, doctor's visits lower compared to previous season, SARI cases 35-59 years and older rise sharply,* ○ *Proportion of SARIs with Covid rises sharply, is 59% in week 46, significantly more than in spring, 35-59 years even at 72%, strong increase and significantly above spring for all (also still lying) SARI cases*	*Buda*
	○ *Test capacity and testing (slides here):* ○ *CW 47 Number of tests decreased again, number of positives slightly increased, positive rate slightly increased to 9.4%, number of transmitting laboratories slightly decreased, capacity utilisation slightly decreased to ~75%, backlog has also decreased further,* ○ *Interpretation: Changes to test recommendations have had an impact, testing of people without symptoms is decreasing, but it is not assumed that significantly fewer people with the disease will be recognised.* ○ *Slight increase in the positive share* ○ *Decrease in test delay* ○ *Steep increase in the number of tests in >80 year olds* ○ *Discussion:* ○ *There were technical problems with transmission, but one laboratory had duplicate reports for a long time, proposal for a disclaimer for the management report, impact on cumulative number of tests but presentation, progress and main statements remain unchanged* ○ *Another point: figures show that it has not been possible to keep infections out of retirement and nursing homes, Discussion focusses on daycare centres and schools, but should also take into account the shift towards older people*	*Hamouda Eckmanns*

2	**International (Fridays only)** ○	
3	**Update digital projects (Mondays only)** ○	
4	**Current risk assessment** ○ *Question about modified text proposal to emphasise older people* ○ *Objective formulation of the observed increases makes sense* ○ *This could be clearly presented again in the management report and the text amended accordingly* ○ *Better protective equipment in retirement and nursing homes compared to spring There is much discussion but not everything is resolved* ○ *Entry probably often about personnel, which is a communicative challenge, requires sober presentation without much interpretation in the management report* ○ *Graph (slides here) on the incidence by reporting week for the LK shows heterogeneous distribution, change across the LK shows many with a significant increase and many with a significant decrease, sometimes very diverse, e.g. Bavaria, Thuringia and Saxony rather increases,* ○ *Link to population density is not so strong ToDo: Proposal for risk assessment is being developed by FG36 (Silke Buda), focussing on the protection of older people with the comment that this can only be achieved if overall figures are reduced. However, the situation report should already include this, data situation sober and* *Describe objectively, sensitive communication*	*Hamouda* *Mielke* *Bayer* *ad Heiden* *Buda* *All*
5	**Communication** **Press** ○ *Press enquiry from an investigative association with a catalogue of questions about SORMAS and DEMIS is answered by a media lawyer,* ○ *Note There have also been critical enquiries from this network in the past and there will certainly be more*	*Press*

6	**RKI Strategy Questions** **a) General** ○ *Federal government resolutions: Implications still unclear* ○ *MPK resolutions must be awaited, as final changes may still be made* ○ *Discussion: Vaccinations and implications for recommendations, e.g. compulsory masks for people with vaccinations.* ○ *Mask requirement should also be maintained for vaccinated people, prioritisation of vaccination according to risk; no disadvantage should be linked to the fact that vaccination has not (yet) taken place, sterile immunity after vaccination not proven, mask requirement collective measure, lowers the overall disease burden for other diseases, vaccination effectiveness was also measured under the conditions with a mask, infection pressure would be completely different, control would also not be feasible,* ○ *A text should be prepared in preparation for the expected discussion,* ○ *The first question will be whether vaccinated people are quarantine obligations can be equated with convalescents*	*Hamouda* *Rexroth* *Buda* *All*
	○ *In the longer term, however, measures should also be adapted as the incidence falls and this should also be communicated from a psychological perspective,* ○ *The motivation to vaccinate should also be taken into account and "bright spots" should also be considered* ○ *Vaccination is also to be seen on a population level, but this is not equally important and understandable for all people* *ToDo: Creation of a text template see points above, collection at FG 33, in co-operation with P1*	
7	**Documents** ○ *Documents for contact tracing (document here)* ○ *Revision and updating of the documents on the guidelines in the medical and care context, updated optional recommendations for action in the event of a shortage of medical staff, KP3 removed otherwise few changes, adaptation of the current wording on quarantine still needs to be done* ○ *Statement on testing to shorten quarantine should refer to national testing strategy if possible* ○ *Question of adapting the wording on the use of asymptomatic staff in Covid-19 patients, but this should not be applied to nursing homes, but there are also exceptions that apply this to nursing staff,* ○ *It is also important to note that staff must be symptom-free* ○ *Feedback if changes are proposed and finalisation after decisions have been made* *ToDo: Adjustment by FG 37, Friday finalisation by crisis team* ○ *Task ID 724 ARS Data: Discussion of disclaimer for management report, see points on test capacity and testing*	

8	**Vaccination update (Fridays only)** o *Not discussed*	
9	**Laboratory diagnostics** o *Not discussed*	
10	**Clinical management/discharge management** o *Update of the discharge criteria (slides here)* o *Amendment in footnote 2, on diagnostics, testing and PCR results and sampling, publication planned 26 November.*	*IBBS* *M. Mielke / B. Ruehe*
11	**Measures to protect against infection** o *Recommendation for people who were previously confirmed COVID-19 cases regarding quarantine* o *Final vote Text proposal, same content, only better categorised, partial immunity is assumed for entry from a risk area or contact with a risk area. Covid-19 case should be self-monitored, should be added to FAQ on contact persons and quarantine*	*FG36/FG32*
12	**Surveillance** o *Corona-KiTa study* **(only on Mondays)**	*FG36*
13	**Transport and border crossing points (Fridays only)** o *Not discussed*	*FG38*
14	**Information from the situation centre (Fridays only)** o *Not discussed*	*FG38*
15	**Important dates** o *25.11.2020: Chancellor and MPK present further measures for the winter months*	*All*
16	**Other topics** o *Next meeting: Friday, 27 November 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*27.11.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Julia Schilling*
  - *Kristin Tolksdorf*
  - *Anna Stoliaroff-Pepin*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Meike Schöll (minutes)*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Esther-Maria Antao*

- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Regina Singer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases, spread (slides here)* ○ *Approx. 60.5 million cases and > 1.4 million deaths (2.35%)* ○ *Top 10 countries by number of new cases / last 7 days* ○ *Top 10 countries: USA, India, Brazil, Italy, Russia, Poland, Germany, Great Britain, France and Iran.* ○ *Increasing trends in the USA, India, Brazil and Iran (where measures were tightened last week); decreasing trends in Italy, the UK and France; Poland, Russia and Germany with rather decreasing trends.* ○ *The case fatality rate in Iran is very high.* ○ *7-day incidence > 50 per 100,000 inhabitants* ○ *80 countries exceed the threshold.* ○ *Unchanged situation in Africa, America, Asia and Oceania.* ○ *In Europe, Turkey has been added; this may be due to a change in the reporting of cases, as no asymptomatic cases were reported between July and November, but now again.* ○ *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Europe continues to be severely affected, 29 countries have a 7-day incidence of >50/100,000 units.* ○ *Ireland's 7-day incidence has fallen to 43/100,000 inhabitants, while Finland and Iceland are approaching a 7-day incidence of 50/100,000 inhabitants.* ○ *Deaths in the last 7 days* ○ *In Europe in particular, there are many heavily affected countries, including Bosnia-Herzegovina, Belgium, Poland, the Czech Republic, etc. The American continent also has a rather high death toll in the last 7 days.* ○ *Summary:* ○ *America has a slightly higher proportion of new cases in the last 7 days than Europe (42% to 40%).* ○ *The AFRO region reported the highest increase in new cases (15%) and deaths (30%) last week.* ○ *More than 1.5 million new cases in the Americas in the last week. In the WHO PAHO region, the highest weekly number since the start of the pandemic was reported.* ○ *Europe: largest proportion of deaths in the last 7 days.* **National** ○ *Case numbers, deaths, trend (slides here)*	*ZIG1* *FG32/38*

	○ *SurvNet transmitted: 1,006,394 (+22,806), thereof 15,586 (1.5%) Deaths (+426)* ○ *1 million cases exceeded as a threshold, trend declining according to the international situation, but actually no easing visible yet, new record with deaths.* ○ *7-day incidence 136/100,000 inhabitants (slightly lower)* ○ *4-day R=0.82; 7-day R=0.93, but the confidence interval still includes 1.* ○ *ITS (data as of 26 November 2020): 3,826 (+45), invasive ventilation: 2.290 (+76)* ○ *7-day incidence of the federal states by reporting date (without subsequent correction): small decline visible, but eastern federal states (SN, TH, BB) with rising trends, only MV stable. The causes are still unclear, many outbreaks are observed in vulnerable groups.* ○ *Geographical distribution of the 7-day incidence in Germany: Little change, only 21 districts do not exceed the incidence of 50/100,000. District of Hildburghausen with extremely high incidence.* ○ *LK Hildburghausen:* ○ *The situation in the LK should be analysed with all available data over time. The cumulative incidence is probably only 1 to 1.5%; less than 10% are likely to have COVID-19, so that 90% would still be susceptible.* ○ *It would be useful to enquire whether more rapid tests have been used recently or whether there are other special circumstances that could explain the high number of cases.* ○ *In the future, a further hotspot study as part of the Corona Monitoring Local in the district of Hildburghausen might be suitable; this might be possible in February 2021, but no funding is yet available for this.* ○ *Weekly mortality figures: mild in international comparison, slight increase since week 41, overall mortality also with a slight increase, slightly above the average of previous years.* ○ *Weekly hospitalisations by age: Older age groups are hospitalised more frequently than younger age groups. The hospitalisation incidence in the older age groups reaches almost 50/100,000 per week.* ○ *Presentation of weekly deaths by age also shows a higher incidence in the older age groups.* ○ *Outbreaks over time (slide here)* ○ *All cases without hospitalised patients (grey bars) and hospitalised cases (red bars) are shown, each with reference to the right-hand scale.* ○ *The number of outbreaks in hospitals and nursing homes is parallel and roughly the same in both waves (red and blue curve). The increase was in the*	*FG37*

RKI	*Spring steeper than in the 2nd wave.* ○ *The number of cases among staff in accordance with Section 23 IfSG (light green curve) is significantly lower in the 2nd wave than in the 1st wave and is already falling. This may be due to improved hospital management, although it is unclear whether the staff were infected on site (certainly including travellers returning home).* ○ *The number of cases in the nosocomial outbreaks is lower in the 2nd wave than in the 1st wave. The situation in the hospitals appears to be better managed (with the number of outbreaks remaining the same).* ○ *In contrast, the number of cases in the outbreaks in nursing homes is similar in both waves; in both waves it exceeds the number of cases in nosocomial outbreaks as well as the number of cases among staff, and it continues to rise in the 2nd wave.* ○ *The data suggests that the measures are more effective in hospitals than in nursing homes, where the most vulnerable age groups live. Despite intensive efforts to adapt the recommendations for retirement and nursing homes, the situation still appears to be difficult (staff may be less well trained, overworked, less well equipped).* ○ *Further analyses of the outbreaks in nursing homes would be useful if necessary (e.g. adjustment to the age structure).* ○ *For the next press briefing, the development of hospitals should be mentioned as positive news, including the prospect of the vaccine; communication about care homes for the elderly is much more difficult. The message must certainly include the fact that outbreaks cannot be avoided, but they can be contained. The size of the outbreak can be influenced by targeted measures.* ○ *It should be examined which additional channels can best be used to reach the care homes.* ○ *If necessary, the frequency of personnel tests in care homes could be increased.* ○ *The situation in care homes is also difficult internationally. Approximately every 13th resident in a nursing home in the USA has died from COVID-19.* *To Do: FG37 takes up suggestions and considers which levers can still be utilised.*	
2	**International (Fridays only)** ○ *Coordination is currently taking place on the new designation of risk areas; a dynamic threshold value is being considered in relation to the German incidence of infection (nationwide 7-day incidence plus 30). This would remove many countries from the current list of risk areas. The Federal Foreign Office is concerned about a possible wave of Christmas travel.* ○ *There is a debate as to whether there are differences between countries inside and outside* *Europe (outside Europe qualitative parameters should be taken into account, within Europe qualitative parameters should be*	*ZIG*

	taken into account).	
	Europe primarily the dynamic threshold value). ○ *Implementation may already take place in the coming week, and language regulations must be found for countries that are no longer risk areas.* ○ *In the comments on the draft, the term "free testing" is which should be taken up again critically.*	
3	**Update digital projects (Mondays only)** ○ *Not discussed*	
4	**Current risk assessment** *Revised draft of FG 36* • *Postponed to Monday*	
5	**Communication** **Press** • *There have been an increasing number of enquiries about the comparability of the test figures. As the change to the test criteria was made several weeks ago, the information could be adapted if necessary.* *To Do: Adjustment of the wording by next Wednesday by Mrs Seifried.*	*Press*
6	**RKI Strategy Questions** **a) General** *Dealing with the decisions of the MPK of 25 November and implications for RKI documents? esp. point 8: 5-day quarantine and free testing of infected persons from day 3* ○ *According to the GA, groups should be quarantined for 5 days after the date of diagnosis and then "tested free"; even those that test positive should be retested. This contradicts the professional opinion.* ○ *A disclaimer is to be included in the existing documents, which refers to the resolution without technically endorsing it. The RKI's position is shared at the technical level of the federal states.* ○ *The corresponding decree has already been issued.* **b) RKI-internal** *Not discussed.*	

7	**Documents** ○ *The documents "Options for the early return to work of contact persons among medical staff in medical practices and hospitals in a situation of relevant staff shortages", "Options for the management of contact persons among medical and non-medical staff in nursing homes and care facilities in times of staff shortages" and "Supplementary principles of medical care in times of the SARS-CoV-2 epidemic" were revised based on the discussion in the previous meeting. No explicit time frame is specified with regard to quarantine. Some of the documents for adapting the graphics are currently attached IBBS.*	*FG37*

8	**Vaccination update (Fridays only)** *Modelling, vaccination rate recording (slides here)* ○ *Vaccine development and authorisation* ○ *BioNTech-Pfizer is expected to be the first vaccine with approval possibly by 23 November 2020, then batch testing and delivery. High efficacy of 95%, even in older age groups. High vaccine efficacy for BioNTech vaccine will facilitate communication.* ○ *Moderna: advanced purchase agreement, submitted to EMA rolling review, unclear whether it will be launched on the German market, German market is priority market in the EU according to the manufacturer.* ○ *AstraZeneca: overall effectiveness 70%, in sub-cohort with lower dosage 90% vaccine effectiveness (random effect), unclear what consequences this has for production (stability of the vaccine?).* ○ *Status of STIKO recommendation: The draft discussed in the STIKO working group on 26 November 2020 is to be presented for approval at the STIKO meeting next week. This will be followed by a possibly shortened comment procedure. Nursing homes for the elderly will be prioritised first, then the >80-year-olds.* ○ *Assuming 90% vaccination effectiveness, an incidence of 150/100,000 and an availability of 1.25 million vaccine doses/week, the impact of various vaccination strategies was modelled. Prioritising >80-year-olds would relieve the burden on the healthcare system (fewer hospitalisations).* ○ *Further activities:* ○ *Communication: Collaboration in the vaccination communication steering committee (including agencies), slogan "We're rolling up our sleeves", 40 pages of FAQs compiled, explanatory videos and handouts for registered doctors have been created / are being finalised, information sheets and consent forms are in preparation (massive pressure from the BL).* ○ *Digital vaccination rate monitoring: 2 companies commissioned (Accenture/Bundesdruckerei), project has only been running for 3 to 4 weeks with a short deadline of mid-December.* ○ *Surveys on vaccination rates/vaccination intention/vaccination acceptance: Data protection concept has been submitted, coordination in the steering committee.* ○ *Hospital-based study on vaccine effectiveness: approval has been granted, planned in cooperation with PEI.* ○ *Open questions concern, among other things, which measures continue to apply to vaccinated people ("helps against other or pathogens" makes less sense, reference to population-based measures instead), whether those who have had the disease should also be vaccinated, whether lockdown vaccinations should be carried out in the event of outbreaks.* ○ *Vaccination may leave behind stronger immunity than disease (immune response through mRNA-vaccines are significantly higher than in mild COVID-19 courses), which is due to different indicators, including neutralising*	*FG33*

	antibodies. ○ *Initially, vaccination centres are to be used, with a later transfer to the community-based system planned (although it may be difficult to continue recording vaccination rates there).* ○ *A major obstacle to rapid implementation is the availability of staff for vaccination centres. Each BL has its own strategy with different numbers of vaccination centres and mobile teams. In BY, there is a tender for vaccination centres for KV doctors.* ○ *With regard to vaccination quota recording, it is known that some federal states (e.g. BY and RP) are looking for alternatives as part of an overall package, which could also include invitations and vaccination logistics.* ○ *Germany is only participating financially in the WHO alliance COVAX, which aims to distribute vaccine doses fairly worldwide. France has initiated additional vaccine doses, that are not needed nationally are handed over to COVAX.*	
9	**Laboratory diagnostics** ○ *As part of virological surveillance, there were 325 submissions, of which 101 were rhinovirus-positive, 14 were positive for SARS-CoV-2 and 1 was positive for parainfluenza virus. No influenza has been detected to date.* ○ *In ZBS1, 850 samples were processed, of which 252 were positive (almost 30% positive rate). The doctors were asked to send in only the highest priority samples. Also due to participation in various studies, the workload remains high.*	*FG17* *ZBS1*
10	**Clinical management/discharge management** ○ *The changes discussed in the previous meeting have been implemented; the publications are scheduled for today.*	*IBBS*
11	**Measures to protect against infection** ○ *At the suggestion of the Federal Minister of Health, the question arises again as to whether the RKI should not recommend MNS for the general population instead of everyday masks.* ○ *The previous recommendations have left the use of MNS open, provided that production capacities are sufficient. The population has become accustomed to MNB. There is concern that if the recommendation is changed, the accusation could arise that the RKI has knowingly recommended a "worse" measure.* ○ *MNB has a protective effect, but the number of layers and the method of manufacture are also decisive. Multiple layers and a tight fit are important. If the evidence increasingly speaks in favour of MNS instead of MNB, reference should be made to the standards and to the existing recommendation, in which a door has been left open for this.*	
12	**Surveillance** ○ *Phasing of the COVID-19 pandemic and hosp. Cases (slides here)*	*FG36*

	○ *The course of the pandemic was divided into 4 phases (1st wave from week 10 to 20, early summer, late summer from week 31, autumn season from week 40); the positive rate, 7-day incidence, measures and the proportion of COVID-19 in hospitals in the ICOSARI sentinel (70 hospitals included) were decisive.* ○ *Development over time: The reported cases are shown in grey; these fall after the first phase from week 20, rise to a higher plateau from week 31 and rise steeply from week 40. The cases from the ICOSARI sentinel are shown in blue with reference to the left-hand scale. There was no increase in summer, but there was a higher level from week 40 than in spring.* ○ *Proportion of hospitalised cases particularly high among 70 to 89-year-olds.* ○ *In the 15 to 49 age group, there were already more hospitalised cases in the autumn phase (only 6 weeks) than in the spring (11 weeks).* ○ *Comparably high proportion of intensive care treatments as in the first wave.* ○ *Among younger cases, mainly infants and toddlers hospitalised (low-threshold hospitalisation).* ○ *In Sentinel: no children under the age of 15 in intensive care so far.* ○ *Publication of the categorisation is welcomed in the near future. Previous objective purely retrospective. Many of the indicators are also processed in the Reporting Data Working Group.* ○ *Adaptation of the case definition (draft here)* ○ *In future, antigen detection will play a role in the ECDC's case definition.* ○ *Antigen detection (incl. rapid test) should be included in the RKI case definition. The combination of antigen detection and the clinical picture, which is simplified to acute respiratory symptoms of any severity, disease-related death, new loss of taste or smell, should fulfil the reference definition in future.* ○ *A visualisation would be helpful.* ○ *The date of finalisation of the ECDC case definition is not known. An adaptation at the RKI should take place with the next SurvNet update in December. To this end, the draft should be announced in the AGI and EpiLag and sent to the federal states, and the NRZ should also be involved.* ○ *In practice, antigen tests are often no longer PCR-confirmed.* *To Do: Announcement of the draft case definition in AGI/EpiLag and development of a visualisation by FG32.*	*FG32*
13	**Transport and border crossing points (Fridays only)** ○ *According to a draft of new EASA/ECDC recommendations on the*	*FG38*

	In the current situation in Europe, the testing and quarantine of travellers does not make sense because the entry of travellers only has a negligible impact on the local infection rate. If a country has sufficient testing capacity, then testing can continue. A return to increased testing of travellers would make sense to avoid re-importation once the pandemic has been contained locally. ○ *Digital entry application (DEA): According to Bundesdruckerei, a total of 189,933 applications were received after the launch of the DEA on 26 November 2020 00:00, of which 98,674 (52%) were sent via Post AG, 77,220 (41%) to the health authorities and 14,039 (7%) to the Clearing centre transmitted. On 25 November 2020, 10,531 notifications were received, of which 4,865 (46%) were sent via Post AG, 4,867 (46%) to the health authorities and 799 (8%) to the clearing centre. 189 (50%) of 376 health authorities are "successfully" registered (>95%).*	
14	**Information from the situation centre (Fridays only)** ○ *The colleagues from the BBK previously assigned to International Communications will have their last working day on 30 November 2020. Due to the current manageable workload in this position and existing staffing requirements at the BBK, the 2 other colleagues originally seconded for December will not be joining the RKI.* ○ *Experience shows that it is difficult to scale up quickly in the event of acute stress; in future, secondments should not be position-specific, but for the situation centre in general.* ○ *The 300th management report was published on 22 November 2020. On 02.12.2020 the 175th crisis unit.*	*FG38*
15	**Important dates** ○	*All*
16	**Other topics** ○ *Next meeting: Monday, 30 November 2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.11.2020, 1:00 pm*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Daniel Schmidt (protocol)*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Julia Schilling*
  - *Kristin Tolksdorf*
  - *Anna Stoliaroff-Pepin*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Claudia Schulz-Weidhaas*

- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** o *Cases, spread (slides here)* o *>62 million cases, almost 1.5 million deaths (2.33%), stable case-fatality ratio* o *Top 10 countries by number of new cases / last 7 days* o *Top 10 countries: USA, India, Brazil, Italy, Russia, Poland, Germany, Great Britain, Iran and France.* o *Iran and France swapped places,* o *Increasing trends in India, Brazil and Iran; decreasing trends in Italy, Great Britain and France; particularly strong decrease in France* o *Poland, Russia, USA and Germany with a slight downward trend.* o *7-day incidence > 50 per 100,000 inhabitants* o *80 countries exceed the threshold.* o *New additions Dominican Republic, Mexico* o *Europe Finland now red, especially Helsinki, where a lockdown has just been decided until 20 December, which includes closures of museums and public institutions, online schooling for higher classes,* o *In France, there have been relaxations since Saturday, even non-essential shops are allowed to reopen, leaving the flat is easier again,* o *In other countries, however, the measures have been tightened in some cases, for example in Croatia,* o *Summary:* o *Worldwide distribution of new cases in the last 7T: America 42.3%, Europe 39.5%, Asia 15.8%, Africa 2.4%, Oceania 0.04%* o *Worldwide distribution of new deaths in the last 7T: Europe 50.1%, America 31.8%, Asia 14.4%, Africa 2.9%, Oceania 0.02%* o *Asia: Japan and South Korea record their 3rd wave* o *China: Sale of seafood and frozen goods on the Xinfadi market suspended: the investigation into the origin of the outbreak in Beijing in June points to transmission from the environment to humans. The relevance of what is happening in China for Germany appears to be rather limited.*	*ZIG1*

	○ *America: PAHO: Concerns about the 2nd wave in Central and South America. Most countries have the infection has not yet been brought under control and are not out of the 1st wave. Increased transmissions via the holidays and holidays at the end of the year.* ○ *Europe: Mixed picture: while some countries have been weeks show a decreasing trend (e.g. France, Spain, Norway, Portugal, Belgium and Poland), the number of new cases reported every day in Many countries continue to grow significantly (e.g. Croatia, Cyprus, Baltic states). countries, Slovakia, Slovenia...)* ○ *Question about dynamic limit value, but there are still No decision for today* **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,053,869 (+11,169), 16,248 (1.5%) Deceased (+125), figures remain at a high level* ○ *7-day incidence 138/100,000 p.e.* ○ *4-day R=1.04; 7-day R=0.91* ○ *ITS (data as of 29 November 2020): 3,901 (+13), invasive ventilation: 2.300 (-6)* ○ *7-day incidence in the federal states: Decline at a low level, Saxony and Thuringia continue to rise sharply, no official feedback on this,* ○ *2 federal states with <50 cases/100,000 p.e., all others over it, many show a plateau,* ○ *LK with 7-day incidence >500 have a small population,* ○ *1 LK without case transmission due to technical problems* ○ *Comments/questions: Question from the BMG on the continuing high number of cases, 1. why are the figures no longer downwards? 2. why are the >80 year olds so strong? affected? 3. what can we recommend? 4. is there statistical reasons? => Feedback FG32: This can be be excluded.* ○ *There are many outbreaks in retirement and nursing homes, although there are there are also high incidences among 30-50 year olds, but these will probably also soon be reflected in the the >80 year olds, there was a shift after the summer to the older groups, lockdown seems less effective than in spring, problem of compliance* ○ *Proposal to estimate the proportion of >80 year olds affected in homes and outside, the question would be lack of of protection in the homes? A reference to the existing Recommendations and papers on homes would be useful,* ○ *Discussion of whether this information is available, denominator unknown, even in the 1st wave the figures are not immediately declined, and at that time even fewer Asymptomatic seen,* ○ *However, several factors are probably responsible for the lower*	*FG32* *FG36* *FG37* *FG38* *Dept. 1* *President*

	effects: Compliance is now different than in the Spring, additionally winter is added after 1st wave went	
	it into the summer, ○ *Press briefing could take this up again,* ○ *Schools tend not to be the driving force and school closures would probably exacerbate the situation, but the hygiene concepts would also have to be implemented more strictly* ○ *Better use of antigen tests was discussed, but it is still important to emphasise that antigen tests are a building block but should not replace other measures,* ○ *Regarding the situation in the care homes, it was once again noted that the number of cases per outbreak remains very high, averaging 18 cases per outbreak,* ○ *The size of the case numbers in the outbreaks may indicate staff rather than visitors,* ○ *Financial situation in some homes exacerbates the situation, staff shortage, scarcity of resources, role of antigen tests would have to be reviewed on the basis of data, not very good data situation,* ○ *Communication with the target groups and age groups could be intensified,* ○ *The BZgA proposed a target group-specific campaign for young people, but this was not realised* ○ *The incidence of infections in care homes must be reduced; this can be achieved through testing but also by lowering the incidence in the population; this connection should be emphasised again and again,* ○ *Incidence curves also show that all but the elderly are going down, curve among the elderly will hopefully follow, older people are infected in care homes, but also at home - events for older people should not take place (e.g. church services), much has already been communicated, would have to be done again if necessary,* ○ *A Voxco query is being planned for the use of antigen tests in care homes,* ○ *Certain information on the situation in the care homes could be obtained from the providers,* *ToDo: Proposal for response from FG37 and description of the graphic with the age curves for coordination and supplementation of FG36 and FG14, in parallel FG36 should create a formulation proposal* ○ *Syndromic surveillance (Wednesdays)* ○ *Test capacity and testing (Wednesdays)*	
2	**International (Fridays only)** ○	*ZIG*

3	**Update digital projects (Mondays only)** ○ *Digital entry and exit card: last week there was a meeting with BMG, Bundesdruckerei and RKI, draft contracts were circulated and are being discussed,* ○ *There is a clearing centre, plausibility of the information provided by* *The quality of the incoming travellers is not always so good, a lot of manual reworking required,*	*FG21* *Smear*
	○ *CWA: Movement and prioritisation shift, contact diary to be implemented, discussions ongoing,* ○ *Dirk Brockmann was on a programme where an app was presented with the aim of simplifying contact tracing, which a Berlin-based company neXenio has developed together with the Fantastischen Vier.* ○ *RKI is checking whether this could also be used,*	
4	**Current risk assessment** *Revised draft of FG 36* • *Update proposal for discussion (document here)* • *Proposal with updated risk assessment and description of trends,* • *Indication that the infection environment can often no longer be determined, mostly for capacity reasons at the health authorities,* • *Note that protection of risk groups should be pursued even more consistently, it is important that there is no change of strategy or new phase, check the document again,* • *Inclusion of community transmission discussed, but should not be included,* • *Proposal will be sent around, publication planned for tomorrow* • *The question arose as to where the carers come from and whether there are any connections, entire business models are based on Eastern European staff, not only in care homes but also in private care services in households,*	*FG36*
5	**Communication** **BZgA** • *Something about the contact diary is currently being developed and published,* • *There are more requests for help in the telephone counselling service,* • *Many enquiries about vaccinations,* • *Enquiries are clustered according to subject areas so that they can be handled and answered* **Press** • *Press briefing for Thursday in preparation, attack on website in the night to Monday, could be averted by the security measures, measures are then increased again.*	*BZgA* *Press*

6	**RKI Strategy Questions** **a) General** • *Sample collection for rapid antigen tests by trained, non-medical personnel* • *Enquiries and documents requesting an exemption for point-of-care tests in certain areas, a point that is partly taken up in federal government papers and an expansion of the use of antigen tests, on which the applicants are based,* • *Question about free testing for events, for example, is*	*All* *Dept.* *1* *Dept.* *3* *VPräs* *FG24*
	There will certainly be even more next year. To what extent should the use of antigen testing be taken up strategically? • *Discussion: New test regulation already specifies what is meant by qualified medical personnel, RKI does not have to grant an exemption, not the task of the RKI* • *Further: there was a request for a presentation on application scenarios for rapid antigen tests, webinars on this have already been held by RKI, should be taken over by Department 3, make national testing strategy the focus, question of extending testing to teachers is considered useful, could an extension of testing be investigated in studies, there was a study on this by Ms Ciesek Safe School in Hesse,* • *Gradual expansion of the national testing strategy starting with teachers would make sense* • *Antigen diagnostics also give people some room for manoeuvre and could be good for compliance and a useful addition* *Modelling "Towards a long-term control of COVID-19 at low case numbers" (postponed to Wednesday)* **b) RKI-internal** • *Not discussed.*	
7	**Documents** ○ *"Control strategy in the school sector" from MPK (document here)* ○ *New procedure decided by Minister Presidents, decree of the BMG with request for comments* ○ *Resolutions are to be listed* ○ *Existing documents with technical recommendations should not be changed,* ○ *Reference to the fact that the other recommendations remain unaffected in principle* ○ *Terminology: the language used in the decree should be based on the resolution,* ○ *Reference to this document in other documents should not take place*	*All* *FG36* *Pres* *VPräs* *Abt. 1*

8	**Vaccination update (Fridays only)** ○	*FG33*
9	**Laboratory diagnostics** ○ *Not much news since Friday,* ○ *Offer of a courier service for sample transport for medical practices and laboratories,* ○ *Sequencing of certain samples planned* ○ *1287 samples processed, 342 (26.6%) positive, high proportion because laboratories were asked to stop sending all samples,* ○ *Further antigen tests were carried out*	*FG17* *ZBS1*
	○ *Question of patient consent for samples from outbreaks discussed,* ○ *Samples are necessary for outbreak clarification, there was no problem with this in other outbreaks, it should be clear that the health department forwards these samples and the RKI tests the sequencing in fulfilment of the tasks, another certificate may be required*	
10	**Clinical management/discharge management** ○ *No updates*	*IBBS*
11	**Measures to protect against infection** ○ *No points*	*All*
12	**Surveillance** ○ *Corona-KiTa study (only on Mondays) (slides here)* ○ *A total of 369 outbreaks in nurseries/after-school care centres (>= 2 cases) were created in SurvNet* ○ *285 (76%) outbreaks incl. cases < 15 years, 40% (724/1,818) of cases are 0 - 5 years old* ○ *84 outbreaks only with cases 15 years and older* ○ *A total of 636 outbreaks in schools were created in SurvNet (>= 2 cases, 0-5 years excluded)* ○ *583 (92%) outbreaks incl. cases < 21 years, 18% (6-10YRS), 26% (11-14YRS), 31% (15-20YRS), 25% (21+)* ○ *53 outbreaks only with cases 21 years and older* ○ *Data from Fluweb Incidence ARE is significantly below previous years, small increase 45-47 KW in 6-10 year olds but all below the 2019 level,* ○ *Partial lockdown seems to work, less ARE transferred,* ○ *Group 15-20 very significant decline observed* ○ *Outbreaks in daycare centres and after-school care centres, especially older people and carers are affected,* ○ *Proportion of children affected has risen sharply* ○ *Hygiene concepts must continue to be consistently observed if schools are to remain open*	*FG32* *FG36*
13	**Transport and border crossing points (Fridays only)** ○	*FG38*

14	**Information from the situation centre (Fridays only)** ○	*FG38*
15	**Important dates** ○	*All*
16	**Other topics** ○ *Next meeting: Wednesday, 02.12.2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.11.2020, 1:00 pm*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Daniel Schmidt (protocol)*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Julia Schilling*
  - *Kristin Tolksdorf*
  - *Anna Stoliaroff-Pepin*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *P1*

- *Esther-Maria Antao*

- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases, spread (slides here)* ○ *>62 million cases, almost 1.5 million deaths (2.33%), stable case-fatality ratio* ○ *Top 10 countries by number of new cases / last 7 days* ○ *Top 10 countries: USA, India, Brazil, Italy, Russia, Poland, Germany, Great Britain, Iran and France.* ○ *Iran and France swapped places,* ○ *Increasing trends in India, Brazil and Iran; decreasing trends in Italy, Great Britain and France; particularly strong decrease in France* ○ *Poland, Russia, USA and Germany with a slight downward trend.* ○ *7-day incidence > 50 per 100,000 inhabitants* ○ *80 countries exceed the threshold.* ○ *New additions Dominican Republic, Mexico* ○ *Europe Finland now red, especially Helsinki, where a lockdown has just been decided until 20 December, which includes closures of museums and public institutions, online schooling for higher classes,* ○ *In France, there have been relaxations since Saturday, even non-essential shops are allowed to reopen, leaving the flat is easier again,* ○ *In other countries, however, the measures have been tightened in some cases, for example in Croatia,* ○ *Summary:* ○ *Worldwide distribution of new cases in the last 7T: America 42.3%, Europe 39.5%, Asia 15.8%, Africa 2.4%, Oceania 0.04%* ○ *Worldwide distribution of new deaths in the last 7T: Europe 50.1%, America 31.8%, Asia 14.4%, Africa 2.9%, Oceania 0.02%* ○ *Asia: Japan and South Korea record their 3rd wave* ○ *China: Sale of seafood and frozen goods on the Xinfadi market suspended: the investigation into the origin of the outbreak in Beijing in June points to transmission from the environment to humans. The relevance of what is happening in China for Germany appears to be rather limited.* ○ *America: PAHO: Concern about the 2nd wave in Central and South America. Most countries have the*	*ZIG1*

	infection has not yet been brought under control and are not out of the 1st wave. Increased transmissions via the holidays and holidays at the end of the year. ○ Europe: Mixed picture: while some countries have been weeks show a decreasing trend (e.g. France, Spain, Norway, Portugal, Belgium and Poland), the number of new cases reported every day in Many countries continue to grow significantly (e.g. Croatia, Cyprus, Baltic states). countries, Slovakia, Slovenia...) ○ Question about dynamic limit value, but there are still No decision for today **National** ○ Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 1,053,869 (+11,169), 16,248 (1.5%) Deceased (+125), figures remain at a high level ○ 7-day incidence 138/100,000 p.e. ○ 4-day R=1.04; 7-day R=0.91 ○ ITS (data as of 29 November 2020): 3,901 (+13), invasive ventilation: 2.300 (-6) ○ 7-day incidence in the federal states: Decline at a low level, Saxony and Thuringia continue to rise sharply, no official feedback on this, ○ 2 federal states with <50 cases/100,000 p.e., all others above, many show a plateau, ○ LK with 7-day incidence >>500 have a small population, ○ 1 LK without case transmission due to technical problems ○ Comments/questions: Question from the BMG on the continuing high number of cases, 1. why are the figures no longer downwards? 2. why are the >80 year olds so strong? affected? 3. what can we recommend? 4. is there statistical reasons? => Feedback FG 32: This can be be excluded. ○ There are many outbreaks in retirement and nursing homes, although there are there are also high incidences among 30-50 year olds, but these will probably also soon be reflected in the the >80 year olds, there was a shift after the summer to the older groups, lockdown seems less effective than in spring, problem of compliance ○ Proposal to estimate the proportion of >80 year olds affected in homes and outside, the question would be lack of of protection in the homes? A reference to the existing Recommendations and papers on homes would be useful, ○ Discussion of whether this information is available, denominator unknown, even in the 1st wave the figures are not immediately declined, and at that time even fewer Asymptomatic seen, ○ However, several factors are probably responsible for the lower effects: Compliance is now different than in the Spring, additionally winter is added after 1st wave went it into the summer,	FG32 FG36 FG37 FG38 Dept. 1 President

	○ *Press briefing could take this up again,*	
	○ *Schools tend not to be the driving force and school closures would probably exacerbate the situation, but the hygiene concepts would also have to be implemented more strictly* ○ *Better use of antigen tests was discussed, but it is still important to emphasise that antigen tests are a building block but should not replace other measures,* ○ *Regarding the situation in the care homes, it was once again noted that the number of cases per outbreak remains very high, averaging 18 cases per outbreak,* ○ *The size of the case numbers in the outbreaks may indicate staff rather than visitors,* ○ *Financial situation in some homes exacerbates the situation, staff shortage, scarcity of resources, role of antigen tests would have to be reviewed on the basis of data, not very good data situation,* ○ *Communication with the target groups and age groups could be intensified,* ○ *There was a proposal from the BZgA for a ~~target~~ group-specific campaign for young people, but this was not realised* ○ *The incidence of infections in care homes must be reduced; this can be achieved through testing but also by lowering the incidence in the population; this connection should be emphasised time and again,* ○ *Incidence curves also show that all but the elderly are going down, curve among the elderly will hopefully follow, older people are infected in care homes, but also at home - events for older people should not take place (e.g. church services), much has already been communicated, would have to be done again if necessary,* ○ *A Voxco query is being planned for the use of antigen tests in care homes,* ○ *Certain information on the situation in the care homes could be obtained from the providers,* *ToDo: Proposal for response from FG37 and description of the graphic with the age curves for coordination and supplementation of FG36 and FG14, in parallel FG36 should create a formulation proposal* ○ *Syndromic surveillance (Wednesdays)* ○ *Test capacity and testing (Wednesdays)*	
2	**International (Fridays only)** ○	*ZIG*
3	**Update digital projects (Mondays only)** ○ *Digital entry and exit card: last week there was a meeting with BMG, Bundesdruckerei and RKI, draft contracts were circulated and are being discussed,* ○ *There is a clearing centre, plausibility of information provided by people entering the country not always so good, a lot of manual reworking required,* ○ *CWA: Movement and prioritisation shift, contact diary to be implemented, discussions*	*FG21* *Smear*

	run, ○ *Dirk Brockmann was on a programme where an app was presented with the aim of simplifying contact tracing, which a Berlin-based company neXenio has developed together with the Fantastischen Vier.* ○ *RKI is checking whether this could also be used,*	
4	**Current risk assessment** *Revised draft of FG 36* • *Update proposal for discussion (document here)* • *Proposal with updated risk assessment and description of trends,* • *Indication that the infection environment can often no longer be determined, mostly for capacity reasons at the health authorities,* • *Note that protection of risk groups should be pursued even more consistently, it is important that there is no change of strategy or new phase, check the document again,* • *Inclusion of community transmission discussed, but should not be included,* • *Proposal will be sent around, publication planned for tomorrow* • *The question arose as to where the carers come from and whether there are any connections, entire business models are based on Eastern European staff, not only in care homes but also in private care services in households,*	*FG36*
5	**Communication** **BZgA** • *Something about the contact diary is currently being developed and published,* • *There are more requests for help in the telephone counselling service,* • *Many enquiries about vaccinations,* • *Enquiries are clustered according to subject areas so that they can be handled and answered* **Press** • *Press briefing for Thursday in preparation, attack on website in the night to Monday, could be averted by the security measures, measures are then increased again.*	*BZgA* *Press*
6	**RKI Strategy Questions** **a) General** • *Sample collection for rapid antigen tests by trained, non-medical personnel* • *Enquiries and documents requesting an exemption for point-of-care tests in certain areas, a point that is partly taken up in federal government papers and an expansion of the use of antigen tests, on which the applicants are based,* • *The question of free testing for events, for example, will certainly increase next year. To what extent should the use of antigen testing be taken up strategically?*	*All* *Dept.* *1* *Dept.* *3* *VPräs* *FG24*

	become? • *Discussion: New test regulation already specifies what is meant by qualified medical personnel, RKI does not have to grant an exemption, not the task of the RKI* • *Further: there was a request for a presentation on application scenarios for rapid antigen tests, webinars on this have already been held by RKI, should be taken over by Department 3, make national testing strategy the focus, question of extending testing to teachers is considered useful, could an extension of testing be investigated in studies, there was a study on this by Ms ~~CZieseck~~ Safe school in Hesse,* • *Gradual expansion of the national testing strategy starting with teachers would make sense* • *Antigen diagnostics also give people some room for manoeuvre and could be good for compliance and a useful addition* *Modelling "Towards a long-term control of COVID-19 at low case numbers" (postponed to Wednesday)* **b) RKI-internal** *Not discussed.*	
7	**Documents** ○ *"Control strategy in the school sector" from MPK (document here)* ○ *New ~~strategies~~ procedure ~~adopted~~ by Minister Presidents, decree of the BMG with request for comments* ○ *Resolutions are to be listed* ○ *~~but~~ existing documents with technical recommendations should not be changed,* ○ *~~Decisions and technical recommendations are sometimes contradictory,~~* ○ *Reference to the fact that the other recommendations remain unaffected in principle* ○ *Terminology: the language used in the decree should be based on the resolution,* ○ *This document should not be referenced in other documents*	*All* *FG36* *Pres* *VPräs* *Abt. 1*
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	○ *Further antigen tests were carried out* ○ *Question of patient consent for samples from outbreaks discussed,* ○ *Samples are necessary for outbreak clarification, there was no problem with this in other outbreaks, it should be clear that the public health department forwards these samples and the RKI carries out the sequencing in fulfilment of its tasks.* *tested, another certificate may be required*	
10	**Clinical management/discharge management** ○ *No updates*	*IBBS*
11	**Measures to protect against infection** ○ *No points*	*All*
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14	**Information from the situation centre (Fridays only)** ○	*FG38*
15	**Important dates** ○	*All*
16	**Other topics** ○ *Next meeting: Wednesday, 02.12.2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*02.12.2020, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Luisa Denkel*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Bettina Ruehe*
  - *Claudia Schulz-Weidhaas*
- *Press*

- *Susanne Glasmacher*
- *Marieke Degen*
- *Ronja Wenchel*

- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Iris Andernach*
- *Protocol*
  - *Janet Frotscher (RKI)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** o *Cases, spread (slides here)* o *Approx. 63.2 million cases and > 1.5 million deaths (2.3%)* o *Top 10 countries by number of new cases / last 7 days* o *1st place: USA* o *Italy and the Russian Federation have changed places* o *Germany now ahead of Poland* o *No longer on the list for the first time: France* o *Newly added: Ukraine* o *7-day incidence > 50 per 100,000 inhabitants* o *79 countries exceed the threshold* o *In Oceania, only French Polynesia and Guam remain high* o *New additions: Bermuda (America) and Qatar (Asia)* o *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* o *29 countries + Switzerland* o *Only Ireland and Iceland fall below 7T incidence value* • *ECDC modelling (slide 4) weekly-epidemiological-update 1-december-2020* o *Slight downward trend* o *India again records increase in new cases (+6% compared to previous week)* o *Japan dominates in WPR* o *Italy: 184,000 new cases in the past 7T (-22%)* o *Russian Federation: 179,000 new cases in past 7T (+10%)* • *Discussion:* o *Information on the African continent: very strong increase in three countries (Morocco, Kenya and South Africa) - higher case numbers are expected here - the reason for this may be mobility (younger population returns to the older population - a second wave is not mentioned)* o *Info on effort (led by Atlanta Quarantine Station) to shorten quarantine to 7 days + test* o *WHO Regional Director for Asia describes ways to improve the response (country-specific approach)*	*FG 33 (Denkel)* *ZIG (Hanefeld)* *Pres*

	ToDo: Please get concepts from Ireland! (How are schools kept open and protected there?) o *A big compliment and thank you to ZIG for the presentation of the international situation* o *Question regarding the enormous increase in the number of cases in Russia - Sputnik 5 vaccine is authorised here* *ToDo: it is important to keep a close eye on this and obtain further information for transparency* **National** o *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 1,084,743 (+17,270), thereof 17,123 (1.6%) Deaths (+487)* o *7-day incidence 136/100,000 p.e.* o *4-day R=0.84; 7-day R=0.89* o *ITS: 3,919 (-7), invasive ventilation: 2,354 (+35)* o *No significant reduction in the high number of cases* o *Worrying trend in deaths* o *7-day incidence of the federal states by reporting date* o *No significant decline recorded* o *Saxony: significant increase in the number of cases (very noticeable, as the same measures apply everywhere) - still unclear* o *Geographical distribution in Germany: 7-day incidence* o *High incidences in the west, south and Saxony* o *Incidence age: Agreement on presentation according to 5-year age groups, with 90+ being the highest age group shown (slide 4)* o *Worrying jumps in incidence in older age groups* o *COVID-19 cases and proportion of deaths as well as proportion of hospitalised and COVID-19 cases with symptoms relevant to COVID-19 by reporting week (slide 6): Decision in favour of graphical processing (also in the management report since week 48), slight decrease in case numbers (comparison week 47 to week 48)* o *Number of COVID-19 deaths by week of death:* ▪ *Number of deaths continues to rise* ▪ *The level of the 1st wave has not yet been reached; this must be monitored closely* • *Discussion:* o *How can we verify reported figures (exclusion of bias)? Is there an underreporting of children? Are data from heat maps meaningful, do they reflect the current picture?* o *Reference to reporting system* o *There is a certain underreporting between factor 2 and factor 6* o *Soep studies do not include children*	*Pres / FG 33 (Denkel)* *FG 38 (Rexroth)* *FG32 (Diercke)* *Pres* *Dept. 3 (Hamouda)* *FG 24 (Ziese)*

	○ *Syndromic surveillance (slides here):* ○ *The value (total) in the 48th week of 2020 was just under 1,000 doctor consultations due to ARE per 100,000 inhabitants (slide 4)* ○ *In relation to the German population, this corresponds to a total of around 830,000 visits to the doctor for acute respiratory diseases* ○ *Decline in SARI case numbers in all older age groups (slide 6)* ○ *the age groups of children under 15 are still lower than usual at this time of year* ○ *All age groups over 14 have risen sharply* ○ *Age groups 35-59 years and 60-79 years are significantly higher than in previous seasons* ○ *Proportion of COVID-19 patients in SARI has remained stable, currently at 58% (slide 10)* ○ *Proportion of COVID-SARI cases (J09 - J22) (slide 11) 60 years and older: 255 cases are recorded here* ○ *Absolute number of COVID-19 cases with SARI in the sentinel (slide 13): all cases, including recumbents (still provisional diagnoses and not yet complete)* ○ *Here too: no decline in AG 80+, rather a further increase (data from cases still pending, rather incomplete)* ○ *Overall, however, the picture is similar to that of the restricted data, although in this presentation (all cases) the cases from the 35-59 age group carry less weight* ○ *Overall stabilisation in all age groups, only 80+ curve continues to rise, early attention must be paid to signals in order to protect this age group* ○ *Systematic underreporting due to telephone sick notes of one week ?* ○ *Telephone consultations are also taken into account*	*FG 36 (Buda)* *Pres* *FG 36 (Buda)*
	○ *Test capacity and testing (slides here):* ○ *Slight decrease in proportion of positive tests (slide 1)* ○ *Age group >80 years significantly higher (slide 2)* ○ *Significant increase in the number of tests for >80-year-olds (slide 3), fewer 0-4-year-olds are tested* ○ *Test delay remains constant (slide 5)* • *Discussion:* ○ *No underreporting of children recognisable on the basis of this data* ○ *Test number recording at the RKI (slides here, document here)* ○ *Test numbers and positive rate (slide 1):* ○ *CW 45: 1.6 million tests, CW 48: 1.3 million tests*	*FG 37 (Haller)* *Dept. 3 (Hamouda)*

	○ *Number of tests: -18 %* ○ *Number of positive results taken: -3%* ○ *Decrease in the positive rate from 9.3 % to 9.28* ○ *No massive underreporting* ○ *Sample backlog: tolerable level*	
2	**International (Fridays only)** ○	
3	**Update digital projects (Mondays only)** ○	
4	**Current risk assessment** *Not discussed*	
5	**Communication** **BZgA** ○ *Dominant focus of citizens' enquiries: questions about mental health and vaccinations* **Press** ○ *Press briefing on Thursday, 03.12.2020* *ToDo: Please show graph "7-day incidence of COVID-19 cases by age group and reporting week" (slide 4 here) tomorrow in the press briefing* ○ *High volume of citizen enquiries about the DEA*	*BZgA (Thaiss)* *Press (Wenchel)* *Pres / FG 38 (Rexroth)* *Press (Wenchel)*
6	**RKI Strategy Questions** *Not discussed*	
7	**Documents** ○ *Not discussed*	
8	**Vaccination update (Fridays only)** ○ *Not discussed*	
9	**Laboratory diagnostics** ○ *Approx. 80 samples per week* ○ *2-5 % Detection of SARS-CoV-2* ○ *Downward trend in rhinoviruses* ○ *Pronounced seasonality of the coronavirus becomes visible (January/February 2021 could be critical)* ○ *There will be more influenza activity next season* ○ *Is there any hope that Covid measures will prevent influenza "in can be kept "in check"?* ○ *The measures play a role* ○ *Positive effect of vaccination+AHA+L* ○ *mRNA vaccines give new impetus to Vaccine development and concepts* ○ *Difference influenza / Covid-19: Covid-19 takes much longer overall*	*FG 17 (Dürrwald)* *FG 36 (Buda)* *FG 38 (Rexroth)* *FG 17 (Dürrwald)* *FG 36 (Buda)*

	ToDo: Ask for modelling (what would happen if measures were relaxed for 10 or 14 days? R-reduction of the last 4 weeks, effect of the tightened measures on "R") ○ *No new information on mink mutations*	*VPresident* *FG 17 (Dürrwald)*
10	**Clinical management/discharge management** ○ *Significant increase* ○ *Charité's telemedicine hub records unprecedented capacity utilisation* ○ *The RKI recommendations provide support for transfer discussions clear*	*IBBS B. Ruehe*
11	**Measures to protect against infection** ○ *Strong concern at Präs due to the possible quarantine shortening to 7 days + test* ○ *Concern about the political will of many ministers of culture* ○ *Strong reservations about deciding this for purely pragmatic reasons (relaxation may lead to legal proceedings)* ○ *Recommendation 10 days + test on RKI side is not uniformly implemented* ○ *Discussion about young people as drivers of the pandemic (document here)* ○ *Highest incidence among 15-30-year-olds* ○ *How can the 15+ age group be reached to make responsibility for parents and grandparents clearer?* *ToDo: Please provide any information on quarantine shortening Collect*	*Pres* *VPresident* *FG 38 (Rexroth)* *Dept. 3 (Hamouda)* *Pres*
12	**Surveillance** ○ *Corona-KiTa study* **(only on Mondays)**	
13	**Transport and border crossing points (Fridays only)** ○ *Not discussed*	
14	**Information from the situation centre (Fridays only)** ○ *Not discussed*	
15	**Important dates** ○ *03.12.2020 Press briefing* ○ *05.12.2020 Townhall meeting BMG with Minister Spahn*	*Pres*
16	**Other topics** ○ *Next meeting: Friday, 04.12.2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*04.12.2020, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL3/dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG24*
  - *Alexander Rommel*
  - *Thomas Ziese*
- *FG 32*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Stefan Kröger*
  - *Walther Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*

- *Sebastian Haller*

- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Cases, spread, measures (slides here): yesterday >64 million cases, just under 1.5 million (2.3%) deaths* o *Top 10 countries by number of new cases/last 7 days* ▪ *Few changes* ▪ *Brazil back in 2nd place due to a 22% increase compared to the previous week* ▪ *Downward trend in some European countries, Italy (-23%), Germany, UK (-19%), Poland (-42%)* o *7-day incidence > 50 per 100,000 inhabitants* ▪ *78 countries (on Wednesday it was 79)* ▪ *Africa: new Cabo Verde* ▪ *America: Virgin Island and Dom Rep back, Bermuda and Mexico incidence below 50/100,000/7T* ▪ *Asia: only 7 countries left, Kuwait and Qatar out* o *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ▪ *No changes compared to Wednesday* ▪ *Among EU countries, only Ireland and Iceland with incidence <50 new infections/100,000/7T* • *Washington Post article on 01/12/2020 (here), title "Europe's schools still open, still relatively safe, through the COVID-19 second wave"* o *School closures in Austria, the Czech Republic and Italy, open in numerous other European countries despite 2nd wave* o *Interesting figures* ▪ *Finland: 20,000 of 1.2 million teachers and pupils in quarantine, only 200 (1%) tested positive, positive rate in general population 2.8%* ▪ *Spain: 87% of index cases in classrooms did not lead to secondary cases* ▪ *France: only 0.1% of pupils and 0.2% per cent of school staff tested positive* ▪ *Ireland: weekly publication of a report*	*ZIG1*

RKI	*on mass testing in schools, for reporting week 22. 28 Nov. almost 2500 people from 136 facilities tested, positive rate 1.9%, in general population positive rate 2.4%* ○ *Conclusion: Cases in schools do not significantly drive the incidence of infection* • *NEJM publication on WHO Solidarity Trials (here) new interim results, conclusion:* *→ Remdesivir, hydroxychloroquine, lopinavir and interferon beta-1a no/small effect on overall mortality, duration of hospital stay and initiation of ventilation* • *Summary: No easing on the American continent, in some cases a strong downward trend in Europe* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,130,237 (+23,449), thereof 18,034 (1.6%) deaths (+432), 7-day incidence 134.9/100,000 pop., cases IST 3,980, Reff=1.00 7T Reff=1.04* ○ *High number of newly reported cases (Thursday figures)* ○ *Only slow increase in occupancy of intensive care beds* ○ *Incidences* ▪ *Sharp rise in Saxony and also in Thuringia* ▪ *All age groups are affected* ▪ *From next week, epidemiologically better interpretable presentation of this* ▪ *Incidence in Saxony looks dramatic, not quite so in the nowcasting curve, which should be taken into account in the* *The national situation must also be taken into account* ○ *Are the screenings in Hildburghausen visible in Thuringia? Rather not (not conclusively discussed)* ○ *The over-80 age group is strongly affected everywhere, even if the total number of cases is of course not so high.* ○ *Geographical distribution* ▪ *Saxony may overtake Bavaria* ▪ *High incidence of deaths in Saxony although BL has not been affected for long* ▪ *Today no district >500, some >400, Bautzen, Zwickau, Saxon Switzerland* ○ *Mortality* ▪ *Small increase in Germany* ▪ *EuroMOMO shows a strong increase in other EU countries* ▪ *EuroMOMO: Switzerland is the only country in which there is more excess mortality during the 2nd wave than in the rest of the world.* *of the 1st wave, in the UK, Spain, the excess mortality in 1st wave higher* *Discussion*	*FG32/FG38*

RKI	• Slow increase in intensive care units - how can this be justified and what should be done? Situation in hospitals (KKH) ○ Possible reasons ▪ More restrictive handling or steady state that stabilises at a high level, therefore not daily so many new cases ▪ There is always a time delay until admission to the intensive care unit, the current situation is more of a reflection of the high increase in October ▪ In some hospitals, patients over the age of 85 are no longer admitted to the intensive care unit; this is not official, but was heard by several crisis team members ▪ Oxygen is also given earlier/more, perhaps that is why there are fewer people on IST ▪ Half of the people admitted to the ICU die - focus should be even more on preventing infections and not the treatment of cases ○ Distribution of ACTUAL patients ▪ There is the possibility of regional patient transfer if this is still medically possible, Is this principle also used? ▪ Much discussion on this, process is still being established ▪ No large-scale patient transfers to date, only individual transfers ▪ There should be a person in every hospital who knows how to proceed ▪ IBBS returns this to the responsible group ○ ICOSARI ▪ Not all intensive care beds are occupied by COVID-19 patients ▪ Other reasons, e.g. operations that were not postponed, play a greater role than in the spring. probably not only the case in Sentinel-KKH ▪ The situation is tense, but there is currently no Germany-wide shortage of intensive care beds ▪ FG36 will submit ICOSARI slides on Monday, including age structure in intensive care units ▪ The amendment to the IfSG should now establish a regulation that allows ICOSARI in the medium term more expand ▪ The challenge is often the lack of digitalisation of the KKH, timely electronic data delivery is a challenge. Problem ○ KKH situation varies ▪ Berlin clinics have cancelled almost all elective procedures ▪ SH is waiting for patients, the situation in NW is also different than in spring ▪ Fewer elective procedures are being cancelled, but there are nevertheless a high load	All

RKI	▪ Financing gaps have been closed ▪ Independent decision by the individual houses on how to proceed ▪ If necessary, the Ethics Council should be asked whether an update is necessary to prevent hidden developments. minimise and enable open discussion • ECDC RRA for end of year festivities (here) o ECDC assessment that relaxation over public holidays is not recommended, primarily 2 proposals o Pre-quarantine before the holidays ▪ Realistic? Possibly a false sense of security? ▪ Period was sharply negotiated and is too short for real quarantine ▪ The question is who will come together afterwards if people without pre-quarantine are also added there is a possibility of infection if distancing rules are not observed ▪ Unlikely that pre-quarantine is realistic in an effective way o Social bubbles ▪ What is the social bubble and how is it translated? ▪ Each person has their contacts, it is unlikely that only 2 households will meet at any one time and they otherwise have no other contacts ▪ Should be very small constant group that continues over the Christmas period ▪ Communication that social bubble applies for the entire Christmas period, limited and constant over the Christmas period, but unsure whether this is realistic and will be realised o Example from England ▪ Modelling of the data from the 1st wave, shielding of over 70-year-olds ▪ Since the current partial lockdown, the social bubble has been regulated by law: one household is allowed to live with a second household. in contact, in case of violation of the regulation 14 days in quarantine before the return to the own bubble can take place ▪ England suspends social bubbles for 3 days over Christmas ▪ Paper by Stefan Flasche, communicative reappraisal, very strict, another budget and regulated by law o How should RKI position itself: not publicly, possibly report with forecast, how could the figures develop, impetus to consider not allowing relaxation over Christmas regardless of the figures ▪ A certain amount of social contact is important ▪ Close acquaintances/relatives are considered familiar perceived, AHA+L measures not implemented in the same way as	VPresident/all

RKI	towards strangers, renewed sensitisation should take place ▪ Unlikely that MNS/MNB will be worn during the celebrations ▪ Behaviour during meetings is crucial and must be well communicated ▪ Even with small numbers, a rapid accumulation of transmissions is possible → Visualisation of this to sensitise the population ○ Request from TK airport yesterday that the RKI and BMG work hard to ensure that little travelling takes place ○ Can this be included in our communication on the situation assessment, if so, how, in order to address the seriousness of the situation without spreading panic, please consider for the next press briefing or situation report Risk Communication Project Group (P1) • Summary: ○ LZ please create task: Report to BMG that RKI does not recommend relaxation over the holidays with appropriate justification, by Tuesday DS at the latest, should go to BMG via management, no modelling, reasons can be drawn from ECDC RRA → FF FG36 or someone else, depending on the load ○ Risk communication group: Create network diagram, What does it mean for smaller social groups if each person has contact with several small groups (contact matrix, even if only a few people per moment have a larger contact pattern)? → FF P1 ○ What other recommendations can we make over the holidays? give: Pre-quarantine, social bubble, yes or no, other recommendations? To be considered by the crisis team (LZ should also assign a task for this) → Moderating FF P1, with FG36 and FG37 ToDo: see below. Summary 1. LZ Task Report to BMG 2. P1 Risk communication 3. EO Task Consideration of (additional) recommendations for public holidays	
2	**International (Fridays only)** • Missions: short follow-up mission to Namibia to establish regional SARS-CoV-2 testing • Risk areas: according to BMG report on Wednesday, no agreement yet on dynamic threshold value for risk areas, unlikely to be established before Christmas • Internal paper on travel in preparation ○ Enquiries about the role of antigen tests on entry/travel ○ Antigen detections have been much discussed, they describe in	ZIGL ZIGL/FG38

RKI	*a snapshot infectivity and not the infection* ○ *Strategic discussion as to whether such evidence is permitted or required* ○ *Enquiry from AA as to whether this would be a good way to prevent further waves from the Western Balkans* ○ *ZIG4 prepares an options paper together with other OEs* ○ *This makes risk areas even more complex* ○ *Proof of vaccination for travellers will not be an issue in the short term, as risk groups will be vaccinated first* ○ *Individual countries or airlines will make decisions in this regard* ○ *RKI should discuss and communicate what our position is on this to prevent sample quarantine VO and then reactive reworking* • *Much overlap with FG38 work on the topic of transport* ○ *Discussion with BMVI on travel corridors last week* ○ *How travelling, especially by air, can be done using testing* ○ *An order from the BMG to the RKI will probably follow* ○ *Lufthansa has already established antigen testing for certain routes, works well in Munich, less well in Hamburg, many false positive results and flight delays* ○ *GAs responsible for air travel are strongly against testing and quarantine: Travellers should be treated like everyone else in the population, it's more about behaviour than travel origins/destinations* ○ *Test capacities must be kept in mind* ○ *Conclusion: very cautious with testing when travelling* ○ *Pre-positioning under the impression of new possibilities is to be developed by ZIG and FG38* *ToDo: ZIG draft of the options paper with the involvement of FG38 (Maria an der Heiden)*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** **Question: Classification from "cluster of cases" to "community transmission" (WHO Situation Report)?** • *Have journalists noticed in the meantime, should it be upgraded?* • *This has not yet been done, as this is not yet the case in syndromic surveillance and there is currently a slight lockdown* • *Crisis staff TN are in favour of upgrading, continued further transfers despite the measures, Germany is at a medium level of community transmission*	*VPresident/all*

RKI	• *Michaela Diercke implements this by transferring data to WHO*	
5	**Communication** **BZgA** • *Not present* **Press** • *New dashboard display* ○ *Receipt of feedback on the new dashboard* ○ *Positive and negative, generally rated as good as experience has shown that there are always more negative comments than positive ones* ○ *Today a disclaimer will be created to summarise the changes* • *Anniversary today* ○ *COVID-19 overview page updated for the 1,300th time* ○ *For the 500th time the marginal column news* • *Next week Tuesday press conference Corona monitoring locally in Straubing* **Employees in care facilities and hospitals - focus on Christmas holidays** • *Appreciation of migrants in care* ○ *Yesterday's Länder-TK: in Germany, 26% of migrants are disproportionately employed in care facilities and outpatient care* ○ *There is a desire for this group to be recognised in an appreciative manner, if possible by the RKI President and/or the Minister, in which it is clearly stated that care would collapse without them* ○ *In addition, the desire to communicate that these Christmas trips should be avoided altogether → should be included in the group's supplementary prevention measures become* • *Multilingual communication* ○ *RKI recommendations for specialised personnel only available in German, translations would be desirable* ○ *There is material, but not specifically for those working in institutions, should be more focussed in this direction* ○ *Translation of RKI recommendations to be submitted to BZgA* ○ *Maria an der Heiden and Marieke Degen consult with each other* ○ *IBBS has basic translations carried out by BZgA, these are supplemented/checked by voluntary translations at the RKI* ○ *Translations are important, but how will it get to those who need the information?* ○ *Similar issues were also discussed with regard to HIV/AIDS, e.g. stronger Involvement of self-help groups and non-governmental*	*Press* *FG38*

	organisations, if necessary seek contacts to get in touch with them.	

RKI	communities better? How can this arm of the pandemic response be strengthened? ○ Involvement of ethical/linguistic groups, preparation of a handout for local crisis teams ○ Who should be involved or made responsible, there may also be local networks ○ RKI paper by Navina Sarma met with criticism that RKI stigmatises itself with this paper, but was not confirmed in dialogue with other groups ○ Possible extension of the existing paper ○ Not fully discussed?	
6	**News from the BMG** • Not discussed	
7	**RKI Strategy Questions** **a) General school concept Ireland** (Irish approach here, RKI summary here) • Nothing special is done differently there than here, physical distancing, hygiene measures and pupils and teachers move around in their classes or small groups and do not leave them • Ventilation is not mentioned • Concept was already published at the end of July before the reopening of the school facilities together with a protocol for implementation • Measures for the population as a whole are much stricter • Weekly publication of mass testing results, lower transmission in schools and educational institutions compared to the general population • The measures deal with a wide variety of situations, details on maintaining physical distance, hand washing, MNB for children over 13 years of age, no mixing, including the way to school • Points were also addressed in RKI recommendations, but are not implemented as planned **High level meeting on safe schooling next week** • Walter Haas was also specifically invited to the test strategy • At the same time, there is the Prime Minister's decision which provides for a different concept (test on the 5th day, then a proportion can still fall ill, permeable for continued chains of infection, counteracts keeping schools open). • Walter Haas would communicate technical RKI assessment and present RKI concept with targeted testing strategy • How should the MP decision be dealt with? • Reactive recognition of the existence of the MP decision, more detailed questions on this cannot be answered/interpreted	ZIG1 FG36

RKI	**Modelling "Towards a long-term control of COVID-19 at low case numbers" Viola Piesemann** *(slides here)* • *Assessment by Matthias an der Heiden and Kai Schulze* • *Summary* ○ *Basic idea of the paper correct and good* ○ *KoNa stabilises the control of the epidemic but is only available to a limited extent, as long as certain case thresholds are not exceeded, this is good* ○ *Numerous, arbitrarily set assumptions of parameters that are largely unknown to us, accuracy that is not measurable and unrealistic is faked* ○ *Different states are described, stable state and state with fall increase, it is not clear how this is to be quantitatively calculated and valued* • *Limitations* ○ *All infections are modelled in the model - prevalence of the real infection should be known, dark figure should remain constant for this but changes at least at test strategy breakpoints, also depends e.g. on age and is only roughly measurable/very difficult to determine* ○ *No average can be determined for unknown individual values for parameters (e.g. infectious contacts)* ○ *The capacity of the GA for CoNa is not constant, depends on the number of CPs of the individual cases, size of the outbreak, CoNa capacity, age groups, regions, accessibility → ll of this should be included in real policy advice, but this may be sufficient for modelling* ○ *Very limited relevance for practical measures, open questions not considered (does seasonality play a role after all? Maybe not in September/October, but maybe in November?), this can confuse control strategy* ○ *Authors make cost estimates of strict lockdown that would be more favourable, very difficult to justify based on current data* • *Conclusion* ○ *We are currently unable to forecast the impact of measures; measures can be prioritised, but the impact of measures cannot be described quantitatively* ○ *Solution is either eradication or good immunity* • *Tim Eckmann's assessment (slides here)* ○ *Described conditions applied to the German situation* ▪ *stable: HH, HB* ▪ *unstable: ST, BB, TH, SMN* ▪ *metastable: all others, SH, MV stable but also too high with measures* ○ *Presentation of the possibilities and burden of the same for*	*FG34* *FG37*

RKI	*Society and economy: Contamination, containment, eradication (South Korea, Taiwan, Vietnam, China, New Zealand)* ○ *Germany relatively successful with containment strategy* ○ *Lockdown is currently not strong enough* • *Discussion* ○ *Controllable condition can very suddenly turn into an uncontrollable situation* ○ *Virus is kept well in check by test-trace-isolate* ○ *Seasonality plays a role, but also in other countries* ○ *The goal is low case numbers, at what price, what is epidemiologically responsible and socially and economically acceptable, must be discussed* ○ *Decline in case numbers can be shown, but the likelihood of success of existing or potentially other measures to return to a stable situation after the increase cannot be assessed* ○ *Saxony: is now following suit, including many trips from neighbouring states to Saxony for shopping trips as measures are less strict here, the possibility of interpreting the modelling is overrated* ○ *China: a real focus early on with numerous containment scouts based on population (6,000/10 million inhabitants?), very good approach, something like this must be considered in the future* ○ *Modelling does not generate new evidence, but confirms what we already know, misleading as this is communicated as evidence, but helpful for policy, can also have a positive effect by making it plastic* ○ *President and VPräs warned of loss of control in the summer, was not taken seriously at the time, Paper now possibly helpful to prove this and to support our argument that case numbers must be kept low* **b) RKI-internal** • *Not discussed*	
8	**Documents** • *Not discussed*	
9	**Vaccination update (Fridays only)** • *UK has first authorisation for a vaccine* • *Biontech approval expected on 22 December, possibly earlier* • *Moderna vaccine, also mRNA, expected on 12.01.2021* • *Astra Zeneca postponed as further data requested* • *STIKO meeting yesterday, decision will be sent to the federal states and professional associations for comment on Monday* • *1st priority for vaccinations*	*FG33*

RKI	○ *Residents of retirement homes* ○ *Persons over 80* ○ *Staff in nursing homes and medical staff with special activities or workplaces (aerosol-producing procedures, contact risk groups)* • *Data from Biontech (on 48,000 participants) were made available to STIKO confidentially by the BMG, good in terms of safety as expected* • *Preparation for vaccination implementation* ○ *Biontech has freezers that can be made available* ○ *Vaccinated persons should continue to comply with hygiene measures* ○ *Quarantine treatment as for people who have had the disease → Immunity after vaccination assumed to be at least as good as after having had the disease* *Disease* ○ *Vaccine embedded in emulsion of nanolipid particles, probably not a shark product* ○ *Proof of vaccination* ○ *Handled in the same way as any other vaccinated person, yellow vaccination card and documentation* ○ *Biontech plans to provide vaccination centres with machines that print stickers* **Quantification and risk stratification of vulnerable groups for severe COVID-19 disease progression in the population** *(slides here)* • *Objective: Review of the definition and risk stratification* • *Definition of two groups* ○ *Vulnerable persons* ▪ *People with pre-existing conditions* ▪ *Person >65 years* ▪ *Persons in need of assistance >55 years (little impact on final result)* ○ *Highly vulnerable People with* ▪ *≥65 or* ▪ *Diabetes* ▪ *Chronic kidney disease* ▪ *Obesity* ▪ *Some diseases are not included in the data but are probably linked to age or comordibity included* • *Results* ○ *Main vulnerable group 36 million, of which 21 million highly vulnerable* ○ *Age: high vulnerability somewhat more stable and at a low level, strong increase in vulnerable group with age* ○ *Education: social gradient for both groups*	*FG24*

RKI	○ *Lifestyle: percentage of people living alone increases with increasing vulnerability* ○ *Regional differences by BL: significant differences, higher in the east and in Saarland, highest vulnerability in Saarland, Bavaria lowest vulnerability* • *Discussion: how should this be handled?* ○ *Terminology: agreement on terminology medical disposition for severe course for biological reasons = risk groups, term vulnerable group comes from socio-psychological context, should be adapted* ○ *Term risk groups: clear wording important, "Risk of a severe course of COVID-19 disease"* ○ *Analysis to be published, based on solid assumptions and data* ○ *Question about people living alone, possibly inclusion of the proportion of people whose living arrangements are different or unknown, e.g. where are people in need of care?* ○ *This is difficult to pick up in survey data; it should be pointed out as a limitation in order to differentiate between agile, fit older people and those who need a lot of care*	
10	**Laboratory diagnostics** • *FG17 Virological surveillance: 358 submissions, 17 SARS-CoV-2 positive, no downward trend, 89 rhinoviruses, general increase in submissions* • *ZBS1* ○ *1,044 submissions, 215 positive (21%), week not yet over, 21 of 2,200 samples from CoMoLo are positive* ○ *Panel for antigen tests in preparation*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *Not discussed*	
12	**Measures to protect against infection** • *Not discussed*	
13	**Surveillance** • *Not discussed*	
14	**Transport and border crossing points (Fridays only)** **EASA/ECDC recommendations for testing and quarantine of air travellers** • *Already discussed above under International*	*FG38*
15	**Information from the situation centre (Fridays only)**	

	• *Not discussed*	
16	**Important dates** • *Not discussed*	
17	**Other topics** • *Next meeting: Monday, 07.12.2020, 13:00, via WebEx*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*07.12.2020, 13:00 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
  - *Patrick Schmich*
- *FG24*
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- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Luisa Denkel*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*

- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*
  - *Christophe Bayer*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** o *Cases, spread (slides here)* o *> 66 million cases, > 1.5 million deaths (2.3 %)* o *Top 10 countries by number of new cases / last 7 days* o *Top 10 countries: USA, Brazil, India, Russia, Italy, Germany, Great Britain, Ukraine, Iran and Poland* o *7-day incidence > 50 per 100,000 inhabitants.* o *79 countries exceed this threshold* o *Newly added: Botswana, Bermuda, Mexico; Dominican Republic no longer listed;* o *No change in Asia and Europe;* o *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* o *Only Iceland, Ireland and Norway < 50;* o *COVID-19/Ireland (slide 5)* o *Population approx. 5 million; 73,948 cases (ECDC, 06/12/2020); 2,099 Deaths (case fatality rate: 2.8 %); 7T incidence /100,000 inhabitants: 40.9; cases 7T: 2006; Reff 7T: 1.07;* o *Second wave somewhat earlier than in Germany, peak of new cases already reached on 20 October 2020;* o *7-day incidence inc by week from week 42 (142), peak value week 43 (151.5), descending trend until today week 48 (36.7); test rate/100,000 adults: between approx. 2,300 in week 42 to 1,500 tests in week 48; positive rate: 6.2 in week 42, Highest value 6.5 in week 43, currently 2.4 in week 48;* o *From 22 October to 1 December in lockdown (= strictest measures since mid-May):* • *Only shops open for basic supplies, restaurants etc. only take-out possible* • *Strict contact restrictions: including meeting only one other household, only allowed outdoors (outside your own garden), people living alone can form a "support bubble" with another specified household (no contact with other households), movement only allowed within a radius of five kilometres from home;* • *Home office arrangement, weddings/funerals for up to 25 people permitted, schools and children's*	*ZIG1 (Denkel)*

	gardens remain open *https://www.gov.ie/en/publication/2dc71-level-5/* ○ *Open Ireland (slide 6): gradual opening since 30 November* ○ *In the run-up to Christmas, a renewed increase in the number of coronavirus infections is to be expected, and the increase should be kept as low as possible.* ○ *Incidence currently rising again (> 40, previous week approx. 35)* *https://www.irishtimes.com/news/health/exiting-level-5-what-will-be-allowed-from-december-1st-1.4421214* ○ *Summary and news* ○ *Worldwide > 80 % of new cases (7T) and deaths from America / Europe; decline in many European countries;* ○ *6-week lockdown in Ireland, measures of the respective restriction levels (1 - 5) already known since September; measures determined very early, communicated very transparently;* ○ *Bahrain is 2nd country to approve Pfizer/BioNTech vaccine* ○ *ECDC will publish current case numbers weekly on Thursday (instead of daily) from 10 December, therefore the proposal for the crisis team: Presentation of new figures on Friday, in-depth core topics (e.g. country-specific presentation) on Monday* ○ *Discussion: Concept of social bubbles in UK/Ireland verified so far, although not yet published* *To Do: Ask Mrs Denkel to circulate the slides* ○ *Step-by-step plan / escalation strategy also relevant for D, possibly as phases I-III with corresponding catalogue of measures,* *Proposal meets with broad approval* ○ *Possible content: clearly formulated measures instead of general appeals for self-discipline, such as proven measures from other countries or further development of already proven management concepts (e.g. contact persons - fixed contact groups)* ○ *Precise definition of the triggers of the respective levels necessary (cave: in other countries - UK, Australia - politicisation of the levels due to financial implications)* ○ *Communication: Explanation of the implementation of measures and the core messages in preparation for a campaign-style elaboration* ○ *Dual leadership: content organisation and communication* *To Do 1: Specification of these measures as an illustration in the strategy paper with stages/trigger points and as a guide for decision-makers; lead: FG36 (Mr Haas) in collaboration with FG32 and FG37 [EO: Task ID 2374_1]* *To Do 2: Communication on specific recommendations; lead management:*	

	P1 (Ms Jenny) in cooperation with a consultant board to be determined (e.g. from universities or the MPI > behavioural science input), in the second instance with the BMG and BZgA (Ms Thaiss offers advisory board expertise on psychology) [EO: Task ID 2374_2]. **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,183,655 (+**12**,332), 18,919 (1.6 %) deceased (+147), figures remain at a high level; 7-day incidence 146/100,000 inhabitants; 4-day R=1.20; 7-day R=1.06; ITS (data as of 06/12/2020): 4,108 (+57), invasive ventilated: 2,457 (+41); overall rather increasing, very high figures for weekends, no easing of the situation;* ○ *7-day incidence in the federal states: constant to increasing in most federal states;* ○ *7-day incidence by geographical distribution: 19 CC >25- 50; 99 CC >50-100; 251 CC >100-250; 33 CC >250-500; 1 CC >500-1000 cases/100,000 inhabitants.* ○ *Almost exclusively Saxon LKs can be found in the top 10* ○ *Cause of the current sharp rise in the number of cases in Saxony of > 300/100,000 inhabitants currently unclear* ○ *Saxony-Anhalt, Brandenburg, Thuringia also increased significantly, identification of causes is indicated* *Comments/questions:* ○ *In Schleswig-Holstein and Mecklenburg-Western Pomerania, the partial lockdown has no clear effect, case numbers reach a kind of "steady state" but do not fall > current measures do not appear to be sufficient at present* ○ *Effects visible in Bremen, Berlin and Hamburg* ○ *Heterogeneous picture, no general explanation possible, probably more likely to be analysed at LK level* ○ *Proposal: Comparison of selected LK over a longer period of time in an inner-German comparison* ○ *Note: current study by Bielefeld University together with FG34 (measures versus reporting data)* *To Do: Request to Mrs Diercke to pass on: the management report should already make it clear today that in the last few days, after a plateau, a trend towards increasing case numbers can be observed again (R-value should also be taken into account) [DC: Was communicated to position management report].*	*FG32 (Diercke)*
2	**International (Fridays only)** ○	*ZIG*
3	**Update digital projects (Mondays only)** ○ *Inclusion of the CWA (CoronaWarnApp) evaluation after approval by the BMG* ○ *Several dimensions of analysis with regard to effects, hurdles, acceptance and sharing rate of test results (behaviour-oriented evaluation for the purpose of more targeted*	*FG21 (Schmich)*

	communication) ○ *Results from Fraunhofer indicated that partition walls have an influence on the CWA; current test results on this are currently being analysed* ○ *Contact diary in CWA is to be enforced, possibly valuable added value for health authorities, implementation in terms of usability for health authorities without additional effort/additional burden on their part is currently being discussed* ○ *Number of downloads currently at approx. 24.5 million* ○ *DEA project: involved: BMG, RKI, Bundesdruckerei; first contract negotiations last Friday, next clarification of data protection aspects, then regulated transition to project operation* ○ *Luka App: Set-up by subcontractors of the Federal Printing Office, connection of the health authorities with as little effort as possible is being discussed* ○ *Chatbot - recommended by ITZ Bund and BMI - currently being tested for feasibility* ○ *DEMIS: mandatory use from 1 January 2021, 98% of health authorities connected (13 authorities still pending), but only approx. 250 of over 400 laboratories - many of which are already connected, however* ○ *Connection particularly problematic for small laboratories (adapter solution, IT instructions for configuration and advice are available, however)* ○ *Language: strong emphasis that the obligation to use DEMIS exists from 1 January, but if this cannot yet be implemented technically, this does not exempt from the reporting obligation*	*FG32 (Diercke)*
4	**Current risk assessment** • *No need for change*	*all*
5	**Communication** **BZgA** *Key aspects of this week:* • *Information on self-protection in social media (Twitter, etc.)* • *Mental health* • *Vaccination* • *Christmas preparations* • *Feedback: many questions about vaccination and logistics (reaching vaccination centres by older people without assistance)* • *Challenges or heterogeneous picture in school contexts, partly also due to different dispositions (low case numbers of schools partly not entirely conclusive, should continue to be monitored)* **Townhallmeeting**	*BZgA (Thaiss)*

	• *Approx. 2,000 questions submitted in advance* • *Repetition planned for January* • *Prioritisation of vaccinations will become a key issue and is likely to cause controversy* **Press** • *Many enquiries about vaccination, opinion of specialist societies to be awaited before publication* • *Addendum: BMG has already published a draft of the STIKO recommendation before commenting to "Die Welt"* **Social Bubbles** *(slides here)* • *Prevention messages for Christmas, explanatory graphics on social bubbles, textual explanation is added, including contact persons* • *Information on pre-quarantine is provided in a separate graphic* • *Mrs Jenny will personally contact the relevant people in the departments for feedback*	*Pres* *Press (Wenchel)* *P1 (Jenny)*
6	**RKI Strategy Questions** **a) General travelling** • *Problem point already apparent in spring and summer, applies to domestic German travel as well as travel abroad (depending on the functionality of entry controls, local activities, etc.)* • *It should be made clear where exactly the risk lies when travelling in order to avoid enquiries and apparent inconsistencies* • *Travelling is almost always contact-related (accommodation, food, activities)* • *It should generally be recommended not to travel, especially against the background of society's joint efforts to reduce case numbers and the risk of spread (caveat when arguing with risk: strong dependence on pandemic situation/phase)* • *ECDC: currently sees lower risk among travellers, vulne-rable groups less represented among them* • *Travelling should not create an increased risk for other countries either, entry must be avoided (especially if very drastic measures are taken to reduce the number of cases there)* • *If necessary, make a recommendation on mobility at home and abroad (behaviour and context, framework conditions), recommendation not to be mobile at the moment* • *ECDC: current status that travellers should act in accordance with local restrictions, here possibly more sensible: comply with the strictest conditions of the country of origin and destination (cave: difficult, as there are different restrictions even within Germany, for example)*	*All VPräs*

	Surveys UK • *British Household Panel: 20,000 households tested serologically and by PCR every 2 weeks > representative case numbers over time > basis for modelling (point prevalence and incidence can be calculated)* • *Comparable RKI health panel urgently needed* • *Based on already established panels (e.g. Forsa, SeBluCo, Voxco, Grippeweb/GrippeWebPlus - not representative, as self-recruited, yet highly relevant) > Short-term receipt of information, integration may be advantageous due to urgency* • *Establishment of an adequate, RKI-based panel in the long term, as has long been called for* *To Do: Ask Mr Ziese to discuss with Mr Haas and other people from Department 3 by the end of the week on a suitable instrument for a longitudinal study that is as representative as possible (key points for setting up such a panel, possible links to existing panels) [EO: Task ID 2375].* **b) RKI-internal** • *Not discussed*	*VPresident* *FG24 (Ziese)* *FG36 (Haas)*
7	**Documents** o *Publication of the national test strategy, graphic will be harmonised with the test regulation and released tomorrow* o *Lack of clarity regarding the need for testing in the event of a warning in the CWA: however, cross-reference to the CWA is clearly included in the national testing strategy* o *Discharge criteria Berlin:* o *Simplified presentation by Mr Brandt at federal level:* ▪ *Wording of genome equivalents back to Ct values* ▪ *Suggestion that a negative PCR test is sufficient* ▪ *PCR test is equated with AG detection in this respect* *ToDo: Ask IBBS to clarify whether such a simplification is also possible for us* o *Note: depending on the setting - repetition is required for free testing, as the quantitative reference result is more susceptible to uncertainty here* o *Performance comparison not possible on a Ct basis, but possible on a copy number basis* *To Do: Ask Mr Mielke to check the possibility of simplifying the content* o *How is the validity of the tests to be assessed by manufacturer (e.g. validity of the Bosch test compared to Roche)? Manufacturer must provide information on validity when placing on the market prove*	*All* *Dept. 1* *(Mielke)*

	○ *PEI homepage: more detailed information on the validity of the tests ToDo: Please forward this question to the diagnostics working group*	
8	**Vaccination update (Fridays only)** ○ *Not discussed*	*FG33*
9	**Laboratory diagnostics** *AGI Sentinel* ○ *In the last two weeks > 3,000 submissions, doubling from one week to the next (presumably due to increased mailing, use of courier service)* ○ *Rhinoviruses dominate with 18* ○ *Partial lockdown is also reflected here* ○ *14 SARS-CoV-2 positive samples (= approx. 8 %), maximum value to date* ○ *Total statistics: approx. 1500 samples, of which approx. 350 positive* ○ *Connection to DEMIS not yet completed, Mrs Michel is discussing this with Mrs Diercke*	*FG17 (Dürrwald)* *ZBS1 (Michel)*
10	**Clinical management/discharge management** ○ *No updates*	*IBBS*
11	**Measures to protect against infection** ○ *No points*	*All*
12	**Surveillance** *Corona-KiTa study (slides here)* ○ *Number of cases in children under the age of 10* ○ *FluWeb (slide 4): Frequency of acute respiratory diseases in adults stabilising, proportion of children/adolescents decreasing in the course of the reports* ○ *Estimated ARE in week 48:* ○ *0-5 years: 341,000 ARE (7,200/100,000), thereof 13% with doctor's visit = approx. 44,000 with doctor's visit due to ARE* ○ *6-10 years: 177,000 ARE (4,800/100,000), thereof 13% with doctor's visit = approx. 23,000 with doctor's visit due to ARE* ○ *11-14 years: 18,000 ARE (600/100,000), of which 33% with a visit to the doctor = approx. 6,000 with a visit to the doctor due to ARE* ○ *Incidence per 100,000 inhabitants and proportion of reported COVID-19 cases (%) by age group (slide 5): in KW49 approx. 180 (7.5 %) in 15-20 year olds, approx. 130 (3.3 %) in 11-14 year olds, approx. 90 (3.1 %) in 6-10 year olds. %), for 0-5 year olds approx. 60 (2.3 %)* ○ *Outbreaks in kindergartens/after-school care centres (slide 8)* ○ *Biggest events week 48/49:* ○ *NI, Hildesheim, 12 cases: 5 (0-5), 7 (15+)* ○ *RP, Rhine-Hunsrück district, 11 cases: 1 (6-10), 10 (15+)* ○ *A total of 447 outbreaks in nurseries/after-school care centres (>= 2 cases) were created*	*FG36 (Haas)* *FG32 (Diercke)*

	in SurvNet ○ *336 (75 %) outbreaks incl. cases < 15 years old, 40 % (837/2,083) of cases are 0 - 5 years old*	
	○ *111 outbreaks only with cases 15 years and older* ○ *Outbreaks in schools (slide 9)* ○ *A total of 749 outbreaks in schools were created in SurvNet (>= 2 cases, 0-5 years excluded)* ○ *690 (92 %) outbreaks incl. with cases < 21 years, 18 % (6-10YRS.), 27% (11-14YRS.), 31% (15-20YRS.), 24% (21+)* ○ *59 outbreaks only with cases 21 years and older* ○ *Trend towards outbreaks in schools/among adolescents, but also increasing among primary school pupils* ○ *In line with the development in the general population/general measures, the situation in schools should also stabilise, but no influence can be observed here* ○ *Discussion / Questions* ○ *Enquiry about gargling with a disinfectant commonly used for this purpose: not an adequate preventive measure as most likely only very temporarily effective* ○ *Sampling - Stress reduction during sampling in children by taking samples from the anterior nasal area and oral cavity (COALA)*	
13	**Transport and border crossing points (Fridays only)** ○ *Not discussed.*	*FG38*

14	**Information from the situation centre (Fridays only)** ○ *Not discussed.*	*FG38*
15	**Important dates** ○ *FG33 will not be back at the crisis management meeting until next Monday due to retreat and ECDC meeting*	*All*
16	**Other topics** ○ *Next meeting: Wednesday, 09.12.2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*09.12.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzikt*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG12*
  - *Annette Mankertz*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Daniel Schmidt (protocol)*
- *FG36*
  - *Walter Haas*
  - *Kirsten Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
- *Press*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - -
- *BMG*
  - *Iris Andernach*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ○ *Cases, spread (slides here)* ○ *>67 million cases, >1.5 million deaths (2.3 %)* ○ *Top 10 countries by number of new cases / last 7 days* ○ *Top 10 countries: (no change) USA, Brazil, India, Russia, Italy, Germany, UK, Ukraine, Iran and Poland* ○ *USA, Brazil, Germany, United Kingdom Increase in cases, other countries decrease in cases* ○ *7-day incidence > 50 per 100,000 inhabitants.* ○ *78 countries exceed this threshold* ○ *New additions: Botswana, Bermuda, Mexico;* ○ *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *Only Iceland (34/100,000 population centres), Ireland (38/100,000 population centres) and now Norway (47/100,000 population centres) with < 50/100,000 population centres;* ○ *Summary and news* ○ *WHO overview almost half of cumulative cases and cumulative deaths from the Americas, 36% of deaths in the last 7 days,* ○ *Europe 37% of new cases in the last 7 days, and 48% of deaths in the last 7 days,* ○ *Africa few 1% new cases in the last 7 days and new deaths in the last 7 days* **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,218,524 (+**20**,200), 19,932 (1.6 %) deceased (+590), figures remain at a high level; 7-day incidence 149/100,000 inhabitants; 4-day R=0.91; 7-day R=0.99; ITS (data as of 8 December 2020): 4,257 (-78), invasive ventilated: 2,535 (+22);* *Continued high number of cases and deaths, high ITS figures, no easing of the situation;* ○ *7-day incidence in the federal states: Saxony continues to have a very high 7-day incidence, ~300/100,000 inhabitants; additional measures have been adopted, 2nd place Thuringia, high plateau also in Berlin, Bavaria, Hesse, Baden-Württemberg, no sustained downward trend is observed in any federal state;* ○ *7-day incidence by geographical distribution:* *16 LK >25-50; 93 LK >50-100; 259 LK >100-250;* *32 districts >250-500; 2 districts >500-1000 cases/100,000 inhabitants.* ○ *Saxony & Bavaria eastern regions strongly affected, north slightly more LK with lower incidence,* ○ *almost 300 LK with 7-day incidences >100*	*ZIG1 (Romo Ventura)*

	○ *Age group heat map by reporting week shows for >85 increasing 7 day incidences, in lower age groups rather slightly declining* ○ *COVID-19 cases and proportion of deceased and proportion of deceased Hospitalised and COVID-19 cases with for COVID-19 relevant symptoms by reporting week (slide 6) consistently high number of cases rather consistently high level, Proportion of deaths higher than in summer months, proportion with Symptoms rather constant since week 37,* ○ *Number of Covid-19 deaths by week of death (slide 7) week 48 >2,000 deaths, significant increase since week 42* *Comments/questions/discussion:* ○ *Question on slide 6: Why is there a decrease in the proportion of hospitalisations? => Delay in reporting could lead to this, data probably not complete, also presentation of the proportion here, the absolute number is continuously increasing, overall there is a more sensitive Recording of cases, older people coming from retirement homes perhaps not in the hospitals, proportion of deaths in hospital would then have to be larger, check if necessary, also Outpatient care has improved => older people too Sick people are kept in outpatient care and not transferred to KH;* ○ *Further points: Although at a low level, the Increase in Mecklenburg-Western Pomerania and Schleswig-Holstein is also a cause for concern and should be monitored,* ○ *Rise in 10-15 year olds quite clear to see in Saxony, Baden-Württemberg and Bavaria, this is currently the case in other federal states is not so high;* ○ *Measures in schools are to be implemented in a project from Helmhotz Centre can be examined;* ○ *Discussion on adjusting the risk assessment: proposal The management report should address the concern about the increase in cases a little more clearly => "slight increase" should be expressed in "significant increase" or similar should be changed, see Further under point 4 Current risk assessment;* *ToDo: after further in-depth discussion, possibly for Friday Proposal for the Adjustment of risk assessment FG36, FG32* ○ **Syndromic surveillance (Wednesdays)** *(slides here)* ○ *GrippeWeb: acute respiratory diseases relatively stable and significantly below the level of the previous season,* ○ *ARE consultations: also stable and below the previous season, The value (total) in the 49th week of 2020 was approx. 1,000 doctor's appointments. consultations due to ARE per 100,000 inhabitants. On the*	*All* *Pres* *FG32* *AL3* *FG36* *FG37* *FG36*

	population in Germany, this corresponds to a Total number of approx. 830,000 visits to the doctor for acute Respiratory diseases; o *ICOSARI-KH-Surveillace: Increase in SARI case numbers in the age groups 15-34 and 35-59 years, but generally since*	

RKI	*relatively stable for several weeks or fluctuates at a high level (over 35 years) or low level (under 15 years); the age groups of children under 15 years are still lower than usual at this time of year* ○ *Proportion of COVID-19 patients in SARI stabilises at a high level, currently at 57* ○ *Absolute number of COVID-19 cases with SARI in the sentinel: all cases, including recumbent cases (still provisional diagnoses and not yet complete) here too: no decrease in AG 80+, rather further increase (data from recumbent cases, rather incomplete)* ○ *ICOSARI-KH-Surveillance (slides here) (72 hospitals in the ICOSARI-Sentinel)* ○ *Phase with high COVID-19 activity: proportion of COVID-19 in SARI cases >10%, positive rate of laboratory reports >1.5%* ○ *Introduction of voluntary (later partly mandatory testing for travellers returning home) (week 30/31) shows NO jump in the proportion of COVID-19 patients, as not dependent on D-wide test criteria => only severe cases, sentinel-wide admission screening;* ○ *COVID in intensive care almost 10% currently, previously significantly less;* ○ *Questions/comments: These data in relation to other pathogens already show compliance, otherwise the figures would be higher, but compliance is not sufficient in relation to Covid;* ○ *Note: consideration should be given to the form of publication of the data* ○ *SARS-CoV-2 in ARS (slides here), note on the number of tests and proportion of positives per week - nationwide: negative cases often reported later than positive cases* ○ *Age groups Heatmap: >80 year olds go up, 20-30 year olds were up go down slightly,* ○ *Number of tests per 100,000 inhabitants by age group and calendar week slightly increasing for >80 year olds, decreasing for all other age groups;* ○ *Positive proportion: strong increase in >80-year-olds, slight increase in other age groups;* ○ *Slide 4 Place of decrease: Doctors' surgeries show an overall increase; 0-4 year olds are also increasing in doctors' surgeries; the proportion is decreasing in the "Other" location, although this is a mixture of different locations;* ○ *Presentation of place of acceptance in calendar week "Other" increases and doctors' surgeries decrease;* ○ *Discussion: Modified testing and antigen tests may lead to an overestimation of the positive rate; pre-selection takes place, which leads to higher positive rates with PCR;* ○ **Test capacity and testing (Wednesdays)** *(slides here)* ○ *Number of tests recorded: number of tests decreased slightly to 1.3 million, number of positives increased to 10.25%* ○ *Capacity utilisation at PCR has declined; it would still have capacity, sample backlog is decreasing,*	*FG37* *AL3*

	Delay in reporting results probably more for logistical reasons ○ *Discussion/questions: there is data from Austria on widespread testing in the population with presentation in a dashboard. How comparable is this with our data, conversion to incidences possible?* *To Do: Contact colleagues from Austria about the data on testing in the population and ask about the analyses, Osamah will contact them* ○ *Discussion/questions: Dealing with antigen detection (see also point on documents): Test people with mild, non-specific symptoms with antigen test and then confirm PCR if necessary Should this be included in test strategy/test criteria?* ○ *An exchange with the KBV and Ms Ciesek, Mr Drosten, Mr Rabenau is planned; the procedure is certainly sensible and is already done in this way in many practices; extension to mildly symptomatic patients would possibly be good;* ○ *Note FG36 (W.Haas): Free test could give false security, is against changing the criteria;* ○ *Reference to false-negative results: Stuttgart hospital had 62% false negatives in the emergency department in non-symptomatic people, 20% in symptomatic patients, this will also appear soon in the Epi Bull.* ○ *The question of how to deal with the antigen tests and test strategy stands and falls with the quality of the tests* *ToDo: See what the KBV group comes up with and then discuss again in more detail; discuss at the beginning of next week whether flow chart test criteria should be adjusted;*	*All* *VPräs* *FG32* *FG36* *AL3* *AL1*
2	**International (Fridays only)** ○ *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** ○ *Not discussed*	*FG21*
4	**Current risk assessment** • *An upgrade from "high" to "very high" is being considered,* • *Discussion: On the one hand, the epidemiological indicators point in the direction of a higher level; on the other hand, the risk assessment should reflect the current situation; moreover, very high is already the highest level, question whether this is the case,* • *It is possible that the number of cases will rise again in the new year, but then there will be no further step upwards;* • *Note on this: The risk assessment and estimation of the hazard also has a forward-looking character;* • *However, it is also relatively clear that new measures are likely to be introduced from Monday onwards, and these should be awaited first if necessary;*	*All* *Pres* *VPräs* *FG36* *FG32* *AL3* *FG37*

	• *Decision: scale up to "very high", this should be communicated to the BMG in advance, a proposed amendment to the text will be discussed in the crisis team* • *Question arises as to why the numbers are still so high? => Extent of contact restrictions is not enough, if necessary, shops and schools should be closed more consistently, note: Schools are not the means to contain the pandemic, as other countries have shown;* • *Compliance is an important issue, and communication would be a key point; there has already been a report on this to the BMG with recommendations,* *ToDo: Submit a proposal to the BMG with an amended risk assessment, if possible online by the end of this week*	
5	**Communication** **BZgA** • *Not discussed* **Press** • *Press briefing scheduled for tomorrow, topics are: current situation, syndromic surveillance, overview of initial results of the sero-epidemiological studies on SARS-CoV-2, something on this will also appear in the Epidemiological Bulletin*	*BZgA* *Press (epee)*
6	**RKI Strategy Questions** • **General** • **RKI-internal** • *Based on the relatively abstract illustration of the gradual escalation in the strategy for autumn/winter (here), a concept is to be created with more specific prevention messages and appropriate visualisation. E.g. pre-quarantine before Christmas and sensible contact groups (social bubbles) and recommendations for the time after Christmas; e.g. local public transport; this should be done using case studies for better visualisation. These are to be discussed again; FF will be determined within Dept. 3.* • *Recommendations for the holidays and graph. Social bubble (P1 v 04.12.) => will be discussed on Friday* • *Outbreaks in retirement homes remain very high (slides here); proposal for further discussion tomorrow; will be taken up by the press; question of how widespread antigen tests are used in retirement homes? There is no standardised data on this, but there are reports that it is partly due to funding and also to the fear of many people testing positive and the resulting lack of staff;* • *AGI will be used to find out whether monitoring and measurement of the effects is planned;* •	*FG36 VPresident* *FG36* *P1* *FG37*
7	**Documents** o *Adaptation of the case definitions was discussed with countries,*	*All*

	there are no concerns; ○ *ECDC has published an adapted case definition,* ○ *A new case definition is to be published in Survnet at the beginning of next week after adaptation, change would be: positive antigen test with symptoms should be counted as a positive case,* ○ *Discussion: Discrepancy with the PCR confirmation requirement, should we wait and adjust the case definition? However, if the cases are not transmitted, information would be lost, so far no information on how relevant the proportion is, positive PCR confirmation is recorded but not if PCR is negative; therefore better to change the case definition (what we receive) while temporarily retaining the reference definition (what we report externally)* ○ *Point requires further internal discussion;* *ToDo: Change the case definition and transmit the figures to monitor the changes and relevance (also requires change in the reporting system) but do not yet count as confirmed cases;*	*FG32* *AL3* *FG36*
8	**Vaccination update (Fridays only)** ○ *Not discussed*	*FG33*
9	**Laboratory diagnostics** ○ *Influenza: Development of the numbers (NRZ) (slides here)* ○ *Sample receipt low, contact with doctors' surgeries revealed that there is some dissatisfaction among surgeries due to relatively long delivery times for postal delivery, no delay in delivery with the courier service;* ○ *BMG funds are to be used to finance courier services;* ○ *Sample submissions are well below the possible number of ~300 samples/KW; slumps are particularly noticeable during lockdown periods;* ○ *CW 49: 166 samples, 12% positive rate, CW 50: 39 samples 10% positive so far* ○ *Lockdown shows effects on rhinoviruses as a measure for measures around KW45;* ○ *SARS-CoV-2 initially shows decline, since week 47 increase;* ○ *Comparison of the remaining coronaviruses over the past years indicates that the circulation of SARS-CoV-2 is likely to continue in the coming months*	*FG17/ZBS1* *Dürrwald* *FG32*
10	**Clinical management/discharge management** ○ *No updates*	*IBBS*
11	**Measures to protect against infection** ○ *Concretisation of waste disposal in diagnostics with regard to antigen tests, disposal should be carried out via normal KH-* *waste, this goes directly to incineration, no disposal as infectious hazardous waste necessary;*	*All* *FG14* *(Brunke)*
12	**Surveillance** ○ *Corona-KiTa study* **(only on Mondays)**	*FG36*

13	**Transport and border crossing points (Fridays only)** ○ *Not discussed.*	*FG38*
14	**Information from the situation centre (Fridays only)** ○ *Not discussed.*	*FG38*
15	**Important dates** ○ *FG33 will not be back at the crisis team meeting until next Monday due to closed meeting and ECDC meeting*	*All*
16	**Other topics** ○ *Next meeting: Friday 11.12.2020, 11:00 a.m. with a smaller number of participants, cancellation of the meeting if necessary*	*FG37*

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*11.12.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: *Ute Rexroth, Maria an der Heiden*

Participants:

- *Dept. 3*
  - *Tanja Jung-Sendzikt*
- *FG14*
  - *Melanie Brunke*
- *FG12*
  - *Annette Mankertz*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Kirsten Pörtner (protocol)*
- *Press*
  - *Marieke Degen*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Esther-Maria Antao*
  - *Ines Lein*
  - *Mirjam Jenny*
- *ZBS1*
  - *Janine Michel*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Not discussed* **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,272,078 (+29,875), 20,970* ○ *(1.6 %) Deceased (+598), figures at new record level* ○ *7-day incidence 156/100,000 inhabitants; R-values pending; ITS (data as of 10 December 2020): 4.339 (+61), invasive ventilation: 2,505 (-16)* ○ *Continued high number of cases and deaths, high ITS Figures, no easing of the situation* ○ *7-day incidence in the federal states: Saxony and Thuringia continue to lead, but upward trend nationwide, including e.g. in MV, situation tense* ○ *7-day incidence by geographical distribution: 2 CC > 500-1000/100,000, 35 CC with > 250-500/100,000* ○ *Mortality surveillance is lagging behind, in week 45 currently approx. 3% above the average of the previous years 2016-19* ○ *About 1000 cases from NRW were reported yesterday, no qualitative difference, only quantitative* ○ *In EUROMOMO mortality surveillance, there is currently no relevant excess mortality across the EU, but an increase can be seen from the age group of 45 years, also in comparison to previous influenza waves, differences can be seen in the individual countries, Austria, for example, only affected in the 2nd wave, Spain currently less affected compared to spring, as unprepared in spring* ○ *Conclusion: significant severity compared to influenza in terms of mortality, excess mortality can occur without preventive measures as in spring, even with measures higher than for influenza*	*Ute Rexroth/Silke Buda*
2	**International (Fridays only)** • *Not discussed*	
3	**Digital projects update (Mondays only)**	*Smear*

4	**Current risk assessment** • *Slides see here* • *Qualitative nationwide assessment downgraded from "high" to "very high", has already been submitted to the BMG for information, will be implemented today, the rest of the text is also slightly adapted, "significant increase" becomes*	*Ute Rexroth/all*
	"sharp increase" in the management report • *Overall, the subheading refers more clearly to the reassessment and tightening of the risk assessment; today, a more prominent presentation is also planned in the management report* • *Initiative report (slides here) with stricter measures was again sent to the federal states/AGI with the note that point 7 will be revised (schools are now to be closed as quickly as possible)* *Discussion:* ○ *Detailed discussion on the role of schools pending* ○ *currently intended more as a pre-quarantine (indirect effect), and a perspective for after Christmas is still to be formulated* ○ *Hygiene concepts are not implemented (keyword: alternating lessons), otherwise schools could probably remain open* ○ *In other countries, numbers could be reduced as part of a hard lockdown for open schools* ○ *Role/absence of the parents concerned (who may work in caring professions) is not taken into account* *Todo: Walter Haas makes supplementary proposal to the initiative report, goes to crisis team and management*	*On behalf of the management* *all*

5	**Communication** • *On Tuesday, 15 December, there will probably be a federal press conference (with J. Spahn and L. Wieler, among others), whether the RKI press conference will take place on Thursday has not yet been decided by the RKI management* • *Social bubbles, slides here: Recommended action for the population for the pre-Christmas/Christmas period, within the social bubble, AHA-L can be dispensed with in the best case if there is really strict pre-quarantine (no school, no shopping or public transport) and no signs of illness, but under no circumstances outside, simple rules of thumb are communicated promptly* *Discussion:* ○ *Pre-quarantine needs to be better defined to differentiate from current behaviour* ○ *Not buying groceries for a long period of time is not practical, but Christmas shopping, for example, can be specifically avoided* ○ *Social bubble must be defined in advance, is probably not yet being implemented by the population* ○ *Better not just "don'ts" but also "dos" specify* ○ *If necessary, rethink the term "social bubble", perhaps better "contact group" or a less technical term that is not aimed at the "social" but the "physical".* ○ *Timetable: Communication from Monday, 14 December together with BMG and via RKI homepage* *Todo: Revision at the weekend (Mrs Jenny, Mr Haas, management)*	*Press* *P1/Mirjam Jenny/all*
6	**Strategy questions** **a) General** **b) RKI-internal**	*All*
7	**Documents** • *Not discussed*	*All*

8	**Vaccination update (Fridays only)** • *After publication of internal statement regarding prioritisation in BILD newspaper, there was a flood of emails to FG33 with high workload* • *Vaccine authorisation expected at the end of December* • *First delivery at the beginning of January, possibly first vaccinations from 04.01.2021, provided the vaccination centres are ready, but available vaccination quantities are lower than planned* • *Allergic reactions to HCW have been reported by the PEI (2-3 cases in the UK, probably people with the most severe allergic reactions in their medical history), people with an allergic predisposition should now be put at the back of the queue (definition of predisposition?)* • *Contraindications have not yet been determined in principle, final evaluation of the allergic incidents is also still pending* • *Hamburg is sending a team to the UK for further investigation and will provide information afterwards*	*FG33/Ole Wichmann* *all*
9	**Laboratory diagnostics** • *ZBS1: Slight nationwide decline in samples, positive rate at 22%* • *FG17: 564 submissions, 129 rhinoviruses (25%) and 43 SARS-CoV-2 positive (10%), increase in SARS-CoV-2- Evidence to be noted*	*FG17/ZBS1*
10	**Clinical management/discharge management** • *High utilisation of ITS wards, strategic patient transfer is planned, possibly via trauma network* • *Further therapy options are being revised, not very promising*	*IBBS/C. Herzog*
11	**Measures to protect against infection** • *Not discussed*	*All*
12	**Surveillance**	*FG38*
	• *Corona-KiTa study* **(only on Mondays)** • *School headmasters have not been found to be subject to reporting requirements in the event of positive Ag detection, but discussion is ongoing still*	*FG36*
13	**Transport and border crossing points (Fridays only)** • *Digitisation planned for EU passenger data, Germany may take part in pilot project, decision by BMG pending in this regard* • *300 health authorities are included in DEA (Digital Entry Authorisation)*	*FG38*
14	**Information from the situation centre (Fridays only)** • *Nothing special*	*FG38*
15	**Important dates**	*All*

16	**Other topics** • *How is RKI preparing for a lockdown with consequences for employees?* *Todo: Concept for RKI employees for lockdown (management)* • *Next meeting: Monday 14 December 2020, 1:00 pm*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*14.12.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: *Lars Schaade*

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzikt*
- *ZIG*
  - *Johanna Hanefeld*
- *L1*
  - *Joachim-Martin Mehlitz*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
  - *Patrick Schmich*
- *FG23*
  - *Antje Gößwald*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*
  - *Meike Schöll (minutes)*
- *Press*
  - *Ronja Wenchel*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *P4*
  - *Dirk Brockmann*
  - *Susanne Gottwald*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current international situation** ○ *Cases, spread (slides here)* ○ *> 70.96 million cases, > 1.6 million deaths (2.3%)* ○ *Top 10 countries by number of new cases / last 7 days: USA, Brazil, India, Russian Federation, Turkey, Germany, Great Britain, Italy, France, Ukraine. Some countries (India, Turkey, Italy,*	*ZIG1*

	Ukraine) show decreasing trends. ○ *7-day incidence > 50 per 100,000 inhabitants.* ○ *82 countries exceed this threshold* ○ *New additions: South Africa, Namibia, Uruguay, Falkland Islands, Dominican Republic* ○ *Countries excluded: Botswana, Cabo Verde* ○ *7-day incidence per 100,000 inhabitants - EU/EEA/UK/CH* ○ *No change since 09.12.2020* ○ *3 countries with <50/100,000 pop. Norway, Ireland, Iceland* ○ *Summary: >4 million cases in the last 7 days, of which 2.6% in Africa (mainly South Africa, Morocco, Tunisia, Uganda, Libya), almost 50% of all cases in the Americas (mainly USA, Brazil, Mexico, Colombia, Canada), 12% in Asia (India, Iran, Indonesia, Pakistan, Jordan) and almost 40% in Europe (Russia, Turkey, Germany, UK, Italy).* ○ *From next week, no more presentations on the international situation on Wednesdays.*	
	National *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,337,078 (+16,362), 21,975 (1.6 %) Deceased (+188)* *50 GÄ did not investigate on the WE, high case numbers for a Sunday* ○ *7-day incidence 176/100,000 inhabitants;* ○ *4-day R: 1.12 (0.96 - 1.33) , 7-day R: 1.06 (0.98-1.17), R increases* ○ *ITS (data as of 13 December 2020): 4,552 (+61), invasive ventilation: 2,602 (+60)* ○ *Continued high number of cases and deaths, high ITS figures, no easing of the situation* ○ *7-day incidence of the federal states: Saxony strongly leading with increase, followed by Thuringia, rising incidences nationwide (MV and SH also had steep increases last week), long a plateau in November, visible increase since last week* ○ *7-day incidence by geographical distribution: 7 CC > 500-1000/100,000, 49 CC with > 250-500/100,000; only 1 CC still has 7-day incidence* *Incidence of 5 to 25/100,000, most LK (290) with 7-day incidence >100-250/100,000.* ○ *Distribution of districts by 7-day incidence and reporting week (colour scale from green to pink from low to high 7-day incidences, with the number of districts with a 7-day incidence of over 200 shown in pink): From week 41 onwards, there is a clear increase in the number of districts with high incidences.* ○ *The proportion of deaths by age group is only shown up to week 47, as incomplete data can be assumed in the following weeks: in weeks 36 to 47, a high proportion of deaths can be seen from the age group >80 years, but it must be taken into account that severe cases are better recorded by the reporting system than mild cases.*	*FG32*
	Request for administrative assistance from the Main-Kinzig district (GA Gelnhausen) ○ *Received on 11 December 2020 in the evening, contact was made with the GA on 12 December 2020. The LK has the second highest*	*FG37*

	incidence in Hesse, the GA describes several outbreaks in hospitals (with high case numbers among employees) and	
	A tense situation in retirement and nursing homes. Tim Eckmanns and Anna Rohde are providing on-site support from today, and 2 mobile scouts will also arrive there tomorrow.	
2	**International (Fridays only)** • *Not discussed*	

3	**Digital projects update (Mondays only)** *Quick data collection (slides here)* • *Various surveys have been carried out, including local coronavirus monitoring (analyses in hotspots), blood donor surveillance (no random sampling), coronavirus nationwide (representative); i.e. representative data on seroprevalence is available in the short term; however, no further short-term data is planned in cooperation with SOEP in the near future.* • *Various studies are being conducted in the UK, including REACT-1 and the Covid-19 Infection Survey.* • *REACT-1 not transferable 1:1 to Germany (different system, no similar sample possible), RKI panel similar to the Covid-19 Infection Survey could be set up.* • *With the help of the RKI infrastructure, surveys and the dispatch of test kits would be conceivable via the following channels:* ○ *Data donation (not randomised), further surveys of various kinds at the RKI (e.g. GrippeWeb) or a call for participation would make high case numbers possible, but not representative.* ○ *Various samples available (e.g. GEDA, EMA sample, Covimo survey, KiGGS, Corona Monitoring Local) with an overall lower number of cases, but representativeness.* • *The problem shows that it would be important to set up a sustainable RKI panel now, even if this would not be operational in the near future due to the effort involved. There is a risk that without such a panel, the problem could re-emerge in a very short time. A study similar to REACT-1 or the Covid-19 Infection Survey would also have to be conducted via the residents' registration office and would involve a great deal of effort. Department 2 urgently needs support with regard to the establishment of an RKI panel; the latter has already been reported to the BMG as part of RKI2025.* • *With regard to the use of data donation, the data protection concept would have to be redrafted, but this approach would be feasible in principle.* • *Self-report studies are subject to bias; it is unclear whether people with a particularly high or particularly low risk are participating. Statements from such studies are not very reliable.* • *After being mentioned in the press briefing, 1,300 new participants were registered for GrippeWeb; with appropriate appeals, there would certainly be interest in participation among the population.* • *It would make sense to expand GrippeWeb and move closer to setting up an RKI panel in the long term.* *Digital projects* • *Evaluation of the CWA was postponed to Wednesday (Robin Houben).* • *The link from CWA to ESRI Dashboard is problematic.* • *Last weekend, the DEA experienced a total system failure. Countless enquiries are currently being answered by employees from other areas of Dept. 2. The Bundesdruckerei wants to*	*Smear*
	discuss 24/7 availability at the next TC. • *All digital projects lack sufficient funding for implementation at the RKI.*	
4	**Current risk assessment** • *The current risk assessment was updated on Friday.*	

5	**Communication** • *A distinction should be made between formal and informal care arrangements with regard to the possibilities of specifically addressing employees with a migration background and advising them not to travel; in some cases, considerable travelling is to be expected. Communication should take place via the care services or via social media.* • *The contact diary is now online: https://www.infektionsschutz.de/coronavirus/alltag-in-zeiten-von-corona/mein-corona-kontakttagebuch.html* • *Mr Wieler is scheduled to speak briefly at tomorrow's Federal Press Conference with Mr Spahn at 11.30 a.m.; the school issue is to be addressed there, among other things.* • *Update on videos and graphics: The videos and graphics on "celebrating in close circles" and pre-quarantine have almost been finalised and approved by the BMG; they will be published on social media tomorrow. The recommendation not to mix circles applies in general, but is particularly relevant during the festive season and serves to concretise the political decisions. People with mild symptoms should not take part in any celebrations. An English translation is likely feasible, others would be desirable (e.g. Polish, Czech) and could be commissioned at short notice via the BZgA.*	*BZgA* *Press* *P1*
6	**Strategy questions** **a) General** *Concept surveys/instruments Corona-AK status (Thomas Ziese, Dept. 2) - see above.* **b) RKI-internal** *Publication of the size of the risk groups for a severe course of COVID-19* • *The calculations already presented should be published in the Journal of Health Monitoring; in addition, it would be useful to provide advance information under Section 2, to which reference could be made in the status report, in the fact sheet or in the FAQs. The fact sheet regularly refers only to published data.* • *It is suggested that the data be communicated to the German Medical Journal and included in the press briefing at the beginning.* *Presentation Overview natural/internal/external data sources (slides here)* • *An overview of nationally and internationally available epidemiological data on COVID-19 with links to sources and regular updates can be found here: S:\Wissdaten\ RKI_nCoV-Lage\2.Themen\2.1.Epidemiologie\ Daten_Graphen_Sammlung* • *The national data sources include data from the surveillance systems (statutory and sentinel), other data sources and studies, each with update intervals and release. Some of the data are*	*FG24* *Dept. 3*

	For internal use only (labelled accordingly). The management report order contains, for example, 7-day incidence by age group. • *The external sources are, for example, analyses by Daniel Kriese, who uses both the reporting data and data from Johns Hopkins University.* • *With regard to the cause of death statistics, the DIVI intensive care register cannot be used, as it is limited to deaths in intensive care units.* *Mr Brockmann's project group and the HZI (Mr Meyer-Hermann) are working together to roughly estimate whether the measures taken will be sufficient to achieve a reduction in the daily number of new cases.*	*VPräs / Brockmann*
7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *In FG17 there were 430 submissions, of which primarily rhinoviruses and some SARS-CoV-2 positive, steady increase in the proportion of positive detections in the AGI sentinel over the last few weeks.* • *FG17 is successfully connected to DEMIS and also sends messages.* • *While the assumption for influenza was that one positive case in the sentinel represents around 2,000 inhabitants, a similar derivation for SARS-CoV-2 is only a rough guide, as the test volume and sensitivity differ.* • *No change to the test criteria is appropriate in the near future; an extension should initially cover mildly symptomatic people. The discharge criteria will be discussed again this week in the diagnostics working group. Test capacities have been significantly increased and production capacities in the country are being subsidised by means of a funding guideline; however, mass testing cannot yet be implemented.* • *During mass testing in Slovenia and South Tyrol, it became clear that the population misunderstood a negative test result as protection. This should be taken into account in any mass testing programmes. Extensive testing programmes were offered in Austria, but participation was significantly lower than expected (13 to 20% of the population instead of 60%). The positive rates there (PCR-confirmed) were between 0.14% and 0.5%.* • *ZBS1: > 1,100 submissions, 308 positive (23% positive rate). Currently still no app or DEMIS connection possible according to IT.*	*FG17 / all* *ZBS1*
10	**Clinical management/discharge management** • *From mid-January 2021, further monoclonal antibodies are to be used for early and mild symptoms and distributed via the pharmacy network.*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** *Corona-KiTa study* **(only on Mondays)** *(slides here)* • *Number of cases in children under the age of 10* • *FluWeb: Frequency of acute respiratory diseases in adults stabilising, proportion of children/adolescents stable; measures*	*FG36*

lead to low ARE rates, highest disease rates among 0 to 5 year olds.
- *Estimated ARE in week 49:*
- *0-5 years: 380,000 ARE (8,000/100,000), of which 18% with a doctor's visit = approx. 68,000 with doctor's visit due to ARE*
- *6-10 years: 81,000 ARE (2,200/100,000), of which 9% with a visit to the doctor = approx. 7,000 with doctor's visit due to ARE*
- *11-14 years: 101,000 ARE (3,400/100,000), of which 7% with Doctor's visit = approx. 7,000 with doctor's visit due to ARE*

- *Incidence per 100,000 inhabitants and proportion of reported COVID-19 cases by age group: renewed increase in 15 to 20-year-olds, less in other age groups, there does not appear to be any particular incidence in school settings, but the population situation means that children and adolescents are also affected.*
- *Outbreaks in kindergartens/after-school care centres*
  - *Relatively constant situation in daycare centres, around 57 outbreaks per week in the last 4 weeks.*
  - *Biggest events week 49/50:*
    - *RP, Ilm district, 15 cases: 6 (0-5), 9 (15+)*
    - *HE, Odenwaldkreis, 15 cases: 13 (0-10), 2 (15+)*
    - *ST, Magdeburg, 13 cases: 4 (0-10), 9 (15+)*
- *Outbreaks in schools*
  - *Increase in numbers to a high level, larger incidents are attributable to eastern federal states, the proportion of outbreaks in primary schools is rising.*
  - *Biggest events week 49/50*
    - *TH, Kyffhäuserkreis, primary school, 25 cases: 19 (6-10), 1 (15-20), 5 (21+). Several classes are affected (1, 3, 4). There are Siblings in other classes. School was closed.*
    - *ST, Börde, secondary school, 21 cases: 9 (11-14), 6 (15-20), 6 (21+)*
    - *MV, Vorpommern-Rügen, community school (grades 1-10), 14 cases: 2 (6-10), 12 (11-14)*
- *Discussion: The time of the lockdown should be used to implement recommendations for alternating teaching with digital support; however, it is certainly difficult to implement the recommendations in the short term.*

ToDo: Press office records message for press briefing.

	Change in the obligation to report antigen detection in facilities ○ *Based on many enquiries about the obligation to report antigen detections in institutions such as schools and care homes for the elderly, it is questionable whether there is an obligation to report positive AG detections and, if not, whether this would make sense.* ○ *The obligation to report an illness or suspected illness in accordance with Section 6 (1) IfSG is linked to the presence of symptoms. These can of course also be symptoms described by the person concerned that are only subjectively perceptible. People who test positive with an antigen test should always be advised to consult a doctor and have a PCR retest carried out. In this way, a corresponding notification would also be made in these cases on the basis of the doctor's or the laboratories.*	*FG32 / L1 / all*
	○ *The IfSG makes a strict distinction between reporting the detection of pathogens (Section 7 IfSG) and reporting the suspicion of a disease or illness (Section 6 IfSG).* ○ *Mandatory reporting of AG detection in institutions would make sense because symptoms of COVID-19 are often mild and subjective, which a teacher cannot detect; in addition, virus excretion often occurs pre-symptomatically, so that positive detection should justify suspicion of a disease. PCR confirmation is still useful, but is often omitted in practice. Nevertheless, it would make sense for health authorities to be informed of positive antigen detections in order to be able to initiate measures in schools or nursing homes. Currently, positive antigen tests fulfil the reporting requirement in medical facilities, but not in others, which is difficult to communicate. From a clinical point of view, the presence of symptoms of other diseases is not necessarily a prerequisite for a suspected illness; laboratory diagnostics or imaging can also give rise to a suspicion of illness.* ○ *The implementation of the reporting obligation should be as unbureaucratic as possible.* ○ *A transitional solution, e.g. via an ordinance, should be examined; a prompt amendment to the IfSG is not very realistic.* *ToDo: Joachim Mehlitz prepares a report with FG 32, FG36 and Dept. 1 that a positive antigen detection in facilities constitutes a suspected case from the point of view of the RKI and that, if the BMG does not share this view, an urgent amendment to the IfSG is recommended.*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed.*	
14	**Information from the situation centre (Fridays only)** • *Not discussed.*	
15	**Important dates** • *Not discussed.*	
16	**Other topics** • *Next meeting: Wednesday 16 December 2020, 11:00 a.m.*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*16.12.2020, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Maria an der Heiden

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG28*
  - *Claudia Santos-Hövener*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Dirk Brockmann*
  - *Benjamin Maier*
  - *Frank Schlosser*
  - *Susanne Gottwald*
- *Press*

- *Ronja Wenchel*
-

- *ZIG1*
  - *Eugenia Romo Ventura*
  - *Sophie Müller*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,379,238 (+27,728), thereof 23,427 (1.7%) Deaths (+952), 7-day incidence 180/100,000 pop.* ▪ *high difference to previous day, high value for Tuesday* ▪ *difficult to interpret, as Saxony did not send all cases the day before yesterday and Bavaria did not send all cases* ▪ *High number of deaths (deaths reported within one day, not the actual number of deaths) have died on this day)* ○ *4-day R=0.88; 7-day R=0.98* ○ *ITS: 4,735 (+65), invasive ventilation: 2,679 (+11)* ▪ *still slightly rising* ○ *7-day incidence of the federal states by reporting date* ▪ *On 15 Dec. dip in incidence in Saxony and Bavaria due to transmission problems* ▪ *Further upward trend in Saxony and Thuringia* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *many LK in Saxony with incidence >500* ▪ *Only 12 LK with incidence < 50* ○ *7-day incidence by age group and reporting week* ▪ *Lowest incidences in 0-4 year olds, highest in 20-50 year olds and in >80 year olds* ▪ *631 cases /100,000 inhabitants in >90 year olds, but few cases* ○ *COVID-19 cases, proportion of deceased, hospitalised and cases with relevant symptoms* ▪ *High case numbers in weeks 45 to 49, another significant jump in case numbers in week 50* ▪ *No major changes in other aspects* ○ *Number of COVID-19 deaths by week of death* ▪ *Well over 2,000 deaths per week in weeks 48 and 49* ○ *What is the reason for the sharp increase in week 50? Temporary overload of the GA? Subsequent reports?* ▪ *It is unlikely that the GAs are now less burdened.*	*FG32 (Diercke)*

	▪ *There is currently no increase in the onset of the disease. For week 50 the onset of illness is not yet complete, must be provided by the GA.* o *How has the completeness of the reports changed?* ▪ *Data is added later, always delayed* ▪ *Very heterogeneous in GA* ▪ *Increase in incomplete information, possibly also due to changes in SurvNet* ▪ *In BW completeness increased, in BY decreased, no systematic problem* o *Why are more women now affected than men?* ▪ *Needs to be looked at more closely.*	
	• **Syndromic surveillance (Wednesdays)** *(slides here)* o *GrippeWeb - ARE rate* ▪ *Slight increase from week 49 to 50, overall significantly lower level than in previous years.* o *Influenza working group - ARE consultations pro 100,000 pop.* ▪ *Significantly lower level than in 2 previous years* o *ICOSARI-KH-Surveillance - SARI cases* ▪ *Difference to the outpatient sector: 35 years and older at a significantly higher level than in previous years,* *0-4 year olds at a significantly lower level.* o *ICOSARI - Proportion of SARI cases with a COVID-19 diagnosis* ▪ *approx. 60%, stable at a high level* o *ICOSARI - Proportion of COVID-19 SARI cases by age group* ▪ *Total share in 1st wave: 19%* ▪ *in summer: 4%, low in all age groups* ▪ *Late summer increase to 44%* ▪ *Total share in week 49 very high at 60%: among 15-34 year olds: 74%, among 35-59 year olds: 68%, among 60+ year olds: 68%.* *year-olds: 64%* o *ICOSARI - COVID-19 SARI cases, absolute case numbers* ▪ *Up to 34 year olds are hardly significant.* ▪ *The big difference between 15-34 year olds and 35-59 year olds is striking. The reason?* *ToDo: FG36 takes a closer look at age distribution.*	*FG36 (Buda)*
	• **Test capacity and testing (Wednesdays)** *(slides here)* o *Further increase in the proportion of positive tests in week 50, total number of tests not lower.* o *Positive shares by federal state and week* ▪ *Saxony is the clear leader.* o *As in previous weeks, large increase in positive share for > 80 year olds, also continuing to rise in all other age groups.* o *Evaluation for Saxony over time* ▪ *Positive rate for >80 year olds > 30%, for 0-4 year olds at a comparable level to other BCs* o *Are there any changes in gender over time?*	*FG37 (Abu Sin)*

	○ *Laboratory-based antigen tests are submitted by 2 laboratories and are currently being analysed (is retesting taking place)?* ○ *Why is there a very high positive rate among >80 year olds, even though older people are very compliant with the measures? Is this due to a massive upstream use of antigen tests?* ▪ *Dramatic signals are coming from retirement and care homes if entry is not prevented can be used, it spreads quickly.* ▪ *Not only is a more severe course more likely in > 80 year olds, but the Susceptibility increased?* • **Test number recording at the RKI** *(slides here)* ○ *In the meantime, 32 million tests have been collected.* ○ *positive share is rising steadily.* ○ *Capacity utilisation appears to be easing.* ○ *Sample backlog has decreased, slightly higher in CW50 than in 3 previous weeks.*	
2	**International** • *Course of the pandemic in Africa (slides here)* ○ *Contrary to expectations, only a small proportion of global cases (3.4%), only 3.6% of global deaths.* ○ *Highest incidences in South Africa, Libya, Tunisia and Morocco.* ○ *Why is that?* ○ *Hypothesis I: Underreporting:* ▪ *< 0.5 tests /1,000 inhabitants daily* ▪ *In February, only 2 countries were able to carry out PCR tests, but 43 countries are now able to do so.* ▪ *Comparable test figures with countries in similar pandemic phases, positive rate: 9.8%.* ▪ *This is probably not exclusively due to underreporting.* ○ *Hypotheses II: Factors that influence progression* ▪ *Demographics: median age 19.7 years; age correlates with severe course (immunosenescence, more NCDs)* ▪ *Immune system: trained by worm infestation, trained after BCG vaccination; strengthening of the regulatory immune system Immune system (hygiene hypothesis)* ▪ *Demography probably more relevant, immunological hypotheses not clear.* ○ *Hypotheses III: Factors that can influence the spread* ▪ *Environmental factors: (allegedly low stability of the virus from 23°C), experience with epidemics, earlier Lockdown, rural areas with barely closed buildings (good ventilation)* ▪ *Cave urbanisation: high population density, different lifestyle* ○ *Many hypotheses, little evidence* ○ *Warning of 2nd wave in Africa caused by increased*	*ZIG (Müller)*

	Mobility and relaxation. ○ *Indirect negative effects of the lockdown due to gaps in the treatment of tuberculosis, suspension of routine vaccination programmes. Rising infant mortality expected. Consequences of the lockdown sometimes have more severe consequences than COVID itself.* ○ *Suggestions: Cooperation with African CDC, Performance of serostudies, balanced lockdown* ○ *To what extent do measures based on the secondary effects of the lockdown make sense at all? How is this viewed at the level of the African CDC?* ▪ *Divided opinions, 1. lockdown very early, little known about severity at this point, many Discussions on this.* ○ *1st wave: African governments have acted tough, now much more differentiated behaviour. There are fears of a 2nd wave due to mobility over Christmas.* ○ *Is there data on HIV? Unclear data on the severity of COVID-19 disease in HIV infection. Treatment of HIV more difficult.*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *No contributions*	
5	**Communication** **BZgA** • *It was promoted: why it is important to reduce contacts; testing strategy; what to do in case of contact with infected population.* • *Telephone advice: mainly questions about vaccination and the prioritised target group; who can older people living at home contact? Also questions about travelling at Christmas.* **Press** • *STIKO recommendations are in progress* • *Is it sufficiently communicated that people who test positive should inform contact persons themselves as soon as possible?* *ToDo: Ms Wenchel is researching the extent to which this has been communicated.* • *Is the population sufficiently aware of the additional strategy of staying at home even with mild symptoms? (AHA + L + stay at home with symptoms)* • *BZgA has already placed this prominently in the first wave of information for employers and employees.* *ToDo: Include BZgA on slider.*	*BZgA (Thaiss)* *Press (Wenchel)*

6	**RKI Strategy Questions** **a) General** **b) RKI-internal**	
	• *Overview of modelling results (slides here)* ○ *New publication on the effectiveness of measures taken yesterday in Science: https://science.sciencemag.org/content/early/2020/12/15/science.abd9338* ▪ *School closures and university closures were summarised in consideration, comparison between the different countries is difficult.*	*P4 (Brockmann)*
	○ *Modelling results: Translation of case numbers into Contact reductions. Model estimates how the contact reduction must have looked like over time to achieve this To obtain incidences* ▪ *Absolute daily incidence fitted in the model.* ▪ *Assumption: People change behaviour when incidence increases sharply. Behavioural changes that lead to a decrease of the incidence decrease over time (pandemic fatigue).* ▪ *Country-specific curves: contact reduction over time looks very similar in many BLs, but is still sufficient for decrease in incidence.* ▪ *Thuringia, ST and Saxony: slightly stronger increase inertia, which leads to less pronounced contact reductions leads.* ▪ *Curves were analysed with the dynamics from Cosmo surveys on behavioural changes and contact reduction and are very similar.*	*P4 (Meier)*
	○ *Results of a model study: "Test sensitivity is secondary to frequency and turnaround time for COVID-19 screening" (published about 1 month ago)* ▪ *The frequency of the tests influences the spread of the epidemic significantly. Significant losses due to Delay in the announcement of results. Each day of delay reduces the R-reduction more than the Difference in sensitivity between PCR and antigen test.* ▪ *Not transferable to the entire FRG, interesting for Use in certain settings, better more frequently antigen tests rather than PCR tests.*	
	○ *Mobility* ▪ *Since March Observation of mobility due to Mobile data, mobility as an indicator for Changes in behaviour.* ▪ *Number of all movements compared to the previous year, local mobility and travelling mobility.* ▪ *Significant impact of the lockdown, slump in the November is not as strong as in the spring, could pandemic fatigue.* ▪ *By federal state: similar in the individual BL, in City states higher reduction in mobility.*	*P4 (Locksmith)*

	▪ *Increased domestic travel within Germany, strong mobility in Brandenburg and MV.* ▪ *Outlook: Mobility should be more closely linked to infection dynamics, then answering Detailed questions possible.* ▪ *A more detailed breakdown of the mobility options can be found in online reports.* ▪ *Mobility is dominated by internal mobility.* • *Could the fact that people now live differently than in the spring, is it also because people are better prepared to deal with the pandemic (everyone has masks, knows the AHA rules)?* • *Short presentation on social inequality and COVID-19 (slides here)* o *Scoping review by June 2020: higher risk of infection and severe disease progression in socially disadvantaged groups in the USA and UK* o *Use of the RKI's index of regional socio-economic deprivation, categorisation into deprived and less deprived regions: East-west and north-south divide, the most deprived areas are in north-east Germany.* o *By 15 June, there were more SARS-CoV-2 infections in less deprived regions.* o *Age-standardised incidence according to socioeconomic deprivation* ▪ *Wave 1: highest incidences in areas with lowest deprivation, levelling out over time.* ▪ *Wave 2: Difference no longer as pronounced.* o *Case hospitalisation rate: in counties with higher deprivation there were more hospitalisations.* o *Hard lockdown has reduced the incidence of infection in all regions, especially in socio-economically privileged regions, which played a special role in transmission.* o *Socially disadvantaged groups require special protection against infection, as they are at increased risk of severe cases.* o *At the moment it is not possible to make a statement at individual level, only at regional level.* ▪ *Is planned as part of corona monitoring at local and federal level.* ▪ *Kupferzell and Bad Feilnbach are populations with a low index; more interesting is Berlin Mitte.* o *BZgA comment: target group-orientated communication is important.* o *Does age play a role? Not necessarily, the index is age-adjusted.*	*FG28 (Santos-Hövener)*

7	**Documents** • *No contributions*	
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *NRZ Influenza viruses (slides here)* o *Sample receipt in the Sentinel was increased through telephone calls to doctors' surgeries and the involvement of a courier service.* o *Number of submissions in week 50 now back at the level of the last influenza season, with lockdown, submission rates fell significantly.* o *In weeks 49 and 50, the positive rates of 11% and 12% respectively are in line with the other tests.* o *After the end of the first lockdown, there was a significant increase in the detection of rhinoviruses. This has decreased again with the partial lockdown, but not as much as before.* o *Roughly even distribution of submissions across the age groups, only a few samples from > 60 year olds. Most SARS-CoV-2 detections in 35-60 year olds.* o *Sample receipt per BC: almost all BCs are represented, the highest detection rates for samples from Saxony with average submissions.* o *Enquiry from Parliament: Is there an increase in CMV? CMV is not analysed in the sentinel.*	*FG17 (Dürrwald)*

10	**Clinical management/discharge management** • *There was uncertainty due to a press release that triage was used in Saxony (report on this: link).* • *Not true at the moment, but places could become scarce in the next 10 days.* • *There are therefore preliminary considerations regarding the possible transfer of patients from the East region to the North region. (Cloverleaf concept: North, East, North-West, South 1+2 region)* • *Press statement planned with a positive message that there is still enough capacity available in Germany; a concept is in place for possible bottlenecks in a region.* • *The term triage should not be used; prioritisation should be used instead.* • *Will elective procedures be suspended? There are individual reports that elective procedures will not be suspended. This is to be enforced with pressure from the state governments.* • *Has there been progress in clinical management compared to the spring, can ventilation be dispensed with more frequently with the current knowledge?* ○ *There are no reliable data/studies on this so far.* ○ *The mortality rate of the very old requiring intensive care is not lower than in spring.* ○ *There are differences between large centres and small ones Clinics.*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *No contributions*	
12	**Surveillance** • *No contributions*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *No contributions*	
16	**Other topics** • *Next meeting: Friday, 18 December 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*18.12.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Nadine Litzba (protocol)*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG16*
  - *Anton Aebischer*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Patrick Schmich*
- *FG23*
  - *Robin Houben*
- *FG24*
  - *Thomas Ziese*
  - *Martin Thißen*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
  - *Sebastian Haller*
  - *Anna Rohde*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Bettina Ruehe*
- *P1*

- *Mirjam Jenny*
- *P4*
  - *Benjamin Maier*
  - *Susanne Gottwald*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *International situation (slides here)* ○ *More new cases in the USA in the last 7 days than in DEU in total* ○ *CDC case-control study on factors associated with a positive SARS-CoV-2 test result in children* ▪ *Children who tested positive were more likely to have attended weddings, parties, playdates and funerals;* *No differences in school attendance* ▪ *Limitations: High number of non-responders (50%), telephone survey only approx. 30 days after the test* ○ *Americas: 48% of cases and 40% of deaths within 7 days* ○ *In the USA, hospital capacities are almost exhausted in some regions, California has around 50,000 new cases every day* ○ *Reports from Northern Ireland that patients have to be treated in ambulances outside hospitals* ○ *Rise in Africa, WHO AFRO warns of further spread* ○ *EuroMomo (https://www.euromomo.eu/graphs-and-maps):* ▪ *Peak in spring extremely high now still not so high, but much broader* ▪ *Austria and Slovenia see the peak for the first time* ▪ *Not yet visible in DEU (Berlin and Hesse provide data), but long delay* ▪ *In Sweden, the hoped-for "harvest effect" has not been observed, in Spain perhaps very slightly* ▪ *Significant excess mortality visible in Switzerland, measures vary greatly from Canton to canton, in some cases no major cuts in public life* ○ *There has been a permanent excess mortality in the USA since March: https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm*	*ZIG1 (Denkel)* *FG38 (Rexroth)*

RKI	**National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 1,439,938 (+33,777), thereof 24,938 (1.7%) Deaths (+813), 7-day incidence 185/100,000 pop.* ▪ *approx. 3,500 cases from BW were not transmitted on Wednesday and were retransmitted yesterday, i.e. 2 Days in a row >30,000 cases* ▪ *Transmission problems due to the need to break up large volumes of data into data packets* o *4-day R=0.96; 7-day R=1.05* o *ITS: 4856 (+20), invasive ventilation: 2,774 (+14)* o *7-day incidence of the federal states by reporting date* ▪ *Saxony and Thuringia remain very high, further increase in Thuringia, overall still high Slight upward trend in all other BLs as well* o *Geographical distribution in Germany: 7-day incidence* ▪ *1 district <25/100,000 inhabitants, 10 districts >500/100,000 inhabitants.* o *Percentage of deceased cases (by week in which the case was reported)* ▪ *As more than 800 deaths were reported in one day, but according to the DIVI, intensive care occupancy rates were not as high In view of the increase in the number of cases, an evaluation of the proportion of deceased cases and the hospitalisation status was carried out.* ▪ *Overall, the case fatality rate has fallen over time (due to better testing and recording).* ▪ *Proportion of non-hospitalised (and with unknown status) among the deceased is increasing, large differences between the CCs, e.g. Thuringia large proportion of cases not hospitalised.* o *Weekly death rates in Germany* ▪ *Slight increase, but also delayed by 4 weeks*	*FG38 (Rexroth)*

	• **Report from the operation in Main-Kinzig-Kreis** *(slides here)* ○ *Anna Rohde and Tim Eckmanns travelled to the Main-Kinzig district at short notice from 14 December to 16 December to provide support* ○ *Large district in the Rhine-Main region, >1000 cases per week, outbreaks in more than half of the nursing homes and half of the hospitals* ○ *Major problems at St. Vinzenz-Krankenhaus Hanau, relatively late reaction, many MA positive, many COVID patients, Proposal to declare the KH as COVID-KH* ○ *In Hanau Hospital 2 smaller outbreaks, quick reaction and screening, but also previously screening every 2-3 weeks, all elective procedures stopped, clear separation positive/suspected/negative; actually one COVID- and one non-COVID-ITS, but had to take over patients from the other hospital, therefore not kept up, probably not many transmissions in the hospital; media report on WE that cooling capacities for deceased persons in the hospital are fully utilised and* *Refrigerated containers were used at the cemetery*	*FG37 (Eckmanns)*

	○ *Start of events at the beginning of December in all halls of residence* ○ *Theresa GmbH retirement home: all residents COVID-pos., 12 ambulance call-outs in one day, ambulance service carried out triage and only took one more patient to hospital, care home supplied some residents with oxygen itself* ○ *Hanau residential home: applied positive rapid tests were initially not confirmed by PCR, now screening of all staff and residents* ○ *AGO Nidderau: Far too few staff, temporary staff risky due to changing workplaces/contacts, person from temporary employment agency tested positive* ○ *Notes for the GA on* ▪ *Prioritisation: inspections important, should be intensified, as should case finding, CoNa Reduction possible (not all contact persons can still be contacted at the end of the quarantine), SurvNet transmission is a major effort, so far only one of 23 outbreaks has been transmitted - large underreporting, which also gives a false picture for politics* ▪ *Focussing: team had long discussions in care homes about allegedly faulty FFP2 Masks, disinfectants (limited virucidal vs. virucidal), air conditioning systems, statement of Ct values, introduction by external groups of people - Message: If hygiene concepts are implemented consistently and sufficient employees are available, protection is sufficient* ▪ *Process optimisation* ○ *Information for the district: e.g. COVID-KH, in order to Relieve the burden, clear communication would be important that elective procedures should be postponed, staff mobilisation is also important (problems in nursing homes in particular)* ○ *Notes RKI: Simplify recommendations, Ct values/test interpretation should not be done in nursing homes, DIVI register suggests safety, does not reflect the situation in nursing homes, triage in nursing homes, COVID areas should be created so that a hospital can react well to COVID, testing is good, but hygiene management is crucial* ○ *Discussion:* ▪ *Such missions are important in order to see the situation on the ground and obtain information* ▪ *De-isolation in care homes also a topic for the AGI* ▪ *Revision of the discharge criteria, criteria for nursing homes adapted, will be discussed on Monday in the Crisis team presented, instead of Ct value, threshold value (based on Std) is used* ▪ *Information should be communicated, T. Eckmanns and A. Rohde are working on a report for the Hessian Ministry*	*FG38 (Rexroth)* *IBBS (Ruehe)*

	ToDo: T. Eckmanns and A. Rohde formulate an initiative report to the BMG and inform Mr Wieler in advance. ▪ *Incidence > 60 years on the first page of the management report does not show the situation in older age groups (80+) as younger age groups with very low incidence.* *ToDo: Revise the presentation of the incidence of the older population on the first page of the situation report.*	*AL3/FG37* *FG37 (Abu Sin)*
2	**International** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Evaluation of the CWA (slides here)* • *Review of effectiveness, but little data is available for evaluation due to the decentralised approach* • *3 areas that can be analysed: 1. metadata (how many have registered), 2. GA data (many GAs collect data on CWA), 3. data from representative surveys* • *Cooperation with professional associations intensified and integrated* • *There have already been several surveys, also in the context of other studies, but none has a population-representative approach, hence the planning of a separate population-representative study* • *Question e.g. why only a few who have a positive result also share it with the CWA; in Denmark e.g. consent to share the test result when installing the app, not possible in DEU due to data protection regulations, must be done separately*	*FG23 (Houben)*
4	**Current risk assessment** • *No contributions*	
5	**Communication** **BZgA** • *Telephone campaigns in co-operation with daily newspapers/regional media:* ○ *Expert panel to answer readers' questions* ○ *Many questions from the target group of 80+ people to be vaccinated* ○ *High reach in Hamburg and Stuttgart, for example* **Press**	*BZgA (Thaiss)* **Press (glassmaking**

RKI	• *Possible press briefing on Tuesday* • *Publication of the STIKO recommendation and many new FAQs yesterday* • *Moderna vaccine expected to be authorised soon, vaccination recommendation must be reviewed for this* • *Transmission problems (+3500 cases) were reported to the agencies yesterday, well received, important for transparency reasons and should also be done in the future* **Science communication** • *Rules of behaviour at Christmas - 9 points (infographic here)* ○ *Rules to be disseminated via social media (Twitter, Instagram) shortly before Christmas* ○ *Should be updated dynamically* ○ *Simple if-then rules to reach everyone* ○ *Translation into English planned, dispatch to BMG and BZgA on Monday, publication on Wednesday* ○ *Please provide feedback* ○ *Discussion:* ▪ *In this situation, Ms Thaiss is in favour of the RKI also contacting citizens directly in return BZgA also addresses doctors' surgeries etc., no time for fundamental discussions* ▪ *Ms Thaiss suggests that language should be simplified, the BZgA receives many requests for increased use of simple language. BZgA could provide links on mental health and ageing in balance (offers for crisis situations and use of social media)* ▪ *Use of a test panel for feedback is encouraged.* • *The population's willingness to go into pre-quarantine has been very sharply decreased (on 15 December only 36%), it should be communicated to the population that pre-quarantine is still useful now*	**r,Wenchel)** **P1 (Jenny)** *BZgA (Thaiss)* *FG16 (Aebischer)*
6	**RKI Strategy Questions** **a) General** • *Report from the Brockmann project group (slides here)* ○ *Reports on correlation of LK with AfD election result and incidence* ○ *Growth rate of cases analysed by reporting date, as a proxy for effectiveness of the measures, proportional to R-Value* ○ *The proportion of votes in favour of the parties was considered a proxy for compliance* ○ *Germany-wide correlation with election results of "Die Linke" and AfD* ○ *As strong east/west differences considered individually: No correlation with the election result for "Die Linke" in old and new BL, correlation with AfD election result remains, no correlation with Election results of other parties*	*P4 (Maier)*

	○ *Data can be made available* ○ *Discussion:* ▪ *Typical confounders such as age should be taken into account.* ▪ *There are similar observations for the USA (Democrats vs. Republicans)* ▪ *Voting behaviour is a proxy for further behaviour that is linked to it; overall, there should be more Reporting data should be combined with ecological factors and analysed sociologically; Dept. 3 and Dept. 2 are in talks about this* **b) RKI-internal** • *Not discussed*	*FG36 (Buda)* *ZIG1 (Denkel)* *FG38 (Rexroth)/ AL3*
7	**Documents/further studies** • *Short presentation project PHIRI (Population Health Information Research Infrastructure) (slides here)* ○ *New EU project launched at European level on 1 November* ○ *Background: Need for structured exchange of health data at European level, improving the availability of health information in the Member States and at EU level, case study for the development of a European health information system* ○ *FG24 leads WP6 (answering research questions about use cases) and WP8 (exchange of practices, guidelines, standards)* ○ *Parallel structures should be avoided, RKI-Departments and FGs should be involved* ○ *Discussion:* ▪ *Should be a meta/roof project, should also be for the ND area, ideally linked to the ECDC form a superordinate structure* ▪ *U. Rexroth and O. Hamouda in close dialogue with ECDC, exchange takes place via Tessy*	*FG24 (Thißen)* *BZgA (Thaiss), FG24 (Ziese) FG38 (Rexroth)*
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *NRZ Influenza viruses* ○ *670 submissions, SARS-CoV-2 and rhinoviruses detected, 12% positive rate for SARS-CoV-2, increased over time*	*FG17 (Djin-Ye Oh)*
10	**Clinical management/discharge management** • *Discharge management* ○ *Will be presented on Monday (see above)* • *Feedback from inpatient care*	*IBBS (Bettina Ruehe)*

	○ *Hospitals are increasingly cancelling elective procedures, Charité is a current example* ○ *Saxony: DIVI and COVRIIN have issued a press release following triage reports - the aim was to publicise the cloverleaf concept for supra-regional ITS patient transfers, which has not yet been activated; at present, transfers are still "cloverleaf-internal".* ○ *Tense situation in all 5 regions/cloverleaves, but no supra-regional relocations expected next week according to the assessment of the regional managers* ○ *RKI would be involved if a supra-regional transfer were necessary or in the event of transfer requests from abroad to Germany (as already happened in France a few weeks ago)* ○ *DIVI does not represent the sometimes dramatic situation in nursing homes* *To Do: If the LZ receives a request for supra-regional relocation or relocation from abroad (also over the holidays), contact IBBS at -3233.*	
11	**Measures to protect against infection** • *No contributions*	
12	**Surveillance** • *No contributions*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *No management report on 25 December and 1 January.* *To Do: Staffing of the LZ over the holidays (including replacements for individual positions) should be reviewed*	
15	**Important dates** • *No contributions*	
16	**Other topics** • *Next meeting: Friday, 21 December 2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*21.12.2020, 1:00 pm*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
  - *Dschin-Je Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
- *IBBS*

- *Christian Herzog*
- *Bettina Ruehe*

- *P3*
  - *Sébastien Calvignac-Spencer*
- *P4*
  - *Benjamin Maier*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *New virus variant UK* o *Public Health England Conference: New variant in the south-east of England since September, sharp increase in this variant and in cases after easing restrictions.* o *Statements on the higher transmission by 70% and the increase in the R-value by 0.4 are based on modelling.* o *There are still no epidemiological evaluations. These are urgently needed.* o *It is not known whether superspreading events occurred.* o *There is another variant in South Africa that matches the English variant at the receptor binding site. This variant has massively displaced the others in South Africa and thus increased the R-value.* o *There are still no signals regarding the severity of the disease, as cases < 60 years of age are mainly affected.* o *Mutations are all functionally relevant; it is plausible that transmissibility is increased.* o *Molecular surveillance is very good in England. This also applies to the Netherlands and Denmark. The variant has also been described there, but not with the same frequency as in England.* o *The aim is to stop the spread in Europe until as many people as possible have been vaccinated.* o *Almost 100 positive samples were received by the RKI in December. These are to be sequenced as soon as possible.* o *It is not yet clear whether the mutation actually makes a fundamental difference. The information should not be communicated too alarmistically.* o *There is probably a report from Frankfurt that the variant*	*FG36 (Haas)* *FG17 (Oh, Wolf)*

	has already been identified. This is to be verified. o *What can the BZgA pass on? Higher viral load or higher receptor binding, effect on vaccines? All still unknown.* o *It should be communicated more clearly that the virus is evolving and that physical contact must be reduced. This will be discussed in tomorrow's press briefing: Appeal to spend Christmas at home, perhaps the variant could be included.* o *What position should be taken on risk areas at the request of the BMG? Pending clarification, travel restrictions are in favour for South Africa and England, but not yet for Denmark and the Netherlands. This should be handled similarly for other countries.* o *Communication with the laboratory community should be very close, so far no indications.* o *Is the consiliary laboratory already preparing specific PCR? Telephone call with Mr Drosten: 200 samples from Frankfurt are already being sequenced.* o *Diagnostic recommendations should include the inclusion of PCR in at least a certain percentage of cases.* o *Communication should take place in close coordination with the RKI at the consultant laboratory.* o *A profile should provide information on how to recognise the variant more easily.* *ToDo: Discuss the profile tomorrow in the diagnostics working group and again in the crisis team on Wednesday, as soon as possible* o *If diagnostics are running, how does the information that this is the new variant reach the RKI? Is it possible to integrate this into the queries of Department 3 or the ARS system at short notice?* o *PCRs are already stored in ARS. If there are new diagnostics, these can be recorded with ARS.* *ToDo: LZ should contact Ms Seifried so that this can be integrated into the laboratory enquiry.* o *In the case of conspicuous outbreaks in hospitals and nursing homes, shouldn't the samples be explicitly analysed for this variant and sent in for sequencing? Should this be requested proactively? To the RKI or better to the KL? For capacity reasons, it is not possible to sequence an unusually large number of samples in view of the current diagnostic workload.* o *During the outbreak in Marzahn, Mr Eckmanns suggested that patient samples be sent to the RKI.* o *In principle, decentralised sequencing is favoured, which is then set via GISAID. If this is not possible, KL can be contacted. If someone from the RKI is on site, samples from ZBS1 can be accepted for 1st sequencing in special cases.* o *It would make sense to establish a language regulation now in case the variant is also found in Germany.*	*BZgA (Thaiss)* *IBBS (Herzog)*

To Do: Consideration of a language regulation; FF Presse, FG17 [Tasks ID 2461]

- *New virus variant UK: Information for countries as basis for situation report*
  - *Countries have requested information by this evening. There is a text proposal for this.*
  - *Transferability of up to 70% should be removed, as this can lead to misunderstandings.*
  - *Does this apply to every PCR in the S region? Should be specified in the profile and not in this context.*
  - *A link to the KL website should be included in the text. Mr Mielke will send the link.*
  - *It is not yet clear whether the increase in cases is attributable to the new variant, but this should be mentioned in the management report.*

ToDo: Include information for countries in situation report, FF Situation Centre

National

- *Case numbers, deaths, trend (slides here)* — *FG32 (Michaela Diercke)*
  - *SurvNet transmitted: 1,510,652 (+16,643), thereof 26,275 (1.7%) Deaths (+226), 7-day incidence 197/100,000 pop.*
  - *4-day R=1.05; 7-day R=0.98*
  - *ITS: 5,022 (+83), invasive ventilation: 2,639 (+34)*
    - *Still no easing*
  - *7-day incidence of the federal states by reporting date*
    - *Further increase in Saxony and Thuringia*
    - *No easing in the other BLs either, weaker rise or plateau*
  - *Geographical distribution in Germany: 7-day incidence*
    - *Only 10 LK with incidence up to 50*
    - *81 LK with incidence > 250*
    - *Saxony clearly stands out.*
    - *No major transmission problems known.*
  - *Data completeness Variable onset of illness*
    - *Decreases, makes evaluation more difficult*
    - *Data completeness is decreasing in Hamburg and Hesse, otherwise relatively constant.*
    - *The Pandemiemanager software is used in Hamburg, which is why the completeness in Survnet very low.*
  - *Data completeness Variable Contact to confirmed case*
    - *Is currently entered more completely*
    - *Not even recorded in NRW.*
    - *This evaluation was sent to the BL last Friday.*

- *Request for administrative assistance Berlin (UKB)* — *FG37 (Eckmanns)*
  - *Yesterday request for support for accident hospital Berlin-Marzahn*

	○ *Contact with Mr Werber, TK planned* ○ *Many more cases than reported, many employees live in Brandenburg, no overview yet.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Data donation* ○ *Funds for a continuation in 2021 have been promised.* • *DEA* ○ *There are currently many questions from travellers and authorities as to whether travellers can be selected using this method.*	*FG21 (Schmich)*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *All pages geared towards behaviour on public holidays, use of the app and contact diary* • *Loneliness, anxiety disorders, early help for families in need -> reference for press briefing would be useful* • *Many questions about vaccination* **Press** • *Tomorrow, 22 December at 10 a.m. Press briefing with short text on the new virus variant* • *For FAQ UK variant, harmonised text is used.* • *Should it be mentioned again in the press briefing that hospitals should postpone elective operations?* ○ *To date, there has been no compensation for empty beds. In countries with a shortage of beds, elective procedures are suspended by decree, but not throughout Germany.* ○ *Fixation on DIVI figures can lead to false conclusions. Free capacities are still displayed there. This gives the impression of false security. It is not just a problem in the intensive care units. A lower occupancy rate is necessary in the entire hospital to enable separation into 3 areas (Covid, suspected, no Covid). A report on this is on its way to the BMG.* *ToDo: Mr Eckmanns formulates text for Ms Degen for press briefing.*	*BZgA (Thaiss)* *Press (Wenchel)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	

7	**Documents** • *Not discussed*	

8	**Vaccination update (Fridays only)** • *Vaccinated people and infection control measures (here)* ○ *Various enquiries about: How should vaccinated persons be treated with regard to other infection control measures?* ○ *In all age groups, the effectiveness of the two available vaccines is well above or close to 90%.* ○ *Good data regarding the influence on transmission is not yet available; nothing reliable can be expected in the next 2-4 months.* ○ *1. MNB and hygiene or distance rules:* ▪ *AHA + L rules must also be applied to vaccinated persons.* ▪ *Behaviour in case of symptoms (stay at home for 5 days) should also apply to vaccinated persons. Should in addition sentence should be mentioned.* ▪ *Irrespective of COVID-19, the burden of disease in the population should be kept low.* ○ *2. quarantine:* ▪ *Vaccinated people should be treated in the same way as those who are already ill.* ▪ *Does this only apply from 2 vaccine doses? How should travel returnees and travellers from other countries be treated? countries be dealt with? What is the procedure for vaccines not authorised by the EMA?* ▪ *The topic is being discussed at EU level; a European vaccination register with certificates is being considered.* ▪ *Is it enough that vaccinated people only wear masks when working with vulnerable groups and not go into quarantine when they have become KP1?* ▪ *2 strategies possible: wait and see and initially recommend this or testing at 2 ZP (day 5 and 10) in order to evidence, possibly initially as part of a study. This would allow us to approach the question of transmission.* ▪ *A pragmatic approach is to be favoured, as the imposition of a quarantine despite vaccination is not can be communicated.* ▪ *Agreement on: Once immunisation has been completed, wherever the vaccination has been approved Vaccinated people are treated in the same way as people with natural disease.* ▪ *There will probably be a discussion at some point as to whether 2 vaccinations are necessary.* ○ *3. infection control measures at population level* ▪ *Infection protection measures will continue to apply over the next few months, as there is no high initial vaccination rates can be achieved.* ▪ *It must be made clear that partially vaccinated population can lead to a rebound effect.*	*FG33 (Wichmann)*

	Rebound effect should be explained. *ToDo: Draft will be adapted by Mr Wichmann and sent to the BMG.* *ToDo: FAQ will be adapted after feedback from BMG, should be online on Wednesday, before vaccination starts. [Tasks ID 2462]*	
9	**Laboratory diagnostics** • *ZBS1* ○ *In week 51, 1,420 samples were received, of which over 36% were positive for SARS-CoV-2 - by far the highest proportion to date.* ○ *It is not known how many of these samples tested positive for antigen (only 20 samples are known).* ○ *1st phase of the antigen test validations has been completed. Data will be available soon.* • *Virological surveillance* ○ *Wednesday*	*ZBS1 (Krause)* *FG17*
10	**Clinical management/discharge management** • *Discharge criteria current version (here)* ○ *Last version created together with Intensive Care was published on 30 November. Criteria are very demanding for nursing homes and have therefore been revised.* ○ *Special patient groups: Residents of nursing homes for the elderly: more clarity with regard to the target group of nursing homes, no double sampling necessary.* ○ *Notes on PCR testing: what is a suitable PCR result: Text will be changed again due to comprehension problems.* ○ *It should be avoided that the test interpretation has to be carried out in the nursing home; the laboratory making the diagnosis should explicitly state whether the result is sufficient for de-isolation.* ○ *De-isolation is a medical decision, the addressee of the laboratory results is not geriatric nursing staff. However, doctors are often not available in practice. The findings must therefore be formulated in such a way that they can be clearly interpreted.* ○ *PCR prior to de-isolation is often no longer carried out in geriatric care. The evidence base makes a different recommendation impossible. Excretion may be longer in this age group and susceptibility may also be increased.* • *On 22 December, the DIVI will hold a press conference on the triage discussion and the utilisation of intensive care units.* • *Patient transfers between cloverleaves are planned, from East (Saxony) to North (MV), ZP is still open.*	*IBBS (Ruehe)* *IBBS (Herzog)*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance**	*FG36*

	• *Corona-KiTa study (slides here)* ○ *COVID-19: Incidence and proportion by age group* ▪ *Incidences in 0-5 year olds increased slightly, in young adults significantly* ○ *Outbreaks in kindergartens/day nurseries* ▪ *Slightly higher, approx. 40-50 outbreaks per week, equal distribution between affected adults and children* ○ *Outbreaks in schools* ▪ *Rather slightly declining trend, highest outbreak figures so far in week 46* ○ *How can it be addressed that preparations must be made for a safe reopening of schools?* ▪ *Cooperation with the Ministry of Family Affairs (daycare centres) takes place, but there is no AP in the Ministry of Education and Cultural Affairs. conference.* ○ *Mrs Proll (Head of LI Hamburg) would be an option.* ○ *Proposal: official letter from the President to the KMK office (currently chaired by NRW Dr Stefanie Hubig)* *ToDo: Draft letter from W. Haas, before the holidays [Tasks ID 2463]*	*(Haas)*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
14	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Wednesday, 23 December 2020, 11:00 a.m., via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*23.12.2020, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG25*
  - *Christa Scheidt-Nave (Substitute for Thomas Ziese, FG24)*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Dirk Brockmann*
  - *Benjamin Maier*
  - *Susanne Gottwald*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*

- *Heidrun Thaiss*

- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *International situation (slides here)* o *Cases, spread (corrected values from 18 Dec.)* o *76,250,431 cases* o *1,699,230 deaths (2.3 %)* o *Top 10 countries by number of new cases in the last 7 days: USA, Brazil, UK, Russia, Germany, Turkey, India, Italy, France, Colombia* o **WHO Epidemiological Update** ▪ *New COVID-19 cases and deaths continued to rise in the past week (6% and 4% respectively)* ▪ **Americas region**: *again largest share of new COVID-19 cases: > 2.3 million new cases (increase of 13% compared to the previous year) previous week, 50 % of global cases) and > 32,000 deaths (increase of 9 % compared to the previous week, continuation of the rapid rise in deaths since November)* – *USA continuing rise in the number of new cases (> 1.65 million new cases; > 5,000 new cases per 1 million inhabitants. = highest incidence in the region)* – *Five countries with the highest number of new cases: USA, Brazil, Colombia, Mexico, Canada* – *Five countries with the highest number of deaths per 1 million inhabitants: Belize (75), USA (54), Panama (45), Mexico (33), Colombia (27)* ▪ **Europe region**: *largest number of new deaths (36,286; 46%), increase in new cases (2%) and deaths (3%) similar to the previous week* – *Highest number of new cases (= approx. 33% of all cases reported in Europe): Turkey, Russia, Germany* – *Highest number of new deaths: Italy, Germany, Russia* – *Estonia: 27% increase in newly reported cases and 18% increase in new deaths last week (increase for the 9th week in a row) → Tightening of public health and social measures on 14 December 2020; fatality rate remains low (0.8 %), test positivity rate relatively high (11 %)* – *Portugal: Number of (death) cases relatively stable in the past week (after three weeks of decline), number of newly reported deaths the highest since the beginning of the pandemic* – *Spain: Decline for the 7th week in a row, currently slight (2%), deaths significantly stronger decline (-*	*ZIG1 (Romo Ventura)*

	44 %), approx. 20 % of ITS beds with COVID-19 patients	

	occupied ▪ **Africa region**: *largest relative increase in new cases (27%) and deaths (34%) compared to the previous week (most cases: South Africa, Nigeria, Ethiopia, Kenya, Uganda, Algeria)* ▪ **Western Pacific region**: *rising trends, number of new cases and deaths reported in the last 7 years weeks, most new cases and deaths: Japan, Malaysia, Philippines, Republic of Korea* ▪ **Southeast Asia region**: *14% reduction in new cases and 10% reduction in deaths, highest figures: India, Indonesia, Bangladesh, Myanmar, Nepal* ▪ **Eastern Mediterranean region**: *number of (fatal) cases down for 4th week in a row; highest numbers: Iran, Pakistan, Morocco* o *New variant of SARS-CoV-2 in the Republic of South Africa (variant 501.2 V2)* ▪ *Genetic changes in parts comparable - but not identical - to those of the variant VUI202012/01 of the UK* ▪ *New variant first discovered in the Eastern Cape province, rapid spread throughout the country, at the same time Significant increase in the number of cases (last week > 10,000 reported infections per day for the first time since the beginning of August 2020, with an exponential and sharp upward trend)* ▪ *It is unclear - as with the UK variant - whether the South African variant is the cause of the steep rise in infections. higher mortality rate, more easily renewed infections, influence on developed vaccines* ▪ *Background to additional concerns regarding the variant in South Africa compared to the UK variant a) significant and rapid spread despite currently unfavourable conditions for the virus (summer months) and b) migration wave (foreign workers are currently leaving South Africa) → strong spread to be assumed and c) Anecdotal reports of increased occurrence in younger age groups* ▪ *Prompt emergency meeting by WHO if necessary* **National** • **Case numbers, deaths, trend** *(slides here)* o *SurvNet transmitted: 1,554,920 (+24,740), of which 27,968 (1.8 %) deaths (+962), 7-day incidence 195/100,000 inhabitants → Continued stable high number of cases* o *4-day R=0.83; 7-day R=0.92* o *ITS: 5,216 (+49), invasive ventilation: 2,726 (+36)* o *7-day incidence in the federal states by reporting date* ▪ *No significant decline yet, rise in Saxony slows, rise continues in Thuringia BB, still no easing of the situation*	*FG32 (Diercke)*

	Situation ○ *Geographical distribution in Germany: 7-day incidence (cases/100,000 inhabitants)* ▪ *11 LK > 25-50 (Map of Berlin surroundings: light-coloured areas: Potsdam & Spree-Neisse Transmission areas: Potsdam & Spree-Neisse) problems, therefore does not correspond to actual incidence, currently a high number of enquiries, only the cases that are transmitted are reported, responsible authorities are informed, however, due to lengthy processes, longer-term distortion may be conceivable here)* ▪ *44 LK > 50-100; 274 LK > 100-250; 75 LK > 250-500; 7 LK > 500-1000* ▪ *Regionally strongly affected: Saxony, Thuringia, NRW, Bavaria, BaWü; lower incidence in the north* ○ *7-day incidence of Covid-19 cases by age group (AG) and reporting week (MW): in > 80-year-olds, continued steep increase since approx. week 41, in middle AG after temporary easing between approx. week 46 and week 49 now increases again, only in AG of 5-14-year-olds no increases* ○ *Covid-19 cases by facility affiliation and MW: currently under-reported → Current case numbers CW 51 therefore comparatively low, cases in Section 6 facilities (nursing homes for the elderly etc., blue curve) increasing, also among employees in § 36 and § 23 facilities (green curves), only in § 33 facilities (school, daycare centres) Slight decline in case numbers* ○ *Number of Covid-19 deaths by week of death: probably still pending for week 51, but already > 3000 deaths in week 50, significantly higher than in the first wave* ○ *Discussion* ▪ *Regarding transmission problems in BB: most likely no influence on nationwide key figures, Furthermore, no large-scale transmission problems* ▪ *These transmission problems have not yet been noted in the disclaimer, although this can be done if desired. However, this should then be carried out consistently and systematically for each LK and is associated with significantly increased effort* ▪ *A general disclaimer is currently being prepared for transmission during public holidays (Christmas and turn of the year): Federal states will transmit very inconsistently* *To Do 1: When creating a general disclaimer, please consider the following aspects or bias factors, which should be included for explanatory purposes if necessary:* ○ *An evaluation (not country-specific) should be carried out if necessary, as the figures could lead to great uncertainty, and* ○ *If applicable, the note that data transmission generally stagnates on public holidays, as has long been known for AGI and also for consultation incidence, i.e. not only here. Covid-19-related*	

	○ *Possibly that a higher pre-Christmas test rate may be followed by a later drop in test rates → Slump in case numbers too* ○ *PCR confirmation of AG tests can have a significant impact on the positive rate* ○ *If necessary, that the RKI not only analyses the reporting data with reference to the situation report* ○ *Further discussion* ▪ *increase in the AG of 60-80 year olds is also a cause for concern (slide 4, turquoise line), as a) this AG makes up a very large part of the population, which b) makes up a large proportion of hospitalised patients, c) may be particularly exposed at Christmas, d) is also further down the list of vaccination priorities and e) will therefore also place long-term demands on bed capacity* ▪ *Possible option for action: currently already focussing on measures and compliance with them in many places. The executive/strict implementation of the catalogues of measures is required here, but compliance is currently questionable (see example of the discussion about the holding of church services in some federal states)* *To Do: General request for possible further suggestions on conceivable options for action, gladly by e-mail or telephone* • **Syndromic surveillance** *(slides here)* ○ *GrippeWeb up to week 51 (slide 2): current decrease in ARE rate, most likely due to AG of children or school closures (ARE rates characterised by infection cases in children)* ○ *ARE rate overall very significantly below that of previous seasons, similar picture with the consultation incidence (slide 4), here also low consultation incidence at the turn of the year as seen in previous seasons* ○ *ICOSARI-KH-Surveillance - SARI cases up to week 50 (slide 6): especially in older AG > 60 years (dark blue) significantly increased; AG 35-59 and 60-79 years significantly higher than in previous seasons (peak flu wave level); AG under 60 years relatively stable in recent weeks; decline in AG under 35 years; AG under 15 years lower than usual at this time of year;* ○ *AG aged 80 and over (slide 9): strong increase of 35 %* ○ *In addition, due to the proportion of Covid-19 infections (approx. 70% of severe respiratory infections are Covid-19-related), the challenges are significantly greater than in previous seasons due to the need for isolation and the Covid-19-related loss of staff > Link will be included in today's weekly influenza report* *ToDo: Please also include this in today's management report, Mrs Buda*	*Press (glassmaker)* *FG38 (Rexroth)* *Present (Wieler)* *FG36 (Buda)*

	passes on the excerpt (addendum: table and graphic here) ○ *Proportion of SARI cases with COVID diagnosis up to week 50 according to AG (slide 11): after stabilising at a high level, slightly increased, now at 68%, with an increase mainly seen in the AG aged 35 and over* ○ *COVID-SARI cases up to week 50 - all cases, including those still lying (provisional diagnoses, incomplete) (slide 14): further increase in AG of 60-79 and >80-year-olds, stable figures in AG 15-34 and 35-59-year-olds in recent weeks* ○ *Discussion: excess mortality - figure on Friday in the report, SARS in ARS 9% above previous year's level, currently not yet a dramatic development, but 4 weeks delay or late notification of particularly affected LK and BuLä must be taken into account* • **Test capacity and testing** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate: currently almost 12% positive rate, total number of tests increased to approx. 1.5 million in week 51 (cave: changed test criteria from 3 November 2020, data not directly comparable with previous weeks)* ○ *Capacity utilisation: positive shares (red) continue to rise, greater utilisation of test reserves, presumably also due to the AG test confirmation* ○ *Sample backlog currently comparatively low* **Testing and positives** *(slides here)* ○ *Number of tests currently still increasing* ○ *Positive shares by federal state and week: Saxony reaches 20 % mark, rising trend is not continuing at present, but remains at a high level, similar in other federal states as well* ○ *Number of women and men with positive SARS-CoV-2 PCR tests per 100,000 inhabitants by calendar week: more women tested since calendar week 43/44, female share also predominates in positive incidence in analogy to reporting data* ○ *Positive shares by AG and KW: increasing trend among > 80-year-olds continues, positive shares among 60-79-year-olds have also increased compared to other AGs, positive shares among younger AGs stagnating (5-14 yrs) to decreasing (15-59 yrs), but may still change due to retransmission* ○ *Test delay: despite an increase in the number of tests, apparently no negative impact on the test delay, which remains at approx. 75* *% of cases Test result within max. 2 days after collection*	*FG38 (Rexroth)* *FG37 (Abu Sin)*
2	**International** • *Not discussed*	

3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *No contributions*	
5	**Communication** **BZgA** • *Press campaign in Saxony-Anhalt: great response, focus on questions: where do the vaccinations take place, where is information on vaccination available and are chronic illnesses an exclusion criterion?* **Press** • *Language regulation for the new UK virus variant finalised and agreed with FG17* • *Revision of the website with regard to the new UK version: new information will be provided promptly by the UK, rapid incorporation then necessary, text can be revised at any time due to the holiday service with input from the situation centre (on-call service)* • *Revision regarding new virus variant from South Africa also necessary, should be briefly included today, especially as more worrying than UK variant (see above), Mr Wieler searches for the preprint and passes it on to the press department* *To Do 1: Request to Mr Wieler to forward preprint on the South African virus variant to the press* *To Do 2: Request to press for revision also with regard to new virus variant (South Africa) and transmission of the language regulation to Mr Schaade* *To Do 3: No situation reports on 25 December 20202 and 1 January 2021: this must be indicated in advance in the situation report and on the Internet on the respective days themselves (instruction from the Minister), also mentioning that no new R-values/tables are therefore available (here it is better to indicate this yourself instead of showing data/tables from the previous day)*	*BZgA (Thaiss)* *Press (Glasmacher, Wenchel)*
6	**RKI Strategy Questions** **a) General** • **Modelling** *(slides here or follow)* ○ *Graphical representation of mobility over time, 3 - 4 weeks before lockdown substantially higher mobility from week 47 in all federal states - except Saxony on Monday and Tuesday of the lockdown there, strong decrease in mobility, while mobility still increased on these days in these federal states due to the pre-announcement of the lockdown* ○ *Example: BaWü - top left Monday, time on x-axis*	*P4 (Brockmann)*

	hourly, different colours = different weeks. Colours = different weeks, red: Monday before lockdown: strong increase (except in Saxony) ○ *Overall: neither "lockdown light" nor "real lockdown" seem to have a drastic effect on mobility, which is rather being fuelled by shop closures.* *limited (Wednesday), switch of the red curve from above to 20 % below the previous weeks → Internal mobility correlates strongly with shopping behaviour, apparently more clearly* *than with other possible mobility factors such as work or similar.* ○ *The travel behaviour and the chronological sequence with regard to lockdown are analysed below* • **Data integration** *(slides here)* ○ *Integrated data sources (autonomous data collection): RKI website, ECDC, DIVI, dashboard and other data sources used, automated processing and transfer into Database → standardised format, one repository (currently still private), central provision for all Groups of the RKI* ○ *Time series provided: mostly from dashboard and DIVI as well as testing data, many time series already integrated* ○ *Interactive data explorer for the purpose of data monitoring (LK, BuLä)* ○ *Integrated analyses (work in progress): Goal = creation of a map not only for individual time series of cases but also of data donation, mobility, testing rates* ○ *Interactive time series display (e.g. on ITS case numbers, occupied beds, etc.) and comparability with others, for example LK and switchability to log scale → exponential growth)* ○ *Tool should be available internally throughout the RKI for data evaluation/diagram creation in order to save resources, the formats provided here are consistent and hardly need to be prepared or post-processed* ○ *Discussion:* ▪ *Valuable tool for data consolidation and analysis capability* ▪ *Automated creation of figures can create a great deal of efficiency, also with regard to situation analyses.* *report, if data processing is automated, P4 is happy to provide assistance to reduce the workload* ▪ *Close coordination with other departments/FGs that work with modelling/graphics (especially Ms Diercke,* *FG32), MF4 (Mr Grabenhenrich) already involved, but exchange in a larger group necessary, also to an official GITHUB of the RKI* ▪ *For BMG enquiries, P4 is happy to assist the Situation Centre or Department 3 with its expertise* ▪ *Data protection presumably not a problem when using publicly accessible data, linking*	*P4 (Maier)*

	used data must, however, comply with data protection	

	be clarified ("backtracing") ▪ *Clarification of licence rights still needs to be completed (already clarified for many sources, for some* *pending, therefore repository private so far) To Do1: Request for exchange in a larger group with modelling using FGs and for the implementation of a GITHUBS for the RKI* *To Do2: Request to P4 for clarification of outstanding sources under licence law and clarification of the linking of used data ("backtracing") under data protection law* **b) RKI-internal** • *New virus variant(s) with presumably higher transmissibility - Further options for infection control measures?* o *Clarification of "higher transmissibility" or whether 1) higher viral load 2) earlier/presymptomatic excretion or 3) prolonged excretion (= most important criterion with regard to the measures), which leads to increased transmissibility* o *Causality should trigger new considerations: other/further factors that may require other measures (aerosol transmission: Adaptation of PPE, possibly FFP2 recommendation; longer excretion: Adjustment of discharge criteria; changed infection dose: reduction o f the critical contact time from currently 15 min. for KP management and adjustment of patient isolation; further suggestions from professional associations possible - STAKOB, DGI etc.).* o *Cave with stricter measures as in other countries (complete lockdowns, stricter contact bans, disinfection of environments, institutional quarantine or isolation, etc.) may have strong negative effects* o *Causality must first be verified, the molecular biological basis of the increased spread must be investigated and understood and corresponding data must be available in order to provide a further basis for decision-making* o *Further measures difficult, implementation/realisation is currently primarily the cause of spread, this also results from outbreak investigations (or see UKB proof of principle) = basics of infection prevention* o *Epidemiological-virological preparation (Dept. 1 & 3) for outbreak/entry investigation of the new variant:* ▪ *Dept. 1: Systematic Molecular Surveillance, instructions for testing are currently being updated.* *consortia are alarmed, laboratories are sensitised* ▪ *Dept. 3: Preparation of epidemiological investigation by management necessary (cluster or systematic investigation)* o *The analysis of samples from any "special events" (such as in Saxony) is also helpful, no*	*VPräs (Schaade)* *Dept.1 (Mielke)* *FG38 (Rexroth)* *FG14 (Brunke)* *VPräs (Schaade)*

	Comprehensive analysis is necessary, but meaningful random samples if there are indications of an accelerated or intensified infection process ○ *§ Section 13 IfSG: Regulation by the BMG in preparation for the provision of sequencing data for the RKI and their publication* ○ *PCR option for screening: diagnostic information is to be added to the website, all laboratories have been sensitised, but a note on the need for a specific PCR is to be included in an updated form* *To Do: Mr Mielke contacts Ms Michel regarding the text module, update to be finalised today* ○ *Outbreak investigations in old people's and nursing homes should take vaccination effectiveness into account in future* ○ *Request from DIVI and RWTH Aachen for modelling scenarios of the new virus variant for Germany to be referred to the UK, as, after consultation with P4, no activities have yet been carried out in house.*	*FG37 (Abu Sin) IBBS (Herzog)*
7	**Documents/further studies** • *Update case definition: will be put online today* • *Procedural instruction on internal outbreak events (via IBBS and employee support, ZIG3 carries out cutbacks - see also for returnees from field deployment abroad or in Germany) agreed in all relevant committees, review by law firm, currently available to the Staff Council and, if necessary, already in coordination today, no service agreement necessary, SOP will be finalised subsequently* • *Excess mortality: currently 48% in Saxony, population shrinkage in Bavaria, some media reports on this already*	*FG32 (Diercke)* *Dept.1 (Mielke)* *FG38 (Rexroth)*
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *NRZ Influenza viruses (slides here)* ○ *Last week: 151 submissions (slight decrease), SARS-Cov-2 detection rate at 10 % (15 samples), mainly from individual practices with detection of up to approx. 44 % and from BB,* *Saxony, Bavaria, a total of 64 viruses for sequencing* ○ *This week: already 30 submissions, SARS- Cov-2 detection rate at 17% (5 samples)* ○ *Rhinoviruses rise slightly, but remain below normal levels*	*FG17 (Dürrwald)*

	○ *Today: 50 samples from Dresden, more expected from Dresden and Chemnitz after Christmas* ○ *Differentiation from new virus variant currently not possible as no specific PCR against the relevant gene or which picks up the relevant deletion → must be developed* *To Do: Request for exchange of FG17 and ZBS1 for the preparation of such a PCR (Mr Mielke will contact Mrs Michel)* • *IMS - ID2461Report (document here): Preliminary work by Mr Kröger in cooperation with Mr Haas, Mr Semmler, Mr Fuchs and Mr Mielke, coordination has taken place, to be sent out today at noon*	*Dept.1 (Mielke) FG38 (Rexroth)*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** *Infection protection for vaccinated people (see email LS from 23.12, 08:54)* • *Reaction to yesterday's report to the BMG on infection protection for vaccinated people: Mr Rottmann raised several points that still require clarification,* • *Mr Wichmann is now working with Division 614 (Ms Ziegelmann) to find out exactly what challenges the BMG sees so that the information can be published when vaccination begins*	*VPräs (Schaade)*
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points (Fridays only)** • *Rapid action in response to the emergence of the new virus variant in the UK has caused many problems (stranded passengers in transit, deployment to AG tests, etc.).*	*FG38 (Rexroth)*
14	**Information from the situation centre (Fridays only)** • *Contact person statistician/modeler from 22.12.-3.1. (see mail Mon 21.12.2020 15:18) → P4 is available for modelling questions (see point 6b)* • *Next crisis team during the public holiday weeks regularly on Mondays and Wednesdays, Fridays in an emergency*	*FG38 (Rexroth)*
15	**Important dates** • *No contributions*	
16	**Other topics** • *Next meeting: Monday 28.12.2020, 13:00, via Webex*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*28.12.2020, 1:00 pm*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL1*
  - *Martin Mielke*
- *AL3/dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave (Substitute for Thomas Ziese, FG24)*
- *FG36*
  - *Stefan Kröger*
  - *Udo Buchholz*
- *FG37*
  - *Sebastian Haller*
- *FG3*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *Press*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Livia Schrick*
- *ZIG1*
  - *Sarah Esquevin*

- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,651,834 (+10,976), thereof 30,126 (1.8%) deaths (+348), 7-day incidence 157.8/100,000 inhabitants, ITS cases 5,562, invasive ventilation 2,960, Reff=0.71, 7T Reff=0.74* ○ *7-day incidences* ▪ *In the last 3 days significant decline in all BL, also in SN, TH, nevertheless in SN and TH still no Flattening of the incidence curve in sight* ▪ *4 CC >500/100,000, large number of CC (>300) >100/100,000, occasionally (3-4) LK with <25/100,000* ▪ *Incidence by age group: in SN and TH high incidence in 50-59 year olds, in 60-69 and 70-79 year olds* *lower among 80+ year olds, still high among 80+ year olds, especially in HE, SN, TH* ▪ *BZgA points out commuters in eastern border regions, explain age distribution if necessary* *could, more detailed information on the demographics of the 50-60 age group is not yet available/analysed* ▪ *Week-on-week: decline in reported case numbers also due to reduced reporting volume* ○ *Reporting dates between the public holidays* ▪ *During public holidays, there is generally a reduced reporting activity that does not reflect the real situation.* *but the values are relatively high* ▪ *Some districts are currently not/hardly transmitting, e.g. Dahme-Spree-Kreis had cases for the last time on 23 December* *transmitted* ▪ *Scepticism is required, possibly no real decline in the number of cases, reporting data can only be interpreted in January* ▪ *The reference to cautious data interpretation in the dashboard will continue to apply throughout the new year.* *be maintained* ▪ *Currently only/maximum emergency staffing in many offices* ▪ *In addition, altered test behaviour (more than capacity), this term should also be used for disclaimers.* *be utilised*	*AL3* *All*

	▪ *From 04.01.2021, backlogs must be processed. and caught up → must be observed and*	

RKI	*be adapted accordingly* ○ *What are the currently meaningful parameters?* ▪ *Realistic picture of current situation difficult to obtain* ▪ *More reliable data from ICOSARI, death figures* ▪ *Poor assessability of test behaviour, case numbers, positive rates; test behaviour and capacities are not at normal level* ▪ *Fewer staff are currently available for all survey elements* ▪ *At AG Influenza, there is always a downward trend at the turn of the year as there are fewer visits to the doctor and* *Sampling* ▪ *Serious cases still end up in the hospital, very serious ones in the ICU* ▪ *Good ITS figures are available from DIVI, these are rising steeply in some CCs (see clinical management below)* ○ *Chancellor will meet with Minister President in January, RKI will be asked for an assessment, text for this must be prepared by Monday evening/Tuesday morning* *ToDo: AL3 informs LZ and dashboard managers about maintaining the reference to cautious interpretation of the reporting data between public holidays* *ToDo: Text preparation for the assessment of the current situation, including possible/not possible interpretation of the available data (AL3?) [Task ID 2480]*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** **CWA** • *BMG urges evaluation of the CWA, meeting today in a small group to discuss the complex requirements involved* • *The original plan was to ask all CWA users with a red risk exposure warning to take part in an online survey, which was to run on the RKI Voxco system, but the number of these is very high and the system is not designed for this, and there is also the possibility of re-identification of the participants in the survey* • *As a result, the concept has been reviewed again in the last few days, professional associations (DGepi and others) have been asked for input and SAP has invited to a brainstorming session* **DEA** • *Due to outages that prevented people from registering, a DEA escalation hotline was set up shortly before Christmas*	*FG21*

RKI	• *The systems of the Bundesdruckerei were not clear and in particular there were major problems with the sudden entry ban from the UK* • *There is still no contract, the administrative processes are not simple and the desired catalogue of services is unclear*	
4	**Current risk assessment** • *No need for change*	
5	**Communication** **BZgA** • *Busy telephone counselling service over the holidays* ○ *Logistical questions about the vaccine, how do I get it* ○ *Questions about indications and contraindications for vaccination, including for people in care facilities; there is a need for communication here* • *In addition, occasional updates to the page on obesity and eating disorders* • *Vaccination campaign starts today, posters and information are now available via various channels* **Press** • *Some questions about vaccination rate monitoring* ○ *Journalists/data journalists want machine-readable Excel tables* ○ *Enquiry from a clinic who wanted to know how to enter their vaccination numbers, this was clarified with the help of Annette Siedler (need to contact BL to get access to the portal)* ○ *The first data (absolute vaccination figures) are to be published on the RKI website today, a Twitter message will follow* • *Enquiries about the new SARS-CoV-2 variant are limited, 1-2 enquiries about how often sequencing is performed, there is a language regulation and reference to other laboratories that sequence*	*BZgA* *Press*
6	**RKI Strategy Questions** **a) General** **Possible new BMG ordinance** • *BMG is considering issuing a legal ordinance according to which all SARS-CoV-2 sequences in Germany will be forwarded to the RKI* • *A report on this is being prepared by Departments 1 and 3, motto: integrated molecular surveillance (IMS) at the RKI should be continued, automated transmission of sequences to the RKI is desirable, routine transmission exists for PCR-positive samples, sentinel surveillance and testing in the context of outbreaks are mentioned in it* • *What percentage of positive samples should be sequenced?* ○ *In the UK up to 10%, in other countries 5%, in the UK it is up to*	*VPresident/all*

	10%.	
	most intensive sequencing programme ○ 10% of 30,000 cases/day would be difficult, we can't keep up with GB resources ○ What is the goal? To find rare variants, a high sampling density is necessary if only a rough overview is desired, less ○ Due to the currently highly fluctuating figures, a percentage share may not make sense and an absolute figure would be easier for planning purposes, but this can also be developed further in the future ○ The press will want a % figure, preferably not too high to remain realistic, 5% should be aimed for, beyond that the instrument of the investigation consists of the In the context of outbreaks → if a situation is epidemiologically conspicuous, sensitivity is increased • Message content Sequencing ○ Molecular surveillance of antibiotic resistance has shown that good accompanying information is crucial, which would also be important here ○ Minimum information is mentioned in the BMG report, but not yet conclusively defined ○ Sebastian Haller circulates interesting/necessary metadata from ARS ○ All isolates should have a link to the reporting data containing epidemiological information; with mandatory electronic laboratory reporting from 1 January 2021 and DEMIS, this should be feasible • Many details will still need to be clarified when the VO comes **b) RKI-internal** • Not discussed	

7	**Documents** **Revised discharge criteria** • *Revised discharge criteria have not yet been published* • *Graphic from IBBS is ready, annotated text from AL1 was sent to IBBS today* • *IBBS has no more comments on the accompanying text except for minor spelling mistakes, document goes back to AL1 after crisis team, and can then go to webmaster for publication*	*AL1/IBBS*
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *54 samples from Dresden and Giessen were analysed, of which 7 samples were S-negative and E-positive in the PCR.*	*ZBS1*

RKI	*are currently being sequenced* • *FG17: from AGI Sentinel there were 213 samples last week, of which 11% were SARS-CoV-2 positive, 28% rhinoviruses, there were no influenza or other respiratory viruses* • *To what extent does the KL receive samples? There may be information or publications on this on their website, but it would be good to integrate this into a common system* • *Integrated Molecular Surveillance (IMS)* o *A task was distributed today, FF MF4 in consultation with MF1, FG17, FG36, coordination/interface and process definition* o *Until this is defined and formulated by the group, a link to the KL can be posted on the RKI website* • *Sequencing/special SARS-CoV-2 variants* o *Due to the GB and South Africa variant, samples were analysed in consultation with MF1, MF4, and P3: 40 from IMS 60 from AGI Sentinel* o *This is not primary diagnostics, but sequencing requests* o *Of those that were sequenced, there was 1 IMS sample from NW whose sequence corresponds to the British line 117, sample was taken on 07.12.2020 and comes from a region not far from the Dutch border* o *The other samples belong to a different variant* o *Samples from Saxony have not yet been finally sequenced, this will be done in the coming days* o *This is random sampling, which is why it is not possible to draw any conclusions about the spread of the data* o *FG17 would like to upload the sequence to GISAID, when can this be done?* o *It must be ensured that both the GA and the state authority have the information about the special variant before data is uploaded to GISAID, they must be informed before it is possibly released to the press, after which it can be uploaded* o *It is best to warn the laboratory in advance by telephone and inform the GA of the necessary notification, AL3 will take care of informing the state authority* o *Adaptation of text on RKI website necessary, currently only case from BW is mentioned here, not case from Hanover, if this is uploaded, text must be adapted, Susanne Glasmacher prepares text proposal* • *Influenza detection so low/absent, why? Vaccination coverage or MNB?* o *The number of influenza vaccine doses is generally limited* o *Even if vaccination coverage is now higher than last year, it is far from possible herd immunity → unlikely to have a significant impact* o *Flu epidemics often do not start until January, so it is not expected that the epidemic will be cancelled this season*	*FG17* *All*

10	**Clinical management/discharge management** **Presentation of ITS capacities Forecast model SPoCK-** • *Two new documents online* ○ *STAKOB therapy recommendations: Notes on detection, Diagnostics and therapy and* ○ *Evaluation of drug therapy for COVID-19 by the COVRIIN expert group* • *Recommendations on strategic patient transfer in progress(?)* **Intensive register** • *View of DIVI intensive care register with proportion of patients, total number of intensive care beds, total number of free intensive care beds* ○ *With a total number of free beds, ≥15% is desirable (buffer function): BE and HE are below this, BY, BW, NW are just on the way there* ○ *Publicly available information here, more details are also available* ○ *Reports on the number of cases treated in IST are rising sharply, there is a sharp drop in the number of free beds and emergency reserves as well as "high care" beds (invasive ventilation), currently COVID-19 cases require almost 50%, 30% with non-invasive ventilation* **Forecast models SPoCK** *(slides here)* • *Many stakeholders involved, including DLR, Freiburg University Medical Centre, etc.* • *Project includes two activities, 1. forecast modelling (presented here) and 2. interactive web platform (not presented here)* • *Forecast modelling* ○ *Course of infection determines ITS case numbers* ○ *Based on (1) estimated real development and (2) predicted infection figures, the COVID-19-IST occupancy is predicted taking into account (3) the previous development of the number of ITS cases* ○ *(1st illustration curve in green is exemplary and does not represent real data!)* • *Results* ○ *The graphs show COVID-19 ITS cases at the bottom and the corresponding capacity limits at the top, with the area in between showing free ITS beds and free COVID-19-specific beds* ○ *The latter have been recorded in the register for 1-2 weeks, the corresponding isolation areas can be extended if necessary* ○ *The forecast for various BL, e.g. BW, BE, still contains a lot of uncertainty, in BB high load and low proportion of free COVID-19 beds, HE must be observed, MV, NI, RP more stable, for SN and TH a tense situation is also confirmed here* ○ *Forecasts are also even more detailed at city district level*	*IBBS* *MF4* *MF4*

RKI	*available, some cities are shown as examples* ○ *62% of clinics state that they are reaching their limits, mainly due to staff shortages* • *Intensive register data group is in exchange with various groups, various modellers are working on such models, partner IMBI Freiburg is strongly represented in the modelling hub, in which RKI has also been involved since March, Matthias an der Heiden and Alexander Ullrich are in contact with hub/colleagues* • *The model has existed since mid-November and has not yet been described and published; the Freiburg colleagues are working on a publication* • *The underlying calculation can be viewed but is partly described very statistically* • *For quality assurance purposes, retrospective forecasts are carried out which suggest good performance; permanent monitoring and checks are carried out*	
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Wednesday, 30 December 2020, 11:00 a.m., via WebEx*	

"Novel coronavirus (COVID-19)" crisis team meeting

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.12.2020, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG24*
  - *Thomas Ziese*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Maria an der Heiden*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Regina Singer*
  - *Iris Andernach*
- *BZgA*
  - *Heidrun Thaiss*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *International situation (slides here)* ○ **Cases, spread**: *As of 29 December 2020 > 80 million cases and > 1.7 million deaths (2.2 %), top 10 countries: USA; Brazil, UK, Russia, India, Germany, Turkey, Italy, Colombia, South Africa; India now in 5th place instead of 7th, South Africa now in the top 10 instead of France; data basis here WHO (holiday-related shifts in ECDC data);* ○ **WHO Epidemiological update**, *as at 29 December 2020 (compared to previous week): overall decline in new COVID-19 cases and deaths by 12% and 8% respectively, but reporting delays due to the public holidays according to the WHO;* ▪ **Americas region**: *once again the largest share of new COVID-19 cases (> 2.3 million new cases; 50 % of global cases); decrease in new cases and deaths by 15 % and 3 % respectively; USA 68 % of new cases in the region; Most new (death) cases: USA, Brazil, Colombia, Mexico;* ▪ **Europe region**: *most new deaths (36,286; 46%) > 1.5 million new cases = still high; Decrease in new cases and deaths by 12 % and 15 % respectively; most new (death) cases: UK, Northern Ireland, Russia, Germany;* ▪ **Africa region**: *largest relative increase in new cases (27 %) and deaths (34 %); new cases and deaths cases are low compared to other regions; Increase in new cases and deaths by 20 % and 37 % respectively; most new (death) cases: South Africa, Nigeria, Algeria, Namibia, DRC;* ▪ **Western Pacific region**: *rising trends; Increase in new cases and deaths by 13 % and 4 % respectively; Most new (death) cases: Japan, Malaysia, Philippines, South Korea;* ▪ **Southeast Asia and Eastern Mediterranean regions**: *decline in cases and deaths; SOA: Decrease in new cases and deaths by 6 % and 1 %; most new (death) cases: India, Indonesia, Bangladesh; ÖMM: Decrease in new cases and deaths by 9 % and 10 % respectively; most new (death) cases: Iran, Morocco, Pakistan, Tunisia;* ○ *Update New SARS-CoV-2 variants* ▪ **VOC 202012/01** *(UK): at least 3,000 cases in the UK; further cases in Europe and worldwide;* ▪ *New technical report PHE: preliminary results of the Cohort study → no statistically significant under-*	*ZIG1 (Singer)*

	in hospitalisation, 28-day death rate or probability of reinfection; ▪ **501.V2** *(South Africa): widespread, >90 % of sequences since 16.11.; first detections outside SA, e.g. in GB and Finland;* ▪ *Preliminary analyses → new variants increased transmissibility, but so far no increased infection severity or mortality detected; influence on developed vaccines still unclear* ○ *Discussion* ▪ *Very high CFR (slide 1) for Germany compared to the UK, for example (2.74 vs. 1.28 %): presumably a calculation error, will be corrected.* *revised, in the WHO Situation Report for D 29,778 deaths and 1,640,858 cases → CFR approx. 1.8 %* *https://www.who.int/publications/m/item/weekly-epidemiological-update----29-december-2020* ▪ *Updated report from PHE: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948152/Technical_Briefing_VOC202012-2_Briefing_2_FINAL.pdf* ▪ *Link to international data → Deaths versus population as the "most transparent" measure of the Surveillance and other mechanisms: here figures for USA, UK and Italy approx. 4x as high as for Germany* *To Do1: Ask Mrs Singer to circulate the New Technical Report PHE.* *To Do2: Please correct the CFR slide 1.* **National** • **Case numbers, deaths, trend** *(slides here)* ○ *SurvNet transmitted: 1,687,185 (+22,459), of which 32,107 (1.9 %) deaths (+1,129), 7-day incidence 141/100,000 pop.* *→ Yesterday, a considerable number of new reports were received; when interpreting the data, the reduced number of doctor's appointments, notifications and transmissions or postponements of tests etc. due to the public holidays;* ○ *4-day R=0.54, 7-day R=0.68: Reproduction numbers clearly below 1, must be interpreted with caution;* ○ *ITS: 5,649 (+52), invasive ventilation: 3,071 (+54): further increase, regional capacities at the limit (not only ITS, but also general bed occupancy), situation continues to tighten, although case numbers appear to be declining;* ○ *7-day incidence of the federal states by reporting date:* ▪ *Saxony still highest incidence but significant decrease, also for Thuringia;* ▪ *Bavaria and BB slightly above the national average;* ▪ *Among the states with the lowest incidence, Bremen and Meckl.-Vorpommern once again recorded slight increases.* *Increases, presumably due to post-reporting;* ▪ *Overall, no real assessment of the decline*	*Dept. 3 (Hamouda)*

	possible; ○ *Geographical distribution in Germany: 7-day incidence (cases/100,000 inhabitants): Vogtlandkreis leads the way with an incidence of approx. 690, despite lower reporting activity* ▪ *21 LK > 25-50,* ▪ *100 LK > 50-100,* ▪ *253 LK > 100-250,* ▪ *34 LK > 250-500 and* ▪ *3 LK > 500-1000;* ○ *7-day incidence of COVID-19 cases by age group (AG) and reporting week: due to winter break in school and kindergarten, incidence in AG 5-14 J (dark blue) already declining since approx. week 50; AG 60-79 J (yellow) significantly lower than 35-59 J (light blue) and 15-34 J (green); AG 80+ with highest incidence since week 50 (dark blue).* *Incidence of > 350 cases/100,000 inhabitants → Relatively lowest decline in this AG compared to other AGs;* ○ *Presentation of reported COVID-19 cases by infection environment (cases from outbreaks with ≥ 2 cases): Environments of retirement and nursing homes and private HH dominate;* ○ *COVID-19 cases by affiliation to an institution and reporting week: also reflects the fact that cases involving people cared for in institutions account for the largest proportion of incidents;* ○ *Reporting data for public holidays (Excel table, not part of the slides):* ▪ *Between 24.12. and 30.12. Proportion of health authorities transmitting data significantly below average previous week(s) (drop from approx. 95 to approx. 85 %)* ▪ *Health department Korbach last report from 20.12., Luckenwalde 21.12. (as of 24.12.), delay outside the statutory period of two days (notification by the next working day plus one day for transmission via the regional offices);* ▪ *Effects see dashboard using the example of LK Teltow- Fläming: a few days little, in the last 2 days* *Comparatively high activity ("levelling of the gap") → Decline in case numbers therefore most likely not as pronounced in real terms, thus* *However, difficult interpretation of case numbers and assessment of the influence on the real incidence, also in preparation for language regulation as of 4 January 2021* • **Syndromic surveillance** *(slides here)* ○ *FluWeb up to week 52: ARE rate significantly below that of previous years, currently additional drop, presumably due to contact restrictions before Christmas;* ○ *ARE consultations up to week 52: holiday-related slump in consultation incidence as in previous years;*	*FG36 (Haas)*

	○ *ICOSARI-KH-Surveillance - SARI cases up to week 51: Number of SARI cases in AG of < 15-year-olds (especially < 4-year-olds)* *significantly) below that of previous years; in AG 15-59 year-olds comparable to those of previous years and currently relatively low.*	

	stable; in AG of > 60-year-olds, however, currently still significant increase; ○ *Excerpt for AG aged 80 and over: in week 50 there was a significant jump in the number of SARI cases, possibly related to the testing strategy (AG rapid tests); in week 51 there was a slight decline, here too the causality is difficult to interpret;* ○ *Proportion of SARI cases with COVID diagnosis up to week 51: "Lockdown light" week 45, relatively stable at approx. 60% since week 46, jump to 68% in week 50, stable at 66% in week 51 (lockdown)* *%;* ○ *Proportion of SARI cases with COVID diagnosis up to week 51 by AG: AG 15-34 years and 35-59 years relatively stable since week 45, AG 60+ not yet clearly stabilised; tendency towards further increase; jump in week 50 in the AG from 35 years (possibly due to increased use of rapid tests);* ○ *COVID-SARI cases up to week 51 - Absolute number of COVID-19 cases with SARI, all cases, incl. lying cases (provisional diagnoses, not yet complete): further increase in AG 60- 79, slight decrease in AG 80+ (data from still lying cases, rather incomplete); AG 15-34 and 35-59 years relatively stable since week 45 (possible influence of lockdown visible); overall, however, the picture is similar to that of the restricted data. Overall, however, the picture is similar to that of the restricted data, although in this presentation (all cases) the cases from the 35-59 age group have less weight, and there is still quite a lot of movement in high age groups;* ○ *Discussion:* ▪ *Be careful when interpreting the measures;* ▪ *Ask everyone to evaluate and assess their data with regard to the need for a language licence. capability from 04.01.* • **Test capacity and testing Test number** **recording at the RKI** *(slides here)* ○ *Test figures and positive rate: week 51 approx. 1.5 million tests, week 52 approx. 1 million tests: sharp decline;* ○ *Positive share just under 13 %, 1.5 % higher than the previous week;* ○ *Capacity utilisation: significantly lower than in the previous week, presumably because many practices were closed and* *Visit to the doctor only in the case of serious illness → Testing presumably more severe cases, therefore presumably* *This is due to the higher proportion of positives;* ○ *Sample backlog lower than in previous week, but still quite low overall;* ○ *The wording in the management report was adjusted with a request for consensus; good wording in the disclaimers to be used: "In week 52, significantly fewer PCR tests were recorded compared to the previous weeks. It can be assumed that this is*	*Dept. 3 (Hamouda)*

	due to the closure of many doctors' surgeries in	

	the public holiday weeks. Therefore to assume that fewer people with mild illnesses to moderately severe symptoms during the festive season. have seen a doctor than in the previous weeks. This could have a corresponding effect on the reporting data." ○ *Discussion:* ○ *Distortion factors and difficulty of interpretation due to the public holidays:* ▪ *Additional tests in preparation for Christmas,* ▪ *Many tests in care facilities,* ▪ *Practice/laboratory closure,* ▪ *Transmission dropouts,* ▪ *Interpretation of current data due to new public holidays additionally restricted;* ○ *This should also be categorised and communicated at an early stage;* ○ *At the beginning of next week, the assessment of effect of the lockdown and public holidays, probably more likely to Midweek or following week with more realistic figures;* ○ *Irrespective of this complication, as of 04.01. a assessment of the reporting data can be given, which through data from hotspots, on deaths and ITS occupancy can be underpinned and a language regulation be available for the decision on 05.01. for the further Procedure from 10.01.* **Testing and positives** *(slides here)* ○ *Decline in test numbers: CW 51 approx. 600,000 tests, currently approx. 460,000 tests (decrease of approx. 1/3);* ○ *Slide 1: slight increase in the proportion of positive tests compared to the previous week;* ○ *Slide 2: Stratified by federal state: further increases in BB, Saxony, Saxony-Anhalt and above all in Thuringia (here However, fewer tests overall, sharp increase must be will be reviewed in the coming week, as reporting data from Thuringia does not currently have such a high proportion of positive Thuringia);* ○ *Slide 3: Number of tests per 100,000 inhabitants by AG shows significant decline in all AGs, number of tests at 0-15 year olds has almost halved, in higher AG The decline is slightly lower, making it more difficult to inter of the positive shares according to AG, these show except for AG 80+ a relatively parallel development, slightly increasing Trend possibly due to "more specific" test criteria;* ○ *Slide 4: Proportion of positive tests out of all tests per KW by type of organisation: sharp decline in number of tests at doctors' surgeries (almost halved, see circular areas), but still increasing positive share (dashed curve), which reflects the generally rising trend in the positive components;* ○ *Slide 5: Test delay: no significant increase in the number of*	*FG36 (Haas)* *FG34 (Bremer)* *FG37 (Haller)*

	Delayed days, significant decline in testing here therefore also visible; *To Do: Please add a line on the average reporting delay in days to the chart on slide 5*	
2	**International** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *No contributions*	

5	**Communication** **BZgA** • *Preparation of information material on vaccinations and risk communication together with the steering committee* • *Feedback from the public during telephone counselling - core topics:* *1) Technical questions about vaccination (e.g. for people receiving anticoagulant treatment)* *2) Questions about the possibility/necessity of vaccinating people who have tested positive or are symptomatic* *→ ee StIKo recommendations and FAQs at https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/gesamt.html;jsessionid=515754248AABBD3567D1A5C3BFB9FE5B.internet051* *It is advisable to prepare these recommendations in a generally understandable way;* *3) Questions on measures for returning from home countries:* ○ *Should be taken up communicatively;* ○ *Please also ask the Federal Foreign Office and the embassies to disseminate information;* ○ *There should be a general reference to the generally applicable regulations as well as a reference to the local authorities (for this: Federal government page with references to the state pages, link forwarded by Mrs an der Heiden to Mrs Thaiss);* ○ *In general: quarantine for 10 days, 5 days if the test is negative;* ○ *Reference to the draft of a new regulation on forwarding information by SMS to travellers from risk areas (not yet active);* ○ *Leaflets from carriers (rail, air);* ○ *The biggest hurdle is people arriving by car; the BMI expects the number to be in the low six-figure range;* ○ *Communicative consideration of other groups associated with returnees (e.g. employers).* **Press** • *No contribution due to the simultaneous Federal Press Conference in co-operation with the RKI and the PEI*	*BZgA (Thaiss)*
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	
7	**Documents/further studies** *Recommendation on vaccinated versus recovered KP1 (especially medical staff)* • *Separate recommendation on the handling of vaccinated KP1 with medical personnel may be useful due to their contact with*	*FG37 (Haller)*

	vulnerable groups - on the assumption that the vaccination does not protects against pathogen transmission; • *Paper on KP management was with regard to medical staff deliberately not specified, any adjustments to the KP-Management papers therefore also apply to medical staff;* • *In the document "Supplementary principles of medical Care in times of the SARS-CoV-2 epidemic" (lead management FG37) contains a passage on the handling of molecular biology data. diagnosed medical personnel after infection (partial immunity available, no quarantine necessary, self-monitoring, self-isolation & testing when first symptoms appear);* • *Revision of this and the KP management document towards vaccination is necessary, especially since there have already been BMG at the beginning of the year with reference to changes intention to publish on the following day;* • *Possible options for vaccinated medical staff: Quarantine- as in the case of recovered patients with diagnostics at the onset of symptoms (in this case, however, highly unlikely due to the vaccination).* *apparent), reference to personal protection, self-monitoring (also with regard to general transmission monitoring after vaccination useful), regular tests;* • *Vaccinated persons should be treated in the same way as those who have recovered, as in* *Both cases of pathogen transmission currently unclear (with the The difference is that the probability of the absence of symptoms in vaccinated persons are higher than in reinfected persons of convalescents);* • *A recommendation of self-tests for vaccinated persons or vaccinated medical staff is therefore not advisable at present, especially as* *this could reduce willingness to be vaccinated (appearance of questioning the reliability of the vaccination, albeit against a different background > transmission, not infection);* • *Prevention of transmission through vaccination generally from 14 days* *Gradually decreasing after second vaccination, but permanent Reduced excretion → Masks are compulsory after vaccination should definitely be retained, as there is still a risk of transmission.* *To Do1: Please consult with colleagues in Europe Foreign countries regarding the handling of vaccinated KP1 in med. Personnel.*	*VPraes (Schaade)* *FG14 (Arvand)* *FG36 (Haas)* *FG17 (Dürrwald)*
	To Do2: Request for consultation of the data from the vaccine manufacturers' approval studies as soon as available, in this context request to Mr Haller for consultation with Mr Wichmann. *To Do3: Subsequently, request for a draft amendment of both documents ("KP Management" and "Supplementary Principles of Medical Care" - please consult with FG14 in advance).*	
8	**Vaccination update (Fridays only)** • *Not discussed*	

9	**Laboratory diagnostics** **NRZ influenza viruses** *(slides here):* • *Currently significant decline in submissions: CW 52 - 71 samples, CW 53 - 19 samples;* • *SARS-CoV-2 detection rates remain relatively high at around 15% in week 52 and around 5% so far this week;* • *Kinetics: Lockdown seems to have a slight effect on rhinoviruses, detection rate currently declining somewhat, but not to the extent of the early-year lockdown;* • *In view of the current detection rates and effects, the protective measures should continue to be advocated - also with regard to the ability to speak on 4 January - and possibly even a lockdown extension until vulnerable groups have been vaccinated and the number of deaths has fallen;* • *Sequencing: this week 30 samples, still being processed; previous week: 1 sample from Viersen with UK variant detected.* **PCR results - hotspot samples** • *Analysis of 54 samples from Giessen and Dresden with regard to new variants using 4 reference strains;* • *Of these, 7 samples were negative in S-gene PCR = typical for UK variant;* • *However, mutation 501Y, which is decisive for the transmissibility of the UK variant, was not detected here;* • *Possible explanations for S-gene PCR negativity:* ○ *Specificity of S gene negativity could vary, use it as a proxy only in certain time window, possibly other mutation;* ○ *Dependence on primer approach: in the UK Taqman primers from ThermoFischer are used, which bind at the deletion site → PCR failure if deletion is present (if other primers were used, this would not be the case);* ○ *For samples from Dresden primer kit used by Thermo-Fischer → can explain S-gene PCR negativity of these samples;* • *In this sample from the affected hotspots, there is therefore no evidence of the UK variant for the time being;* • *The altered mechanism of action of the mutation detected in this sample size is not yet known.*	*FG17 (Dürrwald)* *ZBS1 (Krause)*

	Test figure recording for management report *(document here, section marked yellow and inserted below)* • *"Significantly fewer PCR tests were carried out in week 52 compared to the previous weeks. It can be assumed that this is due to the closure of many doctors' surgeries on the one hand and a lower frequency of visits to the doctor during the public holiday weeks on the other. It can therefore also be assumed that, compared to previous weeks, a lower number of people with mild to moderate symptoms and only people with severe symptoms visited a doctor during the public holidays. It can be assumed that ~~this~~ is reflected in the lower number of tests and the higher positive rate."* • *Interpretation is necessary, but more careful wording chosen in last sentence, as positive AG rapid tests confirmed by PCR could also be the cause - however, the inclusion of this further reason is rejected, as this could lead to speculation and these "confirmatory tests" probably play a subordinate role (cave: distinction between rapid test in test centres - presumably low positive rate - and rapid test in supervised facilities - currently ongoing query, probably no result before 04.01.).*	*Dept. 3 (Hamouda)*
10	**Clinical management/discharge management** • *Document on discharge criteria online since yesterday;* • *Preliminary request from Thuringia for supra-regional transfer of COVID-19 normal patients (non-ITS), as capacities are currently almost exhausted - meeting of steering committees on this (patient transfer strategy).*	*IBBS (Schulz-Weidhaas)*
11	**Measures to protect against infection** *Enquiry about handling KP1 after possible reinfection with new UK variant* • *Currently generally applicable handling instructions for KP1* • *In principle, no change in recommendation initially under the assumption that this new variant does not behave differently, e.g. with regard to favouring infection;* • *Review necessary, e.g. as intensified environmental investigation to provide data basis for comprehensive study;* • *Samples should be sent to ZBS1 as diagnostic samples.*	*FG36 (Haas)* *ZBS1 (Krause)*
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points** • *Currently travel bans UK and South Africa, from 01.01. Return travel from these areas possible provided notification is made to the BMI, legal ordinance valid until 06.01.2021;* • *DEA (Digital Entry Registration): 332 of 376 health authorities currently connected (88%), approx. 13,000 registrations per year.*	*FG38 (an der Heiden)*

	day, daily high so far just under 24,000; • *Clearing centres: currently approx. 600 entries per day, which cannot be assigned ad hoc to the health authorities, processing possible prospectively via subcontracting by the Federal Printing Office.*	
14	**Information from the situation centre** • *Currently relatively easy to carry workload*	*FG38 (an der Heiden)*
15	**Important dates** • *05.01.2020: Switch Federal Chancellor and heads of government*	*All*
16	**Other topics** • *Next meeting: Monday 04.01.2021, 13:00, via Webex*	