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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*04.01.2021, 13-15 h*
Venue:	*Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Annette Mankertz*
- *Dept. 3 Management*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Thorsten Wolff*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
  - *Alexandra Hofmann (protocol)*
- *FG 32/38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Sarah Friethoff*
- *FG 34*
  - *Viviane Bremer*
  - *Mathias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Udo Buchholz*
- *FG37*
  - *Muna Abu Sin*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *P1*
  - *Esther-Maria Antao*
  - *Mirjam Jenny*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *ZBS1*
  - *Janine Michel*
- *BZGA: Heidrun Thaiss*
- *German Armed Forces: Katalyn Rossmann*
- *BMG: Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **National** • **Case numbers, deaths, trend** *(slides here)* o *SurvNet transmitted: 1,775,513 (+9,847), thereof 34,574 (1.9 %) deaths (+302), 7-day incidence 139/100,000 inhabitants;* o *4-day R= 0.95, 7-day R= 0.85: Reproduction figures slightly below 1* o *Vaccination monitoring (new): 238,809 people vaccinated* o *ITS: 5,762 (+36) increases slightly* o *7-day incidence of the federal states by reporting date:* ▪ *high before Christmas, last 2 weeks down, difficult to interpret.* ▪ *Saxony and Thuringia with the highest incidence, but falling, Brandenburg is conspicuous with a small increase on New Year's Eve* ▪ *Overall, no real estimate of the decline is possible;* o *Geographical distribution in Germany: 7-day incidence (cases/100,000 inhabitants): Vogtlandkreis leads with an incidence of approx. 631* ▪ *19 LK > 25-50,* ▪ *101 LK > 50-100,* ▪ *248 LK > 100-250,* ▪ *42 LK > 250-500 and* ▪ *2 LK > 500-1000;* • *Reporting data for public holidays (Excel table, not part of the slides): The grey bars show the proportion of health authorities that transmitted data on that day. During public holidays and weekends, 80% of the health authorities transmitted data. The number of cases transmitted daily varied greatly from day to day. However, with a reporting delay of 1 day, this has not increased; fewer cases were also transmitted from the laboratory to the health authority via DEMIS. The lower case numbers are not due to the reporting delay.* • *Discussion:* o *Interesting observation in the ARS data that a decrease in testing in all*	*FG32 (M. Diercke)* *FG32 (M. Diercke)* *All*

	The decline in the number of cases in Brandenburg is therefore lower. The test figures should be compared with the reports; there is currently no significant delay. • *Decision of the crisis unit: The disclaimers will remain in place until the end of the week.* • *Discussion of the own-initiative report "Population-related anti-epidemic measures after 10 January 2021" (ID 2480)* o *Presentation of the annex to the own-initiative report; includes a brief explanation of the existing systems and their assessment of e.g. reporting delays during public holidays; ARE consultations, test figures, etc.* o *Thanks to all those who contributed at short notice;* o *Appendix should be greatly shortened, but it is important to present the various existing systems in a well-structured way* o *Several 100,000 Germans travelled during the holidays; a restriction on mobility should be mentioned as a measure in the report* o *GISAID was used to check whether the new variant from South Africa is already present in Germany.* o *Various comments should be incorporated into this morning's version (TODO Al3 in consultation with FG36, deadline 4 January 2020 16:00)* • *Among other things, Mr Wieler needs current figures on schools for today's telephone conference with the state premiers at 5.00 pm. Corresponding figures have already been prepared for the crisis team. S. Buda will compile further data in consultation with Mathias an der Heiden by 4.00 pm today.* • *Presentation of situation assessment (slides here)* o *Assessment of the informative value of the reporting data; median duration between illness and reporting 6 days; slightly higher in the last few days; more cases were reported that were ill for slightly longer. Nowcast possibly indicates that case numbers are declining; a decline can be observed in the cumulative case numbers; stratified by age group, broad stabilisation at a somewhat lower level*	*FG36 (W. Haas)* *L. Wieler* *FG34 (M. an the heathen)*

	Level. • *Presentation of excess mortality (slides here)* *TODO: Revision of ID 2480: FF Al3 in consultation with FG36, deadline 4 January 2020 16:00* *TODO: S. Buda creates graphics in consultation with Mathias an der Heiden for Mr Wieler's lecture on 4 January 2021 Deadline 4:00 pm* *TODO: Analyse the GISAID data to determine whether a variant from South Africa is already available in Germany.*	*FG34 (M. an the heathen)*
2	**International (Fridays only)** • *Reminder: the international situation is presented on Fridays*	*ZIG*
3	**Digital projects update (Mondays only)** • *Not discussed*	*Smear*
4	**Current risk assessment** • *Nothing to report*	*All*
5	**Communication** **BZgA:** • *Before the holidays, information for returning travellers was updated again, documents on behaviour during lockdown were published and prominently displayed. There were many questions about vaccinations and advice on personal stress in the telephone counselling service.* **Step-by-step plan (RKI):** • *Presentation of a step-by-step plan (slides here and here): content development by AL3, commentary by FG36 and graphic presentation by P1* o *The background to the step-by-step plan is to reduce the burden on the healthcare system. Five levels were developed on the basis of the 7-day incidence, supported by meta-analyses, modelling and literature with recommended measures for each level; level plans from other countries (e.g. Ireland) were also used to classify the measures into the levels.* o *Discussion: A note should be added that the values given are only guidelines and could not be substantiated by literature, as many of the proposed measures were applied simultaneously in the literature.* o *Regional events should also be taken into account (e.g. outbreaks).*	*BZgA (H. Thais)* *AL3 (T. Young Sendzik*

	○ *Question: Who is this document intended for and when should it be finalised? The document is intended for political decision-makers and should serve as a guide as to which measures should be implemented in which situation.* ○ *Proposal: add a preamble and describe scenarios for the application of the phased plan* ○ *The stages with their far-reaching measures should be decoupled from the epidemiology (7-day incidence values). When using incidence values, the regional values of the districts should be used and not the RKI values* ○ *Step-by-step plan to be published in consultation with the BMG, but the categorisation into steps should be based on evidence (studies, etc.).* *TODO: Comments on the phased plan by the crisis team and revision of the phased plan before coordination with the BMG. Deadline end of January* **RKI Press Office:** • *The vaccination figures are now published in the mornings; in addition to the figures, a map and a graph showing the progression over time are also currently being published.* • *The text for the website for the new variant has been revised, Dept. 1 and Dept. 3 are to check the revision.* *TODO: Commenting on the text of the new variant by Dept. 1 and Dept. 3*	*Press office (M. Degen)*
6	**News from the BMG** • *Not discussed*	*BMG*
7	**Strategy questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
8	**Documents** • *Not discussed*	
9	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*

10	**Laboratory diagnostics NRZ influenza viruses** • *Update on the new variant: The sequencing of samples has been intensified. 60 samples from December, including from the AGI Sentinel (from Saxony and Thuringia), were analysed. So far, the new variant has not been detected there. It is planned to sequence further samples from the AGI Sentinel. The variant has been found in many European countries, but its role is still unclear.* • *AGI Sentinel: fewer samples were received over the turn of the year, but the proportion of positive samples rose from 8.6% to 15.5%. The number of samples halved from week 51 to week 52; apart from rhinoviruses and SARS-CoV-2, no other viruses were found.* • *FG17 has received an RNA sample of the new variant (UK), if there is still material of the sample, ZBS1 asks for a part of the sample* • *FG17 reports that they received a sample from Denmark (mink variant) on 23 December, which is now being bred.* **ZBS1** • *In week 53, 909 samples were analysed in the laboratory, of which 385 (42.35 %) were positive* • *in week 52 606, of which 315 (48.09 %) positive.* • *Many samples from known positive cases or after positive rapid antigen tests are currently being analysed.* • *ZBS1 received samples from Dresden and Geesthacht, 10 of which were sequenced.* • *A handover of the analysis of the samples to FG17 is planned; this will be discussed on a smaller scale.* • *ZBS1 is now connected to DEMIS and has been transmitting data since CW53* • *Samples from the COMO study are still arriving nationwide, and arrangements are to be made with Dept. 2 (Mr. Schlaud) are taken.*	*FG17 (T. Wolff)* *ZBS1 (J. Michel)*

11	**Clinical management/discharge management** • *Currently, up to 20 patients are to be transferred from Cloverleaf East. The situation in the various cloverleaf regions is tense. However, patients will only be transferred from border regions abroad after consultation.* • *IBBS would like to support South Africa with telemedicine services; this will be discussed again separately.* *become.*	*IBBS*
12	**Measures to protect against infection** •	*All*
13	**Surveillance** • *Corona-KiTa study (slides here)* o *Influenza Web - Incidence of acute respiratory diseases per 100,000 inhabitants: ARE significantly below previous years and falling; ARE fell during the public holidays; slight increase in CW49, but below previous year's level;* o *Incidence and proportion by age group: Proportion of 15-20-year-olds with COVID-19 higher than in younger AGs* o *Outbreaks in kindergartens/day nurseries* ▪ *Transmission of outbreaks in week 52 and 53; however, onset of disease earlier* o *Outbreaks in schools* ▪ *Pupils also affected, decline in outbreaks observed due to School closures less activity; school openings should only occur with measures that limit transmission in schools.* • *Mobility during the public holidays in December 2020 (slides here)* o *Lockdown has had an effect, mobility is lower than in the previous year (2019); mobility increased from 14-16 December (shopping behaviour before the hard lockdown), mobility also increased again after the holidays, but overall lower than in the previous year. On 3 January, mobility was as low as it was during the 1st lockdown in spring 2020.* *made itself felt;*	*FG36 (S. Buda)* *L. Wieler*
14	**Transport and border crossing points (Fridays only)** -	*FG38*

15	**Information from the situation centre (Fridays only)** -	*FG38*
16	**Important dates**	*All*

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Date:	*06.01.2021, 11:00 a.m.*
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Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
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  - *Christian Herzog*
- *MF4*
  - *Linus Grabenhenrich*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
- *P4*

- *Susanne Gottwald*
- *Frank Schlosser*

- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Regina Singer*
- *BZgA*
  - *Heidrun Thaiss*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,808,647 (+21,237), of which 36,537 deaths (+1,019), 7-day incidence 127/100,000 inhabitants.* ○ *4-day R=0.61; 7-day R=0.83: R-value well below 1* ○ *Vaccination monitoring: 316,962 (+44,563) people vaccinated* ○ *ITS: 5,678 (-66)* ▪ *slight decline, but almost 37% die, no all-clear, still high* ○ *7-day incidence of the federal states by reporting date* ▪ *Slight decline, but all BL at a high level* ▪ *Highest incidences in Saxony and Thuringia, but slight easing there too.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *No circle with incidence > 500* ▪ *30 LK with incidence >250 - 500 cases* ▪ *Only 26 LK with incidence <= 50* ○ *7-day incidence by age group and reporting week* ▪ *Highest incidence among >80 year olds, declining at a high level* ▪ *Lowest incidences among 0-4 and 5-14 year olds* ○ *COVID cases by infection environment* ▪ *Many outbreaks in retirement and nursing homes in recent calendar weeks, more than in private households,* *remains a cause for concern.* ▪ *Is this perhaps because the focus of the GA is more on homes and not on households? Only with a* *GA creates an outbreak in a small proportion of cases; it is possible that not all outbreaks in private households are recorded in the software.* ▪ *In recent weeks, there have been 800 active outbreaks in nursing homes and yet underreporting.* ▪ *Note from the management: This representation should only be used very carefully, as it is often used as a* *distribution of cases is read and misunderstood.* ▪ *Illustration first published in Epid.Bull. Article with published background information and will*	*FG32 (Diercke)*

	always also commented, perhaps a disclaimer should be added to the presentation. ○ *COVID deaths by week of death* ▪ *In week 51, around 4,000 people died within a week.* ▪ *Reporting delays for deaths tend to be longer than for notifications: the date of death is often not available at the time of transmission.* *1-2 weeks before notification.* ○ *Late registrations are still to be expected in some BLs. Reasons? No technical reasons, case number development over time speaks in favour of pending notifications.*	*FG37*
	• **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *In week 52, the number of tests is significantly lower than in week 51, and significantly lower again in week 53. Positive* *rate rose to 16% in week 53.* ○ *Capacity utilisation* ▪ *In the last two weeks, in addition to the number of tests carried out, the test capacities* *significantly lower.* ○ *No significant backlog of samples*	*Dept. 3 (Hamouda)*
	Testing and positives in ARS *(slides here)* ○ *Here, too, there was a significant decline in testing in week 53, also in ARS positives >16%.* ○ *Share by federal state* ▪ *Saxony and Thuringia stand out. Thuringia has the highest positive rate at around 30%.* ○ *Number of tests and percentage of positives by age group* ▪ *People aged >=80 years are tested most frequently.* ▪ *The proportion of positives is also highest in this age group.* ○ *Acceptance location* ▪ *Proportion of doctors' surgeries has decreased in the last 2 weeks, proportion of hospital surgeries has decreased in the last 2 weeks.* *normal ward has increased. In doctors' surgeries, the proportion of positives has risen sharply to >20% of tests, indicating strong selection.* ○ *Time between acceptance and test* ▪ *Thuringia > 2 days from acceptance to test* ○ *For interpretation of the last 2 weeks* *be awaited.* ○ *When can antigens be detected using these two detection systems?* ▪ *ARS can receive this data, but only tests from laboratory information systems, not point-of-care tests.* ▪ *Voxco enquiry is underway, data can be presented next week. Query has been sent to laboratory coordinators of the federal states.*	*FG37 (Eckmanns)*

	○ *Acceptance capacities have fallen significantly, why were so many doctors' surgeries closed over Christmas despite the crisis? Officials at the Association of Statutory Health Insurance Physicians do not seem to be taking the crisis seriously enough.* ○ *Appeal should be very sensitive, some doctors work much more than before.* ○ *Briefly addressed and discussed by Mr Hamouda and Mr Bayer in the morning meeting at the BMG.* ○ *Uncertainties regarding public vs. private orders for antigen tests are also to be brought to the BMG for discussion.* • **Syndromic surveillance (Wednesdays)** *(slides here)* ○ *So far no evidence of a seasonal flu epidemic.* ○ *ARE consultations* ▪ *Below the level of previous years, usual slump observed at this time of year.* ○ *ICOSARI-KH-Surveillance* ▪ *Number of SARI cases among >60 year olds decreased slightly, stabilisation at a high level.* ▪ *Slight easing for >80 year olds. The number of new hospital admissions appears to be falling. All those who have been in hospital longer are not shown here.* ▪ *Proportion of SARI cases with COVID is still relatively high.* ▪ *Age distribution: Younger people are affected much less frequently than in previous years, as neither influenza nor RSV. Is an indirect effect of general measures to prevent respiratory diseases.* ○ *Are there any studies on this? Which measure works and how? The more evidence can be found in favour of the mask, the better.* ▪ *COVIRIS study gets off to a slow start, but could deliver results.* ▪ *There are population-level studies from the USA that show that in communities where masks were worn, fewer COVID cases occurred.*	*FG36 (Buda)*

	• **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* o *Federal state table* ▪ *There are currently 5,557 COVID-19 cases undergoing intensive medical treatment.* ▪ *BW, BY, BE, BB, HE, NW, SN are heavily burdened.* ▪ *Approximately 70% require ventilation, invasive or non-invasive.* o *Regional capacity situation* ▪ *Extremely high stress situation: in 8 CCs the proportion of COVID patients is >25%, in 3 CCs >30% (BE, BB, SN).* ▪ *Buffer of 15% free bed capacity is desirable, 9 BL fall below this limit.* ▪ *In contrast to the 1st wave, there are always more severe bottlenecks.*	*MF4 (Fischer / Graben-henrich)*
	o *Development over time* ▪ *Partly still strong increase, or levelling off at a high level of patients treated in intensive care COVID cases.* ▪ *Delayed effect of lockdown measures.* ▪ *Free IV capacities are decreasing.* o *Forecast modelling* ▪ *Case numbers at BC level: comparison between those actually treated (red dots) and for COVID available beds (orange line)* ▪ *Forecast for all federal states and at NUTS-2 level* ▪ *Modelling for supply clusters coming soon* ▪ *Uncertainties greater at the moment, as registration figures are included* o *Have intensive care capacities been doubled since spring?* ▪ *No doubling, but expansion, especially for devices. Ventilation capacity has been increased, Staff shortages.* o *Who is the recipient of the DIVI data?* ▪ *Distribution via the DIVI Intensive Care Register platform, public health actors, crisis teams, continuous Extension of the distributor.* o *When talking about the number of free intensive care beds, it must be made clear that at least 15% should be kept free.* o *Is a lot of staff absent due to antigen tests compared to the 1st wave? Is there information that work is continuing in compliance with protective measures?* ▪ *There were no bottlenecks in the 1st wave. In the last 2 months, more and more staff is being deployed as an operational restriction.* *are not asked for more precise reasons.*	
2	**International (Fridays only)** • *Not discussed*	

3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Feedback from the population: Vaccination in inpatient care facilities seems to work, in the outpatient sector there are problems with the allocation of appointments.* • *Feedback from colleagues from vaccination centres: no shortage of doctors, some need for supporting materials, in individual cases vaccine doses were discarded.*	*BZgA (Thaiss)*
	Press • *Dates: On Saturday there will be a town hall meeting for doctors and pharmacists with Mr Wieler, Mr Spahn and the PEI.* • *An RKI press conference will take place on 14 January.* • *Is the option to vaccinate 6 instead of 5 doses per unit used?* o *As far as Mrs Thaiss is aware, this option is increasingly being used.* o *No information on this in the vaccination monitoring.* • *The way in which available vaccine doses are handled varies greatly: In some cases, vaccine doses are kept in stock for the 2nd vaccinations, in others everything is vaccinated and new deliveries are awaited for the 2nd vaccinations.*	*Press (Wenchel)*

6	**RKI Strategy Questions** **a) General** • *Decisions of 5 January and effects on RKI* o *RKI is specifically addressed in the case of molecular surveillance.* o *The concept of how integrated molecular surveillance can be expanded compared to last year is to be finalised by Friday of this week.* o *Preparations underway at MF1. Sequencing at the RKI will be doubled from 100 to 200 per week. A random sample of laboratories will send 5 samples per week to the RKI for sequencing.* o *However, the main aim is to collate and process data generated in external laboratories in a binding manner.* o *Routine laboratories should be approached. They should sequence a random sample of all PCR-positive samples and send the sequences to the RKI.* o *Various laboratories have already started sequencing old samples.* o *A legal regulation that will ensure that the RKI receives more data is coming.* o *Development of a system to visualise different variants: Data reception, processing and provision.* o *A concept as to which samples should be sent to the RKI is to be circulated by S. Kröger by Friday.* o *There is an expectation regarding a concept from the RKI as to which samples should be sequenced externally.* o *This afternoon there will be a meeting to discuss which samples should be sequenced in the context of the new variants and where.* *ToDo: A recommendation on what should be sequenced externally is to be developed in the course of next week. Should be on the agenda next week, FF S. Kröger, FG17* o *Linking molecular surveillance and epidemiological data makes sense.*	*All*
	o *Could the English variant be screened for? Only one particular PCR has S-gene as a target, the majority of private laboratories do not use it.* o *According to the UK, the older the samples are, the worse the Proxi is. Last week, 50 samples from Dresden were analysed with no high hit rate.* o *However, it can be assumed that further variants will be added in the future. The variants can only be discovered by analysing the entire genome. An increase in variants due to vaccination is to be expected.* *ToDo: Situation centre to go through decisions from 5.1. point by point and consider whether there are consequences for RKI. If so, discussion in the crisis team on Friday.* **b) RKI-internal**	

7	**Documents** • *Updating the recommendations on KP management* ○ *If a novel variant is detected, the quarantine period of 14 days should not be shortened.* ○ *Symptoms in quarantine: If the test is negative, retesting at the end of the quarantine period should be considered.* ○ *Variant should be explicitly mentioned during prioritisation. W. Haas makes a proposal, which is voted on in a small group and placed on the website.* ○ *WHO has formed a group to deal with the naming of the new variants. The B nomenclature is to be used until a decision is made at international level.* ○ *In the absence of symptoms: supplement the reduction to 10 days.* • *Integration of the status of vaccinated persons in contact person management* ○ *Persons who have been serologically proven to be infected in the past are cancelled. Quarantine is only not required in the case of molecular biological evidence.* ○ *If the data on the AstraZeneca vaccine are available and no virus reduction is achieved to a relevant extent, it must be reconsidered whether a statement can still be made for all vaccinated persons.* ○ *Has the viral load been determined in the case of reinfection? No overviews of viral loads known.* ○ *Returning travellers are excluded for the time being and do not have to be named as an exception.* *ToDo: After coordination, submit to BMG for information. If no feedback: Publication the next day, publication this week.*	*FG36 (Haas)*
8	**Vaccination update (Fridays only)** • *Not discussed*	
9	**Laboratory diagnostics** • *Virological surveillance* ○ *Receipt of 41 samples last week and 72 in week 52, of which 10% and 15% respectively were positive for SARS-CoV-2.* ○ *Submissions have increased, but currently only low submission rates. The high detection rates of rhinoviruses have decreased during the lockdown, while detections of SARS-CoV2 have increased.* ○ *The usual peak of RSV did not materialise, all pathogens at a low level.*	*FG17 (Dürrwald)*

10	**Clinical management/discharge management** • *Intensive care physicians in large cities have noticed that the proportion of people on IST with an Islamic background is relatively high. In some cases >50%, which could be due to culturally different ways of visiting patients. Should this be discussed with the BMG, who could be the right mediator?* o *Proposal from BZGA: Integration officer* *ToDo: First contact with BMG verbally, if desired, joint contact with the integration officers*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *Supplementary principles of medical care in times of the SARS-CoV-2 epidemic (here)* o *Amendments to FG14 have been incorporated; a paragraph on previously vaccinated staff has been added at the end. Sufficient immunity can be assumed from 14 days after the 2nd vaccination.* o *The term nucleic acid detection should be used instead of molecular diagnostic or PCR.* *ToDo: Send to the BMG for information, then publish* • *Exemption from screenings for vaccinated and recovered people?* o *Question from the AGI TK: Antigen screening of medical staff or commuters is cost-intensive and time-consuming, can convalescents and vaccinated persons be exempted? Please provide a scientific assessment.* o *Screening recommendations are state ordinances that were not adopted on the basis of RKI recommendations.* o *Vaccine breakthroughs cannot be detected if vaccinated persons are not screened.* o *Before a recommendation can be made, a database must first be created. It should therefore be investigated whether the virus is still excreted after vaccination. Mr Eckmanns will get in touch with B-FAST about this.* o *Feedback to federal states: Studies should be initiated before a recommendation is made (not necessarily by the RKI). Until then, screening of vaccinated persons should be maintained.* • *Evaluation of positive reaction in screening tests of vaccinated persons*	*FG37 (Eckmanns)* *FG38 (Rexroth)*
	o *Several organisations have reported that positive results were observed in rapid antigen tests immediately after vaccination.* o *This seems unlikely. However, since the rumours are circulating, they should be investigated. Is very easy to investigate: in a non-exposed setting, before and immediately after vaccination, ethics application required.*	*FG38 (Rexroth)* *FG37 (Eckmanns)*

12	**Surveillance** • *Many questions about the new case definition.* ○ *Question from BMG: Why is there a deviation from European case definitions? Is technically justified.* ○ *Should antigen tests be transmitted?* ○ *A better picture of the number of antigen tests should be created using Voxco queries. In how many cases has an antigen test preceded the PCR? Shift in the number of unreported cases?* ○ *The new SurvNet update has not yet been installed in all GAs, so the new case definition has not yet been implemented everywhere.* ○ *The great heterogeneity of the reporting software is regrettable and a stumbling block in overall monitoring.* ○ *There is still no recommendation for SurvNet from the BMG. BMG refers to the lack of IT standards. Until this is achieved, no political support can be expected. Is not technically justified in any way.* ○ *SurvNet is to be modernised with funds from Sormas.* *ToDo: Speaking note for Mr Wieler: Where is which problem?*	*FG32*
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** • *HSC Meeting (06.01.2021; 14:30; TN: O. Wichmann)*	*All*
16	**Other topics** • *Next meeting: Friday, 08.01.2021, 11:00 a.m., via Webex*	

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Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL3/dept. 3*
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  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ester-Maria Antao*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *Trend analysis international, measures (slides here): almost 85 million cases worldwide, >1.8 million deaths*	*ZIG1*

RKI	○ Top 10 countries by number of new cases/last 7 days for week 52, as weekly case count reporting by ECDC ▪ Largest increase in week 52 in Italy, Brazil, USA, UK ▪ Sharp drop in Russia, Turkey and India ▪ 7-day incidence in USA and UK >400/100,000 ○ 7-day incidence > 50 per 100,000 inhabitants ▪ 85 countries/territories (as at 04/01/2021) ▪ Europe: only Guernsey, Vatican and one other <50/100.000 ○ 7-day incidence per 100,000 inhabitants - EU/EEA/GB/CH ▪ 3 countries <50/100,000: Greece, Finland, Iceland ○ Laboratory-confirmed COVID-19 deaths - EU/EEA/GB/CH ▪ Data shown differently like EuroMOMO (ECDC slide) ▪ Comparison of 1st and 2nd wave, two trends: 1. Countries where 2nd wave >1st wave, 20 countries 2. Countries where 1st wave > 2nd wave, 7 countries • WHO epidemiological update 03.01.2021 ○ Largest number of new cases reported in the Americas region, followed by Europe ○ 3rd week in a row >4 million new cases worldwide ○ Slight decline (2%) compared to previous week, to be interpreted with caution as figures may be affected by reporting delays ○ Slight decrease in deaths last week: Americas 47% of all new deaths, Europe 32%, SEARO 10%, Africa 2% • SARS-CoV-2 variants ○ GB VOC 202012/01 Variant ▪ 3-fold increase in the 14-day reporting rate ▪ Many genetic changes, especially in the spike protein ▪ variant does not lead to more severe courses of disease and higher case mortality, but to higher Transferability ▪ 43 countries (many in EU) have reported cases ▪ Strong measures in the UK, almost 80% of the population is housebound ○ South Africa 501Y.V2 Variant ▪ Detected through routine surveillance ▪ Rapid distribution ▪ Has quickly developed into a dominant line since the beginning of November, >90% of the sequences ▪ Identified in 11 countries except South Africa ▪ Variant has now also been identified by KL in sample from BW, 6-year-old travelling returnee ▪ Tokyo is in lockdown, is the South African version also available in Japan? And in China? No info on China, Japan Info goes to crisis team distributors ○ There will always be more and new variants: molecular Surveillance is very important, Germany should not limit itself to those known/identified by others, but rather	

RKI	*also independently identify new genome sequences* **Vaccines Africa** ○ *Many African countries have problems getting vaccines, should the RKI prepare a statement?* ○ *ZIG discussed the preparation of a letter yesterday,* ○ *There have already been enquiries from partners* ○ *Germany is not really behind the COVAX initiative* ○ *ZIG had an exchange at working level with BMG: BMG does not plan to do anything, RKI letter to BMG is being prepared, two lines of argument:* *1. Importance of social equality - questions will come up again and again, suggestions for dealing with them in RKI projects* *2. Joint letter with partners for publication - European scientists comment on rolling out the vaccine in our countries but not in partner countries* ○ *ZIG draft to be presented to management soon* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 1,866,887 (+31,849), thereof 38,795 (2.1%) Deaths (+1,188), 7-day incidence 136.5/100,000 inhabitants, cases ACTUAL 5,491 (07.01.2021), Reff=1.15, 7-day Reef=1.09* ▪ *No easing of the epidemiological situation* ▪ *Data collection is slowly normalising, uncertain whether these are cases whose onset of illness further back; this can be determined once, but the current infection rate is very active* ▪ *Figures are worrying, but not unexpected* ○ *Vaccinations: >400,000 carried out with the 1st dose* ○ *DIVI figures: slight decline, but no easing* ○ *7-day incidences: increasing in SN, ST, BB, TH, data may have been too low previously, it is currently not possible to judge how many are transmitted due to follow-up examinations* ○ *Geographical distribution: many districts with high 7-day Incidences (>100/100,000), only 15 counties <50* ○ *Death rates: Data as of 30 December 2020, with a delay of 4 weeks, a clear excess mortality of 11% is visible, probably largely due to COVID-19* • *Difference in incidence between BL and RKI* ○ *In BB, significantly higher incidences were reported for some local districts than those in the reporting data* ○ *Enquiry has been made to BB but a reply is still pending* ○ *Cause still unclear, could be related to (new) case definitions, is being investigated* • *Presentation of vaccination doses in the RKI situation report* ○ *The first people will soon be vaccinated for the second time, How should this be visualised in the management report?*	*FG37/ZIG/ all* *FG32* *FG34/FG32*

RKI	○ Viviane Bremer is in dialogue with FG33 on this and a proposal is being developed ○ It's getting tight on the 1st page **Disclaimer on dashboard** • How long should the current disclaimer remain on the RKI Dashboard? • The aim was to cautiously interpret the data during the Christmas holidays and at the turn of the year due to reduced doctor visits, sampling, laboratory tests and data transmission → Reasons for (too) low case numbers • What we expected is currently happening, testing is normalising and late registrations come • Several BLs are not yet up to date with the data entry, it is piling up in the GA and is being added in batches, they are not keeping up well • Reality of the reporting data: Problems of interpretation actually exist throughout due to the reporting delay and overload • Additional tools have been established (GrippeWeb, ARS, etc.), but these do not provide the desired information either • Nevertheless, the significance of our data and thus our credibility should not be relativised or undermined • RKI must interpret the data within the scope of what is possible, should not limit the informative value • Holiday effect and distortion based on it is now over ToDo: Disclaimer to be removed from the dashboard and the management report next Monday	Pres/FG32/ FG34 VPresident/all
2	**International (Fridays only)** • Follow-up mission (after the one in October 2020) to Kosovo in 1-2 weeks for laboratory support • Many activities/explanations in connection with new variants, risk areas and regulations, also with regard to border closures → see below 13. transport & border crossing points for legal bases • High-risk areas ○ "High-risk areas" were decided at the MPK conference ○ These have not yet been clearly defined ○ There was a consultation with the BMG at specialist level, initiative did not come from the BMG (shares our assessment) ○ Topic will probably be discussed again at ministerial level ○ Differentiation of risk areas in a fortnight if necessary • Template for model quarantine regulation mentions exemption of persons from countries "with hygiene concepts designated by the RKI", unfortunate wording • Yesterday Airport TK	ZIG FG38

RKI	○ *Participants understand high-risk areas to be countries in which new variants of concern are circulating* ○ *Coronavirus Protection Ordinance provides for special measures for travellers from South Africa and the UK, Ireland is expected to be added today*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** **New virus variants - integration in risk assessment?** • *Integration of a reference to the new variants whose impact on the situation cannot yet be assessed* • *Firstly, monitoring of the situation in districts where they have occurred and their development in comparison to other districts* • *Currently no comprehensive molecular surveillance, it cannot be ruled out that variants are also present elsewhere* • *Variants do not automatically contribute to an increase in the number of cases; this depends on local infection control measures and other factors* • *All 3 BL-TKs this week dealt with this topic in detail: there are great expectations towards the federal level (BMG/RKI), both with regard to the monitoring and sampling concept as well as risk assessment; as is often the case, there is no uniform position, e.g. BY is highly concerned, wants to treat all travellers from UK and South Africa as confirmed cases, other BL are more focused on their other concerns* • *Statement at federal level would be good, as well as co-design of the regulation by the RKI, as this will specify the screening concept* • *Travelling/Recommendations* ○ *Probably still a lot of unnecessary private travel, which should be restricted as much as possible* ○ *Mobility drives every epidemic* ○ *Politicians are reluctant to tackle the issue* ○ *BKA aims to stop cross-border travel, but evidence is not entirely clear* ○ *The different departments do not agree, there are many discussions within the political framework* ○ *It is unclear whether RKI can deliver or control more than this* ○ *New variants are coming to Germany from abroad, Virus moves on through travelling* ○ *EU colleagues believe that travelling is a problem* ○ *Travel restrictions only lead to delays in distribution, but possible time savings* • *KoNa Management (FG37/FG36)* ○ *New KoNa management recommendations exclude shortening quarantine for cases of new variants* ○ *In general, communication should also include people with mild symptoms of the disease with increased risk (e.g.*	*VPresident/all* *Pres/all*

RKI	*travelling from one of the affected countries) are advised to self-quarantine in any case* • *Mobility* ○ *P4 has tracked population movements over the holidays, but these are lost at the borders* ○ *Travelling mobility could be investigated separately via airports, e.g. visitor volumes at airports* ○ *It may be difficult to establish the connection or to interpret the results, but it will be determined* • *High-risk countries* ○ *Yesterday many enquiries regarding Ireland and Denmark* ○ *Border with Ireland is closed because 25% of cases show the new variant, while the border with DK with 2% of cases of the new variant is not closed.* ○ *Interpretation of survey data from other countries difficult* ○ *Sequencing between countries is still much more varied and not comparable* • *The fact that mobility increases the risk should be communicated even more clearly* • *Press: integrates mobility and travelling in next week's speech* *ToDo: Draft new risk assessment with reference to new variants for crisis team Monday (FF?)* *ToDo: FG32 if possible, analyse the situation and development in districts where the new variant is known to be present*	
5	**Communication** **BZgA** • *Queries from the public about the 15km radius* ○ *Insecurity, especially among older people/people living in rural areas* ○ *Clear announcement that 15km radius can be exceeded for necessary errands* • *Employees* ○ *Must defend themselves against estimated non-compliance with measures as part of their work* ○ *Measures not always consistently implemented by employers* ○ *Take the example of inpatient care facilities: do carers really have enough information material?* ○ *An inventory of information material on vaccination centres is also being carried out* ○ *Different behaviour during visits to the hospital/nursing home: this also depends on cultural background. Background, there is a lot of serious adapted material on this that can be used for communication*	*BZgA* *All*

RKI	• *Employers* ○ *A consensus and clear recommendations must be created from the political side* ○ *In the low-wage sector in particular, there is no employer support, e.g. for minor illnesses* ○ *Many decision-makers have not realised the seriousness of the situation and their responsibility* • *RKI drafts a letter to the Federation of Employers, Federation of Industry, others (all on letterhead), FG36 begins corresponding draft for Präs, in which please refer to existing materials for employers/employees* *ToDo: FG36 prepares draft letter to employers' association, industry association, etc. and invites others to add/comment*	
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	
7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** **General update** • *Vaccines* ○ *STIKO updates its recommendation today: newly authorised Moderna vaccine goes into the BL from Tuesday* ○ *Discussion in media on 1st, 2nd dose and vaccination interval, Recommendations remain the same* ○ *Educational materials in vaccination centres need to be updated regarding Moderna vaccine* ○ *Astra Zeneca next candidate in line* ▪ *Decision to be taken in February* ▪ *Not a sure-fire success like the others because the vaccine is less perfect* ▪ *Use must be discussed* ▪ *Possible restrictions as data for older people is very limited* • *Many enquiries about vaccination in retirement homes: some do not vaccinate if there is 1 case → FG33 & FG37 have developed recommendations: vaccination should be given in every case, as even 1 dose has a positive effect* • *Antigen tests after vaccination* ○ *In some vaccinated people, antigen tests are required 2-3 days after Vaccination positive*	*FG33/all*

RKI	○ *FAQs will be supplemented and are currently being* ○ *Must be well observed: Vaccine is reactogenic and general symptomatology is sometimes to be expected, if people are then tested, positive antigen test is difficult to interpret* ○ *Pres contact with Sahin from BioNTech: S gene is also expressed in the nose, possible consequence of vaccination* ○ *Antigen test Detection is also based on N protein (e.g. Roche)* ○ *Most antibody tests target S protein, antigen tests more often target N protein as it is more abundant* ○ *Clarification of which antigen tests were used on the vaccinated persons* ○ *Support of ZBS1/FG17 for antigen tests* • *Vaccination rate monitoring* ○ *Running and on the right track* ○ *Not easy to have all BL on board, interfaces are coming, BY have done their own things* ○ *Dashboard commissioned by the BMG is currently under development* • *Various studies are planned, to be added is handling of new variants, e.g. vaccine breakthroughs - President to be informed due to upcoming Townhall Meeting* • *Vaccine efficacy against new variants, any news on neutralisation tests? When will this be available?* ○ *Vaccination effectiveness has significant consequences for prevention strategy* ○ *The day before yesterday HSC web seminar with EMA, etc.: first results of neutralisation tests are expected from GB by the end of this week* ○ *Vaccine manufacturers are also expected to deliver results* ○ *Hopefully next week there will be some hints* ○ *In principle, it is not assumed that effectiveness is much different/lower (a broad policy response is triggered)* ○ *With the South African variant, the concerns are greater than with the GB variant, there is no information on this* ○ *6 weeks are necessary for vaccine adaptation, then production* ○ *Adaptation of the sequences should not be a problem in terms of authorisation/regulation* ○ *Virus cultivation is not so easy, so far RKI has not received any samples to support efforts* ○ *For vaccine breakthrough studies, please take into account that virus is obtained here* ○ *FG33 today TC with Charité: MAs are vaccinated there, then long-term follow-up for vaccination breakthroughs and asymptomatic infections is also planned, including weekly testing*	

RKI	*ToDo: Dept. 3 (FG37?) Clarify which antigen tests were used in vaccinated people with positive results, support ZBS1/FG17 on the different tests and which protein they target* **Dealing with vaccinated people and quarantine (& testing)** • *BMG (Sangs, Holtherm) asked for RKI statement regarding Corona Entry Regulation, does RKI continue to stand by it as in the decree report of 22 December 2020, in which an exception to quarantine is to be granted for vaccinated and recovered persons?* • *Testing vs. quarantine: should these people also not have to present a test before and after entry?* • *Politically, this is not wanted by the minister, Sangs points out that this already applies to those who have recovered, for those who have been vaccinated it should be legally the same (otherwise lawsuits are likely)* • *If there is a clear statement from the RKI in the near future, this may be taken into account* • *Evidence base* o *Vaccine effect is not yet known* o *Duration of protection is also unknown* o *There is currently insufficient evidence regarding reinfection and excretion (for recovered and vaccinated people)* o *No outbreaks are known to originate from reinfected people, who do not appear to have the same contribution to the overall spread as those infected for the first time* → *We still need to gain experience with vaccinated people* • *Other countries* o *International feedback: DE Decision to give special status to recovered people is considered courageous, vaccinated people should not automatically receive special status as well* o *Present Exchange with colleagues from FR, BE, CH, GB, none of these are willing to grant special status* o *US CDC regulation for recovered people: applies since September for 3 months after illness, admits that data is thin and decision is based on sample observations of normal coronaviruses* o *Norway does not recommend quarantine for recovered people until 6 months after detection (here)* • *Herd immunity* o *Do we only rely on individual protection against serious illness with vaccination?* o *Are we saying goodbye to the narrative of herd immunity through vaccination?* o *Prevention of infections: for mRNA vaccines only data from animal studies, for Astra Zeneca in humans* *Not sufficient, confidence interval too large → Not interpretable* o *It is assumed that vaccination has a herd effect* o *The specific number of people to be vaccinated to achieve herd immunity depends on various factors:*	

RKI	*Infection distribution in the population, R-value, vaccination effectiveness, age groups, etc.* ○ *In Manaus (BR) ~67% of the population was infected in the 1st wave, a severe 2nd wave is now being observed there (here)* • *Various points* ○ *The consequences of infections are heterogeneous* ○ *It is impossible to predict whether the infection will be mild, but everyone who is ill will benefit from the vaccination* ○ *Vaccine heterogeneity makes situation more difficult, there is even less information and data* ○ *Third vaccine is less good → complicates situation* ○ *Problems with vaccination compliance: special status is possible Vaccination incentive, if this is removed compliance may be even worse* ○ *BMG is open to the possibility of differentiating the VO according to vaccine, but then RKI would have to provide a list as a reference again and the laboratory evidence would have to contain information on the vaccine* • *Conclusion* ○ *There is no evidence that once recovered people contribute significantly to transmission, quarantine exemption can remain in place for them* ○ *It is not possible to claim the same for vaccinated people, they should still not be given special status* ○ *Exemption from compulsory testing neither for vaccinated nor recovered people* ○ *Communication once again very important* • *Tasks* ○ *Ute Rexroth: LZ clarify that papers that come back from the BMG today will not be published now* ○ *Ute Rexroth: quick feedback to BMG that RKI is changing its assessment of this* ○ *Ole Wichmann: revises former report to BMG, new report that RKI assessment including justification* ○ *FG36/FG37: Review of KoNa papers to see if changes are necessary after FG33 report to BMG is finalised* ○ *Press office: Adaptation of FAQ and text modules for website* *ToDo: see tasks below*	
9	**Laboratory diagnostics** • *FG17: AG Influenza 358 submissions in the last 4 weeks, 43 of them positive (12%)* • *ZBS1* ○ *812 submissions this week, 358 positive (44%)* ○ *180 samples for sequencing, 1 sample from Dresden positive on 117(?), one from ...? (ZBS1, please add to the filed protocol (here), was not understandable for me)*	*FG17* *ZBS1*

10	**Clinical management/discharge management** **Strategic patient transfer** • *It is becoming increasingly scarce, currently only the east cloverleaf is moving to the north* • *There are various relocations within the cloverleaves, the capacity reductions are visible*	*IBBS*
11	**Measures to protect against infection** **Death rates/nursing homes** • *Is there a group in Germany that deals with this topic? Can more be done to take up the issue and draw more attention to it? We go easy on those responsible (sponsors), can they not be dragged into the spotlight of responsibility?* • *Problem* ○ *Poorly trained and underpaid people* ○ *Years in the making* ○ *Retirement homes are becoming cheaper and cheaper because costs have fallen* ○ *Nursing homes have no staff and are completely overloaded* ○ *BMG test initiative is viewed favourably* • *Can resources be increased to address this?* • *BY has appointed care coordinators and also integrated them into crisis teams, they go to GAs and facilities and give advice, seems to work well there, could be introduced to other BCs* • *RKI cannot tackle this itself in terms of capacity, but FG37 is in regular contact with care representatives, who are interested in an exchange* • *Care representatives have the mandate and authority to* • *Appointment with the president and care representative is initiated*	*Pres/all*
12	**Surveillance** • *Not discussed*	*FG32*
13	**Transport and border crossing points (Fridays only)** **Flight CoNa High-risk countries** • *Should this flight CoNa be resumed specifically?* • *Flug-KoNa is currently paused, but could restart for the UK, South Africa and Ireland* • *However, there are still fewer flights arriving with people from there if they are registered in advance with the BMVI* • *Yes, should be included, 2 rows in front of and behind Fall* **Summary of legal documents** *Model quarantine regulation* • *Based on the MPK resolution of 5 January 2021, the BMI has*	*FG38*

RKI	*adapted model quarantine ordinance to the federal states, which are to implement it by 11 January 2021. The regulations are to be incorporated into the new Corona Entry Regulation in the short term.* • *The MPK resolution of 5 January 2021 is available here: https://www.bundeskanzlerin.de/bkin-de/aktuelles/videoschaltkonferenz-der-bundeskanzlerin-mit-den-regierungschefininnen-und-regierungschefs-der-laender-am-5-januar-2021-1834354* *Coronavirus Protection Ordinance (CoronaSchV of 21 December 2020)* • *The CoronaSchV, which describes the obligations of travellers entering the United Kingdom of Great Britain and Northern Ireland or the Republic of South Africa with regard to new variants of the SARS-CoV-2 virus, was initially extended until 20 January 2021 on 6 January 2021.* *General ruling of the BMVI on the basis of Art. 21a Para. 1 S. 1 and 2 of Regulation (EC) No. 1009/2008* • *With regard to the spread of new mutations in Ireland, a general ruling is currently being prepared that will impose the same obligations on travellers from Ireland as those from the United Kingdom and South Africa (based on the above-mentioned CoronaSchV).* • *Both the CoronaSchV and the general ruling are to be replaced by the Corona Entry Regulation (see below).* *Corona Entry Regulation (CoronaEinreiseV)* • *The aim of the new Corona Entry Ordinance is to transfer the provisions of the previous ordinance on the mandatory testing of travellers from risk areas and orders concerning travel after an epidemic situation of national significance has been established into a statutory ordinance of the Federal Government.* • *The CoronaEinreiseV is to be discussed in the cabinet on 13 January 2021 and is expected to come into force on 14 January 2021.* • *It is expected to cover the obligations of travellers and exemptions, the obligations of transport companies, the information obligations of telecommunications companies (new: sending text messages) and administrative offences. A two-test strategy that differentiates between high-risk areas and high-risk areas is planned.* • *Once the CoronaEinreiseV has been adopted, the RKI will contact the participants of the working group at short notice to agree on changes to the information for travellers.*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
15	**Important dates**	

RKI	• *Not discussed*	*all*
16	**Other topics** • *Next meeting: Monday, 11 January 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:	*11.01.2021, 13-15 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 21*
  - *Patrick Schmich*
- *FG 24*
- *FG 32*
  - *Michaela Diercke*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *FG 33*
  - *Ole Wichmann*
- *FG 34*
  - *Vivane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS1*
  - *Claudia Schulz-Weidhaas*
- *ZIG*
  - *Johanna Hanefeld*
- *INIG*
  - *Eugenia Romo Ventura*
- *BZGA*
- *German Armed Forces*
- *BMG*

TOP	Contribution/Topic	contributed by
1	**Current situation** *International (Fridays)* *National* • *Case numbers/deaths/trends (slides here)* ○ *SurvNet transmits 1,921,024 (+12,497) cases, of which 40,686 deaths (+343), 7-day incidence 167/100,000 inhabitants* ○ *4-Tage-R-Wert=1,32; 7-Tage-R-Wert=1,14* ○ *Vaccination monitoring (new) 10.01.2021: 532,878 vaccinated with one vaccination (verbally updated value for 11.01.2021: >600,000)* ○ *DIVI Intensive Care Register: 5,320 cases in treatment (decrease -94)* ○ *Discharged from intensivmed. Discharged: 490 (increase), of which 39% deceased* *Assessment:* ○ *Trend of the last few days continues, R remains well above 1, number of cases moving towards 2 million* ○ *Cases from the public holidays may only now be diagnosed - data can still be assessed to a limited extent* ○ *Monday data is often not quite complete* ○ *Geographical distribution in Germany: Saxony, Thuringia, Saxony-Anhalt and Brandenburg are leading in the 7-day incidence rate* ▪ *Only 3 LK < 50* ▪ *64 LK >50-100* ▪ *281 LK <100-250* ▪ *60 LK 250-500* ▪ *4 LK < 500-1000* *Assessment:* ○ *Rising trend in all federal states* ○ *No data was transmitted from Saxony and Brandenburg at the weekend, a backlog can be assumed, the figures are probably significantly higher* *ToDo: a disclaimer should be added to the homepage explaining that the figures could not be updated due to the lack of delivery.* • *Discussion* ○ *Despite the lockdown, numbers are also rising in the BL,*	*FG 32* *M. Diercke*

	that had low initial numbers (B, MVP). Does this call into question the theory that where the numbers are low, the spread can be better controlled? Figures are difficult to interpret due to test backlog and diagnostic delays during public holidays o *Significant increases in SL and HH* o *No resounding lockdown effect* o *No reason for all-clear/loosening given* o *Effect of mobility restriction (for incidence > 200/1000,000 p.e.) to be closely monitored over the next 2 weeks* *ToDo: The task "Monitoring the impact of mobility restrictions" should be passed on to the new position "Data analysis" (ID 2568)* • *On the outbreak after the vaccination campaign in a nursing home in Kiel:* o *It was clarified by telephone that the initial report by the GA that 162 people (151 residents, 71 employees) had tested positive was based on a misunderstanding. However, this was an extremely rapid outbreak.* o *On 24/12/2020, 14/20 residents of a dementia ward tested positive who were not vaccinated. On 28 December 2020, the other residential areas were vaccinated (90% of residents, 20 out of 71 employees). On 04/01/2021, in the Living area 2 34 of 41 people tested positive (PCR).* o *Spread by the vaccination team is unlikely as the members were previously tested using rapid antigen tests, but cannot be ruled out.* o *Outbreaks are currently being recorded in around 800 care homes, and the situation is generally dramatic in this regard* o *Suggestion: Could a well-founded outbreak investigation/study be carried out here to collect data on the viral load and the effect of the vaccination?* *Answer: Tim Eckmanns and Wiebke Hellenbrand are leading the team: the data-secure exchange of information has already been initiated, questions have been formulated, and a visit to the Location is possible.*	

	• *Test capacity and testing (Wednesdays)*	
2	**International (Fridays only)** •	*ZIG*
3	**Digital projects update (Mondays only)** • *Update on mobility monitoring: A first version of the tool should be ready by the end of 1/2021 and presented at the crisis team meeting. Using data from T-Systems and Teralytics and its own geography as well as data purchases, detailed data is available for up to 16,000 kilometres nationwide. "Traffic Cells" are to be expected, which concern both standstill/stay and mobility/movement.* • *In exchange and with the expertise of Department 2 (contact has already been made with C. Scheidt-Nave in this regard), a network on the topic of "older people" is to be set up* • *DEA* o *Citizens' hotline set up, Bundesdruckerei/BMG/RKI escalation hotline implemented* o *Connection of the health authorities is progressing, 30 are still missing* • *CWA continues to grow with now 1,000,000 new registrations, totalling 25,000,000 users* o *According to the BMG, the evaluation is to be driven forward.* o *Contact diary has been implemented, information on the KoNa process is now to be obtained from the health authorities in order to gain insight here* o *Planned for the near future: Mapping the new virus variants in the CWA* o *First priority: Establishing an event check-in function; the aim here is to clarify the extent to which synergies can be created by an app for events and concerts that is about to be rolled out in Thuringia. It uses the same infrastructure as the CWA and works with a direct link to the GÄ via a central interface. (Supported by Smudo/the Fantastischen Vier)* • *Data donation app* o *Algorithm has been further developed, complexity reduced* o *Blog update will follow soon* o *Planned: Additional data sources, such as Include sleep analyses, data protection clarification is still pending here*	*S. Gottwald* *P. Schmich* *S. Gottwald*

4	**Current risk assessment** • *The draft is submitted for discussion* • *Reason for the revision: Focus away from case numbers towards the burden on the care system (treatment cases on ITS/deaths), thematisation of the uncertainty regarding the new virus variants and their transmissibility* • *Discussion:* ○ *Wording on the development to date: "after a plateau, there was an increase in December"* ○ *Generalise locations of outbreak events to convey that they are not limited to specific settings* ○ *Clarify that the specific therapy is not successful in many cases* ○ *Internationally valid nomenclature for the new virus variants (ECDC: "Variant of Concern") is not yet available, therefore the previously used (UK:* B.1.1.7/South Africa B.1.351) *provisionally retained* ○ Addressing the worrying spread dynamics in other countries ○ *Question: Is the easier distribution of the new variants proven?* *Response: The pattern of spread of the new variants in the UK in all regions and the fact that the new variant is detected in the majority of cases of infection there clearly speaks in favour of easier spread. So far, data is only available from the affected states.* • *Coordination with the BMG is only required if the risk assessment is upgraded; reformulations do not need to be coordinated.* • *Current version of the draft here* *ToDo: BMG must be informed of the new version*	*All* *W. Haas* *FG 36*
5	**Communication** • *BZGA: no participant(s)* • *The introduction of the South African virus variant into NRW has not yet been officially publicised. The information will become public via NRW on Wednesday or Thursday* • *Communication in the event of detection of virus (variants) in the RKI's own laboratory: Please inform not only the sending laboratories, but also the medical practitioners directly.*	*M. Degen* *Ute Rexroth*

	ToDo: As the forwarding laboratory is obliged to report to the GÄ and the submissions via the IMS network do not contain any reference to the responsible GA, the GA must be determined after feedback to the sending laboratory. The state should be informed about the sequence detection via nCoV-Lage (situation centre informs state authority, state authority in turn GA).	
	• *Press briefing Thursday 14.01.2020 The main topics are the incidence-dependent Mobility restrictions and the appeal to employers for the option of working from home. The usefulness of a restriction to smaller rooms is to be communicated, Dirk Brockmann will participate to present the theory.* *ToDo: Mobility data and data on morning activity at federal level will be provided by S. Gottwald*	
	• *Holiday disclaimer has been removed from homepage and dashboard*	
	• *Topic requests and briefing for the meeting (L. Wieler) at the BKA on 12 January 2021*	*Tim Eckmanns*
	○ *This is a very problematic pathogen: on the one hand, infection control measures are working, but on the other, the number of cases is rising (even in the UK, where strict measures have been taken). In China, containment could only be achieved through a complete lockdown.*	
	○ *Without the measures, the speed of the spread would be much higher and we would not be able to cope with the situation at all. We see a lot through testing.*	*Osamah Hamouda*
	○ *Outbreaks are declining in schools and are stable in daycare centres.*	
	○ *In the workplace, it is important that employees also wear masks, not just customers. Higher infection rates are particularly common among socially disadvantaged groups who are financially dependent on work. Employers need to be made more aware of this.*	
	○ *The population overestimates its own competence in dealing with hygiene rules*	*M. Brunke T. Wolff*
	○ *It is tempting to see the cause of the rising numbers in the new, more easily transmissible virus variants, but these do not yet play a major role in Germany, rather the seasonal effect (winter) is decisive here*	
	ToDo: Press department will be in charge of the	

	Compilation of topics and content.	
6	**News from the BMG** • *Not discussed*	*BMG*
7	**Strategy questions** **a) General** • *Despite the short processing time, the important comments were incorporated into the "Corona Surveillance Ordinance - CoronaSurV". An increase in sequencing is now possible thanks to the distribution across several laboratories.* • *With the reporting obligation, the obligation to participate in DEMIS and the new sequencing ordinance, important steps have been implemented in accordance with the IfSG.* • *RKI will play a central role in the receipt of sequencing data (at the same time as the regulation comes into force). The implementation, which is therefore necessary immediately, will tie up resources: As the regulation does not specify data reporting to a European platform, a platform must be created shortly via which the data can be passed on. The preparatory work on linking via typing IDs, which is part of tuberculosis surveillance, forms an important basis for this.* • *As part of an appearance by Dirk Brockmann on the Tagesschau programme, a mobility restriction to a 5 km radius was discussed. Question: Is there a data basis for this? This is currently being examined - however, mobile phone cells usually have a radius of 8 km, so it is difficult to justify the choice of 5 km* • *There is still a need for clarification on this topic* *b) RKI-internal*	*All* *M. Mielke* *S. Kröger* *S. Gottwald*
8	**Documents** • *Not discussed*	
9	**Vaccination update (Fridays only)** ○	*FG33*
10	**Laboratory diagnostics** • *AGI Sentinel: 109 submissions were received between 28 December 2020 and 8 January 2021, 25 of which were SARS-CoV-2 positive, all other samples contained rhinoviruses. The rate is high at 13%, no positive effect of the lockdown can be seen here, but it is still too early for an interpretation.*	*ZBS1* *FG17* *TH. Wolff*

RKI	• FG 17 received three samples via the IMS network, from a family from NRW with a connection to South Africa, in which the South African variant B.1.351 was detected for the first time in Germany by sequencing. The samples did not reach the RKI until 30 December 2020 and sequencing was carried out by the RKI without delay. • The question: Is Germany sequencing too little? Different countries have different priorities; in the USA only 0.4% of samples are sequenced, whereas in other countries this is much more common. In Germany, 400 samples were sequenced in the entire last influenza season. An increase in sequencing is supported by the new "Corona Surveillance Ordinance - CoronaSurV", The geographical representativeness means that statements can also be made with less data. • Virus cultivation is currently being trialled in the in-house laboratory • On the question "Reactivity of PCR/antigen tests after vaccination" (communication with Uğur Şahin): Half-life of mRNA is 24-30 h, a false positive PCR reaction is hardly possible (animal experiments). Expressed antigen circulates for up to 7 days, spike protein-detecting antigen tests (and only these) can therefore be false positive. • Question to FG 17: Is the examination of reconstituted virus (sequence) an interesting model for the RKI? The reactivity of vaccine sera was investigated using a) pseudoparticles or b) recombinant SARS corona systems: Only the mutations from B.1.351 and B.1.1.7 were inserted. Warning: 12 different changes occur in the spike protein. Uğur Şahin also conducted experiments with pseudoviruses to test whether the virus mutants react with the tested vaccine sera. Results are expected soon. • In week 53, 421 samples sent to the laboratory were analysed, 39.5% were positive (disclaimer still applies). • International exchange of information is good, there is great interest in data exchange. Both France and the UK share information about GISAID. Until now, it was not possible to obtain the B.1.351 variant as an isolate. • It should continue to be communicated (e.g. to the press) that sequencing does not lead to combating the spread. It still applies (for all virus variants): Quarantine, testing and isolation are the • most important measures to combat it. Even with mild symptoms, self-isolation and testing are indicated • Discussions on shortening quarantine are not appropriate in view of the new virus variants • Questions about sequencing can be addressed to S. Kröger	M. Mielke

	become	
11	**Clinical management/discharge management** • *New urine test "DiaPat-CoV-50" should be able to predict the course of COVID-19 disease (mild/severe/very severe)* o *Proteome analysis, detects 50 peptides* o *Sensitivity 82%, specificity 86%* o *test has received special approval (BfArM) and is used in the STAKOB centres. There are currently 400 tests available at a price of €850. They are not billable; the BMG is currently reviewing the assumption of costs.* o *Question: What is the benefit of the test? Since the performance data are not sufficient for diagnostics and the indication for a specific therapy (Remdesivir or the expected AK therapy) is based on other/clinical criteria, the benefit is currently questionable* o *Whether there is a connection between certain proteins and the course of COVID-19 disease in proteome-based studies is not yet clear.* o *The test was presented on 10.12.2020 in the television programme "Brisant" presented... Enquiries are expected* *ToDo: Language regulation for the press by IBBS with reference to the information on the company's homepage*	*IBBS* *IBBS*
12	**Measures to protect against infection** • *Not discussed*	*All*

13	**Surveillance** • *Corona-KiTa study (slides here)* ○ *Flu Web: Significant decrease in the incidence of acute respiratory diseases per 100,000 inhabitants in the second lockdown (52nd week) for all age groups, which means that the measures have been implemented effectively* ○ *The breakdown by age group for week 52 shows that the incidence trends are reflected in the age groups of children and adolescents.* ○ *Outbreaks in nurseries: 544 outbreaks in the age groups < 15 years* ○ *Age groups >15 years have the largest share of outbreaks (190 outbreaks)* ○ *Overall, the number of outbreaks is declining, especially in schools, as they are closed, while kindergartens are partially open (for emergency care)* ○ *The "light" lockdown in November had less of an effect than the lockdown in December. However, the effects of the public holidays will only become apparent later this week.* ○ *Migration of the study to a new platform is in progress*	*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, 13.01.20202, 11:00 a.m., via Webex*	

End of the meeting 3:04 pm

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*13.01.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Dirk Brockman*
  - *Susanne Gottwald*
  - *Frank Schlosser*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 1,953,426 (+19,600), of which 42,637 deaths (+1,060), 7-day incidence 155/100,000 inhabitants.* o *4-day R=0.99; 7-day R=1.07* o *Vaccination monitoring: 688,782 (+60,858) people vaccinated* o *ITS: 5,230 (-59)* o *7-day incidence of the federal states by reporting date* ▪ *Still difficult to interpret* ▪ *Transmission problems in various LK* o *Geographical distribution by age* ▪ *Broken down by age group, scale is the same as on the map of Germany as a whole* ▪ *Very high 7-day incidence rates in Saxony and Thuringia among 80+ year olds, presumably many age and age-related diseases.* *Care homes affected. Does not apply to children.* o *Geographical distribution Trend* ▪ *Comparison previous week-current week: shows circles with significant increases and decreases.* ▪ *Strongest increase in the LK Stadtverband Saarbrücken, probably data artefact.* ▪ *Many districts in which the 7-day incidence is increasing, fewer in which it is decreasing. No clear trend* *visible.* o *7-day incidence by age group* ▪ *Highest among 80+ year olds, increased among 15-34 year olds, least affected are still* *Children.* o *COVID cases by affiliation to institutions* ▪ *Sharp decline in schools and daycare centres* ▪ *Also acceptance at §36 facilities: Actual or due to more incomplete reports?* o *Deaths by week of death* ▪ *Continued high number of deaths* ▪ *In week 52, around 4,500 people died within a week.* ▪ *Delay in the transmission of deaths compared to the transmission of notification data* ▪ *Deaths are usually reported within a week. In some cases, however, 2-3* *Deaths reported weeks in the past. Death figures are therefore available with a delay.* ▪ *Evaluation for the BMG by the end of the week* o *Why do the incidences differ between heatmap and 7-day incidence of the federal states?*	*FG32 (Diercke)*

	○ *7-day incidence by age group - Heatmap* ▪ *Heatmap is updated retroactively, resulting in a retroactive increase in 7-day incidences by Late registrations.* ○ *7-day incidence of the federal states by reporting date* ▪ *The incidence reported on the respective day is shown.* ▪ *The incidence always increases slightly due to late registrations. This is not shown in this figure, as it would lead to an underestimation of the current incidence in the last 3 days.* ▪ *Incidence therefore does not match heat map.* ▪ *Decision: no change to the chart, instead make it clear that the incidence of the respective reporting date.* ○ *Presentation by infection environment: School is subsumed under training centre. Is it possible to provide more precise information?* ▪ *Is specified in more detail in the reporting data.* ○ *How many reported cases had a positive antigen test beforehand?* ▪ *Very few antigen tests have been submitted. Last week approx. 900 cases with antigen test alone + approx. 1,000 cases with antigen + PCR test. A significant underreporting is assumed. There is no really reliable data from the reporting system.* • **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *In the first week of the year, the number of tests rose again to 1.2 million.* ▪ *Positive rate (12.8%) fell back to the level of week 52.* ○ *Capacity utilisation* ▪ *Test capacity + tests carried out increase again, positive rate decreases.* ○ *Sample backlog insignificant* ○ *AG-POCT cumulative* ▪ *Survey was sent to country coordinators who receive centralised antigen tests and distributed to facilities with the request to distribute the survey to the organisations.* ▪ *The number of organisations that responded is very small. The number of the surveys carried out tests is not meaningful.* ▪ *Positive rate generally < 1%, except in day care.* ○ *No meaningful data can be obtained in this way. antigen tests in facilities. The only way would be to obtain data directly from laboratories and reporting systems. Antigen tests are insufficiently recorded in GA.* ○ *Should you ask those who offer/support testing, e.g. DRK, Caritas, the German Armed Forces, organisations responsible for the facilities?*	*Dept.3 (Hamouda)*

	○ *Suggestion: Discuss in AGI how this data could be obtained. This is the original task of the MDK.* ○ *University of Bremen has conducted a large survey on care during the coronavirus pandemic.* ○ *Still many outbreaks in care homes;* *Outbreak in Kiel: excessive demands at all levels, poorly trained staff, lack of personnel, no external support. Support and not investigation is necessary at the moment.* **Testing and positives in ARS** *(slides here)* ○ *Share by federal state* ▪ *Increase in number of tests, decrease in proportion of positives* ▪ *Decrease in proportion of positive tests in Thuringia and Saxony.* ○ *Number of tests and percentage of positives by age group* ▪ *The number of tests is increasing in all age groups, except for 0-14 year olds.* ▪ *Among 0-4 and 5-14 year olds, the positive rate is increasing, but not the number of tests.* ○ *Place of acceptance* ▪ *Testing in doctors' surgeries is increasing, but still not as many tests as before Christmas.* ▪ *Very high positivity rate in doctors' surgeries declines again.* ○ *Time between acceptance and test* ▪ *Major time delay in Thuringia, has been completely cancelled.* ○ *Results of antigen tests will follow next week* • **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *Slight slowdown in ICU occupancy, possibly an effect of the 2nd lockdown, however over 5,000 cases in treatment.* ▪ *Many new admissions and transfers every day and an increase in the number of deaths in the last 2 weeks.* ▪ *> 90% of patients need respiratory support.* ▪ *8 BL have a critical share of at least 25% of their total capacity.* ○ *Stress in intensive care medicine* ▪ *assessment, approx. 70% report limited or complete capacity utilisation, mainly due to staff shortages.* ○ *Treatment capacities* ▪ *Low level of available operational bed capacity* ▪ *In 10 CCs, the proportion of freely operable intensive care beds has fallen below the critical 15% mark (buffer for responsiveness).* ○ *Prognosis of COVID-19 patients requiring intensive care*	*FG37 (Eckmanns)* *MF4 (Fischer)*

	▪ *Germany: Stabilisation of the situation* ▪ *BL where the situation could deteriorate: TH, ST, HE, BE, BB* ▪ *No deterioration forecast in Saxony. Why? Explain the number of relocations from Saxony* *the decline, reported case numbers have fallen in Saxony.* • **Syndromic surveillance (Wednesdays)** *(slides here)* o *FluWeb* ▪ *Figures are still falling, ARE activity has been depressed. This shows that the population is holding on* *Measures.* o *ARE consultations* ▪ *Consultation incidence has risen again compared to last week, but lowest value in* *last 20 years.* o *ICOSARI-KH-Surveillance* ▪ *Relatively stable values for 35-59 year olds.* ▪ *SARI cases are rising again among 60+ year olds.* ▪ *In CW 52 and 53, the number of hospitalised SARI cases fell slightly, while the proportion of COVID cases increased.* *remains high.* ▪ *Looking at all cases, including those that are still lying, stabilisation could also be seen in the older cases.* *age groups at a high level, younger age groups are hardly affected.*	*FG36 (Buda)*

	• **Mobility at the end of 2020** *(slides here)* o *Full report online: https://www.covid-19-mobility.org/en/reports/report-christmas-2020/* o *Mobility at a glance for the year as a whole* ▪ *Comparison with 2019: reduction of approx. 40% at the peak of the 1st lockdown.* ▪ *At the end of the year, a further reduction in mobility of approx. 40% compared to the annual average, continues* *This is a combination of the effect of the lockdown and the usual reduction in mobility at Christmas.* o *Mobility during the second wave* ▪ *Lockdown light (2.11.) and extension of measures (16.12.) have gradually increased mobility.* *reduced. Effect is weaker than in the 1st lockdown, 17% reduction compared to the previous year.* o *Mobility at Christmas* ▪ *Mobility at Christmas was slightly lower than in the previous year: 24-26 December: -11%, -14%, -19%.* ▪ *Mobility usually reduced at Christmas, effect of lockdown is not additive. In 2020, the mobility does not increase as much after Christmas.* o *Long-distance travel at the end of the year (100 km or more)* ▪ *Significantly less travel than in 2019 speaks for restrictions in travel behaviour.* ▪ *Less travel after public holidays, on Sundays*	*P4 (Locksmith)*

RKI	*and around Christmas* ○ *Excursion tourism* ▪ *At the turn of the year, increased mobility to tourist excursion regions, e.g. Vorpommern-Rügen, Harz Mountains, Garmisch-Partenkirchen.* ○ *Mobility will take centre stage at the press briefing on Thursday.* ○ *The statement that when mobility is reduced, risk behaviour i s also always reduced cannot be made in this way. Mobility is a secondary measure, the larger the radius, the lower the correlation to risk behaviour.* ○ *If mobility is reduced to 5 km, mobility would be reduced by 90%. The mobility modes then differ, e.g. no more use of local public transport.* ○ *The number 5 km is arbitrary, but a 15 km radius is relatively large.* • *Dashboard differences* ○ *There were differences between RKI reporting figures and figures at state level for several CCs. Many cases were subsequently reported after the public holidays, resulting in high 7-day incidences. The figures cannot be adjusted retrospectively.* ○ *Is the responsibility of the federal states. For state ordinances, data should not be used from the RKI, but from the state level.* ○ *There is probably a passage in the IfSG that states that RKI figures are decisive.* • *Request for administrative assistance from Brandenburg: approx. 4,000 cases have not been entered. Official statement from Brandenburg with a request for 1-2 Containment Scouts to support the recording of reporting figures. Under review, there are several GAs that require 1-2 containment scouts.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *New leaflet created for older people.* • *Vaccination hotlines and websites are overloaded and there is a great need for information.* • *In some cases, misdirected laboratory reports are received by BZgA. Procedure: Return, inform sender.*	*BZgA (Thaiss)*

	• *Observations of shortcomings in the emergency care of pupils. AP are local authorities, possibly via providers or parents' associations.* • *Would it be possible to send a vaccination brochure to every household? This is not being considered at the moment, as the target group is very heterogeneous and there is not yet enough vaccine for everyone. A more targeted approach, e.g. to carers or older people, seems more sensible.* **Press** • *Draft letter to the Confederation of Employers, Confederation of Industry (here)* o *Various comments on hygiene concepts and use of home office, addressing aerosols* o *Sick people should stay at home, home office should be used, virtual meetings, no business trips* o *Goal: voluntary commitment on the part of the employer* *ToDo: Forward the annotated version to Mr Wieler, FF Situation Centre* • *Enquiry from Der Spiegel, reviewing the pandemic this weekend, questions are very critical of the RKI, strategies are being discussed.*	*FG36 (Haas)* *Press (Wenchel)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	
7	**Documents** • *Resumption of contact tracing of air traffic from the UK and South Africa (here)* o *Currently focusing on return travellers from the UK and South Africa* o *1.1 General information* ▪ *"temporary resumption of the recommendation": temporary is deleted.* ▪ *Prospective follow-up, "depending on the assessment of the local authorities also retrospective" remains.* o *The circle of countries affected will soon expand, there is already another variant from Brazil. -> Will be decided successively according to the facts. Initial decision in favour of a pragmatic approach.* o *3.1 Category 1 contact persons* ▪ *People who sat in the 2 rows in front of and behind the case* ▪ *other persons and crew members, if one of the other criteria applies* ▪ *Retrospectively extended to 28 days* ▪ *Exceptions for continuous wearing of a mask are cancelled.* *ToDo: Customise the infographic, FF IBBS?* o *The aim of tomorrow's press conference is to motivate people to stop travelling.*	*FG38 (Maria an der Heiden)*

8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *Virological surveillance* ○ *128 samples in 1st week, very heterogeneous, what is sent in.* ○ *Still high detection rates (in week 1: 14.8%)* ○ *This week 21 arrivals, including 2 samples positive for SARS-CoV-2* ○ *Rhinoviruses are declining, positive rate < 10%. Is a sign that the lockdown is taking effect* ○ *No evidence of other pathogens* ○ *Influenza reporting figures are also low.*	*FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *Postponed to Friday*	*IBBS*
11	**Measures to protect against infection** • *FFP-2 masks* ○ *In Bavaria, FFP-2 masks will be mandatory from Monday.* ○ *There is no new data on the intrinsic protection of FFP-2 masks that goes beyond MNS.* ○ *FFP-2 masks were already sold out in the greater Munich area yesterday evening, with initial procurement problems.* ○ *From a professional point of view, it is not unproblematic to generally recommend FFP-2 masks. This can lead to health problems for people with pre-existing conditions and should therefore remain an individual decision.* ○ *A general FFP-2 mask requirement is not considered sensible. Is what is written in the FAQ sufficient or should this position be communicated more clearly?* ○ *Mr Wieler is thinking about it.* *ToDo: Create a slide for tomorrow's press conference with sober background information on masks, FF FG14*	*FG14 (Brunke)* *FG36 (Haas)*
12	**Surveillance** • *Result WHO-TK of 12 January on new variants* ○ *Is there now a clear nomenclature?* ○ *There are 3 different ones, but it is not yet clear which one is favoured internationally.* • *Molecular surveillance is being expanded. On Friday there will be a TK with a network of laboratories specialising in respiratory viruses. Mr Wieler will promote the uploading of sequences.*	
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** • *OECD event on "Corona-free international mobility" on 14 January 2021* ○ *Request for participation from BMG* ○ *Initiative to revitalise international air traffic, topics: including test strategies to enable an early resumption of air traffic* ○ *Contradicts the current recommendation to avoid travelling as far as possible, antigen tests create false security* ○ *The RKI's task is to protect the population from infection; mobility contributes to the spread of variants.* ○ *Decision: RKI will not participate*	*All*
16	**Other topics** • *Next meeting: Friday, 15 January 2021, 11:00 a.m., via Webex*	

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 14.01.2022, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Michael Bosnjak*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Claudia Winklmayr*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Udo Buchholz*
  - *Julia Schilling*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
- *MF2*
  - *Thorsten Semmler*
- *P1*
  - *Ines Lein*
- *P4*
  - *Dirk Brockmann*
  - *Benjamin Maier*
  - *Angelique Burdinski*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Andreas Nitsche*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
  - *Michaela Niebank*
- *ZIG1*
  - *Romy Kerber*
  - *Carlos Correa-Martinez*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 12/01/2022* o *Cases: 312,173,462 (+51.1% compared to the previous week)* o *Deaths: 5,501,000 deaths (CFR: 2%)* • *List of top 10 countries by new cases* o *Cases are increasing worldwide.* o *Order very dynamic, unchanged at the top USA, and France* o *France with the highest incidence, followed by Italy* o *India highest percentage change* o *New in 10th place: Germany, Canada no longer included* • *7-day incidence per 100,000 inhabitants worldwide* o *Significant increase in global case numbers since the beginning of Jan.* o *Africa:* ▪ *Decrease in case numbers, mainly due to decline in South Africa and Mozambique* ▪ *Increase in the number of deaths due to late registrations* o *America: high incidences; Argentina and Bolivia conspicuous* o *Asia: very significant increase compared to the previous week, especially in India and the Philippines* • *7-day incidence per 100,000 inhabitants EU/EEA* o *Significant increase in countries with incidence > 1,000* o *In some countries, incidences are already falling again.* • *Virus variant B.1.1.529 (Omikron) - Worldwide* o *Further spread of the Omikron variant, Delta declines* o *Omikron share of 59% in GISAID* o *Omikron identified in all countries in Europe*	*ZIG 1 (Kerber)*
	• *In the UK, test confirmation by PCR has not been used for a week. Could the decline in some European countries be due to changes in the testing system?* o *Due to the very dynamic situation, testing regimes are being changed in many countries. Declining trends should therefore be viewed with caution.* o *USA expects to pass the peak soon.* o *BMG wants to talk again next week about antigen tests to confirm an infection.*	*Wieler*
	National • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 7,835,451 (+92,223), thereof 115,337 (+286) Deaths* o *7-day incidence 470.6/100,000 p.e.* o *Hospitalisation incidence: 3.23/100,000 p.e., AG ≥ 60-year-olds: 5.25/100,000 p.e.*	*FG32 (Diercke)*

RKI	○ *Cases on ITS: 2,959 (-91)* ▪ *Continued decline in intensive care units* ○ *Immunisation monitoring: first vaccinations 62,288,513 (74.9%), Second vaccination 60,272,356 (72.5%), booster vaccinations 38.156.620 (45,9%)* ▪ *Approx. 700,000 vaccinations per day* ○ *Course of the 7-day incidence in the federal states* ▪ *Massive increase in the number of cases* ▪ *Bremen > 1,400, Berlin almost 1,000* ▪ *Increase in overall incidence* ▪ *Also significant increase in Hesse and NRW, Baden-Württemberg, Bavaria* ○ *Geographical distribution of 7-day incidence by district* ▪ *North strongly affected,* ▪ *116 LK with incidence >500* ▪ *In Bremen 8,704 cases in 7 days, in Frankfurt am Main 6,573 cases: high workload for the GAs* ○ *Hospitalisation incidence* ▪ *No increase for >60-year-olds* ▪ *Slight increase seen among 0-59-year-olds* ○ *Weekly death rates in Germany* ▪ *Excess mortality decreases slightly, close monitoring* ○ *Discussion with BMG* ▪ *bottleneck at GA, no matter which tests are used, it makes more sense to focus on syndromic surveillance. set.* • *Omikron wave model **(Fridays only)** (slides here)* ○ *P4 in cooperation with FG33 and Mr an der Heiden have been working on a rough estimate of the upcoming Omikron wave for the last 4 weeks.* ○ *Model structure* ▪ *Differentiation between unvaccinated and vaccinated, variable over time* ▪ *Vaccination protection not available in unvaccinated people, different for each variant in vaccinated people.* ▪ *Susceptibles can be infected by infectious persons, depending on time, variant and contact behaviour.* ▪ *Basic transmissibility per variant independent of time* ○ *Vaccine efficacy data compiled with FG33* ▪ *Data available on infection weak, on symptomatic infection better, no reliable data on Booster vaccination* ○ *2 scenarios:* ▪ *Pessimistic assumption: booster works just as well as 2nd dose* ▪ *Optimistic assumption: Booster effectiveness does not drop so quickly* ○ *Data available on efficacy against severe COVID progression and ICU. Only assumptions about Omikron, no data* ○ *Number of vaccinated people increases over time.* ○ *Model is calibrated on last shaft, is calibrated on ITS assignment*	*P4 (Maier)*

RKI	*adapted.* o *Pessimistic assumption: no effect from booster, optimistic assumption: slight effect against infection* o *Base scenario: 50% reduction in hospitalisation rate and ITS rate at Omikron* o *Various model limitations* o *Results* ▪ *Generation time with Delta 4 days, with Omikron 3 days: with an increase in incidence to very high numbers, also with Hospitalisations and ITS occupancy are to be expected.* ▪ *Model very sensitive to assumptions on generation time* ▪ *Reduction in severity compared to delta not entirely clear. Various reductions in severity modelled. Reduction of -80% would be necessary to maintain ITS occupancy at the December level.* ▪ *Contact reductions of -20% compared to December would have a major impact in the scenario with a shorter contact period. Generation time.* ▪ *Very strong contact reduction of -50%, would have a strong effect; early and long contact reductions would have the same effect. greatest effect. In the pessimistic scenario, however, there is a strong rebound effect.* o *Conclusion* ▪ *80-90% reduction in the severity of Omikron's disease is necessary to prevent ITS from becoming too severe. overload* ▪ *Model reacts sensitively to assumptions on generation time, booster effect* ▪ *Model is not sensitive to total number of booster vaccinations (80-100% of complete vaccinations). vaccinated)* ▪ *Slight to strict contact restrictions can help to relieve the situation in the short term, possibly leading to a rebound effect.* o *Underreporting: Underreporting assumptions have an impact, 2-3 fold in low incidence phases, 4-5 fold in high incidence phases* ▪ *Means more cases: faster achievement of herd immunity at current contact levels, faster flattening of the curve.* o *Vaccination progress assumptions: What if the proportion of vaccinated people were to rise to 97% from March as a result of compulsory vaccination? Extreme scenario: Massive increase in the vaccination rate (with a view to possible compulsory vaccination)* o *How big is the role of the unvaccinated?* ▪ *If more people were vaccinated, growth rates would be lower. It would be possible that ins model, at the moment the vaccination rate is not being increased.*	*Wichmann*

	ToDo: Include increase in vaccination rate in model, FF Mr Maier o *To what extent have those who have recovered been protected against*	

	Infection received? ▪ *Assumption: all people who have recovered before the delta wave are fully susceptible, all those who are in delta wave infected, fully protected.* ○ *By when must 80% booster immunisations be achieved to prevent dynamics?* ▪ *Bell curve fit, if booster vaccination has any effect, you should see it now.* ○ *External communication strategy of the model not yet clarified.*	
2	**International** ***(Fridays only)*** • *Preparation of laboratory support in Montenegro and Madagascar (still unclear whether local support is possible)* • *Kyrgyzstan: enquiry about exchange in the laboratory sector, possible support*	*ZIG (Hanefeld)*
3	**Update digital projects** *(slides here)* ***(Fridays only)*** • **CWA** ○ *> 40 million downloads, interest unbroken* ○ *Approx. 20,000 warnings per day* ○ *Next Monday: new version* ○ *Revisions: Omikron adjustment, exact time and location after risk encounters* ○ *33,000 Twitter followers* • **CovPass** ○ *29 million downloads* ○ *Challenge: booster vaccination*	*FG21 (Scheida)*
4	**Current risk assessment** • *Finalisation of Wednesday's revision (here)* ○ *Risk assessment:* ▪ *Goal of significantly reducing infection figures is achieved; only braking the dynamics of the omicron wave* ○ *Predominant variant instead of dominant* ○ *Recommendations:* ▪ *Instead of infection figures or case numbers, focus on diseases -> compromise: so that the infection dynamics goes back* ▪ *Vaccination offers good protection against COVID-19 and not against infection* ▪ *If symptoms are present, a PCR test must be carried out. PCR is cancelled. Also used for Twitter communicates.* ○ *Transferability:* ▪ *Vaccination reduces the risk of transmission. Is there a database for this? What studies are available?* ▪ *This is what the database shows. According to a Danish study, the relative vaccine efficacy for omicron infections is Publication by Hansen at 55% -> remains* ○ *Disease severity:*	*All* *Wichmann*

	▪ *In the vast majority of infections instead of cases, COVID-19 is mild.* ▪ *Reference to antiviral therapy remains.* ▪ *Part on the delta variant is cancelled.* ▪ *ITS risk is not mentioned in addition to hospitalisation risk.* o *Resource strain:* ▪ *Capacity may be restricted, but not at the moment* o *Basic principles of risk assessment:* ▪ *Reduction*	
5	**Expert advisory board** *(mo. preparation, mi. follow-up)* • *Current topic communication*	
6	**Communication** **BZgA** • *(Not reported, Mr Dietrich was unable to dial in.)* **Press** • *A federal press conference with Mr Wieler, Mr Lauterbach and Mr Drosten will take place today at 1pm.* • *Mr Wichmann is the RKI's representative on the Communications Steering Committee. The Federal Chancellery and Federal Press Office are now also represented there, leadership unclear. Slides from the expert advisory board are received.* • *Campaign to change direction: from a general approach to the population to a targeted approach.* • *Attempt to bring more evidence into the discussion.* • *No consistent communication, all content is confidential, but then slides enter into everyday political life, so far little evidence-based.* **Science communication** • *(Not reported)*	*BZgA* *Press (Wenchel)* *Wichmann* *Wieler* *P1*
7	**RKI Strategy Questions** **a) General** • *Procedure regarding discussion on data quality, hospitalisation incidence (decree from BMG by 13:30)* o *For information: Monitoring disease severity from syndromic surveillance alone is not enough for BMG,* o *Hospitals report admission diagnoses to health insurance companies on a daily basis (within 3 days).* o *Idea of integrating this data via DEMIS. GA learn who is hospitalised as added value.* o *Decision against, as only data on SHI insured persons, data depth is not very large, no information on vaccination status.* o *Advantage would be: automatically created data set, high degree of*	*All* *FG32 (Dierke)*

	to automation. Vaccination status would have to be recorded by GA. ○ *The other option, the reporting form, involves a great deal of manual effort.* ○ *Advantages and disadvantages should be described. Both solutions involve major adjustments to the DEMIS system. Not realisable in 2 weeks, not even with other systems, rather realisable by March.* • *Multicomponent strategy: options for implementing containment recommendations in the ÖGD* ○ *Discussion with ÖGD feedback group: Contact persons have not been informed by GA for a long time. Demands on containment cannot be that high at the moment. Little is achieved with a lot of work. All boostered people no longer have to go into quarantine.* ○ *Will be difficult to communicate.* ○ *Quarantine periods have been changed. In the long term, the multi-component strategy should be considered. At the moment, the aim is to simplify criteria.* ○ *KoNa paper: Create a rough structure for a very simplified and abbreviated paper: Who to contact, who to prioritise and deprioritise?* ○ *Publication date is this afternoon: many small adjustments, but no fundamental changes possible in the KoNa paper.* ○ *MPK resolution will be posted online today. KoNa paper cannot be removed from the website for revision due to references.* ○ *This afternoon, adapted paper will be posted on the website, no further discussion with BMG possible.* ○ *Then revise at your leisure and coordinate with BMG. A revision makes sense.* **b) RKI-internal**	*FG38 (Rexroth)* *Buda* *Shade*
8	**Documents** ***(Fridays only)*** • *Website update: KoNa, discharge management, new setting: MPK table on quarantine duration and isolation, technical specifications on recovery status. Requirements for recovery status* ○ *Documents refer to each other.* ○ *Need for coordination with PEI this afternoon: Adjustment for Johnsen & Johnsen. If positive serology and vaccination, 14 days until validity can be waived.* ○ *Serology is not standardised. For the purpose of revaccination, an antibody test is sufficient; another issue is proof of recovery. Basic immunisation is completed with one vaccination, no 14 days required for validity. This has been suggested and does not need to be discussed again.* ○ *Legal and paperwork situation must be adapted to the resolution situation* *become. Technical implementation in apps not so fast*	*All*

	possible. Many people whose recovery or vaccination was more than 3 months ago. Discrepancy with separation exceptions must be dealt with by BMG. ○ *Federal Council has given its approval. Brief enquiry to the BMG to see if there is anything else, otherwise publication.* • *Implementation in apps, customisation of other documents?* ○ *Mr Benzler and Mr Schmich are commissioned by the BMG. 14- 180 days are no longer up to date, will not be able to be implemented directly in apps.* ○ *Many other documents need to be checked.* ○ *Anyone referring to KoNa must adapt the documents and FAQs.* ○ *Is the KoNa paper ready to be posted?* ▪ *As good as finished. All documents come from the respective responsible parties. (Buchholz, Niebank, Schaade)*	
9	**Vaccination update** ***(Fridays only)*** **STIKO** • *Comment procedure:* ○ *Booster vaccination of 12-17-year-olds for both sexes with biontech vaccine* ○ *Janssen vaccine: Approval of 2nd dose as completion of basic immunisation. An mRNA vaccine should primarily be used as the 2nd dose.* ○ *To be finalised next week.* • *4th vaccine dose for certain groups of people, evidence still very limited.* • *Novavax in finalisation: According to PEI, doses have already been produced and can be delivered soon, initially 4 million in the first quarter in Germany.* • *New version for vaccination of children aged 5-11 years. More data now available from the USA. Data on effectiveness as protection against PIMS in adolescents is available, protection of approx. 90%.* • *BMG-funded hospital-based case-control study has begun. COVID patients and controls are prospectively included, now over 300 cases. Long-term consequences, long Covid and quality of life can also be investigated in a special clientele with severe courses.* • *Currently sampling of nasal and throat swabs and saliva samples for 8 weeks.*	*FG33 (Wichmann)*

10	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological Sentinel had 464 samples in the last 4 weeks, of which:* ○ *39 SARS-CoV-2* ○ *56 Rhinovirus* ○ *16 Parainfluenza virus* ○ *65 seasonal (endemic) coronaviruses* ○ *26 Metapneumovirus* ○ *16 Influenza virus* ○ *?? RSV* **ZBS1** • *GA no longer ask for Omikron typing*	*FG17 (Oh)* *ZBS1 (Nitsche)*
11	**Clinical management/discharge management** • *(Not reported)*	*ZBS7*
12	**Measures to protect against infection** *(Fridays only)* • *(Not reported)*	
13	**Surveillance** *(Fridays only)* • *For information: DEMIS server capacities have been increased and are actually well positioned. However, the local IT infrastructure in the GAs is reaching its limits in some cases. There are many support requests.* ○ *If several GAs are unable to provide data for a few days -> media attention.*	*FG32 (Dierke)*
14	**Transport and border crossing points** *(Fridays only)* • *Discontinuation of international contact tracing is planned for 15 January. Neighbouring countries are doing the same. Mentioned at AGI and EpiLag, BMG and international partners have been warned. So far no reaction from the BMG.* ○ *Has been cancelled in the KoNa paper.* ○ *However, the effort involved in international communication is not much less, as there are already more cases than contacts.*	*FG38 (Rexroth)*
15	**Information from the situation centre** *(Fridays only)* • *At the moment, many employees who have tested positive, employees with family members who have tested positive or red reports in the CWA, which is why the situation centre is virtual today.* • *According to the new rules, all contact persons who have been boostered do not have to go into quarantine.* • *Anyone who receives a red tile in the CWA should work from home if possible. If this is not possible, an individual risk assessment should take place (day of contact is displayed, e.g. was a mask worn throughout?). Only work at the RKI alone in the office if the risk is low and safety measures, such as wearing a mask, are in place.*	*FG38 (Rexroth)*

	○ *Instruction to stay at home when the tile is red was previously a recommendation, not a ban on entering. Instruction to be changed.* • *Should symptom-free infected people work from home?* ○ *Sick leave is not regulated by the employer, decision of the employee depending on symptoms, 3 waiting days in addition to sick leave.* ○ *Duty of care with regard to protection against overload should be observed.* • *Recommendation: At the moment, employees should work from home as much as possible.*	*Schulz-Weidhaas*
16	**Important dates** •	*All*
17	**Other topics** • *Next meeting: Monday, 17.01.2022, 13:00, via Webex*	

End: *13:07*

"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 specialised knowledge (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 people 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 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 with 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 cost 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*	

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*18.01.2021, 13-15:16*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 3 Management*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG 21*
  - *Patrick Schmich*
  - *Wolfgang Scheda*
- *FG 24*
  - *Thomas Ziese*
  - *Alexandra Hofmann (protocol)*
- *FG 32/38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG 33*
  - *Ole Wichmann*
- *FG 34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Mareike Degen*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Regina Singer*
- *BZGA : Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International (Fridays only)* ○ *Cases, spread* • *National* • *Case numbers, deaths, trend (slides here)* ▪ *SurvNet transmitted: > 2 million (+7,141), of which 46,633 (2.3%) Deaths (+214), 7-day incidence 134/100,000 Population, reef=1.07; 7-day reef=0.93* ▪ *Number of people vaccinated: 1,048,160* ▪ *DIVI figures: slight decline, but high level* ▪ *7-day incidences: slight decline* ▪ *Geographical distribution: In SA and TH many districts with high 7-day incidences (>100/100,000), overall over 300 LK with >100/100,000;* ▪ *Major cities with the highest 7-day incidence rates include Nuremberg, Leipzig, Dresden, Essen, major cities with Incidence<100 include Hamburg, Bremen and Düsseldorf* ▪ *Case numbers always slightly lower on Mondays, relativised over the course of the week; case numbers slightly declining* ▪ *Discussion: Has the backlog of reports from Brandenburg been cleared? Not quite yet, the However, late notifications have no influence on the current case numbers, as the notifications are more than 7 days old.* ▪ *Rhineland-Palatinate has only reported 2 cases. A disclaimer should therefore appear on the website;* ▪ *Missing reports from Bavaria and Saarland should not be mentioned, as this is due to the usual daily fluctuations can be explained.* ▪ *The current assessment in the management report is to be adjusted to a slight downward trend, which is expected to continue regionally. is different.* *ToDo: Adapt text on slightly declining case numbers in the management report (FF LZ)* *TODO: Add disclaimer to missing messages on website (FF Presse)*	*Dept. 3 (O. Hamouda)*
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)** **DEA:** • *Project financing is secured*	*FG21 (P. Schmich)*

	• *The integration of a digital vaccination certificate is being considered, other ideas are in the pipeline, e.g. voluntary information on the reason for travelling or information on tests carried out; there are currently many ideas and requests (e.g. from the BMG) to expand the system.* • *Currently there is still no contract with the Bundesdruckerei.* • *The DEA exists in 14 different languages.* • *Communication between the project partners is very good* • *Almost all GAs are connected to the DEA; a handful of GAs are not connected, the reasons for this are currently being investigated;* • *The contract with Swiss Post has been extended* **CWA:** • *Evaluation: Completion of the short survey planned for this month (incl. consultation with BDfI); questionnaire has been drawn up and will be commented on internally this week* • *There are considerations as to how else the various apps can be used. For example, a cough app. The BMG considers the product to be interesting; if necessary, it can be reported on in the crisis team.* **Data donation app**: • *Evaluation of the results for fever detection* • *The algorithm has been adapted; Fierber curve now fits COVID cases better*	*P4 (S. Gottwald)*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BzGA**: • *As a follow-up to the discussion on Friday: Information on FFP2 masks is being checked to ensure it is up to date.* • *Instead of everyday masks, the term "mask" should be used in future* • *There is a notice that people who move around sick people (in the home environment) should avoid going to work and reduce contact* **Press**: • *see point FAQ* • *Discussion: Should the topic of the communication campaign*	*BzGA (H. Thais)*

	still be mentioned at the meeting of the Minister Presidents? Points of the discussion were passed on to the BMG on Friday. Mr Schaade will send the report to Mr Wieler as background information.	
6	**News from the BMG** • *Not discussed*	*BMG*
7	**Strategy questions** **a) General** • *Position paper: Zero COVID (document here)* • *The aim of the document is to achieve zero SARS-CoV-2 cases in Germany. What is the RKI's position on this paper?* • *Discussion:* o *The assumptions made cannot be achieved for Germany; the proposed measures are already in place; it would be important to consistently implement and monitor the recommended measures now; the proposed degree of restriction of border traffic cannot be implemented in Germany;* o *The possible renewed rise after a very hard lockdown (see Ireland) would be problematic,* o *The focus should rather be on controlling the pandemic (COVID-19 control) and transitioning to seasonal transmission;* o *Goals should be formulated according to SMART criteria and also be achievable; intermediate goals would be helpful* *e.g. no serious illnesses, no unchecked circulation, no late effects, no deaths requiring intensive care;* o *Should incidence and R-value be used to achieve targets? Which values should be used? Difficult to define strategy in terms of figures, as e.g. reporting figures depend on test strategy. R-value regionally not reliable. Incidence value can be used as a guide, but taking local circumstances into account; an appropriate response at local level is necessary;* o *Consensus: not to support this position paper, but to focus on our own concept and phased plan* o *RKI concept should therefore be supplemented by a step-by-step plan including a preliminary sheet*	*All*

	TODO: Formulate RKI strategy paper more clearly and concisely, circulate and update (FF ?) (together with step-by-step plan deadline end of January) *TODO: Revise step-by-step plan and develop preliminary sheet to explain measures (FF ?) Deadline end of the week* • *Communication Czech Ministry (slides here)* o *Information on activities in the Czech Republic received via Mr Span. Should a reply be formulated here?* o *The background to this is the situation of commuters who are affected by entry restrictions.* o *Proposal from the Czech Republic: Designate high-incidence areas regionally and carry out weekly antigen tests on commuters* o *Consensus: All cross-border traffic is a risk; a sensible testing principle is to test commuters at least twice a week.* *TODO: Consultation with BMG (C. Bayer) as to whether an answer is required. (FF ZIG, Ms Hahnefeld)* - **b) RKI-internal** • *Revision of the FAQ on quarantine for convalescents/ model quarantine regulation (document here)* o *Contradiction between FAQ and model quarantine regulation* o *Proposal to amend the text discussed in the crisis team.* o *Consensus Contradiction cannot be resolved, therefore refer to the relevant quarantine regulations if you have any questions, regardless of whether this is technically supported by the RKI.* o *Enquiry how to prove recovery? Topic to be discussed in detail on Friday 22 January 2021* • *Revision of the FAQ on FFP2 masks (see here)* o *Proposed amendments (editorial and content-related) were discussed in the crisis team:* o *Important Reference to DGHM papers;* o *There is no technical basis for recommending FFP2 masks for the population, therefore add warning of undesirable side effects* o *Editorial changes and result of the Discussion will be organised in cooperation with the*	*All* *FG38 (M. an the heathen)*

	Press office checked and accepted. P1 will review wording o *When should the change to the FAQ be published? Timing is difficult as the impression should not be created that the RKI has changed its FAQ on the basis of the ministerial conference and the political resolutions contained therein. As the technical arguments have not changed, the FAQ should not be updated until next week.* o *Consensus: FFP2 masks are already being used by the population; it is important to clarify that wearing a mask is only one component. FAQs should be amended when the evidence is available, but there is already evidence in the area of occupational health and safety if they are worn correctly. Final decision on the date of publication of the amended FAQs postponed.* *TODO: contact the LGL by telephone to clarify whether studies on the measure are planned in Bavaria (FF M. an der Heiden)*	
8	**Documents** -	
9	**Vaccination update (Fridays only)** • *Planned topic "Measures for vaccinated and convalescent patients" postponed as FG no longer present*	*FG33*
10	**Laboratory diagnostics** **FG 17:** • *AGI Sentinel: 270 submissions in the last 2 weeks. 13% positive for SARS-CoV-2, 8% positive for rhinoviruses* • *Many activities took place last week, including integrated molecular surveillance (reporting, expansion of the IMS system)* • *FG17 has received a sample of the SARS-CoV-2 variant from Denmark (mink), cultivated it and also passed it on to ZBS1, the Friedrich Loeffler Institute and the Paul Ehrlich Institute.* • *FG17 attempts to grow SARS-CoV-2 variants belonging to the UK or South African lineage from patient material* • *for seasonal coronaviruses in tropical climate zones (e.g.*	*FG17 (T. Wolff)*

	in Ghana), two peaks can be observed per season **ZBS1:** • *Last week there were 823 entries, 301 of which were positive, i.e. 37%* • *a further sample was identified as a B1.1.7 variant by sequencing. The responsible sender and the GA were informed.* • *Enquiry: Is anything known about vaccine efficacy against the Brazilian variant? A sample of the variant and vaccine sera are needed to answer this question. Corresponding information is not yet available.*	*ZBS1 (J. Michel)*
11	**Clinical management/discharge management** • *Not discussed*	*IBBS*
12	**Measures to protect against infection** • *BMG decree: Updated model quarantine regulation; justification requirements* • *Comment on § 3 of the regulation: required double testing (home and destination) has nothing to do with quarantine* • *Technical reference to von Kleist paper on the effects of shortening the quarantine* • *Draft text is developed by M. an der Heiden and sent to those involved in the task for comment. sent.*	*All* *FG38 (M. an the heathen)*
13	**Surveillance** • *Corona-KiTa study (slides here)* o *Flu Web: 2nd lockdown shows clear effect, after that the values drop significantly; measures show an effect, but no regional differentiation possible* o *Reporting data by age group: except for AG 15 years and older, the incidence is very low and the number of cases is declining* o *Outbreaks in nurseries: there were many late reports (47 new outbreaks, 11 of which in 2021) Median number of affected cases around 4 per outbreak, i.e. no entire nursery affected by outbreak* o *Outbreaks in schools: Outbreaks (incl. late registrations) same level as in week 49/50 from 51 onwards declining due to school closures,* o *Measures in schools and daycare centres cannot prevent outbreaks from occurring.*	*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** • *18.01.2021, 5 p.m.: Mr Wieler at the expert discussion with the Federal Chancellor and the MPs (speaking note to be prepared)* • *19.01.2021, 11 a.m.: Mr Wieler at the special meeting of the Health Committee*	*All*
17	*Next meeting: Wednesday, 20 January 2021, 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:	*20.01.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Waidhaas*

- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Christophe Bayer*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,068,002 (+15,974) (significantly less than the previous week), of which 48,770 deaths (+1,148) (still very high), 7-day incidence 123/100,000 inhabitants (decrease of 10 compared to the previous day);* o *4-day R=0.87; 7-day R=0.87 (well below 1);* o *Vaccination monitoring: 1,195,429 people vaccinated in total, since the previous day + 49,289 first vaccination; + 13,252 second vaccination;* o *ITS: 4,947 (-56): smaller decline compared to the previous day;* o *7-day incidence of the federal states by reporting date* ▪ *Thuringia, Brandenburg, Saxony-Anhalt, Saxony: significantly above the national average, overall but decreasing trend* o *Geographical distribution of 7-day incidence by district (LK)* ▪ *4 districts > 400 cases/100,000 inhabitants.* ▪ *Decrease in the number of CC with an incidence of > 300 or > 200 cases/100,000 inhabitants.* ▪ *Only 19 of 412 districts with incidence < 50 cases/100,000 inhabitants.* ▪ *Second chart: LK with significant increase or decrease, many LK with approximately the same increase or decrease compared to the previous week. halved case numbers (green, factor 0.5), two CCs with doubling compared to the previous week (pink, factor 2.1 and 2.4) → still heterogeneous picture* o *7-day incidence by AG and MW - Heatmap* ▪ *Slight decline in all AGs, incidence of > 500 or 600/100,000 inhabitants in the last 7 days*	*ZIG1* *Dept.3 (Hamouda)*

RKI	○ *7-day incidence according to AG and MW* ▪ *Highest incidence in people over 80* ▪ *Decline in all AGs compared to previous week* ○ *Presentation of reported COVID-19 cases by infection environment* ▪ *Insert: Cases assigned to outbreaks (coloured) represent only a small proportion of the total number of cases* ▪ *Large illustration: Outbreaks with > 2 cases, distribution has not changed compared to previous week* *significantly changed* ▪ *Currently approx. 800-900 retirement and nursing homes out of a total of 14,000 facilities with current and* *Ongoing outbreak and presumably very high number of unreported cases (relevance: reports of positive cases following vaccination)* ○ *Number of COVID-19 deaths by week of death* ▪ *Decrease compared to previous week, but note delay of 1-2 weeks here* ○ *Exposure countries of imported cases (countries with > 25 mentions):* ▪ *highest number of imports (red): Poland, Romania and Bosnia-Herzegovina* ○ *Discussion* ▪ *<u>Outbreak - Kiel</u>: > 50 % of residents positive, already 12 deaths* ▪ *Transmission probably already before vaccination with rapid spread* ▪ *Anecdotal reports of a milder course must be investigated* ▪ *Team on site since Monday* ▪ *Health authorities hardly provide any on-site support due to the demands of KP follow-up.* *Pursuit* ▪ *Health authorities should be made aware that operational work on site should not be neglected.* *may be* ▪ *Hygiene expertise must be improved, inadequate equipment in this regard at the* *Health authorities, often external expertise required, but hospital cannot provide this either* ▪ *Sequencing results are pending* ▪ *<u>Outbreak - Limburg</u>: first indications of the presence of the 501 mutation* ▪ *Rapid sequencing required, also with regard to mutation (also applies to Kiel)* ▪ *<u>Outbreak - Flensburg</u>: approx. 100 infected persons in three companies (presumably due to a party in Denmark)* ▪ *Suspected presence of a mutation, samples also currently for sequencing* ▪ *<u>Breakout events - NRW retirement home</u>: four times*	*FG37 (Eckmanns)* *Dept.3 (Hamouda)*

	Proof of the UK variant without reference to UK or other stays abroad ▪ *Comparatively isolated district north of Berlin with rising incidence: due to Commuter traffic?* ▪ *Late registrations have no effect on 7-day incidence, only on the difference to the carryforward*	*Dept.1 (Mielke)*
	Test capacity and testing (Wednesdays) **Test number recording at the RKI** *(slides here)* o *Number of tests and proportion of positives: fewer tests than in the previous week* o *Number of positive tests by federal state: decline in the proportion of positives in all federal states (currently approx. 10%) shows broad effectiveness of the measures* o *Number of tests per 100,000 inhabitants by AG and KW: currently plateau in all AG, only slight decrease in >80-year-olds; lowest number of tests in AG 0-14-year-olds, highest number of tests in AG >80-year-olds* o *Positive shares according to AG and KW: declining across all age groups* o *Place of decline: similar distribution compared to previous weeks, currently declining positive shares overall* o *Time between acceptance and test: currently little delay* o *Antigen tests in ARS: proportion of positive tests (line) currently low* o *Antigen tests in ARS: PCR test on the same day after positive AG test: approx. 18 % false positive (possibly due to S. aureus); after negative AG test: approx. 2 % false negative* • *Discussion:* o *Where are AG tests carried out and how are they reported?* ▪ *Carried out by doctors, in facilities with certain IfSG standards (facility according to § 6) and via pharmacists (included in the statement on medical professions): Obligation to report* ▪ *Test centre without the presence of a medical professional or self-testing by the citizen: no obligation to register* ▪ *The BMG is currently discussing the possibility for citizens to report a positive result to doctors or pharmacists or directly to the report to the public health department* ▪ *When pharmacies dispense self-tests, they should inform customers in accordance with their duty to provide information that, in the case of a positive AG test, the general practitioner must be consulted for PCR confirmation (congruent with the CWA, for which established channels already exist at the KV)* o *Currently 72 laboratories in ARS, limited by personnel and technology* o *Two versions of the reporting portal - the current state of discussion at the BMG and the communication channels for a work order need to be clarified here - communication*	*FG32 (Diercke)* *FG37 (Eckmanns)*

	should ideally take place via Ms Korr	
	To Do: Request to Mrs Diercke to submit the communication channels for work assignments to Mrs Korr as an agenda item for the next meeting of the WG Testing	

	Testing and positives in ARS *(slides here)* ○ *Test capacities not fully utilised at present, approx. 1.1 million tests last week (compared to peak: 1.6 million), positive rate down to approx. 10.5 %, significant decline in the last two weeks* ○ *More PCR tests can be carried out again* ○ *Test backlog unproblematic* ○ *But:* ▪ *Aspect of pre-selection through AG tests still difficult to assess* ▪ *Lack of material with an impact on other diagnostic areas* ▪ *"Cannibalisation" through unnecessary testing must be avoided (e.g. resuscitation of air traffic)* ○ *S-gene failures: from week 52, 2020 to week 2, 2021, 16 laboratories across Germany tested a total of 337 positive samples with S-Gene failure reported* ○ *Sequencing recommendation of these samples:* ▪ *Current in-house capacity: approx. 400 samples per week if RNA has already been processed, otherwise approx. 200 samples per week* ▪ *Decentralised sequencing is therefore recommended in the first instance (guaranteed by the VO). regional capacities are utilised, also with regard to responsibility* ▪ *Samples are only to be sent to the RKI in exceptional cases* ○ *AG-Point of Care: BaWü reported a double-digit number of facilities, but other federal states contributed < 10, therefore probably massive underreporting, Figures not representative* ○ *Approx. 96% of the positive AG-POCT detected went into the PCR* ○ *Further acquisition in progress, advertised again in EpiLag, AGI and the BL test coordinators' switchboard*	*Dept. 3 (Hamouda)*
	Figures on the DIVI Intensive Care Register *(slides here)* ○ *Currently 4,827 COVID-19 patients treated in intensive care units (as of 20 January 2021)* ○ *Approx. 2 weeks after the 2nd lockdown (week 51), there is an initial decline in the number of COVID-19 cases in ICUs in many federal states (effects on ICUs usually only become apparent with a delay of approx. 2 weeks)* ○ *Saxony, Berlin, Saarland hardest hit, other federal states comparatively evenly affected by second wave* ○ *Saarland, Lower Saxony, Mecklenburg-Western Pomerania, Schleswig-Holstein, however, are still on the rise* ○ *Numbers and workload remain very high* ○ *Approximately 60 % of the intensive care units state 'limited' or*	*MF4 (Fischer)*

	to be 'fully utilised', main reason: staff shortage ○ *COVID-19 deaths in ICU high at approx. 200 per day* ○ *Proportion of COVID-19 patients in intensive care beds between 20-30% (every 4th-5th bed) in 9 federal states* ○ *Free capacities are currently stagnating at a low level, less than 15% free capacities available in 10 BuLä* ○ *SPoCK: current forecast of a possible further stabilisation of the situation, especially in severely affected countries* ○ *Discussion:* ▪ *Initial capacity estimates of the facilities initially more optimistic, but many transfers → correction) and capacity decreases not linear (burden due to increased Treatment requirements → Staff absence)* ▪ *Causes of restriction checked by DIVI: Availability of ventilators is determined, but not the availability of oxygen (not yet addressed by STAKOB)* • **Syndromic surveillance** *(slides here)* ○ *FluWeb: broken down into adults and children up to 14 years of age, ARE rates very low (comparable to early summer), low level for children even before the turn of the year, further drop in adults by 2nd week of the year* ○ *ARE consultation incidence compared to 1st week further significant drop (dark blue curve), in 2nd week approx. 630 ARE consultations /100,000 inhabitants (absolute: approx. 520,000 consultations in total), around the turn of the year similar development as in previous years, in 2nd week significantly lower values, especially among 0-14 year olds* ○ *SARI cases: still very high in AG 80+ years (comparable to peak flu epidemic of previous years), slight decline in AG 60-79 years (high, but comparable to previous seasons), comparable to previous seasons in AG 35-59, slightly lower than previous seasons in AG 15-34, extremely low case numbers in AG < 15 years since calendar week 40/2020* ○ *SARI case numbers stable overall, at the level of previous seasons, but AG < 15 years still extremely low, AG 35+ high to very high case numbers, AG 80+ remains the only age group at a very high level* ○ *Proportion of COVID-19 patients in SARI: slight decrease in CW 1/2021 (65%, previous week 70%) with stable SARI case numbers (for 3 weeks)*	*FG36 (Buda)*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	*Smear*
4	**Current risk assessment** • *Not discussed*	*All*

	• *Wording should be checked for topicality next week*	
5	**Communication** **BZgA** • *Not discussed* **Press** • *Dates Pres: today foreign press, Friday federal press conference, support may be required for the following town hall* • *Mask FAQ: The term "medical mask" is to be introduced or explained, questions have already been asked, Mrs Brunke is incorporating this change*	*BZgA* *Press (Wenchel) Pres*
6	**RKI Strategy Questions** **a) General modelling study** **(Wednesdays)** • *Not discussed* **MPK resolution** • *Point 12: Federal support for the federal states to train students in SORMAS so that they can support CP tracking during the semester break* ○ *Health authorities could be more likely to be burdened by these additional people* ○ *Reference to the BMG to the support already being provided to the health authorities by the RKI via the deployment of 800 containment scouts → Request from Mr Müller to the RKI for a report on this or to their management, Mr Eckmanns takes Mr Müller into the coordination loop* • *Point 13 on the nationwide use of SORMAS and roll-out at all health authorities by the end of February, as well as the use of SORMAS and DEMIS* ○ *There may be a misunderstanding on the part of the decision-makers regarding the functions of DEMIS, SORMAS and SurvNet (Cave: SORMAS-SurvNet interface does not exist, data must currently be entered twice; DEMIS: platform, currently being expanded)* ○ *It must be made clear what function and limitations the respective systems have* ○ *Challenges and opportunities must be addressed clearly and transparently* *→ SORMAS should not be launched if the interface is not functional, otherwise* *Show consequences* ○ *With SurvNet, only approx. 1/3 of the offices still need to be connected*	*All* *Dept. 3 (Hamouda)*

	○ *Creation of an explanatory graphic that is placed centrally (graphic required by tomorrow, cave: Saxony, for example, uses a different system than SurvNet)* **b) RKI-internal** *Ministerial dialogue - CompuGroup* • *Representatives of the RKI were asked by the BMG to take part in a follow-up discussion* • *Participants: Mr Ziese, Ms Scheidt-Nave, Ms Neuhauser and possibly a member of staff from ZBS1 for technical laboratory issues (request will be forwarded)* • *The dialogue should include a factual and fact-based reference to the previous points of criticism and a request that no parallel structures be established (see SORMAS)*	*FG24 (Ziese)*
7	**Documents** *CorSurV guidelines - Procedure for the selection and submission of samples* ○ *For laboratories (document here)* ▪ *VO stipulates that up to 5 % of the samples received by the primary diagnostic laboratory in the last calendar week may be are to be sequenced, regulated remuneration* ▪ *Criteria Sample selection - two groups: 1) total group of all samples and 2) samples based on a Suspicion of a variant of concern (VOC)* ▪ *Strand A: Sequencing primarily from random samples to enable rule-compliant surveillance. ensure (avoidance of bias through selection on suspicion) - a tool for random selection can be made available here if necessary* ▪ *Strand B: Sequencing in case of suspected presence of a variant according to defined indicators* ▪ *If necessary, ask diagnostic experts whether it makes sense to recommend Ct values* ▪ *Explanation of the implementation and information transfer via DESH, DEMIS, IMS ID, linking of Sequencing data with reporting data, see graphic p. 4* ○ *For health authorities (document here)* ▪ *Sample selection and commissioning of sequencing* ▪ *Selection: limited to suspicion only - no randomly selected samples* ▪ *Indicators identical (see above)* ▪ *Ordering of sequencing by the public health department from the primary diagnosing laboratory* ○ *Discussion:* ▪ *Billing abuse: VO provides for billing via KV, retrospectively verifiable, legal Handle*	*FG36 (Kröger)*

	▪ *However, billing cannot check the number of sequences sent in, transport costs if necessary as an additional criterion* *→ (Acknowledgement) mechanism to be introduced in phase 1* ▪ *Consultancy laboratory not directly involved here (focus on sequencing), dotted arrow in diagram where applicable* *Integrated molecular surveillance/consiliary laboratory makes sense, but coordination with the relevant parties is necessary beforehand* *To Do: Ask Mr Kröger to add a sentence to the effect that the system complements the other and to clarify the cooperation with the KL (use sentence module from FAQs if necessary)* ▪ *Threshold value: Ct < 25 should be included* ▪ *Ct correlates with infection stage, so there should be no bias in epidemiological terms, particularly valuable for sequencing (exclusion of false samples due to low Ct value)* *To Do: Publication of the documents tomorrow or at the latest by End of the week, via laboratory network and homepage*	
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *SARS-CoV-2 integration in genome, implication for mRNA vaccines (document here)* o *Quality of the preprint cannot yet be assessed, as review is pending (publication on preprint server so far)* o *Arteficial system as basis, therefore real significance questionable, as far as no finding of relevance for vaccination* • *Laboratory diagnostics NRZ Influenza* o *Sample volume roughly comparable to previous week* o *Despite the use of a courier service, only one sample was sent in by approx. 75% of the practices (basic requirement: 3 samples)* o *The aim is to recruit 50 new practices* o *Detection rate: also a decline here: 10 % SARS-CoV-2 positive, Rhinoviruses remain at a low level* o *First detection of parainfluenza and NL63 (seasonal coronaviruses) in a long time* o *Influenza: no evidence since lockdown* o *RespVir: identical results for influenza and NL63*	*FG17/ZBS1 (Dürrwald) Present* *FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *AK delivery for 4th week will take place* • *COVRIN Expert Group: enquiry on vitamin D and ivermectin: report for clinicians is being prepared, as justified technical questions* • *Continued funding of counselling network for treatment*	*IBBS (Herzog)*

	• *Web seminars resumed: mainly on special case discussions, intensive care treatment* • *Vitamin D: text module on PH prevention will be published, will be discussed tomorrow in the Influenza Expert Advisory Board* *Discharge management with regard to new variants* • *Currently no reason for change* • *Outbreak in Garmisch-Partenkirchen: starting from Covid station, increased number of escape mutants → Certain dangers from Covid stations should be sequenced at a low threshold, If necessary, discuss with FG 17 / ZBS1 regarding immunosuppression as a selection criterion for sequencing* • *Immunosuppression: connection with predisposition to the development of mutations and relevant excretion of > 10^6 over 60 days* • *Criteria for KP1/KP management and quarantine duration may need to be adjusted if higher transmissibility and circulation of new variants are proven, but the data situation is currently not very reliable, so the initial focus here is on stringent implementation of KP management measures* • *Correlation between quantity and infectivity or coupling of the factors "time" and "clinical improvement" as an indicator for overcoming the infection also applicable to new variants* • *Limburg Discharge criteria independently tightened (negative PCR required)* *To Do1: If necessary, specifically request samples from immunocompromised patients via STAKOB, consult with Mr Herzog* *To Do2: Please add "and sequence if necessary" to the wording in the discharge paper on individual case assessment and virus cultivation in immunosuppression after consultation with Mr Herzog*	*FG38 (Rexroth)*
11	**Measures to protect against infection** • *COVID-19/homelessness (Friday)*	*All*
12	**Surveillance** • *Corona-KiTa study* **(only on Mondays)**	*FG32* *FG36*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
14	**Information from the situation centre (Fridays only)** • *Requests under IFG: Processing by situation centre no longer acceptable in current form, to be discussed separately with L1* • *Lack of activity of neutralising AK in African variant (e-mail to ZIG regarding comments by CDC)* • *Preprint for this: https://www.biorxiv.org/content/10.1101/2021.01.18.427166v1.f*	*FG37 (Eckmanns)* *FG36 (Haas)*

	ull.pdf • *Possible consequences for vaccination, reinfection, T-cell immunity: no reliable data or epidemiological experience in the field as yet* *To Do: Request to Mr Voigt for an assessment and request to Mr Wieler to send a request for an assessment to the PEI*	
15	**Important dates** • *Not discussed or in each case see above.*	*All*
16	**Other topics** • *Next meeting: Friday, 22 January 2021, 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:	*22.01.2020, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade, Osamah

Hamouda Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler, in part.*
- *AL1/dept. 1*
  - *Martin Mielke*
- *AL3/dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjand Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Ruth Zimmermann*
  - *Viviane Bremer*
- *FG35*
  - *Kirsten Pörtner (protocol)*
- *FG36*
  - *Walther Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Navina Sarma*
- *IBBS*
  - *Christian Herzog*
  - *Annegret Schneider*
- *P1*
  - *Esther-Maria Antao*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel???*
- *ZIG1*
  - *Sarah Esquevin*
- *ZIG2*
  - *Charbel El Bcheraoui ZIG3*
  - *Roland Hassel*
- *BZGA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current Situation International (Fridays only)** ○ *Trend analysis international, measures (slides here): 95.6 million cases worldwide, >2 million deaths (2.2%)* ○ *Slight decline in new infections, but rising deaths worldwide* ○ *Top ten roughly unchanged, trends the same, USA, UK, Russia, Germany decreasing, Spain increasing with strong expon. Brazil stable compared to previous week* ○ *In Europe, the incidence is falling except for Portugal* ○ *America with the most new infections (51%/all cases), then Europe, then Asia, Africa, Oceania, similar order for deaths* ○ *UK variant detected in 60 countries worldwide, SA variant in 23 countries, Brazilian variant also detected in Italy. Variant also detected in Italy* ○ *Israel clearly leads with vaccinated doses/100 people, Israel and Bahrain also lead with 2 doses administered* **National** ○ *Case numbers, deaths, trend (slides here)* ▪ *SurvNet transmitted: > 2 million (+17,862), of which 50,642 (2.4%) Deaths (+859), 7-day incidence 115/100,000 Population, Reff=0.84; 7-day Reff=0.93* ▪ *Decline in 7-day incidence in most federal states, with Thuringia, Brandenburg, Saxony and Saxony-Anhalt leading the way.* *Anhalt* ▪ *Dispersion has decreased in other BCs, concentrated around mean value* ▪ *Proposal: Presentation of the 7-day incidence is prospectively changed to presentation with correction of the previous days to smooth out artefacts of the individual weekdays, initially with disclaimer in the management report* ▪ *7-day incidence: 21 LK<50/100,000, 217 LK 100-250/100,000, 20 LK 250-400/100,000* ▪ *Incidence decreases by 26% compared to the previous week, even in large cities* ▪ *Significant excess mortality in week 51, approx. 24% above the average of previous years 2016-19* ▪ *Regional differences in incidence according to different age groups, >80-year-olds particularly in eastern Germany* *affected, no stratification according to stay in nursing home/home, presumably different family structures/possibly due to underreporting?* ▪ *7-day incidence in >80-year-olds at 206/100,000*	*ZIG1/S. Esquevin* *AL3/O. Hamouda*

	nationwide ▪ *DIVI: Occupancy is slowly declining, regionally >70% occupied* ▪ *Number of people vaccinated: 1,324,091* *ToDo: if necessary, regional age-stratified incidence again after* *Analyse number of nursing homes (FG37)* *Change in the presentation of the 7-day incidence in the situation report will be implemented at the beginning of next week after consultation with Präs (O. Hamouda/Präs/Situation Centre)*	
2	**International (Fridays only)** • *Evidence on the topic of SARS-COV-2 reinfection (Review), slides here:* o *Occasion: different KP management Recommendations for recovered versus vaccinated people* o *73-year-old died last week in Ba-Wü after re-infection* • *Used Google Scholar for literature search, found approx. 120 documents, including case reports, observational studies and reviews* o *Confirmed re-infections are rare, sequencing is rarely performed to differentiate between first and second episode* o *Re-positive test results are not uncommon, also associated with severe courses* o *Limited evidence for infectivity and contact tracing of re-positives* *Discussion:* • *In this regard, a recently published study from the UK: HCW study with 82% protection after primary infection* • *Proposal: In the future, equal treatment in KP management of recovered and vaccinated people, currently it should be considered whether both should go into quarantine if they are KP1* *Data situation* o *The data situation of recovered and vaccinated persons is similar, allowing a distinction in the KP-Management may not continue to* o *Data situation unclear, especially with regard to transmission chains originating from re-infections, also with regard to the new variants, Korean study gives no*	*ZIG/ Charbel El Bcheraoui* *FG36/W. Haas/ all*

RKI		*indication of transmission through re-infections.* *Infected*	

	○ *Proportionality between unclear data situation and consequences for contact persons? Long-term perspective?* ○ *If necessary, modification of KP management if further data on vaccines and transmissions after vaccination are available, with Astra Zeneca there are indications that there are asymptomatic infections after vaccination (so possibly also virus excretion?), with the mRNA vaccines there is no data on this so far* *<u>Re-infections:</u>* ○ *Re-infection according to studies at 13-18% (without sequencing, only positive test result)* ○ *Will the likelihood of re-infections increase with further mutations and should Genese, if they are KP1 therefore go into quarantine?* ○ *What role do new variants play in re-infections?* *<u>Recovered vs vaccinated:</u>* ○ *Vaccinated people are in principle more homogeneous than recovered people, as there are clearer differences in immune response in recovered people* ○ *Other countries treat convalescents and vaccinated people in the same way, unlike us* ○ *If applicable, individual handling (e.g. HCW with contact to vulnerable groups)?* *<u>Current situation in Germany:</u>* ○ *Burden of disease remains high and genesis is also increasing* ○ *Reducing the burden on the healthcare system and avoiding serious illnesses* ○ *Re-infection is not clearly defined, possible re-infections are partially described in SurvNet* ○ *Period must be defined for immunity for genesis* ○ *Report from NRW: 3/5 cases with re-infection, also symptomatic courses with re-infection* ○ *It would be important not to soften the measures in hospitals or nursing homes; patient protection is paramount* ○ *In addition, standardised, simple KP*	

	Recommendations important, independent of sequencing recommendations *ToDo: Draft with abolition of the existing recommendation for convalescents and standardisation, then* *renewed discussion in the crisis unit next week (FG36)*	
3	**Digital projects update (Mondays only)**	*Smear*
4	**Current risk assessment** • *Postponed to Monday* *ToDo: Text will be discussed in crisis team on Monday (all)*	*all*

5	**Communication** • *Many questions about FFP2 masks (e.g. children & FFP2)* • *Information in care homes for carers on vaccination* • *Press: high workload on Fridays, please spread tasks better over the week* • *FAQ on FFP2 masks, slides here, especially problematic:* ○ *FFP2 use by laypersons (currently no reference to BAuA possible, as its non-recommendation is currently not online)* ○ *Reusability of FFP2* *Discussion:* • *BAuA does not recommend FFP2 for laypersons, but this recommendation is currently no longer online, policy recommends "medical mask" (including FFP2) in contrast to MNB* • *We should neither recommend nor discourage FFP2 use by non-professionals* • *2 areas should be considered separately: Recommendations for HCW vs. general population* • *TOP Reporting on new variants:* ○ *Complex list with occurrences of new variants is kept by M. an der Heiden and N. Zeitlmann by hand, but not representative, as no further detailing is possible due to the data situation* ○ *Journalists always want a precise breakdown, e.g. by federal state, etc., then there is always a reference to contacting the federal states, RKI is not able to speak* ○ *SurvNet will be revised in the short term with*	*BZgA/Thaiss* *Press/R. Wenchel* *Brunke/all* *FG38/FG36/AL3/ Press*

	Input field (currently only possible in free text) for variant verification, so that evaluation can be automated *ToDo:* ▪ *Profile publication is postponed from Friday to Monday to relieve the press on Fridays* ▪ *FAQs on FFP2 and MNB are being revised (Press, FG14)* ▪ *Continuation of the manual list of new variants until SurvNet is revised (Maria a. d. Heiden/N. Zeitlmann)*	
6	**Strategy questions** **a) General** • *Modelling study* **(Wednesdays)** **b) RKI-internal**	*All* *P4 (Brockmann)*
7	**Documents** • *none*	*All*
8	**Vaccination update (Fridays only)** • *Astra Zeneca EMA approval possibly at the end of next week, 50 million for Germany pre-ordered for the next 2 quarters* • *STIKO sees efficacy in older age as a problem, possibly no recommendation for people > 60 years of age, vaccination recommendation still pending* • *many practical enquiries about vaccinations (vaccination of recovered patients, new variants, etc.),* • *Guide for carers with a focus on vaccination planned* • *Vaccination ordinance update in preparation* • *Notes on problems regarding protection against Brazilian variant, UK variant rather no problem* • *Acceptance among the population of Astra Zeneca questionable with poorer protection, problem of 2 Class vaccination protection & communication problem*	*FG33/O. Wichmann*

9	**Laboratory diagnostics** • *FG17: in virolog. Surveillance approx. 440 submissions, of which xxx SARS-CoV-2 positive, sequencing still ongoing, also detected rhinoviruses, parainfluenza, no influenza* • *200/675 (30%) SARS-CoV-2 positive, yesterday 3 new B1.1.7 variants from Neukölln (whether travel history present is unclear), possible re-infection with fatal course, positive detection in one* *Vaccinated*	*FG17* *ZBS1*

	ToDo: Department 3 needs laboratory list for health authorities for variant detection (FG17/ZBS1)	
10	**Clinical management/discharge management** • *Nothing new*	*IBBS*
11	**Measures to protect against infection** • *Measures for vaccinated and convalescent patients* ○ *See above* • *COVID-19/homelessness, slides here* ○ *Background: Enquiries at nCoV-Lage:* ▪ *Reporting data (§36 - Homeless shelters not yet designated)* ▪ *Desire for standardised recommendations on prevention and Management of COVID-19 in homeless people* ○ *Challenges:* ▪ *Restrained testing, as there is no quarantine/isolation option n and difficult communication of test results* ▪ *Lack of hygiene/testing concepts /Recommendations* ▪ *Homelessness as a risk for severe progression* ○ *International recommendations (e.g. CDC or PHE) available* ○ *RKI recommendations for the prevention and management of COVID-19 among homeless people wanted?* *ToDo: Consultation with management regarding possible Recommendations/RKI publications/partner institutions (e.g. Charité) (N. Sarma, R. Zimmermann)*	*FG36* *FG34/FG38* *N. Sarma, R. Zimmermann*
12	**Surveillance** • *Corona-KiTa study* **(only on Mondays)**	*FG32* *FG36*

13	**Transport and border crossing points (Fridays only)** • *Experience with the new entry VO* ○ *Numerous arrivals at airports without documents, some airports without controls, penalties for offences* • *Def and publication of high-incidence areas>> Postponement* *Todo: Def and publication of high incidence areas (FG38)*	*FG38/Maria an der Heiden*

14	**Information from the situation centre (Fridays only)** • *Dealing with 08.03. (Berlin public holiday) pending* *ToDo: Dealing with 08.03. (public holiday in Berlin) (FG38)*	*FG38*
15	**Important dates**	*All*
16	**Other topics** • *Next meeting: Monday, 25 January 2021, 13:00*	

"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 each 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* • *Suggestion: 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* *Case report HUK: 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

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*27.01.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG24*
  - *Thomas Ziese*
- *FG25*
  - *Hannelore Neuhauser*
- *FG 31*
  - *Alexander Ullrich*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS2*
  - *Claudia Sievers*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,161,275 (+13,198), of which 53,972 (+982) deaths, 7-day incidence 101/100,000 inhabitants.* o *4-day R=0.76; 7-day R=0.87* o *Vaccination monitoring: Vaccinated with one vaccination 1,638,425 (2.0%), with 2 vaccinations 283,264* o *DIVI Intensive Care Register: 4,571 cases in treatment (-48)* o *Discharged from intensivmed. Discharged from intensive care: +580, of which 29% deceased* o *7-day incidence of the federal states by reporting date* ▪ *Declining trend continues, decrease in incidence from 160 to 101 last month* ▪ *Significant decline in Thuringia and Saxony* ▪ *Illustration with consideration of late registrations was in the management report for the first time yesterday, previously no questions worth mentioning.* o *Geographical distribution of 7-day incidence by LK* ▪ *No data transmission in 1 LK in Brandenburg due to technical problems* ▪ *Containment scouts in Brandenburg to eliminate transmission congestion* ▪ *Focus on the east of the country* o *Number of SARS-CoV-2 pathogen reports via DEMIS and Number of COVID-19 cases transmitted* ▪ *Since 1 December, almost 300 laboratories have been connected to electronic reporting.* ▪ *Number of DEMIS notifications correlates with submitted cases* ▪ *Slump in reports at weekends also seen in DEMIS* o *Development of the 7-day incidence in comparison to the number of tests* ▪ *Dissociation of the synchronisation of the curves in summer by testing asymptomatic travel returnees (randomised testing)* ▪ *Change of test strategy towards autumn, now in December and January very close association with Number of cases.* ▪ *More tests were carried out before Christmas. (Reduction in the number of unreported cases?)* ▪ *Significantly fewer tests were carried out around Christmas, consistent with low case numbers.* o *Incidence and number of tests should be considered together. It is important to have information about the tests performed.*	*FG32 (Michaela Diercke)*

	○ *It is interesting to note that there was almost no change in the incidence in Schleswig-Holstein from 27 December to the present. The incidence is low, but is not declining.* ▪ *Reasons for low incidence: GAs are well-equipped, the exchange of experience among them is very good. intensive; low population density; geographical location by the sea, little input from outside.* ▪ *The measures are apparently not yet sufficient to achieve a significant reduction in the incidence.* ○ *Discrepancy of 4 cases between dashboard and our case numbers in the last 2 days: should be back in order tomorrow, but cause of the error has not yet been identified, disclaimer on dashboard.* • **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Just over 1 million tests last week* ▪ *Significant decline in testing (60% less compared to before Christmas), although capacities are available.* ▪ *question of whether so many fewer people have cold symptoms or whether they have not been tested or reported to test centres.* ○ *Capacity utilisation* ▪ *Capacities are available. Low-threshold testing should be carried out again in doctors' surgeries.* ○ *Sample backlog* ▪ *Unproblematic, but severe shortage of plastic (especially pipette tips), can cause problems if there is an increase in sequencing can become problematic.* ○ *Test volume by laboratory size* ▪ *Small and medium-sized laboratories have played a significant role in testing over time.* ▪ *Large laboratories did not enter the market to any significant extent until week 30-31.* ○ *AG-POCT in facilities* ▪ *Acquisition continues to be slow, organisations are often reluctant to take part in the survey due to time constraints.* ▪ *Cumulatively, almost 41,000 tests have been recorded to date.* ▪ *Fortunately, PCR swabs were used for most (approx. 92%) of the positive AG-POCT swabs. Confirmation sent to a laboratory.*	*Dept.3 (Seifried)*

	Testing and positives in ARS *(slides here)* ○ *Number of tests and proportion of positives nationwide* ▪ *Confirmation of the results of the Voxco survey, fewer tests last week than the two weeks before.* ▪ *Positive rate went down slightly.* ○ *Proportion of positive tests by federal state* ▪ *Stabilisation or decline in almost all BLs*	*FG37 (Eckmanns)*

	○ *Number of tests and percentage of positives by age group* ▪ *Number of tests decreases slightly in all age groups, why?* ▪ *Positive share decreases in all age groups.* ○ *Acceptance location* ▪ *The proportion of all tests has increased slightly in hospitals and is relatively stable in doctors' surgeries.* *stable.* ▪ *Testing in KH has reached the same level as before Christmas. But not with* *Medical practices, where the sharpest decline was recorded.* ▪ *Positive rate decreases in all locations.* ○ *Time between acceptance and test* ▪ *Calming the situation everywhere* • *Should the recommendation to carry out PCR tests be made more sensitive again, so that more PCR tests are carried out?* ○ *This week there will be a discussion with the KBV regarding the role of medical practices in testing. It would therefore make sense to postpone the discussion until the KBV has commented on this.* ○ *Should not every respiratory disease be tested, in view of the fact that in 3-4 weeks the doctor's restriction will fall and home testing will become possible. Once home testing is available, there will probably be even less testing in surgeries.* ○ *Not only are the tests falling slightly, but also the positive rate. This suggests that the number of cases is decreasing.* ○ *It would make sense to test with the lowest possible inhibition threshold (including mildly symptomatic ARE patients), but not to encourage the testing of asymptomatic patients.* ○ *The test criteria apply to scarcity, currently there are different statements on scarcity (sufficient test capacities, but lack of materials due to sequencing).* ○ *There is no comprehensive information on antigen tests, and a short-term change in testing strategy will not facilitate interpretation.* ○ *Decision postponed until next Monday. The test criteria have not yet been revised, but the discussion with KBV on Thursday (participation Mr Mielke, Mr Kröger) is awaited.* *ToDo: On Monday, the flow chart for test criteria will be discussed again in the crisis team.* • *Home testing - change of test indication?* ○ *BMG decision has been made, home tests will be introduced. The only thing left to do is wait for a licence.* ○ *The BMG is open to accompanying the introduction with an information campaign.*	*All* *All*

	○ *No diagnosis can be made with antigen detection. A positive antigen test is a reason for PCR testing, but only defines a suspicion and a possible indication of infectivity.* ○ *How do you want to control that?* • *Outbreaks in retirement homes and hospitals* ○ *Currently 900 active outbreaks in nursing homes, over 300 outbreaks in hospitals, no trend towards fewer outbreaks yet.* ○ *Document on retirement homes is too complex at 33 pages. A simpler version is planned and will be sent to Ms Jenny.* ○ *Outbreak in Humboldt-KH:* ▪ *Different variants circulate, complex events.* ▪ *English variant is connected to an incident in a housing estate in Reinickendorf, leads probably due to event at Christmas, hope to make contact abroad. It was not tested until mid-January.* ▪ *There are families in which the contacts are not yet positive. Mr Buchholz's protocol to collect information on shedding before the onset of symptoms.* ▪ *Were the hygiene measures adequate and not sufficient for this variant?* ▪ *No statement possible, reaction is usually too late. If hygiene measures are implemented larger outbreaks can be prevented.* ▪ *Is it possible to take samples after day 10 to evaluate shedding time?* ▪ *Samples are taken every 2 days until the final negative PCR test. Ct values with in Place an order.* • **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *Numbers are falling in most CCs, almost 1,000 cases fewer than at the peak.* ▪ *Case numbers continue to rise in three BL: SH, NI, SL.* ○ *ICU case numbers* ▪ *Continued high number of daily new admissions (approx. 500/day) and transfers.* ▪ *Number of deceased patients remains high.* ○ *Stress situation in intensive care units* ▪ *Stabilisation, but no relief yet* ▪ *Staff shortages are improving in some centres, but are still very high.* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Trend points downwards.*	*FG37 (Eckmanns)* *MF4 (Fischer)*

	▪ *In SH, Ni, SL, the forecast is at a similar level as before.* • **Syndromic surveillance (Wednesdays)** *(slides here)* o *FluWeb* ▪ *Slight increase in children and adults, but at a very low level.* o *ARE consultations* ▪ *From the 2nd to the 3rd week, the number of visits to the doctor fell again, significantly fewer than in previous years.* ▪ *In NRW, the increase after the New Year is the same as every year.* o *ICOSARI-KH-Surveillance* ▪ *Number of SARI cases among 0-4 year olds at an exceptionally low level.* ▪ *SARI cases among 15-34 year olds in the pre-season, very high among 35-59 year olds in autumn. Also higher among older age groups in autumn than in previous years.* o *SARI cases with COVID diagnosis* ▪ *Relaxation can be seen more clearly in all cases, including those still lying, compared to the cases with a maximum dwell time of 7 days.* ▪ *Significantly declining in all cases at the moment.*	*FG36 (Buda)*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Assessment of severity UK VOC* o *General additions, more timeless design* o *For variants: Brazilian inserted* o *Reformulations: e.g. mouth-nose covering replaced by masks, countries replaced by states* o *When asked about travel recommendations, reference is made to the Federal Foreign Office. Stronger positioning is desirable here. Advice against all unnecessary travelling should be added.* *ToDo: Will be circulated again and then implemented.*	*FG36 (Buda)*
5	**Communication** **BZgA** • *Due to pandemic fatigue, the focus is increasingly shifting back to young adults.* • *Questions from the public: on the subject of vaccination and from employees in intensive care looking for help.* **Press** • *Over the next few weeks, Mr Wieler will be working on Fridays at the*	*BZgA (Thaiss)*

	Federal press conferences with Mr Spahn. • *Terminology of medical masks (language regulation) (here)* o *The term "medical mask" was taken from the Chancellor's video conference.* o *At the request of the BMG Communications Department, this term will no longer be used.* o *Ms Jenny was also approached by the BMG about the language rules regarding masks. There are FFP-2 masks in circulation which state that they are not medical masks.* o *Common language regulation: How decidedly should a statement against everyday masks be made? Everyday masks have been replaced by masks at the BZgA, standardised wording would be useful.* o *There is a written specification from the BMG's communication steering committee.* o *Only the term "mask" is used; medical face masks and FFP2 masks are mentioned when specific terms are used.*	*Press (Wenchel)* *FG14 (Brunke)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Visualisation of indicators / change Management report* o *The desire to better visualise the course of the pandemic was brought from the crisis team to the reporting data group at the end of last year.* o *Various variables have been summarised and visualised under different indicators; the progression, current value and trend can be seen in each variable window; more detailed information is provided.* o *Daily or weekly update? There are values that can be displayed daily and values that can only be displayed weekly.* o *Can it be automated? At the moment still manual improvements, but could be automated.* o *Visualisation is very clear. The system and the allocation of variables to indicators should be revised again.* o *This presentation could relieve the management report, should be available to the public.* o *Where should this be made available?* ▪ *On an extra website, which could save a lot of text in the management report.* ▪ *Capacity issue with many accesses* ▪ *Integration into existing Esri dashboard probably not possible.* *ToDo: Revision of content, clarification of website, FF Dept. 3, coordination with MF4, promptly at the beginning of March. Tasks ID 2716* • *Target formulation RKI/NoCOVID (here)*	*ZBS1 (Sievers, Ullrich)* *ZIG*

RKI	○ *Goal to be formulated in connection with the phased plan. How should the RKI position itself with regard to NoCovid?* ○ *NoCovid is not scientifically feasible.* ○ *Proposal: The overriding objective is to reduce the number of cases to such an extent that local control by the GA becomes possible again.* ○ *The aim should be to protect the population and minimise the severity of the disease. By minimising the number of cases so that control becomes possible again.* ○ *A catchphrase à la Control Covid is to be found.* ○ *Goal should be preceded by a step-by-step plan.* ○ *How can the numbers be prevented from jumping up due to fast openings?* ○ *What indicators can be used to identify overloading of GA? A very important point is contact tracing. The data situation is not very good at the moment.* ○ *Control by GAs as a central criterion is difficult and depends on local resources. It is about the transmission process, which does not have to be made dependent on the GA's ability to control.* ○ *Vaccination as a protective shield should be included.* ○ *A social goal is still missing. Mr Ziese suggests including a colleague from Dept. 2 in the group.* ○ *Fixed target values for the individual levels are inconvenient, as guide values are based on past experience and target values have to be revised time and again.* ○ *Thresholds are useful for policy makers to adapt measures.* ○ *A keyword for such low case numbers that they can be controlled again should be found. Under 10 (Lancet) seems more realistic.*	*(Hanefeld)* *Rexroth*
7	**Documents** • *Contact person management* ○ *Linguistic changes, clearer to understand* ○ *Supplement: Cat. 1 contacts should inform close contacts outside the household to also look out for symptoms of illness.* ○ *Proposal 1 selected: no quarantine should be ordered within 3 months of initial infection. Agreement with the Ministry.* ○ *Based on current data on reinfection and infectivity. Use contagiosity instead of infectivity.* ○ *Replace vulnerable group with risk group.*	*FG36 (Haas)*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*

9	**Laboratory diagnostics** • *Virological surveillance* ○ *Of 159 samples, 17 tested positive for SARS-CoV-2.* ○ *When the mutations were determined, 2 positive samples from mid-January were found. One from Jena, which has already been sequenced, with the UK variant and another not yet sequenced. -> Please remind Jena to report these to the state authorities.* ○ *> 30 samples received from molecular surveillance*	*FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	*FG37*

12	**Surveillance** • *Seroepidemiological studies on the spread of SARS-CoV-2 (slides here)* ○ *Background: The BMG is preparing a decree. Can the RKI carry out a comprehensive evaluation of the studies on SARS-CoV-2?* ○ *Serological studies are already being systematically searched for. Results are fragmentary, not easily retrievable. No meta-analysis to date, also not carried out outside the RKI.* ○ *More data will be available in 2021: COVIM (HZI, participation RKI), it is not yet clear when results will be available.* ○ *International networking through Serotracker.com* ○ *Serological studies were initially carried out in smaller, later larger locations. Nationwide coverage through SeBluCo and RKI-SOEP as well as larger population-based cohorts.* ○ *So far, preliminary work has been carried out on study registration and networking. Funding could be applied for from the BMG. The question is, what should be applied for? Which component has priority?* ○ *The idea is to form an alliance with Serotracker: To feed aggregated results into Serotracker so that results for Germany are available for international comparison, joint methodological development, dashboard version in German.* ○ *Analyses would have to be carried out with current, scarce personnel.* ○ *RKI is involved in COVIM, should not compete with/duplicate the meta-analysis. A COVIM meeting is taking place this week. Preliminary work has already been done in COVIM, study protocols are being prepared.* ○ *The calculation of the IFR (infection fatality rate) is central. If the IFR is not addressed promptly by the HZI in the meta-analysis, the RKI will have to deal with it even without additional funding. High priority.* ○ *Ms Jenny is asked about the mode of presentation and reporting.*	*FG25 (Neuhauser)*
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** • *BPK Mr Wieler Friday 29.01.* • *Influenza expert advice 28.01.2021; 15-17:30 h* • *BMG UK: IMS-Sc2: Connection DECOI B-FAST 29 Jan 2021; 10:30-12:00 (M.v. Kleist; M.M., T. Wolff, L. Grabenhenrich, S. Kröger)*	*All*

16	**Other topics** • *Next meeting: Friday, 29 January 2021, 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:	*29.01.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Nadine Litzba (protocol)*
- *ZIG*
  - *Johanna Hanefeld*
  - *Iris Hunger*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG16*
  - *Anton Aebischer*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heidrun Thaiss*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(slides here)* • *Top 10 countries by number of new COVID-19 cases* o *According to WHO >100 million cases and approx. 2.2 million deaths* o *Countries on the list have not changed* o *Declining trend in the USA, UK and Brazil, as well as in the Russian Federation, Colombia, Germany and India* o *Trend in Spain and France stagnates or rises slightly* • *7-day incidence worldwide* o *Now 101 countries worldwide >50/100,000 inhabitants.* o *Overall, new cases are down 15% globally, 2nd week in a row, biggest drop in Europe (-20%)* o *Decline also in Africa, -30% in South Africa* o *Most cases from America and Europe (86%)* • *SARS-CoV-2 variants: VOC 202012/01 (line B.1.1.7)* o *Detection in 70 countries, all WHO regions, new in Lithuania* o *Nevertheless, declining 7-day incidence, e.g. -40% in Ireland* o *Risk areas for UK variant: UK, Ireland and Portugal* *under observation: Denmark, France, Switzerland, Czech Republic, Israel and others* • *SARS-CoV-2 variants: 501Y.V2 (line B1.351)* o *detected in 31 countries and in 5 of 6 WHO regions, first detection in the USA, in South Carolina, no link to South Africa* o *Risk areas for South African variant: South Africa, Eswatini, Lesotho* *under observation: Countries in (South) Africa* • *SARS-CoV-2 variants: P1. Variant (line B1.128.1)* o *P1 variant: in at least 8 countries* o *Especially in Brazil, deaths have risen sharply, in January 85% can be attributed to this variant, especially in the Amazon region persistent transmission, reinfections: In Manaus, herd immunity was assumed after the first wave* • *COVID-19 vaccine doses administered per 100 people* o *Israel: >50/100 people vaccinated, 2nd dose >17/100 people* o *India: 2 vaccines - one vaccine produced in India with the AstraZeneca licence and own vaccine, immunisation started in mid-January, priority given to medical staff, but low acceptance, especially against own vaccine, delivery also to neighbouring countries (especially Nepal and Bangladesh)*	*ZIG1 (Denkel)*

RKI	**National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,192,850 (+14,022), of which 55,752 (+839) deaths, 7-day incidence 94.4/100,000 inhabitants.* o *4-day R=0.85; 7-day R=0.92* o *Vaccination monitoring: Vaccinated with one vaccination 1,738,236 (2.1%), with 2 vaccinations 366,081* o *DIVI Intensive Care Register: 4,437 cases in treatment (-64)* o *Discharged from intensivmed. Discharged from intensive care: +560, of which 28% deceased* o *7-day incidence of the federal states by reporting date* ▪ *In countries with lower incidence, e.g. SH, no further decline, measures not good enough followed, or measures not sufficient to bring about a reduction in incidence?* ▪ *Does not appear to be a uniform wave, but rather a selective flare-up and decline, overall also in the north* *Map lighter in colour overall, i.e. more LK with low incidence,* ▪ *The situation in care homes and other facilities should be looked at if there are large outbreaks there. strong effect* ▪ *Consideration at district level makes sense, no waste there either? Consideration of districts is by Matthias at the* *Heiden have been carried out.* *ToDo: Evaluation by Matthias an der Heiden to be updated and presented on Monday* ▪ *In addition, the proportion of new variants should be compared with the incidences, currently for this purpose* *but not enough data is available yet, technical possibilities are only just being created* ▪ *First data: Proportion of new variants is 1-5%, more information on variants next week: ALM wants* *Report on regional distribution at the beginning of the week* o *Geographical distribution by age* ▪ *Incidence remains high in the east* o *Weekly death rates* ▪ *Significant excess mortality also visible in DEU, many more deaths than in the first wave* ▪ *EuroMoMo shows a dramatic increase in deaths, especially in Portugal*	*FG38 (Rexroth), All*

	Breakouts • *Humboldt Hospital (HUK)* ○ *15 cases among staff, 15 cases among patients, 5 follow-up cases in Reinickendorf, further cases also in other districts* ○ *Settlement in Reinickendorf:* ▪ *A total of 9 patients from a settlement had already been hospitalised in HUK, samples of the last 4 (since 15.01.) could be sequenced and B.1.1.7 (UK) variant*	*FG37 (Eckmanns), all*

	was detected, no samples currently available for the 5 patients before (Berlin laboratory is still checking whether samples are available) ▪ *there was a first outbreak on the 5th/6th, but no isolate that was typed* ▪ *The housing estate is being cut back.* o *Possible entry into a retirement home:* ▪ *Sister-in-law of a carer works as a cleaner in a nursing home and has worked symptomatically* ▪ *Residents are in quarantine, are currently not symptomatic, 1st vaccination in the nursing home was on 10.01.* o *Spandau Hospital* ▪ *Patient discharged home and admitted to Spandau Hospital* ▪ *Possibly secondary cases, but not yet clear whether variant, still being sequenced* ▪ *One patient also travelled on to Poland and was diagnosed there* o *In KH in Spandau and Reinickendorf also cases with B1.351 (South African) variant* o *Christian Drosten was present at a meeting and said it would not be necessary to create different areas for the different variants, according to him it is unproblematic to merge the cases, is not the opinion of the RKI, especially since cross-protection is doubtful and reinfections should be prevented* o *The HUK is currently still closed, but pressure from the Senate/fire brigade, tomorrow meeting of the GA and RKI with Senator* o *Secondary cases after patients are discharged home? No one is being discharged home at the moment* *There were transmissions from staff in home isolation to flatmates.* *Discharge criteria: Test after isolation, PCR test should be negative* • *Flensburg* o *In contact with Ms Marcic, request for administrative assistance offered* o *extensive event with 180 cases, many confirmed with B.1.1.7 (UK) variant, it appears that younger people are increasingly in need of intensive care, exchange offered via COVRIIN* o *Outbreak due to common source of infection, possibly* *Possibility to clarify questions about incubation period etc.* o *Info from meeting with ECDC:* ▪ *Several countries go into quarantine for 21 days,* ▪ *Ireland, Portugal, Spain show very rapid growth rates* ▪ *Individual case reports of very easy transmissibility (despite distance, mask, gloves) and higher attack rates.* *Rate* ▪ *In SH for safety reasons independent of variant*	*FG38 (Rexroth)*

	14 days for quarantine and de-isolation, additional negative test recommended before release from quarantine • *Epidemiological and virological data on variants* ○ *Data on viral load and receptor affinity for variants currently still very unclear* ○ *HUK attempts to address various study questions: How long positive? Testing contacts at home to find out when they become positive.* *Labor Berlin is interested, but has a lot of samples at the moment.* ○ *Data from several sources, should be available shortly* ○ *Recommendations for quarantine are only changed when further data is available* ○ *Discharge criteria under revision*	*All*
2	▪ *Report in Nov. 2020: Tiered system for alerting - so that countries start preparing early, Core Capacities should be reviewed* ▪ *https://www.who.int/publications/m/item/looking-back-to-move-forward-ioac-report-to-the-resumed-wha73-10* ▪ *https://www.who.int/publications/m/item/ioac-interim-report-on-who-s-response-to-covid-19* ○ *IHRRC:* ▪ *Mr Wieler Chair* ▪ *Functionality of the IHR is to be reviewed* ▪ *Report to WHO DG* ▪ *IHR basically well implemented, focal points should be given more political power,* *Alternative proposal to tier system, better link global and regional risk assessments with response, look at M&E system, resources and political support should be improved* ▪ *https://www.who.int/publications/m/item/interim-progress-report-on-the-functioning-of-the-ihr-2005-during-the-covid-19-response* ○ *IPPPR:* ▪ *Established in July 2020, medium-sized, 2 high-ranking chairs* ▪ *Overlapping mandate with IHRRC, but overall view, political* ▪ *Independent of WHO, appointed by WHO DG, but independent secretariat etc.* ▪ *First report in Jan. 6 Key Messages:* *1. NPM not implemented consistently enough* *2. Reinforcement of inequalities, availability of vaccines, etc.* *3. Criticism of the Global Pandemic Alert System, too many recommendations, lack of digitalisation, etc.* *4. Insufficient implementation of previous recommendations* *5. WHO resources (financial, political mandate)*	*ZIG (Hanefeld)* *ZIG (Hunger), Mr Wieler*

	too low *6. pandemic as a wake-up call for all levels, Asia-Pacific region as a positive example (coordinated measures, consistent risk communication, coordinated border measures)* ▪ *Desire for a legally binding agreement on health protection - Global framework plan for Preparedness & Response* ▪ *https://theindependentpanel.org/wp-content/uploads/2021/01/Independent-Panel_Second-Report-on-Progress_Final-15-Jan-2021.pdf* ▪ *IPPPR is very political, much criticised, not evidence-based (unlike IHRRC)*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Assessment of de-escalation* o *When should the population risk be reduced from "very high" to be set "high"?* o *Relaxation should be based on the severe effects (hospitalisation, deaths), other parameters (e.g. incidence) for early implementation of the measures make sense* o *At present, the variants do not yet determine what happens in DEU, but variants must be kept in mind for loosening. In a target PCR follow-up study of >10,000 samples, a variant was identified in approx. 5% of the samples, especially the B.1.1.7 (UK) variant.*	*All*
5	**Communication** **BZgA** • *Information needs of carers, materials already published by the BMG in cooperation with the Care Commissioner* • *BZgA will take a more differentiated look at the target group, there is not much data (language barriers, cognition, ideology)* • *Continued need for information on vaccinations among the population, otherwise taken over by GPs, questions must now be answered elsewhere, is also not possible in the context of telephone counselling* • *Suicide rate rises sharply* • *Mrs Thaiss is retiring. The members of the crisis unit would like to thank her for her excellent cooperation and wish her all the best for her retirement.* **Press** • *Update of STIKO recommendations, much information required* • *Saturday, 30.01. Mr Wieler at the Townhall Meeting on the topic of*	*BZgA (Thaiss)* *Press (Wenchel)*

	Vaccination • *Linus Grabenhenrich is the Open Data Officer at a meeting with the data journalists on 29 January.*	
6	**RKI Strategy Questions** **a) General** • *The wording for the COVID control strategy must be finalised by Tuesday.* **b) RKI-internal**	*ZIG (Hanefeld)*
7	**Documents** • *not discussed*	

8	**Vaccination update (Fridays only)** • *Vaccination rates are rising, albeit not as much as hoped, with 2.2 million doses available* • *Preparation of the STIKO recommendations, 2nd update, several aspects were analysed* • *Content of the recommendation for AstraZeneca vaccine was leaked to the press, political dimension, STIKO recommends vaccine only for <65-year-olds, as there is a lack of evidence for >65-year-olds, very wide confidence intervals, too uncertain, as two highly effective RNA vaccines are available, significant drop in NT titres from 65 years onwards* • *EMA is simultaneously processing the authorisation for the EU; the age limit will probably be left open in the EMA recommendation, but possibly with warnings that the evidence is insufficient for >55-year-olds.* • *Difficult topic in terms of communication, much need for information, also international interest in exchange, e.g. from EMA and ECDC* • *Continue to prepare the information sheets in coordination with PEI so that the vaccine is available next week.* • *Accompanying communication is being prepared, efficacy significantly lower at 70%, vaccine is mainly used to immunise healthcare and nursing staff* • *Many additional questions: First AstraZeneca vaccine and later RNA vaccine when it is available for everyone?* • *Advice in the vaccination communication steering committee at the BMG, implementation in vaccination ordinance and strategy* • *STIKO assessment based on the public data submitted in November, further data now available but not public, studies very complex, data situation for 55-65-year-olds cannot be included in STIKO recommendation, also about to be published* • *FAQs are prepared, can be flexibly customised* • *STIKO recommendation living document, if necessary state time horizon when new adaptation is expected* • *New data available shortly, but will not change recommendation; end of February probably Johnson&Johnson vaccine, also vector vaccine, then STIKO recommendation must be adjusted again.* • *Problem of interpretation as a 2-class vaccine, comparisons with other vaccines difficult, better argumentation: now protection with 70% vs. potential exposure and then vaccine with higher efficacy* • *Discussion in science on booster vaccination, now vector and then booster with RNA vaccine*	*FG33 (Wichmann)*

9	**Laboratory diagnostics** • *Virological surveillance* o *562 samples received in January, of which* ▪ *67 SARS-CoV-2 positive, 47 rhinovirus, 8 seasonal coronavirus (NL63), 1 parainfluenza virus (type 3)* ▪ *All other respiratory viruses negative, still no influenza viruses detected.* • *ZBS1* o *771 submissions, 196 samples SARS-CoV-2-pos (25.4%)* o *Many samples from Reinickendorf from the affected neighbourhood, 8 or 9 positive samples, are to be sequenced* o *A sample discovered from an outbreak in early January from a settlement is also being sequenced*	*FG17 (Oh)* *ZBS1 (Michel)*
10	**Clinical management/discharge management** • *Therapy with monoclonal antibodies* o *Since the middle of the week, a mab preparation from Eli Lilly (bamlavimab) has been distributed and used via distribution pharmacies.* o *Application updated in therapy notes on the Internet: moderate progression, early phase in patients with risk factors, BMG has refused to be more specific* o *can also be used in asymptomatic cases. cases if diagnosed at an early stage* o *also under discussion as PEP, involvement of STIKO, as passive vaccination* o *The number of patients who come into question is quite large - therefore a case-by-case decision, i.e. an individualised therapeutic trial* o *DGI and RKI advisory network, also for the outpatient sector, but administration should take place in day-care centres or inpatients if already hospitalised* o *Declaration of commitment sent to BMG, PEI has prepared information for patients* o *Likewise then for Roche Regeneron mab* o *For variants, mab can be given, but efficiency is not clear* *ToDo: Ms Oh is compiling in vitro studies on the binding of mab to variants for Mo.*	*IBBS (Herzog)*

11	**Measures to protect against infection** • *Isolation after entry from virus variant areas/ quarantine of KP* o *At the TK of the IGV-named airports, there was a request for mandatory testing after 14 days.* o *People entering the country should not be treated more strictly than KP1, otherwise legally difficult, currently already shortening of quarantine in case of suspected variant excluded.* o *Info in TK that many people are reluctant to undergo testing on the 10th day for fear of having to spend another 10 days in isolation* o *No adjustment possible at present due to the data situation* o *Political decision on how much the risk should be reduced, currently it looks like a very strong risk reduction (entry bans)* o *If for quarantine 14 days plus testing, then the quarantine should also be carried out in quarantine hotels* o *Do travel restrictions within DEU make sense?* o *Problem that not everyone tests/sequences equally well, would then also have to be done this way in other LK in DEU, problem that attention is directed differently, people believe that this solves the problem, rather distracts from their own responsibility* o *It is better to emphasise general and basic measures and recommend as few special measures as possible to avoid unrest and confusion* • *Brief information on the outbreak at AIRBUS in Hamburg* o *Large outbreak, several factory buildings, 49 GÄ affected in northern Germany, possible spread to France* o *B1.1.7 (UK) variant has been detected in 7 MAs*	*FG38 (Rexroth), all*
12	**Surveillance** • *DEMIS, SurvNet and SORMAS* o *DEMIS is stable and sustainable* o *Many enquiries from GÄ, from the GÄ's point of view these are not always answered promptly enough, as many resources are tied up by other things (especially SORMAS), must be expanded* o *Many resources in SORMAS, from many BL dissatisfaction with SORMAS,* o *Many questions about the change to the case definition and requests for when the reference definition will also be changed* o *Mandatory reporting for citizens when home tests are introduced, we cannot implement, should rather go to the doctor, be reported there and be tested by PCR, but worry that family doctors will not cooperate here.* o *But KV has a care mandate. It is unethical if someone with a positive AG test approaches a doctor and the doctor rejects them. Currently only 50% of PCR Capacities utilised*	*FG38 (Rexroth)*

	○ *Austrians have made retesting at the doctor's obligatory. But if dispensing is free, how do you check?* ○ *Medical Devices Dispensing Ordinance to be amended on Monday, but currently no CE-certified tests available, BMG expects end of February, costs unclear, but not significantly cheaper than tests in test centres (approx. €20-35)* ○ *Communication on AG tests should be strengthened; it should be clearly communicated that rapid AG tests are not the method of choice for diagnosis; this should be formulated by the internal diagnostics working group.* *ToDo: The internal diagnostics working group should create an Epid Bull article on AG tests, deadline for publication-ready version 2 weeks; ID 2730*	
13	**Transport and border crossing points (Fridays only)** • *Transport ban* ○ *The cabinet is currently discussing an ordinance that would ban entry from the UK, Portugal, Brazil and Brazil from 30 January to 17 February, Ireland and South Africa* ○ *Causes numerous changes to documents* ○ *Currently, there are often other people with evidence of the variant or suspected variant who do not come from official areas with virus variants* ○ *Should Flug-KoNa be resumed? Difficult to judge whether GÄ can do this, but we should speak out in favour, will be implemented in the course of next week*	*FG38 (an der Heiden), all*
14	**Information from the situation centre (Fridays only)** • *1 year situation centre: Thank you e-mail sent to MA* • *An article also appears in RKI-News*	*FG38 (Rexroth)*
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 01.02.2021, 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:	*01.02.2021, 13-15 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
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  - *Christian Herzog*
  - *Bettina Rühe*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Jamela Seedat*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1/INIG*
  - *Regina Singer*
- *BZgA*
  - *Martin Dietrich*
- *BMG*
  - *Christophe Bayer*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays)* **National** • *Case numbers/deaths/trends (slides here)* ○ *SurvNet transmitted 2,221,971 cases, including 57,120 (+175) deaths, 7-day incidence 91/100,000 inhabitants (declining compared to data from previous weekends)* ○ *4-day R=1.01; 7-day R=0.88; trend continues to decline* ○ *Vaccination monitoring (31/01/2021): Vaccinated with first vaccination 1,935,356 (2.3 %), with second vaccination 532,562* ○ *DIVI Intensive Care Register: 4,348 cases in treatment (-4), further decline here too* ○ *Discharged from intensivmed. Discharged: 255, of which 43* *% deceased* ○ *7-day incidence of the federal states by reporting date:* ▪ *Adjusted image since last week, was well received* ▪ *Declining in most BuLä, especially in eastern BuLä* ▪ *Slight increase in Schleswig-Holstein (SH) (request for administrative assistance at the end of last week)* ▪ *Saarland in 3rd place, opposite (= increasing) trend compared to other federal states, exchange with responsible state authority → Possibly to be reduced. State authority → possibly back* *lead to small border traffic, in neighbouring increasing detection of new variants, as in Saarland itself* ▪ *Saxony-Anhalt did not transmit any data on Sunday (see dashboard), currently in* *Clarification of whether today's transmission will take place, but only has a slight impact on 7-day incidence* ○ *Geographical distribution in Germany: still very high 7-day incidences in the east, also in SH and Saarland some districts with higher incidence (see below)*	*FG32 (Diercke)*

RKI	**7-day incidence at district level** *(slides here from slide 5, document "Incidence trend after lockdown by district" here)* • *Each point corresponds to the 7-day incidence of a CC, boxplot = median plus quartiles, development since October shown, in the last two weeks more CC with inc. < 34/100,000 inhabitants (green) visible in the last two weeks* • *Saxony and Thuringia: Incidence still very high, currently*	*FG34 (Matthias an der Heiden)*

RKI	*declining (slide 7)* • *Slide 8: similar illustration, but 1 Nov. 2020 selected as the zero point → better visibility of the effect of the lockdown or lockdown lights → only slow onset of the lockdown Improvement, initially still rising in eastern BuLä* • *Stagnation in SH (slide 9): Presentation of all 5 districts with individual trends: with the exception of Pinneberg, all in the medium range, no district with a downward trend, Lübeck and Neumünster even rising at times, very inconsistent, requires further clarification, also with regard to the possible presence of VOCs* *Discussion:* o *Is data collected on measures and, above all, on compliance in this regard at LK level (e.g. for the purpose of comparing favourable vs. less favourable developments)?* o *Monitoring of measures is partly available (e.g. Bielefeld or infas project to visualise all LK), but no explicit monitoring of measures.* *Compliance monitoring and data collection → ZIG2 paper on adherence currently in progress, as is a joint project with dept. 2* o *It should also be noted that there are currently discussions on easing restrictions on the part of politicians and speculation on VOCs based on unverifiable reports from other countries (according to the press, around 17% of sequenced samples in Luxembourg are currently B.1.1.7-positive)* o *Attention should also be paid to indications of VOC input and Spread to be placed* o *Report on Southern Africa currently in progress, will be finalised this week* o *Regarding rising incidence in Saarland: the responsible authority reported no unusual incidents yesterday, but the cause is presumably increased border traffic with spillover to Germany, mostly also leisure-associated traffic (hairdresser visits), also in the Zillertal (via "work-permissions"), here with the consequence of a considerable outbreak with South African Variant → also emphasises the importance of a European strategy / compliance* o *Today's VC with Denmark, Austria and the Netherlands: reports of an approx. 0.5 higher R-value for B.1.1.7 → much faster transmission, cause currently unknown, variant will change The only effective strategy at present is strict compliance with the measures* o *Analysis of 31,000 samples from the Saarland: approx. 1,800 samples or 5 % positive for VOCs, no representative study but high number of cases* o *If necessary, virus variant areas should be designated in neighbouring countries (caveat: with a corresponding public reaction)* o *However, the core aspect against this background remains the transfer especially through travelling, less the current variants*	

	itself (as numerous new ones will most likely continue to emerge and spread) *ToDo1: Please report by Tuesday evening due to the meeting with Minister Spahn on Wednesday evening* *ToDo2: Ask Mr Wolff to provide the report on the analysis of the 31,000 samples from Saarland* **ALM query** *Report on this in coordination, update postponed to Wednesday*	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Digital projects update (Mondays only)** **CWA** • *25 million downloads* • *23 million active users* • *Figures difficult to verify, however* • *Ahead. Mid-February iPhone 5 and 6s-enabled version available* • *New modifications: Code number function, contact diary* • *"Red card" function from approx. 24 February with short survey* • *32,000 people have so far trained other people CWA-based warned* • *Own survey systems (laboratory survey Dept. 1 and 3) for RKI associated with effort but sustainable design* **DEA** • *Integration of the health authorities almost complete (8 pending), conversion to purely digital data transmission then possible* • *Today's meeting of various digital project managers for the purpose of Closing ranks and collecting synergies → High workload should be converted into long-term added value* **Data donation** • *Algorithm has been improved* • *Problems with app user data* • *Sleep data analysis: in exchange with Dr Eva Winnebeck (LMU Munich) and with Thrive and Data for Life* **Demis** • *Today, the BMG has issued a decree on self-tests* • *Citizen portal (for reporting by the citizen in the event of a positive self-test): Proposal by the RKI (e.g. via pharmacies with Retesting and expert advice from a (family) doctor) was not taken into account, citizen portal now with*	*FG21 (Schmich)* *P4 (Gottwald)* *FG32 (Diercke)*

RKI	*seven-figure sum estimated (possibly additional costs), implementation by the RKI desired, further reporting by Wednesday also desired* • *The RKI should continue to emphasise sensible planning and the need for retesting by PCR, including medical advice, and the possibility of an attack on such a portal should also be taken into account*	
4	**Current risk assessment** **Revised risk assessment** *(documents: clean version here, revised version here)* • *Will be finalised in Saturday's version by Mr Haas and forwarded directly to Mr Hamouda and Mr Schaade, no further circulation will take place* • *The wording "infection control measures" should be retained without the addition of "and strategy"* • *Aspect of vaccination to be supplemented by Mr Wichmann at a later date (core aspects expected: vaccinated individuals show individual protection, but currently no major effects on the population as a whole)* • *Request to everyone not to make any more far-reaching changes in the future after adoption by the crisis management team → workflow should be retained* • *Risk classification is not to be changed at present, still rated as "very high"*	*All* *FG33*
5	**Communication** **BZGA:** • *Welcome by Mr Martin Dietrich as acting director of the BZgA* **Press:** • *Dashboard failure this morning: esri asked to point out case numbers in the disclaimer, was also passed on to the situation centre, as otherwise there would be too much pressure on the press department*	*BZgA* *Press (Epee)*
6	**News from the BMG** • *Not discussed*	*BMG*

7	**Strategy questions** **a) General** • *Modelling by Mr Meyer-Hermann* o *Circulated this morning, of great interest* o *Lecture invitation is currently being scheduled To Do (all): Please ask other interested parties to contact the Presidential Secretariat if they wish to attend* • *Finalisation of the COVID control strategy by Tuesday (Control Covid, document here)* o *Has already been circulated* o *Please get back to Mrs Hanefeld by the deadline tonight* o *Paper will then be forwarded to Mr Schaade* • *Strategy issues/de-escalation* o *Request for exchange by Unit 611* o *Request for exchange from UK, exchange from RKI desired* **b) RKI-internal**	*All Pres* *ZIG (Hanefeld)*
8	**Documents** **Final discussion of the not yet published RKI recommendations regarding VOCs** *Recommendations and information from the Robert Koch Institute on "Variants of concern" of SARS-CoV-2 (Variants of Concern, VOC) - document here* *Continuation of anti-epidemic measures beyond 15 February 2021 - document here* **Discharge criteria** *Update discharge criteria (document here, accompanying text clean version here, revised version here)* • *Under "Special patient groups - immunocompromised persons", last sentence added: "It is recommended to aim for sequencing of the SARS-CoV-2 positive sample if the viral load in respiratory tract secretions remains high for more than 21 days."* • *Under point "De-isolation" middle block, sentence added: "If SARS-CoV-2 variant of concern (VOC) is detected, see www.rki.de/covid-19-entlassungskriterien", website reference due to the fact that the facts are too complex for this infographic, the possibility of further explanation there and possible later adaptation* • *Supplementary text:* o *"Immunocompromised patients must be assessed on a case-by-case basis. With regard to the*	*FG37, FG36 FG38* *IBBS (Rühe)*

RKI	*protracted excretion of the viruses due to defects in the protective immune response and the associated possibility of mutation of the virus in the host organism, sequencing of the viruses contained in the sample is recommended if high virus quantities are excreted beyond day 21 after the onset of symptoms."* ○ *"Likewise, the data on the excretion kinetics of SARS-CoV-2 variants of concern (VOC) is still insufficient. In case of suspected or proven infection with one of these variants (VOC), we therefore recommend testing by antigen test or PCR before isolation as a precautionary measure, regardless of severity, hospitalisation and age." (corrected version)* • *Inpatient or outpatient setting: outpatient setting could lead to queries and difficulties in understanding in the wider population (definition of "suspected" or similar), but according to the literature, immunity may not be sufficient for VOCs (if VOCs are present, they must be differentiated by PCR), therefore extension to outpatient setting recommended* • *Caveat with obligation to differentiate all PCR-positive findings in principle and with regard to definition in existing regulations (PCR or AG test required before discharge from the nursing home - see Berlin regulation), therefore this formulation variant was chosen in order not to outline contradictory measures and not to overload laboratories* • *Safety and simplicity of differentiation/cohorting in hospitals extremely difficult* • *The key aspect here is exclusion of infectivity, not diagnostics* • *There should be no discrepancy with the flow chart, e.g. PRC recommended here for retirement homes* • *Formulation "precautionary", as there is currently no evidence-based knowledge of the extent to which transmission can be safely ruled out at this time* • *"Antigen test or PCR" to maintain flexibility based on preference or rather also availability/capacity* • *Questions will be taken up in consultation with PH England, Mr Haas will report back* • *PCR test before discharge from hospital → Consequence: long hospitalisation due to the duration of the findings, Reimbursement via health insurance questionable, as individual medical treatment may not be absolutely necessary* **Coordination in facilities** • *Core aspect: cohort isolation of patients with VOC, in the event of major outbreaks, quarantine of entire functional units, etc.* • *Order from situation centre went to FG37* • *Accommodation in medical paper possible if necessary*	

RKI	*To Do: Inclusion as an agenda item on Wednesday, Mr Eckmanns prepares a draft.* *Aspects to be considered / discussion:* • *Recombination probably less likely according to Mr Drosten* • *Hospital surveillance of VOCs and their assessment makes sense* • *Stringent personnel protection measures still required* • *COVID stations still absolutely essential* • *Consultation(s) with hospital hygienists: Implementation of further subdivision of individual COVID wards and thus strict cohorting very difficult, measures/requirements must not lead to inability to act* • *Double infection with VOCs must be avoided by separating cohorts, especially if there are indications of insufficient protection by antibodies (hygiene between single beds in a COVID ward → separate Rooms whenever possible, but especially mandatory here advisable)* **Travel recommendations/prohibitions** *Can be implemented in the RKI documentation at* ○ *Revised risk assessment* ○ *Management Report* • *Realisation today* **Flow chart for test criteria (task from crisis management team of 27/01/2021)** • *Possibly more sensitive design due to continued high positive rate and underutilisation of capacities (previous week at approx. 50 %) despite an expected increase in the use of PCRs due to the detection of point mutations (need for two PCRs per sample), but proportion cannot be estimated at present* • *Modification under point 5 in flow chart: "especially (but not only) in the case of affiliation"* *ToDo: Ask IBBS to implement this, also in the accompanying text* **Step-by-step plan** *(document here)* • *Context: Opening strategies already being discussed and planned Decline in acceptance of measures, factors include lack of perspective and transparency* • *Objective: Creation of evidence-based concepts* • *Outcome: Toolbox and plan for minimising opening risks, but no evaluation of specific individual measures* *Procedure:* • *Definition of 16 settings, each with*	*Dept.3 (Jung-Sendzik)* *FG36 (Schulze)*

	a) Evidence on the (individual) risk of infection b) Share of the total number of infections c) Contribution to (very) severe courses d) Evidence for the impact of a measure • Two outcomes: o "Toolbox": Evidence for transmission/occurrence of severe disease/measure incl. non-COVID effects, "Implementation Issues" o "Step-by-step plan": Intensity levels of a measure • Factors that influence transmission dynamics: Economic factors, socio-economic factors, contact patterns, setting/environmental factors (tomorrow's session on transmission) • Evidence matrix (slide 5): Transmission evidence blue, impacts of measures salmon-coloured, as well as evaluation of the quality of the strength of evidence • Toolbox for step-by-step concept (slide 6): Rows = settings; columns = dimension (effects, risks, etc.), grey = not exactly known or diffuse events • Preamble (slide 7): o Scenarios, objectives and priorities and instruments (already defined) https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Strategie_Ergaenzung_Covid.html o Measures adapted to specific risk and local indicators o Monitoring the implementation of the measures BEFORE they are tightened, "dynamic factors"/triggers/indicators for adjusting the levels o Important to consider: Communication with the public, non-Covid effects o Tomorrow's meeting on dynamic factors o Cave: policy makers made a distinction between private and organised settings - this is not possible according to the evidence, information should be added if necessary • Intensity levels (slide 8) o Are organised in cooperation with P1 o Left: Basic measures in all settings o 3 intensity levels defined o Level 3 (red): high transmission, diffuse events, overload, KP tracking no longer possible or similar, Level 1 (green): limited outbreaks, easily controllable events o Steps not quite clearly separable, therefore colour gradient chosen o levels also depend on parameters (incidence, ITS-bed occupancy etc.), further elaboration to follow o Individual settings defined using the toolbox • Even finer implementation not possible due to the evidence base	Dept. 3 (Jung-Sendzik)

RKI	*possible* • *Diagonal: the above settings with a high transmission rate and high individual risk should be restricted earlier and for longer* *Discussion:* • *"via transmission" (slide 6): Terminology is still being revised as it is difficult to understand* • *CoNa rate offers no reliable data (perhaps better instead: proportion of positive tests), data from reporting system partly incomplete, overload reports politically influenced → Partly lacking evidence → Relativisation possible* • *Cave threshold values: different depending on the constellation Combination, individual risk assessment required, initially no indication of objective → Colour gradient does justice to this blurring* • *Cave: Evidence from modelling is based on conventional SARS-CoV-2 variant (Denmark despite extended lockdown currently R-value of approx. 1.1, presumably due to the B.1.1.7 Variant)* • *All available evidence was used, the challenge is the degree of concretisation* • *Threshold values must be clearly stated, otherwise a) other interested parties will adopt them or b) the paper cannot be implemented due to a lack of clear criteria* • *Objective of this paper: represents a service for the BMG* • *Limitations (with regard to evidence and others) should be addressed* • *It must be clearly stated that this list is based on findings based on the "conventional" SARS-CoV-2 virus* • *Threshold values for the variants are now discussed in more detail* *ToDo: Paper, summary of the Aims and Objectives and forwarding note from Mr Schaade (will be circulated today) must be sent to the BMG as a package on Wednesday*	
9	**Vaccination update (Fridays only)**	*FG33*

10	**Laboratory diagnostics FG 17** • *AGI Sentinel: 24.3 % positive for SARS-CoV-2, B.1.1.7 successfully isolated* • *Samples of the African and South American variants will soon be delivered from the UK and Japan for further analyses* **Data sources for analyses regarding the distribution of VOCs for the Chancellery** • *Overall, SARS-Cov-2 currently dominates respiratory pathogens, more detailed report will follow Wednesday by Mr Dürrwald* • *Evaluation of VOC in final vote (see above)*	*FG17 (Wolff)* *FG17 (Wolff)*
11	**Clinical management/discharge management** • *Therapy with monoclonal antibodies: postponed (expected to follow on Friday)*	*FG 17 (Oh)*
12	**Measures to protect against infection** • *Not discussed*	*All*
13	**Surveillance** *Corona-KiTa study (slides here)* • *Flu web: Frequency in AG > 6-year-olds lower than in AG 0-5-year-olds, but all significantly below the previous year's levels* • *Declining reporting incidence, slight increase among 0-5-year-olds* • *Outbreaks: continued low level, decline in nurseries and schools from week 2 (however, late notifications can still have an impact here)* • *School closures halted exponential rise before Christmas* *Usage statistics dashboard (document here, slides here)* • *A total of approx. 4 million calls via mobile phone/PC → Approx. 600,000 per day* • *Downloads: approx. 6,000 per day* • *High usage rates, especially on weekends for mobile devices*	*FG36 (Haas)* *FG32 (Diercke)*
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** • *Dates see above under respective TOPs*	*All*
17	**Other topics:**	

RKI	• *Next meeting: Wednesday 03.02.2021, 11:00 via webex*	

End of the meeting 3:10 pm

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.02.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2/FG 24*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
  - *Sebastian Voigt*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
  - *Mirjam Jenny*
- *P4*
  - *Frank Schlosser*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
  -
  - *Regina Singer*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only) National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,237,790 (+9,705), of which 58,956 (+975) deaths, 7-day incidence 83/100,000 p.e.* ○ *4-day R=0.75; 7-day R=0.83* ○ *Vaccination monitoring: Vaccinated with one vaccination 1,980,211 (2.4%), with 2 vaccinations 606,786* ○ *DIVI Intensive Care Register: 4,264 cases in treatment (-58), discharged from intensive care: +49, of which 30% deceased. Discharged from intensive care: +493, of which 30% deceased* ○ *7-day incidence of the federal states by reporting date* ▪ *Continuous decline continues Exceptions: SH and SL* ○ *Geographical distribution of 7-day incidence by LK* ▪ *70 LK < 50/100,000* ▪ *Majority of districts significantly >50/100,000 Particularly affected: Tirschenreuth and Burgenland district* ▪ *Districts with the sharpest decline (factor 0.4-0.5) are evenly distributed across the country distributed* ○ *7-day incidence by age group* ▪ *Highest incidences in the 90+ and 80+ age groups* ▪ *Continuous decline in incidence in the younger age groups* ○ *Assessment* ▪ *No cases were reported from HH yesterday, does not lead to distortion, as only about 100 cases were to be expected, disclaimer was placed on homepage and dashboard* ▪ *Number of cases below 10,000, although the highest number of cases is usually reported on Wednesdays* ▪ *Number of deceased remains constantly high, possible transmission delay, in the presentation of the Deaths by week of death peak in week 51and 52, 2020* ▪ *R-values well below 1* ▪ *Decrease in cases in intensive care. Treatment* ▪ *Extensive vaccination activities continue to be heavily criticised in the media. thematised*	*FG32 (Michaela Diercke)*

- **Syndromic surveillance (Wednesdays)** *(slides here)* *(S. Buda)*
  - *FluWeb*
    - *Decrease compared to week 3, stronger in adults, lower in children, overall*
      the figures are at summer level despite the time of year
  - *ARE consultations*
    - *Down on the previous week, here too unusually low figures in all sectors*
      Age groups
      530 doctor visits/100,000 p.e., 440,000 doctor visits in total due to ARE
    - *Short compensatory increase in week 1, after low figures over the holidays*
  - *ICOSARI-KH-Surveillance*
    - *Number of SARI cases remains at a normal level in all age groups, in the*
      younger age groups (<15) extremely low, no severe cases
    - *Age groups compared to previous years:*
      From 15 years: roughly the same level
      15-34 years: below the comparison level
      34-59 and 60-79 years: at comparative level
      >80 years: slightly above the comparison level
  - *SARI cases with COVID diagnosis*
    - *Relaxation in cases with a maximum length of stay of 7 days, low level before*
      especially with younger AG
    - *The count of all cases (including patients who are still lying down) also shows a clear*
      Decrease in admissions

ToDo:
Decline in numbers (syndromic surveillance) shows success of infection control measures, this should be communicated and documented in a comprehensible manner at the BPK on Friday, 5 February 2021, please provide data (including other infectious diseases, e.g. TB). ID 2160_8 *S. Buda, M Jenny*
Cave: Decline due to hygiene measures applies to respiratory diseases; in the case of other communicable diseases, a decline in patient numbers may also be one of the causes, so caution is required when interpreting the data

- **Test capacity and testing (Wednesdays)**
  Test number recording at the RKI *(slides here)* *FG37 (O. Hamouda)*
  - *Test figures and positive rate*
    - *In comparison to week 4 with about 1.1 million about the same*
    - *Significant decline compared to the end of 2020 (CW 51: around 1.6 million)*
    - *The positive rate is falling: now 8.5% compared to > 15% in week 53*

Situation centre of the RKI		*Protocol of the COVID-19 crisis unit*
	○ *Capacity utilisation*	

- *Capacities are > 2 million, the number of PCRs carried out accounts for around 50%.*
- *Note: this opens up possibilities for supplementary testing, expansion of the Test criteria will be addressed in the course of the meeting*

- *The BMG is expected to amend the Medical Devices Levy Ordinance (MPAV) tomorrow. The wording is not yet known, as the RKI is not involved. It is planned to dispense AG-POCT to laypersons and not only via pharmacies. With the involvement of ZBS1 and FG 17, work is currently underway on FAQs to explain the application* *(M. Mielke)*
  - *The opening clause (AG-POCT to laypersons) will have an impact on the number of cases. As The positive rate should therefore be used as a reliable indicator of the incidence of infection.*
  - *Adaptation of the test criteria has already been implemented and published*
  - *Topic to be included in BPK on Friday 05 February*

ToDo (press): Include the topic in the speaking note for Friday

- *Sample backlog*
  - *Not worth mentioning*
- *AG-POCT (Voxco query) in facilities*
  - *Compared to the number of facilities supplied with tests, the participation rate still low*
  - *Fortunately, 348 of 378 positive AG-POCTs were sent in for PCR.*
  - *How many of these were confirmed positive cannot be (reliably) determined from the reporting data*

- **Testing and positives in ARS** *(slides here)*

- *Confirmation of the results of the Voxco survey, fewer tests last week than in the previous week*
- *Percentage of positive tests by federal state*
  - *Slight decline in almost all CCs, exception: MV, slight increase here*
- *Number of tests and percentage of positives by age group* *FG 37 (T. Eckmanns)*
  - *Number of tests/100,000 population relatively stable in children, slightly declining in adults,*
  - *Positive share decreases in all age groups*
- *Acceptance location*
  - *In doctors' surgeries: decline compared to Christmas 2020*

	▪ *In KH: test figures stable* ▪ *Other locations: Decrease in the number of tests* ○ *Time between acceptance and test* ▪ *In RP currently 2 days* ▪ *Significant increase in SL, conference call is planned, could not yet be held due to illness.* *take place* **Outbreaks in nursing homes and hospitals** ○ *The number of outbreaks in care homes continues to fall, from > 900 to 850 last week to 750 now.* ○ *In KH, the number of outbreaks is higher than in the previous week* **Brief report on the outbreak at HUK, Berlin** ○ *Psychiatry was already opened last weekend, the rest of the clinic will be open from Thursday, 4 February* ○ *16 patients tested positive, 6 died, 2 in critical condition in ICU* ○ *Secondary cases in housing estates, retirement homes, households and other hospitals* ○ *Muna Abu Sin will report further details on Friday* • **Figures on the DIVI Intensive Care Register (Wednesdays)** *(Slides here)* ○ *COVID-19 intensive care patients* ▪ *As of 03/03/2021 4217 cases, falling numbers in many BLs* ▪ *Increase in SH, SL, BE, only slight decrease in NI* ○ *ICU case numbers* ▪ *Availability increases slightly, capacity utilisation falls slightly* ▪ *Share of Covid-19 cases in the total number of beds is > 20% in 7 CCs, overall decrease (peak was 30-40%), particularly heavily loaded BLs show a significant decline* ○ *Stress situation in intensive care units* ▪ *Continued stabilisation without relief* ▪ *Number of homes with staff shortages remains high, room situation stabilised something* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Recent trend pointing downwards* ▪ *According to the cloverleafs: stable to rising forecast in the north, with a clear rise in the east and a slight rise in the south.* *A smaller decline is expected in the south and west* ▪ *New forecast for today is still in progress*	*MF4 (M. Fischer)*

	• **ALM query/report (update postponed from Mon)** o **Not discussed due to time constraints,** *ToDo: Report to be circulated via crisis team distribution list and communicated to the federal states after coordination with BMG*	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not yet online at the time of the current crisis team meeting due to unclear responsibilities* *ToDo: ensure timely publication* *FG33 is requested to formulate proposals for including the topic of "vaccination" in the risk assessment. ID 2722_1*	*FG36* *(Buda)* . *U. Rexroth* *FG 33*
5	**Communication** **BZgA** • *Mr Ommen is asked to pass on that:* o *A broad-based, population-wide campaign would be desirable, especially in view of the upcoming release of the AG-POCT* o *This would also counteract the declining acceptance of measures among the population* o *Overall, a campaign on the AHA rules (with background: justification and explanation) could have a refreshing effect* o *More frequency and penetration would be desirable* o *E.g. in the form of adverts on radio and TV (make the public service media responsible)* **IMS**	*BZgA* *(O. Ommen)* *All* *(U. Rexroth, O. Hamouda)*

	• *Proposal for comprehensible communication with a request for comments (pdf here)* ○ *What data flows together at the RKI, how is it evaluated and visualised, how is it transferred from the company?* ○ *Keyword "Data for action"* ▪ *Surveillance* ▪ *Reporting as a basis for political decisions* ▪ *Publication of data as a basis for research* *ToDo: Please comment* • **Statutory reporting obligation** ○ *There are indications that there is a legal obligation to provide a further report (after the interim report) in March* ○ *A request by the BMG has not yet been issued* *ToDo: Clarify legal situation, deadlines and leadership by Monday. Put roadmap on the agenda for Monday 08 February*	*P1 (Jenny)* *All* *U. Grote and situation centre*
6	• *Suggestions for the long-term handling of Corona from Mrs Touré, GA District Friedrichshain-Kreuzberg (see e-mail here)* ○ *The questions on testing in particular appear justified: the national testing strategy, guidance on working group testing and RKI testing criteria should be better linked and integrated as soon as the new MPAV is available.* ○ *Note: in agreement with the BMG, the national testing strategy is the place where the procedure for healthcare professionals and clinics is defined.* ○ *The amendment to the MPAV changes the requirements* ○ *Should be addressed in the planned EpiBull article* ○ *Note: Release of AG-POCT means empowerment and active participation of the population, this should be positively included in an evaluation* ○ *Proposal: webex meeting with Mrs Touré to exchange and discuss her proposals and as a sign of appreciation for her commitment* *ToDo: Plan meeting with Mrs Touré (has been initiated)* • *Discussion on testing/dealing with AG-POC* ○ *The heading of the flow chart for testing is: "Covid-19 suspicion: test criteria and measures",*	*All* *(F. Schlosser)*

RKI	*(that's good), the link there is called " Test criteria (for SARS-CoV2 diagnostics) " The accompanying paper is called* *"Test criteria for the winter season", should be adapted here* o *The following should always be clearly communicated* ▪ *A positive AG test triggers the V.a. infection (even with a home test)* ▪ *AG-POCT can be false positive (negative)* ▪ *Verification via PCR is necessary* ▪ *A positive AG-POCT carries more weight than a warning notice in the CWA* ▪ *All measures in case of suspicion apply here, courses of action in case of V.a. Infection should be communicated* o *Unclear to what extent and for what reason testing will be carried out, risk of poor predictive values and many false positive/negative findings* o *Indications for AG-POCT should be communicated:* ▪ *In case of previous infection* ▪ *To exclude further infectivity in De-isolation/release* *ToDo: Adapt the name of the link to the test criteria* *The discussion on testing and related communication is to be continued* • *Discussion on the question: When is an infection with VOC suspected?* o *A proposal from the virologists at RespVir was submitted by O. Hamouda forwarded to AG Diagnostics* o *There are PCRs that indicate this* o *Detection of certain point mutations could be assessed as V. a.* o *Should V. a. be reported to the RKI by the GÄ? DEMIS reporting from laboratories to medical practitioners is established, but forwarding unclear* o *So far, only confirmed findings have been transmitted* o *The aim is to avoid creating an "epidemic within the epidemic* o *It should be possible to analyse suspected and confirmed cases separately* o *A concrete proposal has already been worked out by Ms Oh in dialogue with M. Mielcke, finalisation is in progress, draft includes 3 categories:* ▪ *Reference to VOC* ▪ *Through laboratory findings (2 PCRs)*	*ZIG (Hanefeld)* *U. Rexroth* *All*

	justified V. a. VOC ▪ *Detection based on sequencing* ○ *De-isolation criteria: From the countries Desire, either for outbreaks or basically for V. a. VOC to be extended to 14 days of isolation* ○ *Data available to date, also in exchange with the UK, on virus kinetics does not justify an extension of isolation* ○ *Attention should be paid here to the distinction between the duration of the disease and the incubation period (here 14 days quarantine plus 1 week self-observation)* ○ *The data situation in this regard must continue to be monitored*	
7	**Documents** • **Cohorting in facilities (slides here)** ○ *Existing documents "Supplementary principles of medical care in times of the SARS-CoV-2 epidemic" and "Options for the separate care of COVID-19 cases, suspected cases and other patients in the inpatient sector" should be summarised in one document due to confusion and redundancies* ○ *Planned title: "The medical care of Covid cases - advice on organisational measures, contact person management and care organisation", four statements:* ▪ *Renewed quarantine for HCW if they become KP I - more than 3 months after initial infection* *- in case of VOC infection* *- In case of contact with risk groups* ▪ *Quarantine obligation for vaccinated people* ▪ *Separate isolation of cases of different variants (VOC)* ▪ *Before laying, inform the transport and destination facility whether the product has been tested for VOCs or VOC has been proven* ○ *Preliminary feedback from facilities is mixed, some are rated as feasible (in terms of space) and others as not feasible.* ○ *For the three documents "Options for the early admission to work of contact persons among medical staff in medical practices and hospitals in the event of relevant staff shortages", "Options for the management of contact persons among medical and non-medical staff in care and nursing homes in the event of staff shortages" and "Options for the management of contact persons among critical infrastructure staff in the event of staff shortages"* ▪ *Must be supplemented or adapted accordingly: no quarantine shortening for V.a. VOC, Quarantine even after vaccination, quarantine if the first infection occurred more than 3 months ago, in case of*	*FG 37 (T. Eckmanns)*

	V.a. VOC and in contact with risk groups ○ *Document "Management of COVID-19 outbreaks in the healthcare sector":* ▪ *Quarantine of entire wards, parts of buildings or hospitals can be useful* ▪ *Staff are placed in alternating quarantine (organised transport if possible, no public transport)* ▪ *Discharged patients must go into quarantine (start: day of discharge)* ○ *Discussion* ▪ *Agreement on the term "variants of concern"* ▪ *It should be clearly formulated that "V.a. VOC infection" and "contact with risk groups" as individual conditions can justify quarantine.* *ToDo: Choose clear wording (J. Hermes) and contact S. Buda regarding the adaptation of the KoNa documents* *Check all documents with regard to the designation "variant of concern" (S. Buda)* ▪ *For the implementation of separate cohorting: It would have to be defined when a V. a. VOC is present* *or is pronounced* ▪ *It would need to be clarified to what extent "separate care" means separate groups, single rooms,* *Separate personnel means* ▪ *For example, to relieve the KH: formulate "if possible"* *Personnel allocation is often difficult, especially at night* ▪ *Hospital hygiene is worse in COVID areas, importance of preventing transmission* *of VOCs should be clarified* ▪ *Title of the document should be changed: with "medical care" is associated with therapy,* *alternatively better" infection hygiene management"* *ToDo: Please forward document to FG 14* ▪ *Note: Implementation is made more difficult by the fact that V.* *a. VOC often originates from target PCR, which is not between the two.* *different variants* ▪ *Solution for individual clinics: Two-bed rooms become "evaluation" or "screening" rooms, until the Clarification through sequencing* ▪ *It should be urged to sequence* *and then to split the cohorting step by step*	

	ToDo: Change title, include clarifications, separate personnel "if possible", wording "separate care" is good, no requirement for single rooms to give clinics room for manoeuvre	
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • **FG 17** o *150 sample submissions/week* o *5 new practices were recruited, as sufficient sample material is currently in short supply* o *In Sentinel currently 3% of samples positive (compared to 16% previously)* o *Rhinoviruses were common in the summer, as many paediatric submissions were* o *Influenza: constant 20 to 30 reports/week (30,000 cases in the previous season)* o *Rhinoviruses continue to decline* o *Coronavirus seasonal decline, this week 2, last week 4, below expected level* o *Parainfluenza viruses are actually not seasonal, the decline shows the effectiveness of infection control measures* o *M 501Y occurred 3 times in the sentinel (Hesse, Jena, Vogtland, sequenced there as B.1.1.7)* o *NRCs for influenza (better age representativeness) and Respvir (small child-heavy) confirm these trends* o *Data is suitable for the BPK* *ToDo: Provide data for the PK. ID 2160_8* • **ZBS 1 no participant** • **Outbreak in the HUK:** *There are around 40 isolates in house, some of which have already been sequenced, and data is available. Is there capacity to create a family tree from this?* *ToDo: MF1 should initiate this* • **Communications from the GA Havelland on reinfections (***slide here* **)** **S. Voigt)** o *In all three cases, there is a lack of data for the assumption of reinfection* o *Need for precise definition of reinfection* o *There is already a working group dealing with this (FG 32 and FG 36*	*FG17 (Dürrwald)* *R. Dürrwald* *MF 1* *FG12 (S.Voigt)*

	○ *Implementation in the reporting system still unclear* *ToDo: Forward current status to S. Voigt, inclusion in the working group, **deadline** for a final draft: **Friday 19 February**, FG 32/36, to be scheduled by the situation centre and passed on to those involved*	
10	**Clinical management/discharge management** • *Updated discharge criteria have already been published (C. Herzog)* • *Infectiological advisory network to be expanded in collaboration with DGI centres* • *Information for doctors on the RKI homepage under Therapy Provision □□ selected medicinal products by the BMG* • *Can AK also be given as PEP?* *PEI will deal with this question, prerequisite: BMG mandate (has been triggered)*	*IBBS (C. Herzog)*
11	**Measures to protect against infection** • *Not discussed*	*FG37*
12	**Surveillance** ○ *Not discussed*	*FG25 (Neuhauser)*
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** • *Exchange with WHO on variants Thu 04.02. 10:15 (RKI: L. Denkel C. Sievers)* • *BPK Friday 05.02. 2021*	*All*
16	**Other topics** • *Next meeting: Friday, 05.02.2021, 11:00 a.m., via Webex*	

End of meeting 13:12

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

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.02.2021, 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*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG24*
  - *Thomas Ziese*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
- *BzGA*
  - *Florentine Frentz*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*
  - *Regina Singer*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(slides here)* • *Top 10 countries by number of new COVID-19 cases* o *A total of approx. 104 million cases and 2.26 million deaths worldwide* o *Top 10 countries: no major changes since the previous week (top 6 identical), India and Mexico still listed, new additions: Indonesia and Italy instead of Germany and Colombia* o *Almost all countries show a downward trend except France and Indonesia* o *Mexico: highest CFR of 8.5 % (underreporting of cases may need to be taken into account)* • *7-day incidence worldwide per 100,000 inhabitants.* o *Portugal only country with incidence > 500, but slightly decreasing trend* o *Europe continues to have very high incidences (Czech Republic, Spain, UK, France, Sweden > 200), but the overall trend is downward* o *America also very high incidences (North America decreasing trend, South America increasing)* o *Africa: particularly high incidences in Libya, Tunisia, South Africa, Botswana and Zambia* o *Asian continent: Indonesia, Malaysia, Singapore, UAE, Iran and Israel currently heavily affected* • *SARS-CoV-2 variants: VOC 202012/01 (line B.1.1.7)* o *Now detected in 80 countries (+10 compared to the previous week)* o *Virus variant risk areas: United Kingdom, Ireland, Portugal* o *Under observation: Europe (see individual countries), Israel, UAE* o *No reliable data available yet, partly due to different sequencing capacities within the countries* o *Very different detection rates: The Netherlands report a share of approx. 1/3, Israel of 80 %, Denmark of 19 %, despite increased transmissibility, somewhat declining trend, presumably due to stricter measures* • *SARS-CoV-2 variants: 501Y.V2 (line B1.351)* o *Detected in 40 countries (+10 compared to the previous week)* o *Virus variant risk areas: South Africa, Eswatini, Lesotho, Botswana, Malawi, Mozambique, Zambia, Zimbabwe* o *Under observation: Countries in (South) Africa* • *SARS-CoV-2 variants: P1. Variant (line B1.128.1)*	*ZIG1 (Singer)*

	○ *Currently 10 countries (+2 compared to the previous week)* ○ *Slight increase overall* ○ *Virus variant risk areas: Brazil* • *COVID-19 vaccine doses administered per 100 people* ○ *Israel with 1.39 doses per 100 inhabitants by far in first place (corresponds to approx. 22% of the population), followed by the UAE with 1.16 doses* ○ *Publication of COVAX distribution forecast, first countries to receive vaccines next week* • *Discussion* ○ *Designation of virus variant areas: PH Intelligence and FG17 were asked for weekly, intensive research on the occurrence of the variants, even if the situation is currently quite unclear due to the different sequencing procedures* ○ *Currently designation of areas for the 3 different virus variants, almost no longer realisable (plus yesterday's decree on research on 30 countries)* ○ *How can a point in time be defined at which it seems less sensible to keep borders closed, as these variants become globally accepted?* ○ *Consider the different behaviour of the virus variants during discussion, also with regard to immune escape* ○ *According to current data, approx. 5 % of infections currently occur with B.1.1.7 (out of a total of approx. 70,000 new infections).* *weekly → presumably approx. 3,5000 new domestic infections with B.1.1.7 conceivable → possibly more than expected due to entry), border closure as a measure possibly not Suitable for minimising the spread in Germany* ○ *Outsourcing of this complex policy discussion, scheduling of a prompt meeting between ZIG1, Dept.3 and VPräs by Mrs Hanefeld* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,264,909 (+12,908), of which 60,597 (+855) deaths, 7-day incidence 80/100,000 inhabitants (easing of the situation overall, but deaths remain very high)* ○ *4-day R=0.88; 7-day R=0.93* ○ *Vaccination monitoring: Vaccinated with one vaccination 2,091,689 (2.5 %), with 2 vaccinations 756,333* ○ *DIVI Intensive Care Register: 4,178 cases in treatment (-44)* ○ *Discharged from intensiv. Discharged: +623, of which 27 % deceased, slowly declining figures* ○ *7-day incidence of the federal states by reporting date*	*ZIG (Hanefeld)* *Dept.1 (Mielke)* *Dept.3 (Hamouda)* *FG32 (Diercke)*

RKI	▪ *Saarland: apparent stabilisation at a high level* ▪ *Bremen: possibly individual outbreaks due to the small population size (low Population compared to other BuLä)* ▪ *Overall declining trend, but still no BuLa with incidence < 50/ 100,000 inhabitants.* o *Geographical distribution of 7-day incidence by district (LK):* ▪ *Centre of gravity with highest incidence shifted to the east, see International situation: mainly Czech Republic affected* ▪ *Currently still 7 LK with incidence > 250, 74 LK < 50* o *Weekly death rates* ▪ *Not yet updated today, status 29.01.2021* ▪ *Approx. 1/3 of all deaths per week can be attributed to Covid-19 (= proportion of excess mortality in the Comparison with previous years (blue)), underreporting presumably quite low* ▪ *Comparison of first versus second wave: second wave much stronger overall, euromomo.eu: overall curve 1. Wave more pronounced across Europe with approx. 90,000 deaths per week, but current 2nd wave significantly longer* o *Discussion:* ▪ *Incidence map, national location: many urban districts have a significantly lower incidence than surrounding districts (especially in Bavaria) despite stronger testing in urban areas, cause requires further clarification* ▪ *Transmission (see recent publication from the USA in Science) less from older age groups, but rather by AG of 20- to 40-year-olds (see slide 6, faded out)* ▪ *If necessary, this issue should also be addressed and communicated again in public communication. become* **Brief report on the outbreak with B.1.1.7 in the HUK** *(slides here)* o *Complex events that go beyond the HUK, possibly with connections to Reinickendorf and other districts* o *Currently confirmed cases: 17 staff, 16 patients (including 6 deaths), 15 secondary cases (including discharged patients with readmission, e.g. to Spandau hospital)* o *Entry probably about temporary labour* o *Screening in Invalidensiedlung (Reinickendorf): 3 patients there positive* o *Gynaecological practice with many cases with a possible link to HUK events currently under investigation* o *Further cases in a retirement home via personnel link to HUK* o *Further cases in Reinickendorf company with B1.1.7 evidence (entry about family with link to HUK personnel)*	*FG37 (Abu Sin)*

- *Exposure and disease periods partly inconsistent, but many missing links currently available here*
- *Epidemic curve after exposure (slide 2) over time: 47 cases in total*
- *HUK back in operation since yesterday subject to conditions (including twice-weekly screening, contact tracing)*
- *End of the outbreak currently defined on the 28 February (= 2 incubation periods), sporadic occurrence of new cases (currently 2 new cases identified via screening)*
- *Epidemic curve B.1.1.7 by case category (slide 3): possible entry cases via admission ward, samples from the beginning of January (beginning of the outbreak) can no longer be tested for B.1.1.7, link to patients with illness on 6 January and another parallel case involving B.1.1.7*
- *Timeline of inpatient course of HUK - confirmed cases (slide 4): 5 patients from the first outbreak involved in the second, massive spread suspected around 10/11 January*
- *Some patients positive shortly after admission, others only later in the course of the incubation period*
- *As at 2 February 2021: 6 deaths (age group > 75 years), but also some subsequent cases with serious illness in younger employees with currently unclear outcome*
- *Summary:*
  - *Possible entry on 09/10 January (cannot explain all cases) via Station CD*
  - *Possible link to a patient/staff ward 13 with first detection on 06.01.2021 (outbreak) beginning of January)*
  - *Spread mainly on ward 13 with a high proportion of cases among staff*
  - *High proportion of temporary workers*
  - *High proportion of secondary cases in households and inclusion of cases and secondary cases in other households*
    Hospitals
  - *Reopening of HUK on 04/02/2021, weekly screening of all patients continues and*
    Staff until at least 28 February 2021
  - *Transmission of findings established during ongoing operations*
  - *Evaluation of sequencing and epi data to test the hypotheses*
- *Challenges:*
  - *Communication of findings considerably more difficult (sometimes different ways of Transmission)*
  - *Due to data protection, conventional data collection tools had to be used*
  - *Communication with the health authority very good, with the regional office sometimes difficult*
  - *Partly contact details not known or with a considerable time delay of up to one week*

RKI	*for temporary workers* ▪ *High number of secondary cases in households* ▪ *Discharge management was not established in routine operations* ▪ *Temporary workers not included in personnel screening in some cases* ▪ *Personnel AG testing generously offered but not routine* ○ *Secondary attack rate and length of incubation period: quite blurred and partly with double infection with wild type and B.1.1.7 → More information on this presumably from the following sequencing, known so far: for first and Second outbreak affected almost all 4-bed rooms and very rapid infection after exposure postulated so far* ○ *It should be noted in a document that temporary workers should also be included in personnel screenings* *Missions abroad EU* ○ *Mission returns from Kosovo* ○ *Further enquiry from the Federal Foreign Office regarding further laboratory support (Montenegro, especially regarding the B.1.1.7 available there), currently in coordination with WHO* *Language regulation on vaccines* ○ *Request to the BMG for language regulation on vaccines* ○ *Several enquiries have already been sent to the RKI asking for help with vaccine procurement* ○ *Corona Global applications are expected to come back from external review in the course of the day, then go to the BMG, length of the decision process there cannot yet be estimated*	*ZIG (Hanefeld)*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Has recently been re-set* *ToDo: Ask Mr Wichmann for a proposal on integration of vaccination in the coming week*	*All*

5	**Communication** **BZgA** • *Not discussed* **Press** • *Paper on virus variants published* **P1** • *Graphic on integrated molecular surveillance is online, as is the report on VOCs* **FG14** • *Document received from Gesundbund (health portal) with a request for comment, RKI listed here as a partner, but report was not submitted to RKI before publication* • *There must be clear structures in place for viewing and a clear definition of responsibility for the content* • *Independent clarification required for those affected outside the crisis unit, also to avoid additional burdens* *To Do: Request to Mr Ziese to clarify the situation regarding this enquiry on the part of Gesundbund*	*BZgA* *Press (Wenchel)* *P1 (Antao)* *FG14 (Brunke)* *Dept.1 (Mielke)*
6	**RKI Strategy Questions** **a) General** • *Modelling study (Wednesdays)* **b) RKI-internal** • *Continued discussion on testing and related communication: see next point*	
7	**Documents** **Fix logic error in flowchart for doctors** *(ID 107_4)* • *Problem: Consequence of action not clear (changes may also need to be adapted in the accompanying text)* • *Fork:* ○ *Old: "Test criteria not fulfilled, no SARS-CoV-2 testing"* ○ *New: instead of comma "or"* ○ *Advantage: thus refers to people who do not fulfil the criteria but also those who are not tested for other reasons - more clearly formulated and leaves both options open* • *Box: Heading and subtitle - ALT:* ○ *Title: "Measures for other acute respiratory symptoms"* ○ *Subtitle: "To prevent transmission to third parties in the event of COVID-19 disease"* • *Box: Heading and subtitle - NEW:* ○ *Title: "Measures to prevent transmission*	*All VPräs Abt.1 (Mielke) IBBS (Herzog) FG36 (Buda, Haas)*

	~~to third parties~~, e.g. in the case of atypical symptoms ~~if an unrecognised COVID-19 disease is present~~" ○ *Subtitle ~~"To prevent transmission to third parties in the event of COVID-19 disease"~~ (omitted, now integrated into title)* ○ *Discussed alternatives here:* ▪ *"unrecognised"* ▪ *"with persistent"* ▪ *"if there is a suspicion of COVID-19"* ▪ *Problematic in each case, as definition could raise questions* • *The least invasive change possible based on the proposal made by Mr Haas on Thursday evening* *ToDo: linguistic revision in coordination with IBBS, Mr Mielke and Mr Haas, final review on Monday with subsequent publication*	
8	**Vaccination update (Fridays only)** • *A total of approx. 620,000 vaccine doses currently administered in old people's homes, meaning that approx. 60% of this group of people have been vaccinated with at least the first dose* • *Initial data from Israel: no significant effect after the first dose up to day 14, then a sharp increase to up to 90 % - time delay until "onset of effect" may explain reports of outbreaks following vaccination* • *New phase 3 studies also published on Sputnik V: heterologous prime-boost vaccine with two different vectors shows good results* • *Studies on Novavax and J&J vaccines not yet peer-reviewed* • *STIKO will prepare a recommendation for the J&J vaccine following the recommendation for the Astra Zeneca vaccine* • *Currently many enquiries about the recommendation of the Astra Zeneca vaccine: FAQ is being prepared, but communication from the BMG should be slowed down somewhat, as there are certain differences with this vaccine* • *FG 33 was included in literature screening on the efficacy of vaccines with regard to VOCs, FAQs are being prepared, to be coordinated with other FGs if necessary* • *Publication on Astra Zeneca vaccine last week: Difficulties in interpreting the less than optimally conducted study* • *Astra Zeneca: effect on asymptomatic situation in only 10 % of cases → but overall positivity rate was reduced to 50 % in the trial → effect on transmission, effect of prevention severe courses → it should not only be the asymptomatic situation can be used as an evaluation criterion* • *Dealing with convalescents with regard to vaccination:* ○ *AG test in advance too complex and resource-consuming according to modelling* ○ *According to STIKO, assessment of serostatus and exclusion of an asymptomatic situation not required* ○ *STIKO sees no safety concerns regarding the vaccination of*	*FG33 (Wichmann)*

RKI	*Recovered* o *The 6-month period is based on the fact that there is no need for vaccination beforehand and vaccination should be avoided, e.g. 2-3 days after a severe course (as with other vaccinations)* • *Sputnik V* o *Evaluation of the data AND evaluation of the validity of the data relevant, but detailed postmarketing studies are to be expected, so the validity of the data should first be assumed* o *Vaccine trial results are currently being evaluated by the EMA* o *It is currently unknown whether Sputnik V will be launched on the German market* o *Heterologous prime-boost vaccine: two different adenoviruses used for the first and second vaccination to avoid the formation of antivectorial AK (as may be possible with homologous vaccines), therefore possibly useful in combination with other vaccines* *ToDo: Ask Mr Wichmann to report the effectiveness of the activation of the CD8 arm by mRNA vaccines*	
9	**Laboratory diagnostics** • *Virological surveillance* o *576 samples received, of which* o *50 SARS-CoV-2- (9 %), 51 rhinovirus-, 10 seasonal coronavirus (NL63)-, 2 parainfluenza virus (type3)-positive* o *So far still no detection of influenza in the sentinel (therefore the test prevalence must be below 2.5 %, otherwise detectable in the sentinel), comparison with previous seasons: approx. 50 % influenza-positive* *Efficacy of monoclonal antibodies against VOCs (slides here)* o *FDA-approved are bamlanivimab (Eli Lilly) and casirivimab + imdevimab (Regeneron)* o *Therapeutic or pre-/post-exposure use as a single dose* o *Neutralisation assays (slide 5):* ▪ *Each panel: 1 AK against conventional coronavirus (WT, black), UK variant (UK, pink) and South African (SA) variant (ZK, orange)* ▪ *y-axis: Neutralisation activity → The further to the left the curve is, the more effective the respective AK* ▪ *All 3 AK are effective against the WT and the UK variant* ▪ *SA variant: AK from Eli Lilly not effective, Regeneron: Casirivimab moderately effective, Imdevimab well effective* ▪ *Further monoclonal AK (slide 6): further AK from Eli Lilly effective against UK variant, AK from Astra Zeneca and GSK against UK- but also against SA-variant* ▪ *Cave here: in vitro data from a single laboratory*	*FG17 (Oh)* *FG12/FG17 (Oh)*

	(Wang et al. 2020, medRxiv), but are consistent with other studies so far ▪ *B.1.1.7 with 484 mutation: most likely no efficacy as the epitope is located above the mutation* • *ZBS1* o *689 submissions, of which 171 samples were SARS-CoV-2 positive (approx. 24.8 %)* o *A total of approx. 500 samples from several studies (COALA etc.) and outbreaks received, of which variant B.1.1.7 was identified in various samples* o *The proficiency test was approved, samples already received* o *Medical Devices Levy Ordinance on home tests presumably still under discussion with lawyers at the BMG* o *Amendment to Section 8 IfSG (or for self-disclosure in the portal) not yet adopted*	*ZBS1 (Michel)*
10	**Clinical management/discharge management** • *Currently no strategic patient transfers from Portugal or the Czech Republic to us, status quo remains unchanged* • *Capacity evaluation: minor relief, but concerns due to new variants*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *BMG accelerates commissioning of SORMAS* • *Corresponding enquiries already at working level* • *However, SORMAS still in test phase, currently still faulty, could significantly influence surveillance activity* • *Assurance from the management of Dept. 5 that SORMAS can only be rolled out once problems have been resolved* • *Functionality must be guaranteed* • *Due to errors that have already been discovered, it is assumed that further, previously undiscovered errors exist* • *Even against this background, a product that has not been sufficiently tested is associated with too high a risk* • *Communication must be written down, also with regard to possible effects in the event of current functional impairments* • *Backing from management available, also required from management of department 5*	*FG32 (Diercke)*

13	**Transport and border crossing points (Fridays only)** • *Currently many requests for the designation of VOC areas* • *There are already speculations that harvest workers are generally excluded from all measures; this is viewed extremely critically, and care must be taken here - as well as in general - to ensure that the RKI is not peripherally involved in discussions and ultimately led as a co-signatory* • *Ongoing discussion about fines for missing DEA declarations, non-compliance, carriage of passengers without testing at airlines*	*FG38 (Rexroth)*
14	**Information from the situation centre (Fridays only)** • *The lead responsibility for documents does not lie with the situation centre, but with the specialist departments* • *These specialist areas are also responsible for coordinating the harmonisation steps with other partners* • *Orders must be explicitly marked as such and communicated via the situation centre* • *The results of the survey conducted in autumn will be presented next week* • *Public holiday 08.03.2021: Situation centre occupied, but no crisis management meeting* • *BMG report at the end of March: the BMG will approach the RKI, currently no proactive need for action on the part of the RKI* • *Minister Spahn will submit the "Control Covid" document to the cabinet on Monday*	*FG38 (Rexroth)* *Pres*
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 08.02.2021, 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:	*08.02.2021, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *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*
  - *Michaela Niebank*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Jamela Seedat*
  - *Marieke Degen*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,288,545 (+4,535), of which 61,675 (+158) deaths, 7-day incidence 76/100,000 inhabitants.* ▪ *7-day incidence continues to fall* o *4-day R=1.03; 7-day R=0.94* o *Vaccination monitoring: Vaccinated with one vaccination 2,287,196 (2.8%), with 2 vaccinations 981,914* ▪ *Vaccination dashboard is now online* o *DIVI Intensive Care Register: 3,933 cases in treatment (-32)* ▪ *Cases fell below 4,000* o *Discharged from intensivmed. Discharged: 267, of which 39% deceased* o *7-day incidence of the federal states by reporting date* ▪ *Falling trend in all BLs* ▪ *still 4 BL with incidence > 100: Thuringia, Saxony-Anhalt, Saarland, Saxony* ▪ *Incidence in no BL < 50* o *Geographical distribution in Germany: 7-day incidence* ▪ *Focal points in the east, in Saarland and in Bavaria on the border with the Czech Republic* o *Why is the number of cases falling and the R-value rising?* ▪ *Reasons: Fluctuation in the number of cases over the course of the week, delay in reporting behaviour* ▪ *The RKI's proposal to cancel the 4-day R-value due to fluctuations is not supported by the BMG.* *desired. Only the 7-day R-value is commented on in the management report.* • *Osnabrück nursing home outbreak and further steps* o *Major political furore surrounding 14 residents of a care home in Belm who tested positive and had already been vaccinated twice.* o *There are indications of the variant B.1.1.7, the samples are being sequenced further.* o *So far, there are indications that the residents are not that seriously ill.* o *Politically, the expectation was that the RKI would call the care home directly, as this would not be legally compliant. Support was offered proactively. RKI has prepared a study, but has not yet been officially invited.* o *Infections have been detected as part of a routine swab test. The continuation of serial sampling of staff and residents is a good basis for recognising such phenomena.* o *The continuation of these measures should be propagated*	*FG32 (Michaela Diercke)* *FG38 (Rexroth)*

RKI	*become.* o *It is to be expected that the vaccination can prevent severe cases, but not the local multiplication of the viruses.* o *Should health authorities be provided with a kind of short protocol so that they can systematically evaluate how often vaccination breakthroughs or mildly symptomatic infections occur?* o *Could be included in the handout for outbreaks.* o *If the GAs were to document the cases in detail in the routine system, it would be possible to obtain this information via the reporting system.* o *GAs should be actively informed that they can invite the RKI or use the outbreak protocol.* *ToDo: In FG33 there is a PAE project on vaccination breakthroughs, discuss with FG33.* • *Corona-KiTa study (only on Mondays) (slides here)* o *FluWeb: Frequency of acute respiratory diseases* ▪ *Incidence is significantly below the level of previous years. The increase that is normally observed in Jan./Feb. is completely absent this year.* ▪ *Effectiveness of measures continues.* o *Incidence and proportion by age group* ▪ *Highest incidences among adolescents and young adults. The younger, the higher the correlation low incidences continues.* ▪ *In 0-5 and 6-10 year olds, the proportion of all COVID-19 cases is increasing slightly (but not the incidence).* o *Outbreaks in kindergartens/day nurseries* ▪ *The picture has remained almost unchanged in recent weeks, with a relatively constant number of around 46 outbreaks per week.* ▪ *Still relevant high proportion of adults, also entry by adults and transmissions between adults.* o *Outbreaks in schools* ▪ *Virtually no new outbreaks, late reports.* o *Proportion of 0-5 year olds in all COVID-19 cases by BL* ▪ *Relatively inhomogeneous course, increase in some BL.* ▪ *What's behind it all? Extensive emergency operation in many daycare centres or new variants?* ▪ *Possible signal that should be kept in mind.* ▪ *Is not due to absolute increase. Incidence decreases less in 0-5 year olds than in older age groups.* o *Should antigen tests be carried out on pupils on a larger scale?* ▪ *Testing of teachers generally accepted. Problem, who could carry out tests on pupils?* ▪ *Currently Roche studies for easier sampling.* ▪ *If sampling is possible without risk*	*FG36 (Haas)*

	antigen tests, while at the same time complying with hygiene measures, contribute to the opening of schools. ▪ *Rapid tests can lead to false security. Fear: If families and schools are given tests* *If the school provides a "home school", these are more likely to be used for symptomatic pupils.* ▪ *S3 guideline on measures in schools: if pupils show symptoms of the disease, they should not go to school.* *go to school. This should not be watered down by misunderstood testing.* ▪ *It is not about symptomatic pupils, but about regular testing of asymptomatic children.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Draft of FG33 on the inclusion of vaccination in the risk assessment is not yet available (deadline 12 February) -> postponed to Friday*	*All*
5	**Communication** **BZgA** • *Currently nothing relevant* **Press** • *This week 3 articles appear in the Epid.Bull:* o *Today in advance: Consideration of travel-associated COVID-19 cases in summer 2020, taking into account school holidays, travel activity and testing capacities* o *On 11 February: Scientific monitoring and evaluation of HIV-PrEP as a SHI service - the EvE-PrEP project in times of the SARS-CoV-2 pandemic* o *On 12 February: Influence of the measures in the COVID-19 pandemic on the number of cases of infectious diseases notifiable under the IfSG* • *Please note: The Internet team is currently very thinly staffed.* • *Communication on integrated molecular surveillance: P1 develops a language regulation.* • *Communication flowchart (here)* o *Minor contradictions in the document, therefore rewording to "Test criteria not met or no SARS-CoV-2 testing" and "Measures in case of symptoms even without a test result"* o *This eliminates supposed contradictions, such as with non hopefully resolved.*	*BZgA* *Press (Seedat)* *P1 (Jenny)* *IBBS (Niebank)*

	○ *Could be understood as an alternative to testing, therefore possibly use the wording "no SARS-CoV-2 test result" instead of "no SARS-CoV-2 testing".* ○ *This could contradict the rest of the flow chart. Cannot be solved perfectly.* ○ *Decision: Text remains as proposed.* *ToDo: Publication of the updated flow chart, review of the corresponding text document, FF FG36, ID 2776*	
6	**RKI Strategy Questions** **a) General** • *Should the separate treatment of patients infected with different variants in hospital continue to be recommended?* ○ *KH would like to dispense with separate care.* ○ *It is unlikely that the circulation of the variant B.1.1.7 can be prevented. In the case of variants B1.351 and P1, preventing widespread spread in the country would be desirable due to the lower effectiveness of the vaccination.* ○ *The spread of certain variants probably does not take place in KH for the most part.* ○ *Spread within a clinic should generally be avoided. The most important thing is good admission screening. Cases should be transferred to specialised units.* ○ *For fellow patients, the main problem is avoiding cross-infection within a room (risk of superinfection).* ○ *Consistent implementation of measures necessary: strict intake screening with a rapid form of differentiation as to whether it is the usual or a VOC.* ○ *If possible, isolation by cohort should be performed, especially for variants B1.351 and P1.* ○ *It also makes sense to repeat the screening after 1 week in long-stay patients to prevent nosocomial infections.* ○ *Sequencing is not the best method because it is too slow.* ○ *All VOCs can be detected with an N501Y analysis.* ○ *Use ZIG to evaluate where South African variant is circulating? Rather take a general travel history.* ○ *Variants should not be labelled with the country names.* ○ **Summary***: Intake screening, VOC screening test + Travel history, surveillance, repeat tests* ○ *Clinics should not be put in a situation that is not feasible in organisational terms.* ○ *When can the document be published? Minor changes still necessary, can be published on Wednesday.* **b) RKI-internal**	*FG37 (Eckmanns)*

7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *ZBS1* o *Last week, 855 samples were received, of which 230 (26.9%) were positive for SARS-CoV-2. This is within the range of the last 2-3 weeks and represents a slight decrease compared to December.* • *Virological surveillance* o *In the last 2 weeks, just under 10% of 333 samples tested positive for rhinoviruses; 24 samples (7.2%) tested positive for SARS-CoV-2, 1 sample for parainfluenza virus type 3.* o *First discovery of the Brazilian variant P2, is currently not considered a VOC.* o *Currently many questions about variants and the occurrence of variants in neighbouring countries.* o *The handouts for sequencing include vaccination failure as a reason for sequencing.*	*ZBS1 (Krause)* *FG17 (Wolf)*
10	**Clinical management/discharge management** • *There is still no major outflow of monoclonal antibodies in pharmacies.*	*IBBS (Niebank)*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Corona-KiTa study (only on Mondays)* o *Discussed under national situation* • *Pilot SORMAS* o *Due to great political pressure, SORMAS will go live in 5 pilot GAs in the course of this and next week.* o *There are fears that SORMAS will be rolled out in all other GAs after the pilot phase due to political pressure, even in the event of deficiencies in data quality.* o *On the other hand, piloting could also provide better evidence of an impairment of data quality.* • *How is the underreporting currently assessed?* o *Number of infected people in models: what should be assumed as underreporting? Factor 2-6, is that still correct?* o *Very confident that incidence reflects the course of the epidemic well.*	*FG32 (Diercke)* *All*

	○ *Underreporting of severe cases is not as high. Mortality figures are almost identical to the death figures from the Federal Statistical Office.* ○ *There is information from the blood donor data (not representative) and from the corona local investigations in hotspots. The underreporting should be somewhere in between.* ○ *Depending on the age group, there does not appear to be any relevant underreporting for > 80 year olds.* • *Is there data on the contact tracing rate in the health authorities?* ○ *No, this is assessed locally by the GAs at district level.* • *Breakout events in the HUK:* ○ *A meeting was held last week with the consultant laboratory: Agreement to form a working group with 3 people from KL and 3 from the RKI (ZBS1, MF1/Stefan Kröger) to discuss what could be analysed. All samples from the hospital are at KL, samples from the surrounding area are at the RKI.* ○ *The first meeting with KL will take place next week to discuss which questions should be addressed.* ○ *The invitation to the outbreak investigation has been extended to Spandau.*	*FG37 (Eckmanns)*
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, 10 February 2021, 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:	*10.02.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2 FG24/Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS 1*
  - *Claudia-Schulz-Weidhaas*
- *ZIG 1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *...Dittrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only) National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,299,996 (+8,072), of which 62,969 (+813) deaths, 7-day incidence 68/100,000 p.e.* ○ *4-day R=1.03; 7-day R=0.94* ○ *Vaccination monitoring: Vaccinated with one vaccination 2,405,156 (2.9%), with 2 vaccinations 1,104,504* ○ *DIVI Intensive Care Register: 3,846 cases in treatment (-111)* ○ *from intensive care discharged from intensive care: +525, of which 31% deceased* ○ *7-day incidence of the federal states by reporting date* ▪ *Declining trend or plateau in all federal states* ▪ *Highest figures still in TH, SL, SN, BB* ▪ *MV currently in 5th place, Plateau* ○ *Geographical distribution of 7-day incidence by LK* ▪ *More than 100 LK < 50/100,000* ▪ *Majority of the LK >50/100,000* ▪ *Some LK < 25/100,000, especially in the north* ▪ *Continued higher incidence of infection in the south and east (e.g. border region CZE)* ▪ *Map brightens overall (decline)* ○ *7-day incidence by age group (AG)* ▪ *Week-on-week decline in all AGs* ▪ *Clearest decline in AG >80* ▪ *In AG 15-34 and 35-39 now also significant decline* ▪ *Comparatively low decline in the most recent AG, where the increase was also lower* ○ *COVID-19 deaths by week of death* ▪ *After the peak in week 52 2020, the trend in the last 6-7 weeks has been downward* *Death figures* ○ *Assessment* ▪ *7-day incidence continues to fall slowly* ▪ *Number of deaths remains high* ▪ *R-values remain around 1* ▪ *Further progress in vaccination activities* ○ *Discussion* ▪ *Question: According to the report, the development of VOCs accelerated in week 5 (regional different), is there a correlation with the incidences, e.g. LK with increased incidence and increased VOC?*	*FG32 (Michaela Diercke)*

	▪ *Answer: BW does not currently provide*	

	connection, with low VOC occurrence no effect on the incidence is to be expected, also in BY (e.g. Tirschenreuth) a connection cannot be proven ▪ *It is planned to link reporting data and sequencing data, after merging the data (also laboratory data with 3-digit postcode and exposure data), analyses are possible* ▪ *First results possible in 1-2 weeks* • **Syndromic surveillance (Wednesdays)** *(slides here)* • o *FluWeb* ▪ *Trend towards decline continues, figures are minimally below spring figures Lockdowns,* ▪ *In absolute figures for the PK on 12.02: CW 5 2021: 914,000 ARE KW 5 2020: 5,650,000 ARE* o *ARE consultations* ▪ *Extremely low figures compared to the previous year, no flu activity* ▪ *Example NW: 400,000 consultations in 2021, 2020 1,500,000 consultations* o *ICOSARI-KH-Surveillance* ▪ *Relaxation in the older age groups (AG)* ▪ *Significant decline in AG 35-59 after high figures* ▪ *AG 0-14 years is below the summer level* ▪ *Sari overall by age group: Are at a normal level in all AGs, none Flu epidemic ("Winterberg" missing)* o *SARI cases with laboratory-confirmed COVID diagnosis* ▪ *Maximum length of stay of 7 days: decline in numbers also in the AG >80.* ▪ *Even when all cases are counted (including patients who are still lying down), the trend towards Decline continues* o *Discussion* ▪ *Question: What impact will this have on the flu problem next season? (immunity, vaccination behaviour)?* ▪ *Answer: Depends on several factors: a) subtype that is spreading, b) use of non pharmaceutical measures* ▪ *There is hope that the flu epidemic will not materialise this season, influenza experts are concerned about the course of the coming season if a worldwide spread is possible again due to easing (currently no*	*(M. Diercke)* *(S. Buda)* *(W. Haas)*

	Entry from southern hemisphere) • **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* o *Test figures and positive rate* ▪ *Decline continues (by 100,000 to now around 1,000,000 tests)* ▪ *60% fewer tests than in the week before Christmas* ▪ *The positive rate is falling: now 7.9 %* o *Capacity utilisation* ▪ *50% of capacities are utilised* ▪ *Number of participating laboratories fluctuates slightly, without influencing the significance* o *Sample backlog* ▪ *Sample backlogs and supply bottlenecks are not a problem, however, the Lack of plastic, especially pipette tips indicated* o *AG-POCT (Voxco query) in facilities* ▪ *Participation in the survey has improved somewhat, but in comparison to the number of facilities, the insight is small* ▪ *Participation of several associations with numerous units has been announced* ▪ *95% of all positive test results (about 1%) were sent in for PCR.* o **New:** *VOC in test figure acquisition* ▪ *Extended Voxco query by number of analyses for VOCs* ▪ *Number of laboratories has increased from week 2-5 to 50* ▪ *In the previous week, 23,000 tests for VOCs were carried out, here are Sequencing, partial sequencing and point mutation PCR subsumed* ▪ *Proportion of samples with evidence of VOCs (of all samples tested for VOCs) has increased to 12% increased, B.1.1.7. is 10%* • **Testing and positives in ARS** *(slides here)* o *Confirmation of the results of the Voxco survey, 7.5% Positive rate* o *Proportion of positive tests by federal state* ▪ *Relatively high in TH with >10% and MV with 10%* ▪ *Slight decline in almost all CCs, exception: MV, slight increase here* o *Number of tests and percentage of positives by age group*	*(O. Hamouda)* *FG 37 (T. Eckmanns)*

	▪ *Number of tests/100,000 population is declining among the oldest people, relatively stable in all others* *Age groups* ▪ *Positive share declining in all groups* ▪ *Exception: No decline in AG 0-4* o *Acceptance location* ▪ *In doctors' surgeries: Further decline* ▪ *In KH: slight increase in the number of tests* ▪ *There is room for manoeuvre, especially in medical practices, where more and more sensitive testing could be carried out* o *Time between acceptance and test* ▪ *SL and TH still high (also high case numbers here)* ▪ *In B increase possibly influenced by outbreaks (HUK and KH Spandau) is observed* • **VOC data from 5 laboratories** o *Proportion of positive tests with additional detection of N501Y among all positive tests: increase to 9%* o *Share of B.1.1.7 in week 5 is 6%* o *The good agreement with other recording systems shows that ARS is suitable for a nationwide analysis of the figures* o *Breakdown by BL not yet possible* o *Previous financing from budget funds is not sufficient in the long term* • **Discussion** o *In Voxco: Number of samples tested for VOCs is a difficult reference value for the VOC positive percentage* o *There is no control over which samples were analysed for VOCs* o *The significant increase (from 5.8% to 10-12% this week) has a message, but should only be used for internal discussions* o *The possible overestimation could have advantages for communication, as an argument against a "Relaxation euphoria" (there are even the first such voices from the ÖGD)* o *There are discrepancies with other recording systems, this should be noted in particular because the first figures available are from Voxco.* o *Agreement: When used in a report, the limitation must be described, omit decimal places* o *The proportion of VOC-positive samples in all tests is a more suitable reference value; in any case, the denominator must be described precisely* *ToDo: Customisation of the tables (Jana Seifried)*	*M. Mielke*

	○ *Question about the test location: Could the declining test numbers in doctors' surgeries be due to the decline in ARE→less screening?* ○ *This can probably not be explained by the fact that Declining test figures at Christmas* ○ *Doesn't the rapid fall in ARE figures speak in favour of this?* ○ *Assumption: Doctors avoid sympt. Patients coming into practices* ○ *Test criteria have already been adjusted* ○ *Could the RKI have contributed to the shift from practices to test centres through earlier documents on the separation of patient flows? Old documents should be reviewed here* *ToDo: Include on the speaking note for the press conference on 12 February: Doctors should test more and more sensitively (press)* • **Brief report on outbreaks in retirement homes and hospitals** *(slides here)* **New:** *Display of newly added breakouts* ○ *Retirement homes* ▪ *In week 14 2020: 200 outbreaks* *In week 51 2020: 350 outbreaks* *In week 5 2021: 48 outbreaks* ▪ *In week 5, 40 outbreaks were subsequently reported for week 4, but a total of* *Decline recorded* ○ *Hospitals* ▪ *In week 3 > 150 outbreaks, slight overall decline (less pronounced than in retirement homes)* ○ *A total of 150,000 cases during the outbreaks, 117,000 in nursing homes, median number of cases 18, 36,000 in hospitals, median number of cases 5* ○ *New presentation is not yet shown in the management report, should be harmonised* *ToDo: Continue discussions in this regard with M. Diercke and M. an der Heiden (T. Eckmanns)* ○ *Interim question: is the reduction in outbreaks in nursing homes due to the use of POCT 2/week? A success?* ○ *Answer: Ev, rather first vaccination success, implementation of hygiene recommendations is sometimes disastrous, example outbreak at Spandau Hospital: transfers to old people's homes have not yet been followed up,* *Facilities not informed*	*(S. Buda)* *(T. Eckmanns)* *(M.Mielke)* *(T. Eckmanns)*

- **Figures on the DIVI Intensive Care Register (Wednesdays)** *(Slides here)*
  - *COVID-19 intensive care patients*
    - *As at 10/02/2021 3773 cases*
    - *Numbers fall below 4000*
    - *In many CCs, COVID figures are falling in ICUs*
    - *A total of 1300 acute care providers report*
    - *SL, SH and BE report fluctuating figures, no trend discernible*
  - *ICU case numbers*
    - *Availability increases slightly, capacity utilisation falls slightly*
    - *Share of Covid-19 cases in the total number of beds is only > 20% in 2 CCs*
    - *Decline dependent on severity: the milder the course, the greater the decline (up to 40%), slow decline with invasive ventilation and ECMO, >2000 COVID-ICU cases are still ventilated*
  - *Stress situation in intensive care units*
    - *Overall load remains high*
    - *Full capacity utilisation declines, first properties report availability again*
    - *Personnel situation improves in some cases*
    - *Number of free places stagnates*
  - *Prognosis of COVID-19 patients requiring intensive care*
    - *Trend continues to point downwards*
    - *By cloverleaf: slight decline forecast in the north, more pronounced in the east Decline (from 1500 to 1000 cases), medium decline in the south, low decline in the SW*

MF4 (M. Fischer)

- **Brief report on the outbreak in Belm, (LK Osnabrück, NI)**
  - *Outbreak in a retirement home where all residents have already been vaccinated twice*
  - *2nd vaccination was < 2 weeks ago, vaccination breakthrough therefore questionable*
  - *Cases Residents: 14 (2x vaccinated)*
  - *Cases MA: 3*
  - *Mild course so far (one person could die, 101 years old, is not hospitalised)*
  - *This is B.1.1.7*
  - *Entry: Hypothetically by day care user with positively tested care from Poland, spread through night care first to MA, then to residents*
  - *Quick and far-reaching measures were taken*
  - *Impression of the colleagues on site: Process could be improved by Vaccination may be mitigated*

(U. Rexroth)

2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Text amendment on the topic "Vaccination" in the risk assessment task ID 2722_1, will be presented on Friday*	*FG36 (Buda)* *U. Rexroth FG 33*
5	**Communication** **BZgA** • *The "Germany rolls up its sleeves" campaign has been running for 4 weeks. The effectiveness was tested and the following reports were received from the commissioned agencies* o *Radio adverts: Reach in the population 58%* o *Television adverts: Reach in the population 78%* o *Website hits on the topic of vaccination 1,000,000* o *Total reach among the population: 66%* o *Impressions (social media) 70,000,000, which is a good rate considering the budget* • *There are considerations to develop a FAQ on the topic of South Africa/VOC/cancellation of vaccination with AstraZeneca vaccine* • *The BZgA and RKI were asked by the steering committee to develop a brochure on Covid-19 and vaccination (corresponding to the brochure with background information on influenza and vaccination) for display in doctors' surgeries and pharmacies; this is currently in progress* **Press** • *Please always add a disclaimer with reference to the changes when changing documents, this is helpful for users* • *Discussion* o *Question on South Africa/vaccination campaign: Are special PCR tests being developed to test for mutations with lower vaccine sensitivity?* o *FG 17: PCRs are in development, also for recognising the other variants or mutations, but are not yet ready for use* o *Low AstraZeneca efficacy can be explained by the vector (immunity to chimpanzee virus), Sputnik with adenovirus vector bypasses the* *ToDo: The topic should be included in the diagnostics working group (M. Mielke), public relations work on this topic must be well founded and structured*	*BZgA (Dittrich)* *(R. Wenchel)*

	EpiLag ○ *Note from EpiLag; BW sequences all positive samples, new mutations are also discovered, it is unclear which of these are really dangerous* ○ *A contact person at the RKI is required for this purpose* ○ *It is known from communication with the UK that a large number of variants are found that need to be categorised* ○ *Bioinformatic and phylogenetic classification is complex* ○ *The role of the variants is shown by the proportion in different groups* ○ *Countries need advice: not just "IMSurveillance" IMService"* ○ *Contact person difficult: As a first approximation, KL/C. Drosten comes into question* ○ *On the study situation M. v. Kleist* *ToDo: Three lines to M. Mielke on the question of contact persons (U. Rexroth),* *T. Semmler is to be included*	*(U. Rexroth)*
6	**RKI Strategy Questions** **a) General** • **Modelling study** *Not discussed* • *Question: Is it known to what extent cities and municipalities are implementing or adapting/modifying the measures adopted by the federal states? Implementation of the recommendations is also a fundamental question (see retirement homes)* ○ *Bielefeld monitors measures at state level (BL and selected districts)* ○ *Reliability of the data is available, have just been completed* ○ *Publication of the data has been announced* ○ *A link with the case numbers is to be established* *ToDo: Presentation to the crisis team as soon as data is available (V. Bremer)*	*All (Brockmann)* *(W. Haas)* *(V. Bremer)*

7	**Documents** • **Management of contact persons** *(document here)* ○ *Should be extended to all air travel, not just to virus variant areas or high-risk areas* ○ *Document is released as presented* ○ *Shall apply from 11.02.* • *Question: Are there any new findings on the distance and duration of contact for KP I in contact with VOC?* ○ *No new data from the UK, no adjustments there* ○ *Current development must be awaited* ○ *Precise implementation of the valid recommendations should be emphasised* ○ *CWA data would be desirable in order to make statements in this regard* ○ *Data protection is restrictive here* *ToDo: to be discussed at the next CWA meeting*	*FG 37 (M. an der Heiden)*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • **FG 17** *(Please file the slides in the crisis team folder)* ○ *160 sample submissions in week 5* ○ *Consistently around 150 submissions/week* ○ *Proportion of Sars-CoV-2 positive samples at 6% (similar to last week), decline, figures correspond to other surveys* ○ *Influenza: no evidence* ○ *Rhinoviruses < 10%* ○ *Coronavirus seasonal: 1 detection* ○ *VOC: local (one practice)* ○ *16 different viruses are analysed in Sentinel* • *Influenza: no evidence so far, cancellation of the wave is expected* • *RSV: still no evidence* • *Rhinovirus (year-round, low immunity) and Sars-CoV- 2 (no immunity) currently detectable* • *Infection dose is reduced by protective measures* • *Difficult to predict the further course: the severity of the next wave of influenza depends on the extent of vaccination and compliance with protective measures*	*FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *No contributions*	

11	**Measures to protect against infection** • *Exemption for BPOL* *The Entry Regulation provides for quarantine exceptions for persons who have a residence and a residence permit* o *Concern that this will be applied to seasonal workers in summer* o *Labour migration (harvest workers) is a European problem that will soon become acute again* o *Is there communication on this in the organisation/is a common position to be formulated?* o *FG17, O. Hamouda, PH-Intelligence L. Schaade and ZIG were in dialogue: Entry restrictions make sense in case of low incidence of VOCs* o *A standardised regulation should be found as far as possible* o *Carriers bear the workload for test runs* o *RKI position: Standardised entry regulations should be as strict as possible* o *A solution must be found for commuters and seasonal workers* o *Suggested wording: quarantine should not be able to be shortened, "as few" exceptions as possible should be possible* o *Quarantine 14 days for virus variant area, or 10 days (mixed calculation), 14 days is safer?* o *The duration of the quarantine remains a political judgement. Decision, depending on how much security you want* o *Exceptions have not only theoretical but also practical effects: Entry by harvest workers in the previous year could be an argumentation aid here* *ToDo: Include question in further discussions, coordination between J. Hanefeld and M. an der Heiden*	*(M. an der Heiden)* *Discussion: All*

12	**Surveillance** • **Piloting SORMAS** ○ *DEMIS/SORMAS interface is in operation, 10 cases have been reported so far* ○ *One GA piloted so far: Western Pomerania Rügen* ○ *5 more GÄ to follow next week* ○ *First results: Data was not mapped correctly, SORMAS team promises rapid problem solving* ○ *The planned procedure was: Connection of 2 GÄ (Vorpommern-Rügen and Reutlingen), rollout only when all problems have been resolved* ○ *High pressure from the ministry on HZI and consortium to accelerate the rollout, no explicit breach of agreements, but there are fears that SORMAS rollout will be brought forward, could also be discussed at MPK* ○ *Objection L. Wieler: Procedure will not be changed* *ToDo: Consult with the management if there are specific indications of attempted changes*	*FG25 (Neuhauser)*
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** • *PK Friday 12.02.*	*All*
16	**Other topics** • *Next meeting: Friday, 12 February 2021, 11:00 a.m., via Webex*	

End of session 12:51

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.02.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *FG12/Annette Mankertz*
- *Dept. 2*
  - *FG24/Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Nadine Litzba (protocol)*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Meike Schöll*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ester-Maria Antao*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZBS 1*
  - *Livia Schrick*
- *ZIG 1*
  - *Sarah Esquevin*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** *(slides here)* • *Top 10 countries by number of new COVID-19 cases:* ○ *Most countries unchanged since last week, Germany and Turkey (again) on list* • *7-day incidence worldwide per 100,000 inhabitants* ○ *Map has not changed* • *WHO Epidemiological Update 09.02.2021* ○ *The number of new cases reported worldwide has fallen for the fourth week in a row (lowest figure since October). All WHO regions report a decline.* ○ *The number of newly reported deaths also fell for the second week in a row* • *SARS-CoV-2 variants: VOC 202012/01 (line B.1.1.7)* ○ *38 countries with evidence of B1.1.7, 3 countries with cases under verification* ○ *unchanged from last week* • *SARS-CoV-2 variants: 501Y.V2 (line B1.351)* ○ *37 countries with confirmed cases, 8 countries with cases under verification* ○ *Spain has confirmed cases* ○ *Italy, Malta and Turkey unconfirmed cases since last week* ○ *Tyrol, Slovakia and the Czech Republic new virus variant area* • *SARS-CoV-2 variants: P1. Variant (line B1.128.1)* ○ *New countries: Peru, Spain, France, Netherlands* ○ *Canada and Turkey Cases under Verification* • *SARS-CoV-2 variants: Germany's neighbouring countries* ○ *Overview of which variants are available in Germany's neighbouring countries* ○ *Sources, however, very different* • *Proportion of the population fully vaccinated against COVID-19* ○ *3 countries with the most vaccinations as last week* • *Excess mortality Europe* ○ *Portugal and UK show high excess mortality* • *Discussion:* ○ *In the overview of variants in neighbouring countries, the proportion for the Czech Republic is only 16.7%. However, only 120 samples were sequenced. According to data from a PCR manufacturer in the cities (Pilsen, Prague), the proportion is almost 50%, the proportion is also high among commuters and the Czech Republic itself has declared bst. Czech Republic itself has declared bst. areas to be risk areas. Proportion in Slovakia at 74%, probably similar in border areas with the Czech Republic* ○ *Countries that have seen high excess mortality speak of falling death rates, slight overall decline* ○ *In the UK: VOC with B1.1.7 + mutation E484K so far 55 cases in the cluster, plus another variant in the UK under*	*ZIG1 (Romo Ventura)* *ZIG1 (Esquevin), FG36 (Buda)*

RKI	*investigation* ○ *From Denmark also report on new variant with E484K mutation (at least 50 cases, E484K variant)* ○ *Overall, the problem of assessing the properties of the various new variants will increase in the coming weeks.* ○ *PK from the Brazilian Ministry of Health: 3-fold increase in transmission of the new variant (but no further data/sources on this), vaccines are being tested - reduction in severe cases* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,320,093 (+9,860), of which 64,191 (+556) deaths, 7-day incidence 62/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with one vaccination 2,940,423 (3%), with 2 vaccinations 1,178,725 (1.4%)* ○ *DIVI Intensive Care Register: 3,675 cases in treatment (-61)* ○ *discharged from intensivmed. discharged from intensive care: +497, of which 25% deceased* ○ *7-day incidence of the federal states by reporting date* ▪ *Declining trend in all BL, TH still highest incidence, MV must be monitored* ○ *Geographical distribution of 7-day incidence by LK* ▪ *143 LK < 50/100,000, increase here* ▪ *Majority of CC >50/100,000* ▪ *Tirschenreuth and some other districts particularly hard hit* ○ *Death rates in Germany* ▪ *Slight decline or plateau, but still excess mortality, slight delay* ○ *Death rates by BL* ▪ *Now also mapped by Destatis, very different by BL, as countries differ* *severely affected* ○ *Discussion* ▪ *It is also interesting to note that the curves of all BLs head towards an incidence value and do not go any further.* *go down* ▪ *Analyses of differences in mortality already in the reporting data group by Sara Tomczyk and Mirko Faber, further analyses are to be presented at the next meeting, including age-adjusted analyses and analyses of the population structure (how many people live in retirement and nursing homes, etc.) will be carried out* ▪ *In Euromomo you see under-mortality in 0-14 year olds (due to the flu epidemic etc.)* ▪ *Article on the effects of COVID-19 on other infectious diseases published in EpidBull.*	*FG32 (Michaela Diercke)* *FG37, AL3, FG32*
2	**International (Fridays only)**	

	• *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Text adaptation on the topic of "Vaccination"* ○ *Due to the ongoing vaccination programme, the risk assessment will be adapted and supplemented with text sections on the topic.* ○ *Influence of vaccinations on deaths and cases in intensive care expected* ○ *Reference to effectiveness of vaccines for variants added* ○ *Text section on indications of reduced transmissibility due to vaccination inserted, data available from Israel* ○ *Change in the general statement on the risk to the population in approx. 2 weeks, when more people have been vaccinated and there is more clarity about new variants* ○ *Language regulation on the declining 7-day incidence and the effect of vaccination? In retirement and nursing homes 60% first vaccination, otherwise 25% of the elderly first vaccination. Currently still too early, cautious formulation, fewer outbreaks in old people's homes, cannot be quantified, especially due to declining overall case numbers. Only clear statement when supported by data.*	*FG33/all*
5	**Communication** **BZgA** • *Not discussed* **Press** • *Another town hall meeting with Mr Spahn, Mr Wieler, Mr Cichutek and Mr Mertens on 20 February* • *Tue, 16 Feb. Maintenance work in editorial environment from 4:30 to 8 pm and dashboard between 4 and 6 pm, disclaimer will be switched on* **Further information** • *O. Wichmann in Corona vaccination communication steering committee: Campaign with RKI support to inform about AstraZeneca vaccine to counteract perception of 2-class vaccination.*	*Press (Wenchel)* *FG33 (Wichmann)*
6	**RKI Strategy Questions** **a) General** • *Tightening of measures in view of the spread of VOCs* ○ *Request from the countries for intensification of measures in view of the spread of VOCs in AGI, EpiLag, TK of IGV-named airports and formulated in separate e-mails: Changes in contact person management,*	*FG38 (Rexroth)/ all*

	Insulation/de-insulation etc. required. ○ *Anecdotal, no further data: Surprisingly high proportion of CP becomes infected, longer incubation periods for contacts* ○ *GÄ, Länder can go beyond the RKI recommendations, but in the event of complaints, the RKI recommendations will be applied. Recommendations drawn on* ○ *Countries request 14-day quarantine, even if there is no suspicion of VOC:* ▪ *The request to shorten the programme originally came from politicians, who had no objections to Extension of quarantine to 14 days, statement that initially indistinguishable whether VOC or not* ▪ *However, standard recommendations for contact person management should not be be changed* ▪ *Modelling has shown that 10 days plus testing prevents more cases than 14 days without Testing, therefore recommendation of testing (at least AG test) additionally* ▪ *Data from Spandau show that unusual dynamics (60 cases, including cases under MA, although no cases occurred in months before), no data for longer transferability* ▪ *Several outbreak investigations are currently underway in which questions about the incubation period etc., especially in schools* ▪ *Change in the recommendation: No shortening of the quarantine, recommendation that in addition at least one month of quarantine is required. AG test is taken* ▪ *Amended recommendation to be submitted to BMG.* ○ *Changing the discharge criteria to 14 days?* ▪ *In dialogue with the UK, the UK did not see any need to extend the Discharge criteria for DEU seen* ▪ *In UK itself 14 days but without testing, was not changed* ▪ *Current discharge criteria: 10 days, plus 2 days symptom-free, plus testing in case of suspected VOC are probably sufficient (internationally often 7 days without criterion of recovery)* ▪ *The separate rules for VOC and wild type are criticised because VOC status is too rarely known and VOCs have already spread very widely locally* ▪ *If the infectious dose of the mutants changes, previous analyses may have to be repeated. and AG tests then also record the*	

	possibly less symptomatic persons ▪ *From the test coordinators: The aim is to test all positive results in the next few weeks.* *samples to be retested for VOCs using point mutation analysis. Need for clarification regarding cost accounting, but attempts will be made to implement this promptly* ▪ *Discharge criteria are therefore not changed* o *Change of classification KP2 - time and distance?* ▪ *Recommendations should be operable, otherwise they will not be accepted/followed - shortening to 1min* *does not appear to be operable* ▪ *15 min may be generous, but no well-documented data, only individual cases, reports* *However, there have also been individual cases* ▪ *Distance - so far related to droplets, could vary with the other infectious dose* *be* ▪ *30 min - factor most likely relevant, as effect of infectious dose, but also here due to the* *Consequences during implementation, decision only when reliable data is available* ▪ *But important: it should be included in the recommendation that KP1 should be defined generously* *should* *ToDo: Adaptation of the recommendations (FG36)*	
	• *EU: Dealing with COVID-19 patients with regard to testing on entry (positive result up to 90 days if necessary)* o *Decree by Monday 11 a.m. on RKI stance to refrain from PCR testing of recovered persons up to 90 days after illness/testing;* o *ZIG, Dept. 1, FG36, FG38 involved in decree, prior to dispatch to Hr.* *Shade* o *Background: positive virus detection of recovered persons possible in the longer term, USA have introduced regulation to waive testing as of 29 January. No effect on quarantine. Proof by medical certificate* o *Reinfections with VOCs would not be recorded in this way* o *A PCR test with quantification standard is suggested for recovered patients (<10^6 copies are considered harmless, as in discharge management)*	*FG38 (an der Heiden)*
	• *Quarantine for convalescents* o *Those who have recovered do not have to go into quarantine for 3 months, except in the case of contact with vulnerable persons/groups* o *Ask about contact with vaccinated vulnerable people, same procedure?* o *It should be assessed on site, but probably no deviation, as not everyone in retirement and nursing homes is usually vaccinated and there are still questions about vaccine effectiveness* o *As few deviations as possible in vaccinated and*	*FG37 (Eckmanns)*

	recovered people	
	a) RKI-internal • *MPK decision 10/02/2021 - Consequences for RKI* o *The following tasks for the RKI result from the MPK resolution:* ▪ *Self-testing - implementation in the reporting system* ▪ *Tasks relating to SORMAS and DEMIS, e.g. SORMAS connection for all GÄ by the end of February* *Point discussed in last meeting, i.e. connection of further GÄ if the technical implementation in pilot GÄ works*	*FG38 (an der Heiden)*
7	**Documents** • *Reminder to update the documents against the background of the adapted test strategy* o *Stefan Kröger has sent a document to the crisis team* o *Discussion postponed to Monday*	*FG36 (Kröger)*

8	**Vaccination update (Fridays only)** • *Effectiveness data:* ○ *Data from Israel show that Biontech is as effective as in authorisation studies* ○ *Data on Astra-Zeneca vaccine from South Africa: only 10% efficacy with B1.351 variant, but mild disease as endpoints* ○ *Data on Johnson & Johnson vaccine, also in South Africa, more power, also severe disease as endpoints - lower efficacy in moderate and mild cases, but efficacy in severe cases maintained, 85% efficacy in severe disease* • *Adaptation of the vaccine to variants:* ○ *All manufacturers are working on adapting the vaccine, possibly as part of the booster vaccination Vaccine with new variants* ○ *GSK has cooperation with Curevac - multivariant vaccine, launch 2022* • *Analyses of vaccination breakthroughs:* ○ *FG33 systematically looks at IfSG reports on vaccination breakthroughs, 9000 cases so far, with one vaccination and 4 cases with double vaccination, additional questionnaire established, presented in EpiLag, including sample to ZBS for sequencing in the case of vaccination breakthroughs* • *Further information:* ○ *A good correlate for protection is missing, so far NT used* ○ *Transition from vaccination centres to regular system, problem of recording vaccination in practices, possibly priority vaccination practices that are connected to DIM, or possibility of reporting via the KV system. Still under discussion.* • *Proposal to distinguish between vaccination and disease in seroepidemiological studies* ○ *Funds received to extend the studies* ○ *Research questions must be adapted, point is recorded*	*FG33 (Wichmann)* *FG36 (Buda)*

9	**Laboratory diagnostics** • **FG 17** o *A total of 579 samples were analysed, of which* ▪ *42 samples SARS-CoV-2 positive (positive rate 7%, declining)* ▪ *50 samples rhinovirus-positive* ▪ *2 samples positive for parainfluenza* ▪ *11 samples positive for the coronavirus NL63* ▪ *Still no evidence of influenza* o *Instructions for testing are updated, testing of all positive samples for variants is recorded* o *How can further detection of the seasonal coronavirus be explained? Information on transmissibility? Unclear, no further information available on transmissibility of NL63. Possibly no effective immune response.* • *ZBS1* o *Data was already presented on Monday*	*FG17 (Oh)* *ZBS1 (Schrick)*
10	**Clinical management/discharge management** • *Not discussed*	
11	**Measures to protect against infection** • *Recommendation on MNS in the outpatient setting* o *Request from IBBS for standardisation: also mention FFP2?* o *Medical MNS should continue to be recommended in the outpatient setting, professional evidence has not changed, ECDC and WHO recommend medical masks, MNS is easier to use and is more likely to be seen as a disposable item*	*FG14*
12	**Surveillance** • *Not discussed*	
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	

14	**Information from the situation centre (Fridays only)** • *Results of the survey on the RKI's internal situation management during the COVID-19 pandemic, October 2020 (slides here)* ○ *Enquiry via VOXCO at the beginning of October for all MA* ○ *Perception of the RKI's internal situation management, Crisis team and situation centre-specific aspects* ○ *225 participants, 57% very satisfied or satisfied with situation management, with a very high or high workload* ○ *Results:* ▪ *Communication is perceived to be in need of improvement* ▪ *Technical and spatial aspects: satisfied, but lack of digital tools (databases etc.)* ▪ *Generally satisfied with crisis team* ▪ *Shift staffing was considered critical.* ▪ *More appreciation is desired* ▪ *Evaluation of other areas should be carried out (diagnostics)* ▪ *Personnel aspects: Protection of employees from overwork not perceived as sufficient by the majority. Deprioritisation not sufficient* ▪ *Offers for psychological relief desired (existing offers not known)* ▪ *Information not easy enough to find or not available, employees sometimes feel "left out", information on Access to the RKI-Corona distribution list* ▪ *Networking and cooperation as positive aspects* ○ *Discussion:* ▪ *Proposal of a Webex seminar for all RKI-MA, possibly as part of the internal seminar, with Room for questions* ▪ *Evaluation should be discussed in advance in the LK in order to prepare proposals*	*FG38 (Schöll)*
15	**Important dates** • *s. Communication*	
16	**Other topics** • *Next meeting: Monday, 15.02.2021, 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:	*15.02.2021, 13:00 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *FG12/Annette Mankertz*
- *Dept. 2*
  - *Scheidt-Nave*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thomas Wolff*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Daniel Schmidt (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Miriam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Marieke Degen*
  - *Scheidt-Nave*
- *ZBS 1*
  - *Janine Michel*
- *ZIG 1*
  - *Sarah Esquevin*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Oliver Ommen*
  - *Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *Top 10 countries by An* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,338,987 (+4,426), of which 65,076 (+116) deaths, 7-day incidence 59/100,000 p.e.* ○ *45/100,000 p.e. for 60-79 year olds, 89/100,000 p.e. for 80+ year olds* ○ *Vaccination monitoring: Vaccinated with one vaccination 2,736,109 (3.3%), with 2 vaccinations 1,410,239 (1.7%)* ○ *235/412 Districts with 7-day incidence >50/100,000 p.e.* ○ *43/412 Districts with 7-day incidence >50/100,000 p.e.* ○ *7-day incidence of the federal states by reporting date* ▪ *Similar trend in the BL* ▪ *TH still highest incidence, RP lowest trend* ▪ *Plateau or further decline remains to be seen* ▪ *Maintenance window led to delayed transmission* ○ *Geographical distribution of 7-day incidence by LK* ▪ *167 LK < 50/100,000* ▪ *Still majority of CC >50/100,000* ▪ *Tirschenreuth and some other districts (Vorpommern-Greifswald, Burgenlandkreis, Schmalkalden-Meiningen)* ○ *Discussion* ▪ *Question about reports on contact tracing with little successful contact tracing, slides are to be compiled for Wednesday* ▪ *Tischenreuth has been at the top of the LK list for 2 weeks. Should they look at where the infections come? If necessary, ask and look at the proximity to the Czech border, the age groups are striking, in Tischenreuth there are high incidences in almost all age groups* ▪ *Question about a seroprevalence study in Tischenreuth, possibly contact with those responsible in Record Bavaria* ▪ *In parts of France, there were quite high proportions of South African and Brazilian variants, Question about variants in Saarland and Rhineland-Palatinate* ▪ *Virus variants and risk areas, question from Mr Wieler as to why individual travel is not possible. is restricted more consistently. Mr Wieler makes it clear that, in his view, it is incomprehensible why this is not being implemented more consistently.*	*Diercke* *Manag ement Wieler FG36 (Buda) Schaade Hamouda Scheidt-Nave Bayer Kröger Wieler*

2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Digital entry registration is becoming increasingly complex, new updates online since 12 February, registration of fellow travellers no longer required as each person needs their own entry registration* • *Questions will arise e.g. upload function test result, implementation is very complex* • *Upload function is important and is also frequently requested, Hamburg has implemented a function where a PDF is uploaded* • *Feedback function, there were discussions with the ÖGD feedback group* • *CWA risk adjustment, it is important that risk parameters are the same, evaluation is currently underway, survey of people with red notifications planned, other stakeholders are involved in the evaluation* • *It appears that the measurement may be impaired under certain circumstances, e.g. in lanes; this is being investigated* • *Data donation app is updated and one version is expanded to include survey content* • *DEMIS: Adjustments are being made to DEMIS for molecular surveillance* • *SORMAS piloting continues in one health authority, not all necessary data can yet be transmitted to SurvNet via the SORMAS interface, SORMAS is being further adapted.* • *According to the MPK resolution, interfaces to SORMAS extralayer are to be made available by the federal government without delay. The RKI must be closely involved here to prevent parallel reporting.*	*Smear* *Bayer* *Smear* *Diercke*
4	**Current risk assessment** • *Nationwide <60/100,000 p.e. should the risk assessment remain very high?* • *With regard to VOCs, a very high level is maintained; the ITS load is also important, even more so than the pure incidence values*	*All*
5	**Communication** **BZgA** • *Not discussed* **Press** • *Webmaster team sparsely staffed, please postpone to tomorrow what does not necessarily have to be implemented today* **Further information** •	*Press (epee)*
6	**RKI Strategy Questions** **a) General** • *Step-by-step plan was adjusted, limit to 35/100,000 p.e.*	*Shade*

RKI	*adapted, is circulated* • *Question about publication: should be published, important is fast and in German, later also in English and internationally* • *The question of publication will be clarified again, possibly in the Epidemiological Bulletin* • *However, EpiBull is a fixed document, but if updates are to be made, they are more likely to be made on the website* • *Tendency is publication on the website* **a) RKI-internal** -	*Haas* *Epee*
7	**Documents** • **Test criteria for symptomatic patients** *(slides here)* • *Many changes, especially focussing on all people with symptoms of any severity regardless of Autumn/winter season* • *Discussion of procedure without testing, formulation as in the flow chart* • *Indication of the increasing proportion of SARS-CoV2 variants of concern in Germany, which are associated with an increased potential for infection* • *Adapt wording in relation to vulnerable groups* • **SARS-CoV-2 test criteria for schools** *(slides here)* • *Focus on all pupils with symptoms of any severity regardless of the autumn/winter season* • *Cancellation of passage to maintain school operations* • *Addition of passages on severe courses: "However, longer-lasting symptoms of the disease are also described in childhood and the proportion of late effects is not yet known."* • *Inclusion of passage on variants: "Due to the increasing proportion of SARS-CoV-2 variants of concern in Germany, which are associated with an increased potential for infection, an increased risk of transmission in schools is also to be expected."* • *Under Objectives Inclusion of face-to-face and alternating lessons* • *Incidence values >25/100,000 should be cancelled* • *Wording adapted* • *It must be made clear that symptomatic and sick children should be kept strictly at home* • *Long-Covid in children should also be addressed at the Federal Press Conference* • *Include something for testing? There is no document that could be referenced here, possibly in the introduction to the diagnostics* • *Strategy supplement should remain until it is clear how to link* • *AHA+L would have to be supplemented by staying at home, but this is certainly not easy to implement* • **Contact tracing** *(slides here)* • *Amendments: "Under 3. Definition and management of contact persons: Addition of general information on categorisation*	*FG36 (Mielke* *Buda Wieler* *Mielke Haas Kröger Schaade* *Evil*

	of contact persons in category 1 or 2; under 3.1.2 point 2: Addition and update of instructions for ordering quarantine for category 1 contact persons; under 3.1.2 point 4: Note on health self-monitoring of the category 1 contact person in the event of detection of infection of the source case with a SARS-CoV-2 variant of concern". • *for categorisation in K1 or K2, always in K1 if uncertain* • *14-day quarantine period should not be shortened,* • *An AG rapid test or PCR detection should be carried out on day 14 before release from quarantine* • *Changes to quarantine in case of deletion of sentence to pause activities of staff in contact with risk groups, discussion about adding private environment* • *Formulation is now activity and left private* • *Question about update in various documents and general comment on virus variants, e.g. on disease severity, a proposal is to be developed* • **Enquiry from a doctor from the Friedberg/Hesse health authority** *(slides here)* • *Request: "Request for a technical discussion regarding the prolonged presence of SARS-CoV-2 on the mucous membrane in older people in order to achieve the necessary adjustments to isolation times in practice."* • *Question about longer isolation and applicability of AG rapid tests,* • *Draft resolutions were prepared for this purpose* • *Discussion about the proposal that isolation can be extended in accordance with the GA. This is viewed critically, possibly adjust threshold value?* • *Question as to whether other threshold values might be useful for people 80+, further question as to the applicability of the AG rapid tests* • *It is confirmed with PCR detection on release from isolation anyway, so everything is actually fulfilled, any change would really have to be well justified* • *Answer should explain to him that in the context of outbreaks he can arrange certain things as he sees fit but that this does not lead to the adjustment of isolation times for older people*	*Voigt* *Haas* *Duke* *Eckmann's* *Mielke*
8	**Vaccination update (Fridays only)** • *Not discussed*	

9	**Laboratory diagnostics** • **FG 17** *Update from the AGI Sentinel, CW 5-6:* • *A total of 228 samples were analysed:* • *Positive rates: SARS-CoV-2: 5.9% (falling)* *Rhinoviruses: 9.0 %* *Seasonal HCoV 2%* • *Denmark reported in the EWRS on a new putative variant of lineage B.1.525 in Denmark with polymoprhisms E484K, which could possibly become a new VOC. 42 cases in three regions. In 7 cases related to NIgeria* • *Question about a committee that defines what a VOC actually is* ○ *ZBS1* • *A total of 773 samples analysed, of which: 224 samples SARS-CoV-2 positive (positive rate 7%, declining)* • *Get isolates from Japan* • *British and South African variant cultivated, Brazilian variant still being cultivated*	*FG17 (T. Wolff)*
10	**Clinical management/discharge management** • *Therapy instructions are added, otherwise no further points*	*Duke*
11	**Measures to protect against infection** • *Question from a citizen about speaking in public transport or supermarkets and similar settings* • *MNS is already an important measure, if necessary BzGA can point this out again but not advocate a speaking ban* • *BzGA campaign could nevertheless address the risk of speaking again* • *Note: Should the RKI make such recommendations, this could also be misunderstood by the population and trigger strong rejection*	*an der Heiden* *Brunke* *Haas* *Buda* *Eckmanns*

12	**Surveillance** • *Corona-KiTa study (slides here)* • *ARE decline significantly compared to other years, ARE incidence in age group 0-5 years was around 17 times higher in the previous year* • *Estimated ARE in week 5: 0-5 years: 52,000 ARE (1,100/100,000), of which 0% with a doctor's visit; 6-10 years: 22,000 ARE (600/100,000), of which 0% with a doctor's visit; 11-14 years: 24,000 ARE (800/100,000), of which 0% with a visit to the doctor* • *A total of 1,060 outbreaks in nurseries/after-school care centres (>= 2 cases) were created in SurvNet* • *792 (75%) outbreaks incl. cases < 15 years, 41% (1,975/4,864) of cases are 0 - 5 years old* • *268 outbreaks only with cases 15 years and older* • *65 new daycare centre outbreaks reported* • *Around 50 outbreaks per week in recent weeks (excluding week 6 due to reporting delays)* • *In week 5/6 there were 9 outbreaks with >= 10 cases* • *Median outbreak size in week 5/6: 4 cases* • *Effect of school closures is evident in school dropouts, significant decline* • *A total of 1,337 outbreaks in schools were created in SurvNet (>= 2 cases, 0-5 years excluded)* • *1,237 (93%) outbreaks incl. cases < 21 years, 22% (6-10YRS), 25% (11-14YRS), 30% (15-20YRS), 23% (21+)* • *100 outbreaks only with cases 21 years and older* • *60 new outbreaks; mostly late notifications* • *in week 3 a major incident in a boarding school with 44 cases (41 cases <21 years)*	*Haas*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** •	
16	**Other topics** • *Next meeting: Wednesday, 17 February 2021, 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:	*17.02.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *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*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Esther-Maria Antao*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Jamela Seedat*
  - *Marieke Degen*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Martin Dietrich*
- *BMG*
  - *Christophe Bayer*
  - *Iris Andernach*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,350,399 (+7,556), of which 66,164 (+560) deaths, 7-day incidence 57/100,000 inhabitants.* ▪ *Similar level as in the previous week, no significant decline in the number of cases.* o *Vaccination monitoring: Vaccinated with one vaccination 2,894,028 (3.5%), with 2 vaccinations 1,525,943 (1.8%)* o *DIVI Intensive Care Register: 3,352 cases in treatment (-87)* o *7-day incidence of the federal states by reporting date* ▪ *Plateau formation, in some BL decline.* ▪ *Slight increase in Thuringia, situation in Thuringia to be clarified following crisis team meeting.* o *Geographical distribution in Germany: 7-day incidence* ▪ *Approx. 180 LK with incidence < 50.* ▪ *Eastern districts and districts on the border with the Czech Republic and Austria more affected.* o *Imported cases from neighbouring countries* ▪ *Note: Different scaling of the axis* ▪ *During the 2nd wave, many cases from France, Poland, the Czech Republic and other neighbouring countries.* ▪ *No significant entries from neighbouring countries documented in the reporting system since the beginning of the year.* ▪ *Has not yet been shared with BMG, but is of great interest to BMG.* ▪ *Countries with more than 25 import cases in the last 2 weeks: Poland and Romania.* o *Proportion of epidemiologically confirmed cases* ▪ *Information can be recorded in various variables (proportion of information available).* ▪ *approx. 40% contact with confirmed case* ▪ *approx. 20% affiliation to outbreak* ▪ *approx. 20% probable infection environment* ▪ *approx. 50% case known through* ▪ *"Suspected infected by" is no longer recorded.* ▪ *< 5% manual epi confirmation* o *Information on the epidemiological context* ▪ *Information on the infection environment in approx. 50% of cases. Proportion has hardly changed over the entire course.* ▪ *In how many of these cases did contact actually take place? Not yet analysed.* ▪ *Analysis to be further refined.* • **Test capacity and testing (Wednesdays)**	*FG32 (Michaela Diercke)*

	Test number collection at the RKI *(slides here)* ○ *Test figures and positive rate* ▪ *The number of PCR tests fell slightly, with a positive rate of 6.5% in week 6.* ▪ *The number of transmitting laboratories has remained comparable in recent weeks.* ○ *Capacity utilisation* ▪ *Test capacities remain high, currently utilising half of the existing PCR capacity.* ○ *AG-POCT in facilities* ▪ *The number of participating organisations has increased slightly, with just under 200 organisations currently involved.* ▪ *Of 58,718 AG-POCTs, 450 were positive.* ▪ *98% (442) of these went into the PCR. Of these, only 116 were positive in the PCR.* ▪ *The fact that only 116 of 442 antigen tests were confirmed should be included in bulletin articles. Confirmation was arranged for almost all of them.* ○ *VOC in the test number recording* ▪ *All analyses of variants are summarised.* ▪ *From week 2-6, the number of reporting laboratories and reported tests for evidence of VOCs increased significantly. increased.* ▪ *In week 6: approx. 7,000 tests with reference to VOCs, proportion of variants has increased significantly to approx. 20% (no random sample!).* ▪ *B.1.1.7 predominates by far among the variants.* ○ *Fortnightly survey on VOC map* ▪ *Convenience sample/ad hoc survey: Number of samples with reference to variants by postcode: on highest in proximity to the Czech Republic* ▪ *Almost half of all detected samples could be retested.*	*Dept.3 (Hamouda)*
	Testing and positives in ARS *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Significant decrease in samples and positive rate.* ▪ *Applies to all BL, only in Thuringia still positive rate >10%.* ▪ *Although fewer tests were carried out, the proportion of positives is falling significantly in all age groups, including older people. In children, on the other hand, it hardly decreases.* ○ *Acceptance location* ▪ *Less testing is taking place. Testing in doctors' surgeries is decreasing, fewer tests in hospitals last week, fewer tests also in other test centres.* ○ *VOC (data from 8 laboratories)* ▪ *Not all samples were tested for the deletion. Increase in the proportion of positive samples with evidence to B.1.1.7.* ○ *VOC according to BL*	*FG37 (Eckmanns)*

	▪ *In some BL no data yet.*	

- *In Bavaria and Lower Saxony, high proportion of positive PCR with additional detection of delH69/V70.*
- *So far only data from 8 laboratories and not from all BL, should not yet be made public.*
- *Increase in incidence in Thuringia, but proportion of variants <10%. Not particularly noticeable in this respect*

  on.

- *Outbreaks in retirement homes*
  - *Significant decline in outbreaks, fewer than 50 new outbreaks reported in week 6.*
- *Outbreaks KH*
  - *Slightly more outbreaks are being reported in KH again, hardly any decline in KH.*

- *Even if all people in care homes have been vaccinated, they should continue to be tested routinely. Testing should not be stopped. Communicated by FG37: no changes to testing!*

- *0-4 year olds: many outbreaks in daycare centres with new variant. Positive rate among 0-4 year olds is not falling any further. Children and adolescents should be increasingly monitored. It would be useful to create a chart by age for the new variants. -> Take a look at FG37*

- *How does an increase in variants correlate with an increase in the number of cases? Is an increase in variants linked to an increase in incidence?*
  - *RKI receives data directly from laboratories.*
  - *Also from the surveillance system as part of molecular surveillance, which is only just starting.*
  - *Information is now also available in the reporting system. Are in the per mille range in all BL.*
  - *Rising trend in all BLs. No trends can yet be visualised and linked to sequence data. Will be increasingly available in the reporting system in the coming days.*
  - *Only half of the PCR positive results were retested.*
  - *New findings on this connection should be collected as quickly as possible in the crisis team.*
  - *2 different epidemics: general decline, simultaneous increase in new variants*
  - *Should not be labelled as 2 epidemics. This is also not done for subtypes in other epidemics (e.g. influenza). It is normal for new subtypes to emerge in respiratory pathogens, it is still the same pandemic event.*
  - *Could be considered as 2 outbreaks. A distinction should be made.*
  - *Language regulation 2 Epidemics would be more relevant if proportion*
    could be estimated more stable and development in recent

	weeks can be traced. *ToDo: spatially adjusted evaluation of the regular ad hoc surveys of the occurrence of VOCs, FF Mr. an der Heiden, Mr. Kröger, task from LZ* ○ *It would make sense to correlate local incidences with an increase in variants.* ▪ *Data is still missing at the moment, is planned.* ○ *Are there any values for variant B.1.351? Is there any information on variant B.1.525?* ▪ *Mr Wieler has sent a draft report to Mr Bayer.* ○ *It would be useful to show variants in case numbers (percentage of variants). Should not be included in full complexity in the management report, please refer to the report on virus variants.* *ToDo: Include the most important information in the management report.*	*Bayer*
	• **Syndromic surveillance (Wednesdays)** *(slides here)* ○ *FluWeb* ▪ *ARE rate is significantly below previous years, but an increase can currently be seen, must be monitored closely become.* ▪ *Jump from week 5 to week 6, especially for 0-4 year olds.* ○ *ARE consultations* ▪ *This increase cannot be seen in doctor's visits, which remain at a very low level.* ○ *ICOSARI-KH-Surveillance* ▪ *Severe courses of the disease are declining and are significantly lower in children than in previous years.* ▪ *Even among 15-34 year olds, the figure is well below the previous year's level.* ▪ *Further decline in all severe cases, including patients who are still lying down.* ▪ *In cases with a maximum length of stay of 7 days, the decline in >80 year olds is somewhat delayed.*	*FG36 (Buda)*
	• **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* ○ *Currently 3,260 patients on ITS, occupancy is falling continuously in almost all CCs.* ○ *Number of new admissions (incl. transfers) and number of deceased decreases.* ○ *Share of COVID-19 patients in the total number of intensive care beds* ▪ *Only in one BL (BE) >20%, in 6 BL >15%.* ○ *Stress situation in intensive care units* ▪ *Situation continues to stabilise.* ▪ *Staff shortage continues to improve, space shortage remains.* ▪ *Free treatment capacities are tending to increase again.* ▪ *Availability of High-Care still in need of improvement*	*MF4 (Fischer)*

	worthy. ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *The trend is pointing downwards, and the forecast is now also pointing downwards in the north.* ○ *The step-by-step concept will be published this week. Utilisation in the intensive care units is mentioned as an indicator.* ▪ *Can the map of the share of the total number of intensive care beds be made available on the website?* *become? The map is already available on the website of the intensive care register.* ▪ *Proportion of hospitalised >60 year olds was also mentioned as an indicator. Where could this be made available? -> Prepare data* ○ *Why is ITS capacity utilisation increasing in Hamburg? Reasons?* ▪ *Possibly high proportion of UK variant, increased severity of the disease?* ▪ *Relocations? Have not taken place in the last 2 weeks.* ▪ *Several breakouts in Hamburg, large Airbus breakout.* ▪ *Data quality deficiencies in Hamburg* *ToDo: Situation in Hamburg about STAKOB treatment centre clarify, FF Mr Herzog* ○ *Would it make sense to record the proportion of VOCs in the intensive care register?* ▪ *Must always be considered in comparison to non-serious illnesses.* ▪ *The focus should be on case-based surveys with reported data. This can be better analysed.* ▪ *Recording via the DIVI register should not be enforced. -> Check how time-consuming a recording of the VOC would be.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *Vaccination readiness among the population and healthcare staff is around 75%.* • *Acceptance of vaccines is lowest at AstraZeneca and highest at Biontech.* • *Content was posted on Facebook about: how is the calculation*	*BZgA (Dietrich)*

	Vaccine efficacy, information on AstraZeneca vaccine, how to report side effects. • *Further topics for social media are being prepared.* • *Has communication on non-pharmacological interventions (NPI) been addressed?* o *Contact was made with public service media and communication on masks was initiated by BZgA.* o *Rapid and self-tests are the subject of intense public debate (game changer?).* o *BZgA develops FAQ on how the population can be well informed.* o *AHA rules + L + stay at home sick should always be communicated as a package.* o *Game Changer is a vaccination offer for all those willing to be vaccinated. It would be helpful for the population to know when which age group can expect a vaccination programme.* ▪ *It is difficult to obtain this information reliably from the BL.* o *Antigen tests are often misunderstood. NPIs should be presented as a complete package so that the population is not lulled into a false sense of security.* o *It must be clearly communicated that self-tests are not intended for contact persons to shorten quarantine.* **Press** • *Epidemiology in the school setting is due to be published in EpidBull this week.* • *The Internet team continues to be understaffed and the workload from emails has increased significantly.*	*Press (Seedat)*
6	**RKI Strategy Questions** **a) General** • *Modelling study (Wednesdays)* o *Not discussed* **b) RKI-internal** • *Many signals from daycare centres about outbreaks, including large outbreaks; children's groups could play a greater role in transmission in the future. Concepts for keeping daycare centres and schools open/reopening them will play a special role.* *ToDo: Prepare speech notes for BPK on signals from daycare centre/school, FF Mr Haas.* • *Ideas sought for better designation of "non-pharmacological interventions" (NPI), term is difficult to understand.* o *Public health measures are not suitable, as this also includes vaccinations.* o *The text becomes relatively long if all measures are constantly mentioned.*	*All* *Haas* *Wieler*

7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *Virological surveillance (slides here)* ○ *Stagnation of development, number of samples at a constant level for weeks, approx. 150 samples/week.* ○ *Slight decline recognisable in week 6 despite recruitment of new practices, due to decline in activity in medical practices.* ○ *In week 6: 147 submissions, including 11 positive detections of SARS-CoV-2 (7.5%).* ○ *Positive proportion of rhinoviruses is constant at around 10%.* ○ *Detection of seasonal coronaviruses, mainly in children, in one patient co-infection with Sars-CoV-2 and seasonal coronavirus.* ○ *Seasonal corona activity also visible at RESPVIR in recent years.* ○ *In approx. 10% of positive SARS-CoV-2 samples, detection of VOC, mostly UK variant.*	*FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *Authorisation of the antibody drug is expected, technical information from PEI and BfArM is being prepared* • *Urine proteome test now has CE certification, can be used.* • *Is convalescent plasma still an issue? Hopes are pinned more on antibodies, which are being requested noticeably more frequently.*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Not discussed*	
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: Friday, 19 February 2021, 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:	*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/dept. 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 info), 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 see larger outbreaks also in the daycare centre sector, for example, makes us 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 the BMG in advance, will be shared internally within the RKI as soon as possible, 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 professional public and the 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 levels of 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 established with a lot of money and work, the system may not be 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 IGV 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 work 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? • More specific feedback would be good, because we are currently	FG38

	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*	

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*22.02.2021, 13:00 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *C. Scheidt-Nave*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
- *FG 12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *IBBS*
  - *Michaela Niebank*
  - *Christian Herzog*
- *P1*
  - *Miriam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZBS 1*
  - *Janine Michel*
- *ZIG 1*
  - *Luisa Denkel*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,390,928 (+4,369), of which 67,903(+62) deaths, 7-day incidence 61/100,000 p.e.* ○ *46/100,000 p.e. in the age group (AG) 60-79 years, 77/100,000 p.e. in the AG > 80 years* ○ *Vaccination monitoring: Vaccinated with one vaccination 3,312,351 (4.0%), with 2 vaccinations 1,756,478 (2.1%)* ○ *235/412 districts (+3) with 7-day incidence >50/100,000 p.e.* ○ *49/412 Districts with 7-day incidence >100/100,000 p.e.* ○ *7-day incidence of the federal states by reporting date* ▪ *Some BLs remain stable, others show an increase in incidence* ▪ *In TH, the increase is less steep than feared, levelling off at a high level* ○ *Geographical distribution of 7-day incidence by LK* ▪ *Similar to the previous week, only 70 LK <50/100,000, majority of LC >50/100,000 or also significantly higher* ▪ *In the east (BY, TH, SN, SA) and to a lesser extent also in the north (Flensburg) LK with very high 7-day Incidence* ○ *7-day incidence by age group and date of notification* ▪ *In the AG >80 J decrease* ▪ *Slight increase in AG 5-14 and 15-34Y* ▪ *Inhomogeneous picture in the analysis by federal state:* *In BY decrease in AG >80J, in other BL the highest incidence in this group* ▪ *In BB, BE, BW overall tendency to plateau, in the AG >80J rather decrease* ▪ *HB unsteady course, increases in AG 15-34 and >80Y, HE stable, in MV increase in AG >80Y* ▪ *In HB and MV, individual outbreaks have a greater impact on the figures due to the small number of inhabitants* ▪ *In NW increase in AG 5-14, 15-34 and 35-39Y* ▪ *In SL decrease contrary to expectations (border to FR),* ▪ *In SN small increase in AG 15-35 and 35-39Y, decrease in AG >80Y* ▪ *In SH increase in AG > 80Y* ○ *Difference in 7-day incidence in the last 7 days compared to the 7 days before (slide here)* ▪ *SH and SL have improved in comparison* ▪ *BY, TH, SN and NS show an increase*	*M. Diercke* *M. an der Heiden*

	▪ *Further development must be monitored, particularly in BY and TH*	
	○ *Preparation of figures on the spread of variants of concern (VOC) is in progress, will be presented on Wednesday (M. Diercke)*	*M Diercke*
	○ *Discussion* ▪ *Overall, the different trends and developments are difficult to interpret* ▪ *No clear picture discernible, rather unsettled in the younger AGs, spread of VOC and participation cannot yet be assessed from the unsteady image* ▪ *Question: BY tests the most/100,000EW of all BLs, does this influence the figures? (difference in the 7-day inc.)* ▪ *AW: Rather not, the test volume has not been increased in the last 14 days* ▪ *Positive rate in Bavaria (from ARS data) is lower than the national average and the highest in Germany.* *lowest (around 5%), which suggests that Bavaria tests a lot* ▪ *At the ECDC/WHO conference (19 February), it was reported that in DK with a high proportion of of B.1.1.7 the positive rate is 0.7%, a lot of testing is done* *Data from CZ (specific PCR, no sequencing data) show frequent occurrence of B.1.1.7 in the border region (Tirschenreuth, Wunsiedel), 65% of those tested positive were CZ citizens, carriers of VOC* ▪ *Assumption: If the high test numbers in BY led to a lower level of underreporting, then mortality rates would be lower, but this is not the case, so it cannot be assumed that underreporting is lower* ▪ *As long as there is no evidence of a positive effect and BY is not used despite high test figures performs better, this would be an argument against recommending more nationwide testing (refutes the accusation that the RKI does not demand this sufficiently)* ▪ *Even in nursing homes, more frequent testing has not (across the board) led to the prevention of outbreaks, which shows that even increased testing cannot keep certain areas infection-free, despite certain successes* ▪ *Germany overview (dashboard) does not show uniform events across Germany,* *There are many influencing factors* *Increase in BY, RP, SL, TH, high incidences in NS*	*All*

RKI	*(Vechta, Weserlandkreis) and a slight increase in HH and HB suggest an overall upward trend* ▪ *BW has low figures and is on the border, border should not be overestimated as an influencing factor* *become* ▪ *Further testing should definitely be carried out in old people's homes; this has been successful in parts (e.g.* *Tübingen, which is currently making the news again as a positive example)* ▪ *The correlation between test frequency and outbreak occurrence must be taken into account.* *other aspects should be considered with caution; how is the test strategy implemented and what conclusions are drawn from it?* ▪ *Tübingen has a low incidence, but so do the neighbouring districts; Tübingen falls into this category.* *not out* ▪ *In AG >80J there are successes in the 7-day incidence, an essential indicator is in the other* *age groups the positive rate. If it is 10%, for example, too few people are being tested* ▪ *It should be noted that the positive rate is highly significant if the number of tests remains constant.* *on the incidence of infection. This must be distinguished from the approach of using the rate to determine how much testing has been or should be done* ▪ *It would be important to know exactly who aged <70 years is currently infected* ▪ *Toolbox has been exhausted, measures need to be tailored more precisely to* *Described target groups* ▪ *The registration data, the SOEP and the hotspot studies hardly provide any additional or* *Obtain current demographic data or information on activities, may need to be included in the next hotspot study* ▪ *Could a survey provide data? More detailed data is available on site at the GÄ, a lot of data is generated.* *Loss of information on the reporting channel* ▪ *Traditional surveillance tools would have to be combined with survey instruments, the* *could not be realised by Dept. 2 alone* ▪ *The CoViRiS study shows the limitations of a survey: Data protection compliant implementation is* *difficult, compliance of the GÄ is low* ▪ *It could be discussed whether a CWA-based survey of specific individuals on risk factors* *can be used* ▪ *What recommendations can still be made in the current situation (except for* *symptoms to stay at home)?* ▪ *Proposal: special responsibility for the*	

	Transfer to medical practitioners/contact persons (compliance with quarantine), they have the further course in their hands ▪ *Consideration could be given to moving quarantine to facilities (quarantine hotels, etc.)* ▪ *This would probably meet with little acceptance* ▪ *Better countermeasures: more generous definition of KP I, enforcement of existing rules* *make sure that vaccinated people do not become too careless* ▪ *Empowerment of the individual should be strengthened in order to identify cases earlier and* *How can this be communicated to the population?* ▪ *Proposal: Broad communication campaign on the transmission routes (also asymptomatic) as still little information is known about this, combined with the explanation that, for example, the opening of shops depends on it* ▪ *The effects of information campaigns are finite* ▪ *Question for Mr Ommen: Does the BzGA still see scope for action here?* ▪ *AW: A campaign aimed specifically at young people was not approved by the BMG* ▪ *Further question: Does a joint report (in paper form) to the BMG make sense in order to* *To show the need for action?* ▪ *Request for coordination from house management to house management (Wieler/Dittrich)* ▪ *The importance of using language and addressing the target group appropriately should be emphasised (e.g. by* *Influencers, celebrities, etc.)* *ToDo: Press office takes the lead on the basis of today's discussion (R. Wenchel). A report that is already available (written by M. Degen as lead author) and has been sent by email can be used, Dept. 3 should be included*	*O. Ommen* *R. Wenchel*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • **CWA** o *Focus on evaluation* ▪ *Earmarking should be proven to BDFI* ▪ *It should be made clear to the BDFI which key figures can be provided* ▪ *There is little reliable information available on the successful contact tracing of GA (as a benchmark).* *Material available*	*P. Schmich*

	▪ *Exchange regarding SORMAS takes place via J. Benzler* ▪ *An event-triggered survey of all persons who have received a red warning is aimed for: a link in the CWA leads to the Voxco documents and the survey* ▪ *So far, all relevant tests have been passed* ▪ *In addition to evaluation, this application would provide an established way to analyse a large The extent to which utilisation beyond evaluation and short surveys is possible remains to be determined* ▪ *If so, this will arouse interest among various stakeholders and players* • **DEA** o *Still very high workload* ▪ *High volume of enquiries from commuters and transport companies, as commuters and Transit passengers without residence must fill in a DEA* ▪ *Improved mapping of postcodes to the GÄ has already been implemented* ▪ *The question of the responsibilities of the health authorities for the respective companies is still unresolved. unsolved* ▪ *The last sub-element of the DEA is to be reworded (the current text suggests a Quarantine order by the RKI)* ▪ *Upload of test results should be possible by Easter, no international standard is available for this. Standard available* ▪ *Very tight schedule for Bundesdruckerei and RKI (e.g. it has not been clarified whether PDF or JPG will be used) should be)* • **DEA** o *Question about the mention of the data donation app in the management report: Can be answered by S. Gottwald* • **DEMIS** o *Currently 347 laboratories report via DEMIS* o *It is being examined whether the data can be utilised via IMS* o *Integration of data flows in relation to SORMAS is being analysed* o *The SORMAS team has scheduled a "lessons learnt" workshop to take stock and develop further*	*M. Diercke*

4	**Current risk assessment** • *Any necessary adjustments (decreasing numbers)* *ToDo: Proposal to be formulated by FG 36 in a leading role*	*FG 36*
5	**Communication** **BZgA** • *No topics (see also discussion under "Current situation")* **Press** • *Article on rapid tests has been published online today (22/02/2021) in EpiBull*	*Press (R. Wenchel)*
6	**RKI Strategy Questions** **a) General** • *Please see discussion under "Current situation"* **a) RKI-internal** • **Not discussed**	
7	**Documents** • **Not discussed**	
8	**Vaccination update (Fridays only)** • **Not discussed**	
9	**Laboratory diagnostics** • **FG 17** • *Update from the AGI Sentinel, CW 6-7* ○ *A total of 276 samples analysed* ○ *Positive rate: SARS-CoV-2 7%* *Rhinoviruses 10% Seasonal* *HCoV NL63 2%* ○ *No evidence of influenza* • *Sequencing (also of some AGI samples)* ○ *8x B.1.1.7 was identified in 45 samples* ○ *B.1.525 was identified in one sample (labelled VOC in DK)* ○ *Since January in D 16-17 identifications (in 5662 samples) of B.1,525 (about 0.28%)* ○ *No statements on geographical distribution to date* ○ *Increase continues to be monitored* • **ZBS 1** ○ *A total of 629 submissions, 194 of which were SARS-CoV-2 positive (30.8%)* ○ *All are screened for 501Y* ○ *These are samples from Berlin GÄ (outbreaks, free tests at the end of quarantine) hence the high positive rate* ○ *Question: Could the results of the free tests be used to*	*FG17 T. Wolff* *J. Michel*

	interesting information? *ToDo: Tuesday in the diagnostics working group, outline what information could possibly be extracted here* ○ *AW: Information is only available for some of the samples* ○ *Question: Is the mutation 484K present in B.1.525?* ○ *Yes, ensures prolonged reaction with AK* ○ *In DK, the proportion rose from 0.1 to 2% and was therefore declared a VOC* ○ *Should this VOC be included in the ad hoc analyses?* ○ *Mutation 484K has already been searched for (not for B.1.535), many of the samples were forwarded for sequencing, proportion of B.1.525 very low* ○ *However, should remain in view during PCR interpretation so that no incorrect VOCs are assigned to mutations* ○ *Question: The situation is getting more complicated, there are 4 data sources, does it make sense to assign clear designations to them?* ○ *Question: Does it make sense to include a graphic in the report showing the algorithm used to approximate the VOC?* ○ *AW: Algorithm may be better placed in the instructions for testing (also to take the GÄ with you)* ○ *The current targeted search for VOCs will soon be replaced by regular screening as part of the IMS* ○ *Re-naming of data sources is viewed positively, suggestions should come from outside* *ToDo: Suggestions for renaming the VOC data sources are welcome*	*ZBS 1* *L. Wieler* *S. Kröger* *M. Mielke* *All*
10	○ *Could it make sense to equalise isolation and quarantine to 14 days?* ○ *Note: VOCs may require new reactions, Changes should not be made too frequently* ○ *It is suggested that contact be made with Max v. Kleist with the question of whether modelling is possible with the study data* *ToDo: Following STAKOB consultation and with the involvement of M. Mielke/AG Diagnostics, IBBS is in charge of developing a proposal for modified recommendations regarding the duration of isolation Deadline: Wed 24.02 if possible, Fri 26.02 at the latest → Tasks ID 2878* • **Offers of support to CZ** ○ *An offer for telemedical support has been developed* ○ *So far, there have been no requests to take over patients*	*L. Wieler* *L. Pity*

		IBBS *M. Niehaus* *M. Niehaus* *M. Mielke* *C. Duke*
11	**Measures to protect against infection** • **Not discussed**	
12	**Surveillance** • **Corona-KiTa study** *(slides here)* o *FluWeb:* ▪ *Increase from 5th to 6th week of ARE in AG 0-5Y* ▪ *Under observation, not yet assessable* o *Covid-19: incidence and proportion by age group* ▪ *Numbers are stagnating, small increase in the older age groups, possibly relative increase as other AG decline* o *Breakouts* ▪ *43 new outbreaks have been reported* ▪ *Median number of cases/outbreak increases from 4 to 6 cases* ▪ *Whether this is caused by B.1.1.7 is currently being investigated in 4 day-care centres* • **Obligation to report sequencing results** o *BMG is of the opinion that sequencing results*	*M. Diercke*

	are not pathogen detection by definition ○ *RKI would like to achieve a reporting obligation for the sequencing laboratory so that the sequencing results do not have to be returned to the primary diagnosing laboratory in order to be reported from there; experience has shown that data is lost as a result* ○ *Tuesday 23.02. 6 pm Appointment with BMG, Division 611 on this issue with Mr Mehlitz and FG 32* ○ *Sequencing laboratories would have to have personal data that they can also bill, a report by the sequencing laboratory would be possible, this cannot be an obstacle* ○ *If the BMG refuses, a good solution must be found* ○ *This also applies to the RKI: the transfer of personal data for characterisations is a known practical problem that must be made transparent and solved in accordance with data protection regulations* ○ *A prerequisite for the data flow between the laboratories is a suitable identifier, which is also required by the laboratories* ○ *The primary diagnostic laboratory could use DEMIS/Identifier to notify the GA. The implementation of this solution would take 3-4 weeks* ○ *Typing ID is unsuitable as it is only assigned after typing* ○ *System should not be changed too much overall* ○ *Sequencing will gain importance as direct pathogen detection* *ToDo: M. Diercke tries to bring about a solution in the RKI sense (notification by the sequencing laboratory)*	*M. Mielke* *S. Kröger* *M. Diercke*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	
14	**Information from the situation centre (Fridays only)** • *Not discussed*	
15	**Important dates** • *GMK 23.02.2021 (L. Wieler)* ○ *Topics likely to be: variants of concern, VOCs* ○ *Note O. Hamouda: Presentation of the measures that are also useful against VOCs and the importance of their consistent observance in the last PK was very good* ○ *Position on prioritisation of teaching staff: is rejected for professional reasons, is a political decision* ○ *Note: Amendment to the law has already been formulated: Primary school teachers to be vaccinated first* ○ *Prioritisation can probably be lifted from the end of the second quarter of 2021 because sufficient*	

	Vaccine is available	
16	**Other topics** • *Next meeting: Wednesday, 24 February 2021, 11:00 a.m., via Webex*	

End of session: 14: 54

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*24.02.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Osamah Hamouda, Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *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*
  - *Claudia Sievers*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Indes Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
- *ZIG2*
  - *Charbel El Bcheraoui*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *BMG*
  - *Christophe Bayer*
- *MF3*
  - *Nancy Erickson (protocol)*
- *MF4*
  - *Martina Fischer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,402,818 (+8,007), of which 68,740 (+422) deaths, 7-day incidence 59/100,000 inhabitants.* ▪ *Bavaria: 400 reports not submitted, currently being clarified* ○ *Vaccination monitoring: Vaccinated with one vaccination 3,581,294 (4.2 %), with 2 vaccinations 1,854,928 (2.2 %)* ○ *DIVI Intensive Care Register: 3,037 cases in treatment (-23)* ○ *7-day incidence of the federal states by reporting date* ▪ *Consistent trend in all CCs* ▪ *Thuringia: no further increase* ▪ *Currently BW and SH lowest incidences, SH to be observed due to situation in Flensburg* ○ *Geographical distribution of 7-day incidence by LK* ▪ *LK with high incidence: mainly in Bavaria, Thuringia, BL with LK on the Czech border and also in Flensburg (see above)* ○ *Number of COVID-19 deaths by week of death* ▪ *Number of deaths slightly decreasing, here possible correlation to currently decreasing incidence in the age group (AG) of over 80-year-olds* ▪ *Grey bars in graph over 3 previous weeks: Late entries for this period possible until probably* ▪ *Peak number of deaths: CW51/52 2020* ○ *7-day incidence of COVID-19 cases by AG and MW: currently approx. 130; lowest 7-day incidence rates currently among AG of 65-79 year olds, highest among AG of 90+ year olds, but also high among 20-24 year olds* ○ **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Positive rate has fallen slightly, currently at approx. 6.1 %* ▪ *Still only about half of the PCR test capacity utilised* ▪ *Overall approx. 60 % fewer tests compared to the period before Christmas* ▪ *PCR tests increased slightly, over 1 million per week* ▪ *Positive rate and number of tests appear to be stabilising* ▪ *However, the impression remains that too little testing is carried out using PCR* ▪ *Doctors could test at a lower threshold again*	*FG32 (Diercke)* *Dept. 3 (Hamouda)*

	○ *Capacity utilisation* ▪ *Capacities available, these could be used for nursing staff if necessary* ○ *Sample backlog* ▪ *Sample backlog (44 laboratories, 6,820 backlog samples) and supply bottlenecks (13 laboratories, pipette tips)* *Currently rather unproblematic* ○ *AG-POCT in facilities, cumulative* ▪ *Overall figures slightly higher, core message unchanged: only low positive rate for POC tests, largest proportion (approx. 92 %) of antigen POC tests are submitted to PCR, of the antigen-positive tests only approx. 29 % are positive in the PCR, in line with the picture of recent weeks and expectations* ▪ *Further acquisition in progress (Corona test page, many umbrella organisations/carriers contacted, discussions with* *Test coordinators of the BCs to merge data from the countries' own surveys)* ○ *Breakdown by visitors, residents and staff:* ▪ *Proportion of positive AG tests confirmed in the PCR varies, lowest among visitors, lowest among residents* *and personnel slightly higher* ▪ *Low confirmation rate in PCR (feedback is reliable for residents and staff, for* *visitors probably not)* ▪ *Caveat for interpretation due to small sample size, but enables prospective* *Assessment of the situation* **Testing and positives in ARS** *(slides here)* ○ *Number of tests and percentage of positives* ▪ *As in the previous week, slight decline in the positive share, currently approx. 5%* ▪ *For each federal state: Thuringia: currently over 20 % positive, must be monitored further* ▪ *Number of tests per 100,000 inhabitants by AG and KW: AG of over 80-year-olds are increasingly being tested.* *less tested* ▪ *Positive share according to AG and KW: AG of over 80-year-olds no longer represents the group with the highest* *Positive share, here now the AG of 5-14 year olds is leading; positive share, however, decreasing overall in all AGs* ▪ *Test location in calendar week: trend from previous weeks continues: least testing in doctors' surgeries, currently here* *Approx. 1/3 of tests as at peak times before CW52, congruent with above figures; stable test rate in hospital; only slight decline in test rate in other facilities* ▪ *Appeal to medical practices to increase testing makes sense* ○ *VOC:*	*FG37 (Eckmanns)*

	▪ *Overview (data from 11 laboratories): significant increase of the positive portion with regard to delH69/V70 B to*	

	approx. 17.5 % ▪ *VOC (data from 11 laboratories) for individual BCs: heterogeneous picture, Bavaria approx. 14 % del. positive samples,* *NRW approx. 20 %, other states less affected* ▪ *Breakdown of the situation in Bavaria by LK: retesting by individual laboratories, see example LK* *Tirschenreuth: Pre-testing in one laboratory, sequencing in another, therefore 90* *% caused by selection bias* ▪ *Breakdown by AG: clear increase in B.1.1.7 to almost 24 %; least in AG of over 80-year-olds* *(apparently successful shielding so far); mainly 0-4 year olds affected, but caution in interpretation due to small number of samples* ▪ *By place of acceptance: in medical practices highest B.1.1.7-* *Share* o *Outbreaks in retirement homes: Number increased again in previous week* o *Outbreaks in hospitals: no relief yet, still quite many outbreaks recorded* o *Discussion:* ▪ *Always bear in mind that VOC has approx. 50-70 % higher transferability* ▪ *Doctors' surgeries must be encouraged to test more again, otherwise the possibility of detection will be reduced.* *considerably restricted* ▪ *Has already been raised with the KBV and the GP association as well as with the AG Testen / BMG* ▪ *Cause: presumably symptom-based test procedure in doctors' surgeries, in other facilities predominantly Routine screening* ▪ *If necessary, also approach company doctors in order to better cover the younger, mobile AGs* ▪ *Appeal to the public to see a doctor and have a test carried out even if they have mild symptoms,* *should be taken up in communication* ▪ *Change in testing strategy with regard to medical practices probably less effective* o **Syndromic surveillance (Wednesdays)** *(slides here)* o *FluWeb* ▪ *Rise of the previous week apparently not continuing* ▪ *ARE rates are currently extremely low, below summer Level* o *ARE consultations* ▪ *Slight downward trend of recent weeks continues* ▪ *Approx. 374,000 ARE doctor visits last week* ▪ *Regional differences: Brandenburg/Berlin: AG of 0-4-, 5-14- and 15-34-year-olds trend rising; BaWü:* *Incidence of AG among 15-34 year olds does not fall as sharply as in other AG → This AG may be transferred to other AGs.* *relevant and to be observed*	*FG36 (Buda)*

	○ *ICOSARI-KH-Surveillance* ▪ *SARI in AG > 60 years decreasing; slightly increasing in AG of 35-59 year olds* ▪ *Similar SARI year-on-year: 15-34-year-olds more affected by flu, but also in the AG up to 59 years of age increasing; trend tends to be decreasing for older AGs* ▪ *Max. Length of stay 7d: AG of 35-59-year-olds rather increasing number of Covid-19 cases, also in AG 15-34- slight increase in the number of year-olds, to be checked here with regard to the existence of new variants, worrying development* ○ *Discussion* ▪ *Wave term - definition of the start of a new wave (language regulation required by Friday):* ○ *Measured in terms of incidence: no increase yet, but also no further decrease, although measures have not yet been relaxed or relaxation cannot yet be reflected in figures* ○ *Indicator report: corresponding situation so far only exists in individual districts* ○ *Effects to be considered depending on age: AG 0-4 years: day-care centre situation; 80+year-olds: vaccination; AG under: currently very compliant; AG 20-50 years:* *mobile and in focus → age-stratified view necessary* ○ *Geographical distribution, commuters in border regions should be particularly addressed* ○ *Wording 3rd wave suggests inability to act ("cannot be prevented"), but is dependent on measures and compliance* ○ **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* ○ *2,971 COVID-19 patients ITS (24/02/2021)* ○ *COVID-19 occupancy in ITS continuously declining in almost all federal states* ○ *Number of new admissions (incl. transfers) and deceased also declining* ○ *Slightly treated group decreases more significantly than intensively treated group (longer duration of treatment)* ○ *Proportion of Covid-19 patients in the total number of intensive care beds: decline in most CCs, in 4 CCs the proportion of Covid-19 patients in intensive care beds is over 15* *% (~ every 6th bed)* ○ *Stress situation in intensive care units* ▪ *Further stabilisation* ▪ *Staff shortage situation improves* ▪ *Lack of space remains* ▪ *Free treatment capacity tends to increase again* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Trend continues downwards* ○ *Regional*	*MF4 (Fischer)*

	▪ *Example Amberg, Landshut, Coburg, Hochfranken, (Erding not to be considered): Previous week trend downwards everywhere, this week trend upwards, partly also with actual increase forecast*	
2	**International (Fridays only)** **SARS-Cov2 re-infection risk** *(Slides here), Assessment of SARS-COV-2 re-infection risk in Austria (Document here)* ○ *Case reports/series* ▪ *199 previously recovered COVID-19 cases testing positive (PCR) with SARS-COV-2: 3 - 91 years, > 75 co-morbidities* ▪ *16 & 60 asymptomatic at 1st and 2nd "episode"* ▪ *Duration between "episodes": 1 - 32 weeks* ▪ *Follow-up testing in 7 studies* ▪ *Transmission onward reported in 3 case reports, 4 identified positive contacts* ▪ *Only 17 cases confirmed as reinfections through whole genome sequencing (possibly 1 more based on genetic mutations)* ○ *Almost no study reports on growth or level of virus* ○ *Symptoms at repositive are common* ○ *Using RKI in-working definition* ▪ *Remaining 51 non-confirmed, 1 probable, 39 possible* ○ *Observational Studies* ▪ *Predominantly from China* ▪ *Total: 168,874 positive from 33 studies, 1041 re-positive (0.6%), + 44 from one study with no denominator* ▪ *Genome sequencing performed in only 1 study, full-length viral genomes could not be obtained* ▪ *Age of re-positive: 2 months - 90 years* ▪ *Duration between two "episodes": 1 - 33 weeks* ▪ *Symptoms at re-positive: at least 56 % when reported* ▪ *2 studies included follow-up testing, no onward transmission identified* ○ *Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies* ▪ *Top rates studies: 11/14 criteria* ○ *Zhou: 6.25 % repositive, 5 weeks between episodes* ○ *Wong: 19.81 % repositive, 3 - 5 weeks between episodes* ○ *Chen: 44/NA, 2 weeks post-discharge* ▪ *Studies ≥ 12 weeks follow-up (Pilz: 30 ± 4 weeks, Hanrath: 24 weeks, Lumley: 22.8 - 33 weeks)* ▪ *Studies with repositive >20 %: 21.4 - 50.0* ○ *Reviews: 8 (1 preprint)* ▪ *Three descriptive and five with metanalysis* ▪ *Largest include 82 publications, 1350 re-positive cases, 2.6 % required ICU* ○ *Quality Assessment of Systematic Reviews and Meta-Analyses* ▪ *Pooled recurrence rate from top two rated studies (11 and 9/11 criteria) between 14.6 % and 17.7 %*	*ZIG2 (El Bcheraoui)*

	▪ *Median interval onset to recurrence: 21 to 50 d* ▪ *Time discharge to recurrence: 13.4 d* ○ *Main Observations* ▪ *Confirmed re-infections rare (17 known cases, maybe 19)* ▪ *Difficult to ascertain first infection (testing error/lack of samples)* ▪ *Genome sequencing rarely performed* ▪ *Re-positive SARS-COV-2 test among previously recovered cases is a commonly-reported phenomenon during first few weeks (some of these cases follow exposure, severe illness at "re-positive" reported, includes deaths)* ▪ *Limited evidence on re-positive contact tracing and onward transmission* ○ *Discussion:* ○ *Aspect of reinfection highly relevant in ÖGD, procedure necessary* ○ *Case definition discussed and presented last week, has been agreed and can be implemented accordingly* ○ *Working definition of RKI colleagues (please refer to extra slides):* ▪ *Confirmed reinfection: Genome sequence of virus from previous SARS-CoV-2 infection is known* **AND** *genome sequence of the virus of the current SARS-CoV-2 infection is known* **AND** *genome sequences of viruses from previous and current SARS-CoV-2 infection do* **not** *match* ▪ *Probable reinfection (prerequisite: no genome sequencing result available or known for at least one of the two confirmed SARS-CoV-2 infections): Person overcame acute respiratory illness after confirmed SARS-CoV-2 infection or had asymptomatic SARS-CoV-2 infection* **AND tested negative** *by PCR at least once after prior SARS-CoV-2 infection* **or** *the last positive PCR detection of the preceding infection was more than 3 months ago* **AND** *SARS-CoV-2 genome copy number in the context of current PCR detection ≥105/ml* **or** *virus can be grown* ▪ *Possible reinfection (precondition: neither A nor B applies): person has overcome acute respiratory illness after confirmed SARS-CoV-2 infection or had asymptomatic SARS-CoV-2 infection* **AND tested negative** *by PCR at least once after prior SARS-CoV-2 infection* **or** *the last positive PCR detection of the preceding infection was more than 3 months ago* **AND** *individual tested positive for SARS-CoV-2 by PCR (but: SARS-CoV-2 genome copy number in current PCR detection <105/ml or not known and virus cultivation is not possible (sample not available or cultivation negative)* ○ *Three-month-cutoff used at RKI, similar numbers from ECDC, in Austrian study evaluated last week four months were used, so far not less than 3 months used*	
3	**Update digital projects (Mondays only)** ○ *Not discussed*	

4	**Current risk assessment** **Risk assessment update** *(document here)* ○ *Adaptation to the current situation and greater importance attached to VOCs* ○ *Overview of central adjustments:* ▪ *Timeless formulation, peak 2nd wave at the end of December* ▪ *Not only a reduction in the number of cases but also in the number of seriously ill patients, the aim of the endeavour: Sustainability of the Fall in the number of cases* ▪ *Brazilian VOC P1 not only "proven", but regionally different with significant proportions in addition to WT Circulating, higher transmissibility and potentially more severe courses of the disease can lead to an increase in the number of cases and a worsening of the situation* ▪ *Individual indicators: Transferability set further ahead* ▪ *For resource strain: "strained" instead of "very strained"* ○ *The population should be more actively involved in adhering to the rules instead of the hold-out appeal that has been communicated for some time now* *To Do1: Request for circulation and review by Thursday evening for discussion and finalisation on Friday, Ms Buda sends link to the document to be processed to the crisis team* *To Do2: Question to crisis team (penultimate page): Reference to step-by-step plan under "Further information options" useful?*	*FG36 (Buda)*
5	**Communication** **BZgA** ○ *No current concerns* **Revision of the Covid page** *(document here)* ○ *Possible outsourcing of core topics to specific subpages for a clearer design* ○ *Example of infection prevention measures: various recommendations for schools available - S3, from the RKI and MPK resolutions → could be placed on a "Recommendations for schools" subpage outsourced; also "Hygiene measures for Covid-19"* ○ *Important objection: Mixing technical and political recommendations is unfavourable, but user-friendliness is to be welcomed* ○ *Further options/suggestions to consider: Classification according to target group/user, assessment by third parties in advance useful (offer of review by Mr Mielke)* *To Do: Circulation of the document to Mrs Brunke (hygiene measures) and Mr Mielke for review, or circulation to*	*BZgA (Ebrahimzadeh-Wetter)* *Press (epee)*

	Other parties involved (see also document on the amendment of the risk assessment)	
6	**RKI Strategy Questions** **a) General** ○ *Modelling study (Wednesdays)* ○ *Not discussed* **b) RKI-internal** ○ *Not discussed*	*All*
7	**Documents** *Suggestions for test criteria SuS (document here)* ○ *Background: Letter from Prof. Exner and two organisations to Mr Wieler on the current formulation of the test strategy for pupils (SuS)* ○ *Simplification if the entire class is declared KP1 and sent into quarantine to prevent the entire school from being affected* ○ *Prof Exner's suggestion very differentiated: if aired → Affected person and direct neighbours KP1, rest of the Class KP2 Reformulation proposal* *UB:* ○ *Involvement of health authorities (risk assessment), "relevant exposure" more realistic, further criteria (wearing a mask, distance, ventilation, etc.) can be used for assessment* ○ *Note: This document must be used with the document "Contact person management", as these must be considered in conjunction with each other* ○ *For masks: Change wording, delete "duration" and "continuity" if necessary* ○ *Experience has shown that RKI recommendations are also important in court*	*FG36 (Buda)*
8	**Vaccination update (Fridays only)** ○ *Not discussed*	*FG33*

9	**Laboratory diagnostics** ○ *Influenza / Virological Surveillance (slides here)* ○ *Samples* ▪ *No significant changes this week* ▪ *Samples received at a constant level since the beginning of the year: caused by the acquisition of 30 additional medical practices* ▪ *Submission rates are otherwise based on ARE* ○ *Virus circulation* ▪ *Rhinovirus detection at approx. 10 %, SARS-CoV-2 approx. 6 %, low detection of parainfluenza 3 (more recently slight background activity), no detection of influenza in the sentinel, seasonal corona viruses: slight circulation* ○ *Sequencing* ▪ *n = 75 sequenced and analysed, of which 11 (15 %) B.1.1.7 and 1 (1 %) B.1.351* ▪ *Increasing trend of B.1.1.7 (red)* ○ *Discussion:* ▪ *Seasonal behaviour not precisely clarified, processes require approx. 2 weeks lead time, significant improvement usually not expected until April* *To Do: Please bring forward the item "9. Laboratory diagnostics" in the agenda and minutes, if necessary after consultation, as it can be better integrated thematically (suggestion by Mrs Rexroth).*	*FG17/ZBS1 (Dürrwald)*
10	**Clinical management/discharge management** ○ *Transfer of 50-100 patients from the Czech Republic planned, current information on Friday (Cave: transfer must also be taken into account with regard to SPoCK)*	*IBBS (Schulz-Weihaas)*
11	**Measures to protect against infection** ○ *Not discussed*	*All*
12	○ *Distribution of AG (slide 6): AG of 15-34 year olds steep increase, but also in 35-59 year olds; opposite trend to overall incidence* ○ *Comparison with start of 2nd wave autumn 2020 (slide 7): AG distribution very similar* ○ *Discussion:* ▪ *Congruent picture of stagnation, but incidence of variants is increasing, especially in certain AGs → influence on overall incidence)* ▪ *No increase yet apparent in overall incidence, but clear signs that a loosening of the lockdown will be accompanied by a significant increase is to be expected* ▪ *Occupational medicine must be used for increased testing, should also be activated for vaccination* ▪ *Other countries with declining figures despite the existence of the B.1.1.7 - Possible explanatory approaches: Hypothesis that People here were symptomatic before the peak of virus excretion and thus had an effect on the spread, but rapid*	*FG32 (Kröger)*

	and drastic measures were crucial	
	Factor for success ▪ *Proposal for the presentation of incidences without VOC* ▪ *Caution with causality references, modelling should be used here* ▪ *The increase in VOCs will probably only become clearly visible at the beginning/mid-March, with increases in the event of easing.* *This must continue to be clearly communicated, also in view of the easing tendencies on the part of politicians* ▪ *In principle, the following applies: variants will dominate and, if travelling/mobility takes place, these will be spread* ▪ *Cave at considerations: Tyrol - South Africa variant → biologically different behaviour than B.1.1.7 is quite conceivable, should be taken into account* ▪ *Regional differences or anomalies can be observed (Moselle region, Saarland), especially in the presence of the South African variant, for which there is not yet sufficient evidence of high vaccine efficacy*	
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 *Participation of Mr Wieler in GMK - feedback requested on Friday* o *IT notification regarding restricted internet/telephone service on Saturday 27 February: Information will be passed on to the shift manager of the situation centre* o *Webex Conference, 13-14 (invitation by Christian Herzog) on Request for support from CZE - admission of 50-100 ITS patients*	*All* *Press (Wenchel)*

16	**Other topics** ○ *Next meeting: Friday, 26 February 2021, 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:	*26.02.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 2*
  - *FG24/Thomas Ziese*
  - *ZfKD/Maren Imhoff (minutes)*
- *Dept. 3*
  - *Osamah Hamouda*
- *FG16*
  - *Anton Aebischer*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG 34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Udo Buchholz*
  - *Anna Loenenbach*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus*
- *IBBS*
  - *Annegret Schneider*
  - *Michaela Niebank*
- *MF*
  - *Martina Fischer*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
  - *ZIG 1/Luisa Denkel*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** *(slides here)* • *Worldwide > 112 million cases, trend moving slightly upwards* • *Top 10 countries by number of new COVID-19 cases:* ○ *Top 3 in order unchanged since last week: US, BR, FR; new in Top 10: PL; no longer in Top 10: MX* ○ *7-day incidence (7TI) with decreasing trend in US, RU, UK, in other top 10 countries 7TI increasing, especially strong increase in CZ (7T cases +29% compared to previous week, current 7TI > 700/100,000), PL (7T cases +34% compared to previous week)* ○ *received at least 1 vaccine dose: UK 27 %, US 14 %* • *Map: 7TI worldwide per 100,000 inhabitants* ○ *increased compared to previous week in: DK, BE* ○ *relaxed compared to previous week in: PT, ES* • *acc. WHO Sitrep (23.02.2021) Proof of...* ○ *VOC 202012/01 (line B.1.1.7) in 101 countries,* ○ *VOC 501Y.V2 (line B1.351) in 51 countries,* ○ *VOC P1 (line B1.128.1) in 29 countries;* ○ *45 countries report community transmission of VOC 202012/01 (line B.1.1.7)* • *to be considered when categorising int. figures: Countries use different methods to detect variants Countries use different methods to detect variants and different reporting intervals. Reporting intervals* • *VOC B.1.1.7 widespread in neighbouring German countries (DK > 60 %, FR almost 50 %, BE > 30 %), VOC B.1.351 regionally with a high proportion (e.g. > 20 % in the Grand-Est region, FR, almost 40 % in Tyrol, AT)* • *new VOI/VOC:* ○ *B.1.1.7 + E484K: UK* ○ *B.1.525 + E484K: NG, UK, 13 other countries, e.g. DK* ○ *B.1.526 + E484K: New York, US* ○ *B.1.429: California, US, other US states and countries (e.g. AU)* **National** • *Dashboard: incorrect data update at ESRI last night, resulting in incorrect figures being displayed; dashboard temporarily inactive and with disclaimer; error has since been corrected* • *Case numbers, deaths, trend (slides here)* ○ *7TI rising slightly from previous plateau (lowest value around 15.02.), valuation difficult* ○ *SurvNet transmitted: 2,424,684 (+9,997), thereof 69,519 (+394) deaths, 7-day incidence 63 cases/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with one vaccination 3,759,906 (4.5%), with 2 vaccinations 1,956,085 (2.4%)* ○ *DIVI Intensive Care Register: 2,898 cases in treatment (-57)*	*ZIG1 (Luisa Denkel)* *FG32 (Michaela Diercke)*

	○ *from intensive care discharged from intensive care: +450, of which 27% deceased* ○ *7TI of the federal states by reporting date* ▪ *TH still with highest incidence, no BL with significant increase or decrease* ○ *Geographical distribution 7TI by LK* ▪ *161 LK < 50/100,000* ▪ *251 LK > 50/100,000* ▪ *particularly severely affected, 7TI > 170/100,000: e.g. SN (Vogtlandkreis), ST (Burgenlandkreis), TH (Schmalkalden-Meiningen, Hildburghausen, Saale-Orla district), BY: Upper Franconia (Wunsiedel, Hof, Kulmbach), Upper Palatinate (Tirschenreuth, Weiden, Neustadt)* ○ *VOC B.1.1.7 frequently detected e.g. in Flensburg, in the north and east of Bavaria (border region DK and CZ)* ○ *Age median* ▪ *Recently decreasing overall and for hospitalised persons, constant for deceased persons* ○ *Death rates in Germany* ▪ *Excess mortality declines to average level 2017-2020*	
	Outbreak investigation in the Bergstrasse district *(slides here)* • *Administrative assistance request for outbreak incidents with B.1.1.7 notice in 3 daycare centres; team on site 15-18 February 2021* • *Outbreaks in day-care centres 1 and 2 each traced back to 2 primary cases among carers; day-care centres with strict hygiene concepts/coordination, nevertheless: high attack rates (day-care centre 1: 25-69%, day-care centre 2: 14-43%) among carers and children; high secondary attack rate also among children (29% in households); people who would have been classified as KP2 were also infected; role of aerosols?* • *B.1.1.7 appears to increase median outbreak size* • *Publication planned, possibly Eurosurveillance Rapid Communications*	*FG36 (Anna Loenenbach, Udo Buchholz), FG38 (Inessa Markus)*
	Situation report GA LK Leer *(e-mail from NLGA here)* • *Incidence increase in Leer district from approx. 60 to 100 within one week; B.1.1.7 share is estimated to be well > 50 %* • *Here, too, people who would otherwise be considered KP2 (very short stay in the same room, use of masks) were infected; positive detections in KP sometimes earlier, sometimes later than usual (day 13) - consequences for de-isolation criteria?* • *Ct value significantly lower than in wild type (up to 6), even with retesting after 14 days still high proportion clearly positive (Ct values in the infectious range)*	*FG38 (Ute Rexroth)*

	Discussion of the outbreak and situation report: *How well were hygiene concepts actually implemented in the daycare centres? - Joint meetings of the educators took place in the meeting room, but did not explain the cases in the daycare centres.*	
	children. / What are the consequences for the ControlCovid step-by-step plan with regard to daycare centre openings? - Attack rates for B.1.1.7 higher overall (not just for children). - For the time being, no adjustment of the step-by-step plan, wait for publication, it is time for a corresponding decision. *too early.*	
2	**International (Fridays only)** • *Preparation support mission Montenegro* • *Further mission planned in Erbil, Iraq* • *via GHPP (Global Health Protection Programme, BMG). > 100 samples from Namibia sent to DE for sequencing; involved: Research Centre Borstel (FZB), RKI; further requests of a similar nature are ongoing* o *Question: why are the samples not sequenced at the NICD? - unknown, NICD may be overloaded*	*ZIG1 (Johanna Hanefeld)*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** *(document here)* • *Updated assessment presented on 24 February; change compared to previous version: above all, stronger reference to the distribution of VOCs in DE, in particular B.1.1.7;* o *no objections have been or will be raised; final version with adaptation to VOC will be sent to webmaster via LZ*	*FG36 (Silke Buda)/ all*
5	**Communication** **BZgA** • *No contribution* **Press** • *In the event of errors in the dashboard, please inform the press office and webmaster as well as the head office and ZV5* **P1** • *not present*	*BZgA (Oliver Ommen)* *Press office (Ronja Wenchel)*

	Situation centre • *Management report: in view of waning interest (lack of feedback and new registrations), discontinuation is being considered; resources are to be conserved; data still available via ECDC* o *Discussion: consider shortening instead of discontinuing, English report helpful for communication with international press, international partners, EU, WHO; further option: weekly instead of daily report, possibly also as a target for the German situation report; possible first step: waiver of preparation on WE* o *TODO: Determine the download figures for the English management report; review the options discussed; resubmit the topic next week*	*Viviane Bremer*
6	**RKI Strategy Questions** • *Not discussed*	
7	**Documents** • *see 10, Discharge management*	
8	**Vaccination update (Fridays only)** *(slides here)* • *approx. 8 million vaccine doses delivered in Germany so far; 70 million doses announced for Q2, 120 million for Q3; vaccinations in nursing homes to be completed by March; "high" vaccination rates not expected to be achieved before summer 2021, taking into account age-specific vaccination acceptance and without a "vaccination backlog"* • *COVIMO: Survey conducted by Usuma GmbH in several waves; willingness to vaccinate is high and increases with age; approx. 12% undecided, approx. 4% vaccination refusers; there may still be a need for communication with younger age groups; side effects after vaccination were reported by approx. 52% and rated as acceptable* • *Intensified surveillance to detect vaccination breakthroughs at the RKI: weekly screening by SurvNet, feedback to state authorities and GA in the event of symptomatic vaccination breakthroughs (> 14 days after 2nd vaccination). Vaccination breakthrough (> 14 days after 2nd vaccination), subsequent request for typing and additional data collection by the GA;* o *SurvNet: As of 25/02/21, 331 cases have received the 2nd vaccination > 14 days ago (3.5%), of which 254 are symptom-free, 11 have a moderate to severe course, VOC was detected in 13; in vaccinated cases, the proportion of those with only 1 vaccination is significantly higher than the proportion of those with 2 vaccinations* o *Can we speak of a vaccine breakthrough if the course of the disease is asymptomatic?* • *Studies from the UK and Israel confirm high effectiveness of BioNTech and AZ with regard to protection against infection, COVID-19 and severe courses; unpublished studies confirm the results; still no / little data on duration of protection or effect of VOC on efficacy*	*FG33 (Wichmann)*

9	**Laboratory diagnostics** • **FG 17** ○ *A total of 576 samples were analysed, of which* ▪ *38 samples SARS-CoV-2 positive (positive rate 7%)* ▪ *60 samples rhinovirus-positive* ▪ *3 Parainfluenza virus-positive* ▪ *14 positive for seasonal coronavirus (NL-63)* ▪ *Berlin laboratory: first influenza detection this season (travellers returning from Tanzania); sample material arrived; characterisation started* • **ZBS1** ○ *XX submissions for SARS-CoV-2 testing, of which XX positive (21%)* ○ *N501Y pre-screening of SARS-CoV-2-pos. Samples: approx. 40 % show mutation; samples mainly sent via Berlin health authorities, in some cases multiple samples from one person*	*FG17 (Oh)* *ZBS1 (Janine Michel)*
10	**Clinical management/discharge management** • *Adaptation of discharge management criteria (document here): for V. a. or detection of VOC 14-day isolation and testing before de-isolation (PCR or antigen test) recommended; adaptation decided; new version will be put online today, additional tweet to raise awareness*	*IBBS (Annegret Schneider, Michaela Niebank)*
11	**Measures to protect against infection** • *Not discussed*	*FG14 not present*
12	**Surveillance** **IMS/DESH** • *approx. 14,000 sequences in total, well below 5 % coverage limit, and rising* • *Linking/matching of sequence and notification case still problematic*	*FG36 (Stefan Kröger)*
13	**Transport and border crossing points (Fridays only)** • *No contribution*	*FG38 (Maria an der Heiden)*
14	**Information from the situation centre (Fridays only)** • *No contribution*	*FG38/all*
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 01.03.2021, 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:	*01.03.2021, 13:00 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept. 2*
  - *FG24/Thomas Ziese*
  - *Patrick Schmich*
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  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Inessa Markus (protocol)*
- *IBBS*
  - *Michaela Niebank*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
  - *Claudia Schulz-Weidhaas*
- *ZIG*
  - *Johanna Hanefeld*
  - *Regina Singer*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,447,068 (4,732), of which 70,105 (+60) deaths, 7-day incidence 66 cases/100,000 p.e. Small increase compared to previous week, more counties with higher 7-day incidences (7TI)* o *Vaccination monitoring: Vaccinated with one vaccination 4,079,107 (4.9%), with 2 vaccinations 2,095,255 (2.5%)* o *DIVI intensive care register: 2,869 cases in treatment (+29), stable overall* o *7TI of the federal states by reporting date Curve difficult to judge, a plateau in all BLs* o *Geographical distribution of 7TI by LK: 262 LK > 50/100,000 LK in the east, BY and on the border with the Czech Republic are particularly badly affected. LK 7TI > 170/100,000 no major change compared to last week, affected LK have high incidences, in some cases for weeks* o *7-day incidence by age group and reporting week One day of week 8 is missing. In CW8 7TI in group 80Y is lower than in group 15-34Y and 35-39Y. Increase in group 0-4Y and 5-14Y. The figures will be available tomorrow.* o *Geographical distribution of 7-day incidence by age group Nationwide very high 7TI in 20-29Y and 30-39Y. Infection incidence is nationwide in these age groups.* **Corona-KiTa study (only on Mondays)** • *Slides here* o *Figures are at a low level and are falling for all AGs, but no consistent trend* o *Incidence and proportion by age group: increasing in lower age groups (especially 0-5 years). The diagram on the right shows the ratio between the AL groups. In the 0-5 age group:104,000 ARE (2,200/100,000), of which 25% with visits to the doctor (around 26,000 children). Figures depend on who is perceived and tested in the healthcare system.* o *Outbreaks in daycare centre (see last week)* o *54 new outbreaks; since Dec/2020 61 daycare centre outbreaks with at least 1 case with suspected VOC, of which 59 with B.1.1.7 and 2 with B.1.351;* o *A B.1.351 outbreak is the largest daycare centre outbreak to date with 73 cases so far, with 45 cases suspected of B.1.351 (BW, LK Rastatt)* o *In week 7/8 there were 12 outbreaks with >=10 cases +54* o *Outbreak size: trend from last week (increase in median number of cases) has not continued, outbreak size (median) 4*	*ZIG1* *FG32 (M. Diercke)* *FG36 (S. Buda)*

	Cases ○ *No new developments in schools yet* *The RKI can only reject orders and enquiries from the BMG to a limited extent. The management pays attention to the workload.* *External influence on scientific data and results is not acceptable.* *External influence on scientific data and results is not acceptable and in the event of such attempts the management should be contacted immediately and bilaterally to obtain clarification.*	*IL (L. Wieler)*
2	**International (Fridays only)**	*ZIG*
3	**Update digital projects (Mondays only)** • *DEA website was attacked on the weekend, paralysing the site. The damage (data outflow) is currently being assessed and an information page for citizens is being created. There have been various press enquiries about this. The CWA is also concerned about possible attacks.* • *The major CWA user survey will be launched on 1 March 2021. The first results may be presented as early as next week* • *There is a lot of excitement and public discussion about possible links between the various digital tools (with GAs, mapping tools, links with DEMIS). The pressure is high and interfaces are needed.* • *Effectiveness of the CWA depends on distribution: approx. 30% of the population use the CWA. Connection/use of other end devices (fitness bracelets) would ensure greater reach. There have been meetings with specific professional groups who are allowed to use small smartphones. The CWA system can only be connected with difficulty as there is no central server available. Integration is difficult/impossible.* • *There are numerous pure offers that need to be assessed individually. The individual assessment is hardly feasible for the team and there is currently no specific order for this.* • *DEMIS is stable and there was a meeting with the BMG last week. An attack is also feared here. It is becoming increasingly difficult/demanding to carry out authentication for the connection (test centres).* •	*Abt2 (P. Schmich)* *FG32 (M. Diercke)*
4	**Current risk assessment** ○ *Not discussed*	
5	**Communication** **BZgA** • *No news* **Press**	*BZgA (Oliver Ommen)*

	• *No news* **P1** • *Twitter and Instagram: Vaccination progress set in consultation with FG33 and shared every week.* • *A summary and a graphic are being drawn up to illustrate the VOC situation in an understandable way. Publication is planned for Wednesday, with an update every two weeks from then on.* **Situation centre: Management report** • *Retrievals in relation to the German management report: 1:10* • *Press office and ABT3 can do without English report.* • *Management agrees to the posting of the English management report. LZ at the BMG is informed that the English version will be discontinued from Wed/Thu. The English version was produced on the RKI's own initiative. Not commissioned by the BMG.* • *An announcement is to be included in the management report as of today.* *TODO: LC Announcement in the English management report; LC at the BMG to inform about the hiring.*	*Press office (Ronja Wenchel)* *P (M. Jenny)* *VPresident/all*
6	**RKI Strategy Questions** • *Following the presentation of ZIG2 on the evidence of re-infections and infections of vaccinated persons as well as the approach of other countries (Israel), EU plans for vaccination cards, the RKI recommendation on quarantine of vaccinated and recovered persons should be adapted in future. This will require coordination with the BMG, as the quarantine ordinance may need to be adapted.* • *The evidence on sterile immunity has not changed. Vaccination can relieve the burden on the healthcare system and reduce severe cases earlier than interrupting chains of infection.* • *As the discussion on the vaccination card will come up in 3 months at the latest with the introduction of the EU version, it would be good to have a clear opinion beforehand. A realistic vaccination target should be developed, taking into account estimates and modelling, experience with influenza and basic immunity.* *On 15 March 2021, there will be an exchange with the UK from FG33 and ZIG on this topic. The invitation can be shared with the crisis unit. FG36 will participate.* *TODO: FF FG36 (after internal consultation) in cooperation with FG33 prepares a draft based on the Control Covid paper as a basis for discussion by next week [ID 3026]*	*VPräs/all*
7	**Documents** • *Not discussed*	

8	**Vaccination update (Fridays only)** •	*FG33*
9	**Laboratory diagnostics** • **FG 17** ○ *No new figures* ○ *Online meeting with SSI, AGIS on VOC: In Denmark, the proportion of VOC B1525 ? presumably under pressure from B.1.1.7 (share 65%).* ○ *In Tyrol/Austria, the share of B.1.351 decreases, share B.1.1.7 increases. The current measures will be maintained.* ○ *The behaviour of VOCs in relation to each other depends on the context. In Germany, the share of B.1.1.7 is 30%, there is a clear gradient to our own neighbouring countries and border measures (Czech Republic) help to gain time to adapt measures and test strategy.* ○ *The next VOC report will be published on Wednesday afternoon, depending on the receipt of data.* • **ZBS1** ○ *1002 submissions for SARS-CoV-2 testing, 230 of which were positive (23%)* • **Introduction of rapid tests for the general public and testing strategy** ○ *test strategy has been intensively recognised since its publication in EpiBull. As part of the scienti. Monitoring of the BeFast ?project (telephone conversation with Mrs Schiedhauer/Mr Fischer), the additional benefit of rapid tests is being discussed. There have been positive experiences to date (published). There are already concepts and applications in certain groups (schools, companies, students). The next possible groups would be groups in private life (choirs, sports clubs). This is already being considered and there is an exchange of ideas.* ○ *T. Eckmanns and M. Diercke are in WP Coordination, so please send feedback on activities to them.* ○ *The Chancellery (Mr Braun) is endeavouring to implement a two-armed testing strategy. On the one hand, every citizen should be able to test themselves at least 1-2 times a week (rapid test) and on the other hand, access to certain facilities and events should be made possible through testing (rapid test). On the other hand, access to certain facilities and events should be made possible through testing (rapid test). This would mean more than 100 million tests per week and would raise many questions (how confirmation should take place in practice).* ○ *The BMG has no information on plans for this approach at working level.* ○ *This approach would change the incidence rates, as we*	*FG17 (T. Wolff)* *ZBS1 (J. Michel)* *VPresident/all*

		currently assume underreporting and the current Limit values would therefore be invalid. It would distort the current testing strategy. The situation could no longer be	

	be assessed. This seems to be clear at specialist level in the BMG. ○ *There is a tendency for rapid tests at events to be used as the "door opener" test. Results from BeFast are still rare.* ○ *The widespread introduction of rapid tests could be crucial for surveillance. Observation of some regions as a "model region" in order to draw conclusions at national level is viewed critically. As the development depends on numerous local factors (vaccination, measures, compliance, local interests, etc.). Example of fluctuating reduction in incidence by region and large differences in neighbouring regions.* ○ *This approach was tried for years for influenza and syndromic surveillance was established for this purpose. The system cannot be used regionally.* ○ *The total number of tests and the proportion of negative tests need to be recorded.* ○ *Existing surveillance systems are considered to be robust and underreporting is not considered to be significant. Developments should be awaited and the differences are not expected to be significant. Rapid tests will not become established as a comprehensive preventive measure. This could possibly change with the introduction of other test models (gargling etc.). Rapid tests are already used daily in APH and hospitals and the existing systems are able to map the situation.* ○ *If the situation can no longer be assessed, a disclaimer will be published. This is currently not considered necessary.*	
10	**Clinical management/discharge management** ○ *Update: Unofficial enquiry from the Czech Republic about the transfer of 100 patients from the Czech Republic to Germany. Official enquiry via EWRS still pending.* ○ *EWRS request to take over 10 patients from Slovakia: Only 50% of patient data transferred so far. NRW can accept the patients. Further details will follow on Wednesday.* ○ *Discharge criteria have been on the website since Friday and will be shared via AGI distribution lists if not already done.*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	*FG14*
12	**Surveillance** • *No news*	*FG32*
13	**Transport and border crossing points (Fridays only)**	

	• *Not discussed*	*FG38*
14	**Information from the situation centre (Fridays only)** • *S. English Management Report*	*FG38*
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 03.03.2021, 11:00 a.m., via Webex*	

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

Results protocol

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*01.03.2021, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept.1*
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  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,447,068 (4,732), of which 70,105 (+60) deaths, 7-day incidence 66 cases/100,000 p.e. Small increase compared to previous week, more counties with higher 7-day incidences (7TI)* o *Vaccination monitoring: Vaccinated with one vaccination 4,079,107 (4.9%), with 2 vaccinations 2,095,255 (2.5%)* o *DIVI intensive care register: 2,869 cases in treatment (+29), stable overall* o *7TI of the federal states by reporting date Curve difficult to judge, a plateau in all BLs* o *Geographical distribution of 7TI by LK: 262 LK > 50/100,000 LK in the east, BY and on the border with the Czech Republic are particularly badly affected. LK 7TI > 170/100,000 no major change compared to last week, affected LK have high incidences, in some cases for weeks* o *7-day incidence by age group and reporting week One day of week 8 is missing. In CW8 7TI in group 80Y is lower than in group 15-34Y and 35-39Y. Increase in group 0-4Y and 5-14Y. The figures will be available tomorrow.* o *Geographical distribution of 7-day incidence by age group Nationwide very high 7TI in 20-29Y and 30-39Y. Infection incidence is nationwide in these age groups.* **Corona-KiTa study (only on Mondays)** • *Slides here* o *Figures are at a low level and are falling for all AGs, but no consistent trend* o *Incidence and proportion by age group: increasing in lower age groups (especially 0-5 years). The diagram on the right shows the ratio between the AL groups. In the 0-5 age group:104,000 ARE (2,200/100,000), of which 25% with visits to the doctor (around 26,000 children). Figures depend on who is perceived and tested in the healthcare system.* o *Outbreaks in daycare centre (see last week)* o *54 new outbreaks; since Dec/2020 61 daycare centre outbreaks with at least 1 case with suspected VOC, of which 59 with B.1.1.7 and 2 with B.1.351;* o *A B.1.351 outbreak is the largest daycare centre outbreak to date with 73 cases so far, with 45 cases suspected of B.1.351 (BW, LK Rastatt)* o *In week 7/8 there were 12 outbreaks with >=10 cases +54* o *Outbreak size: trend from last week (increase in median number of cases) has not continued, outbreak size (median) 4*	*ZIG1* *FG32 (M. Diercke)* *FG36 (S. Buda)*

	Cases ○ *No new developments in schools yet* *The RKI can only reject orders and enquiries from the BMG to a limited extent. The management pays attention to the workload.* *External influence on scientific data and results is not acceptable.* *External influence on scientific data and results is not acceptable and in the event of such attempts the management should be contacted immediately and bilaterally to obtain clarification.*	*IL (L. Wieler)*
2	**International (Fridays only)**	*ZIG*
3	**Update digital projects (Mondays only)** • *DEA website was attacked on the weekend, paralysing the site. The damage (data outflow) is currently being assessed and an information page for citizens is being created. There have been various press enquiries about this. The CWA is also concerned about possible attacks.* • *The CWA's major user survey will be launched on 1 March 2021. Initial results may be presented as early as next week* • *There is a lot of excitement and public discussion about possible links between the various digital tools (with GAs, mapping tools, links with DEMIS). The pressure is high and interfaces are needed.* • *Effectiveness of the CWA depends on distribution: approx. 30% of the population use the CWA. Connection/use of other end devices (fitness bracelets) would ensure greater reach. There have been meetings with specific professional groups who are allowed to use small smartphones. The CWA system could only be connected with difficulty as there is no central server available. Integration is difficult/impossible.* • *There are numerous pure offers that need to be assessed individually. Individual assessment is hardly feasible for the team and there is currently no specific mandate for this.* • *DEMIS is stable and there was a meeting with the BMG last week. An attack is also feared here. It is becoming increasingly difficult/demanding to carry out authentication for the connection (test centres).* •	*Abt2 (P. Schmich)* *FG32 (M. Diercke)*
4	**Current risk assessment** ○ *Not discussed*	
5	**Communication** **BZgA** • *No contribution* **Press**	*BZgA (Oliver Ommen)*

	• *No contribution*	*Press office (Ronja Wenchel)*
	P1 • *Twitter and Instagram: Vaccination progress set in consultation with FG33 and shared every week.* • *A summary and a graphic are being drawn up to illustrate the VOC situation in an understandable way. Publication is planned for Wednesday, with an update every two weeks from then on.*	*P (M. Jenny)*
	Situation centre: Management report • *Retrievals in relation to the German management report: 1:10* • *Press office and ABT3 can do without English report.* • *Management agrees to the posting of the English management report. LZ at the BMG is informed that the English version will be discontinued from Wed/Thu. The English version was produced on the RKI's own initiative. Not commissioned by the BMG.* • *An announcement is to be included in the management report as of today.* *TODO: LC Announcement in the English management report; LC at the BMG to inform about the hiring.*	*VPresident/all*
6	**RKI Strategy Questions** • *Following the presentation of ZIG2 on the evidence of re-infections and infections of vaccinated persons as well as the approach of other countries (Israel), EU plans for vaccination cards, the RKI recommendation on quarantine of vaccinated and recovered persons should be adapted in future. This will require coordination with the BMG, as the quarantine ordinance may need to be adapted.* • *The evidence on sterile immunity has not changed. Vaccination can relieve the burden on the healthcare system and reduce severe cases earlier than interrupting chains of infection.* • *As the discussion on the vaccination card will come up in 3 months at the latest with the introduction of the EU version, it would be good to have a clear opinion beforehand. A realistic vaccination target should be developed, taking into account estimates and modelling, experience with influenza and basic immunity.* *On 15 March 2021, there will be an exchange with the UK from FG33 and ZIG on this topic. The invitation can be shared with the crisis unit. FG36 will participate.* *TODO: FF FG36 (after internal consultation) in cooperation with FG33 prepares a draft based on the Control Covid paper as a basis for discussion by next week*	*VPresident/all*

7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** •	*FG33*
9	○ *Online meeting with SSI, AGIS on VOC: In Denmark, the proportion of VOC B1525 ? presumably under pressure from B.1.1.7 (share 65%).* ○ *In Tyrol/Austria, the share of B.1.351 decreases, share B.1.1/ increases. The current measures will be maintained.* ○ *The behaviour of VOVs among each other depends on the context. In Germany, the share of B.1.1.7 is 30%, there is a clear gradient to own neighbouring countries and border measures (Czech Republic) help to gain time to adapt measures and test strategy.* ○ *The next VOC report will be published on Wednesday afternoon, depending on the receipt of data.* • **ZBS1** ○ *1002 submissions for SARS-CoV-2 testing, 230 of which were positive (23%)* • **Introduction of rapid tests for the general public and testing strategy** ○ *test strategy has been intensively recognised since its publication in EpiBull. As part of the scienti. Monitoring of the BeFast ?project (telephone conversation with Mrs Schiedhauer/Mr Fischer), the additional benefit of rapid tests is being discussed. There have been positive experiences to date (published). There are already concepts and applications in certain groups (schools, companies, students). The next possible groups would be groups in private life (choirs, sports clubs). This is already being considered and there is an exchange of ideas.* ○ *T. Eckmanns and M. Diercke are in WP Coordination, so please send feedback on activities to them.* ○ *The Chancellery (Mr Braun) is endeavouring to implement a two-armed testing strategy. On the one hand, every citizen should be able to test themselves at least 1-2 times a week (rapid test) and on the other hand, access to certain facilities and events should be made possible through testing (rapid test). On the other hand, access to certain facilities and events should be made possible through testing (rapid test). This would mean more than 100 million tests per week and would raise many questions (how confirmation should take place in practice).* ○ *The BMG has no information on plans for this approach at working level.* ○ *This approach would change the incidences, as we currently assume underreporting and the current threshold values would therefore be invalid. It would*	*FG17 (T. Wolff)* *ZBS1 (J. Michel)* *VPresident/all*

		change the current *distort the test strategy. The situation could no longer be assessed. This seems to be clear at the technical level in the BMG.*	

	be. ○ *There is a tendency for rapid tests at events to be used as the "door opener" test. Results from BeFast are still rare.* ○ *The widespread introduction of rapid tests could be crucial for surveillance. Observation of some regions as a "model region" in order to draw conclusions at national level is viewed critically. As the development depends on numerous local factors (vaccination, measures, compliance, local interests, etc.). Example of fluctuating reduction in incidence by region and large differences in neighbouring regions.* ○ *This approach was tried for years for influenza and syndromic surveillance was established for this purpose. The system cannot be used regionally.* ○ *The total number of tests and the proportion of negative tests need to be recorded.* ○ *Existing surveillance systems are considered to be robust and underreporting is not considered to be significant. Developments should be awaited and the differences are not expected to be significant. Rapid tests will not become established as a comprehensive preventive measure. This could possibly change with the introduction of other test models (gargling etc.). Rapid tests are already used daily in APH and hospitals and the existing systems are able to map the situation.* ○ *If the situation can no longer be assessed, a disclaimer will be published. This is currently not considered necessary.*	
10	**Clinical management/discharge management** ○ *Update: Unofficial enquiry from the Czech Republic about the transfer of 100 patients from the Czech Republic to Germany. Official enquiry via EWRS still pending.* ○ *EWRS request to take over 10 patients from Slovakia: Only 50% of patient data transferred so far. NRW can accept the patients. Further details will follow on Wednesday.* ○ *Discharge criteria have been on the website since Friday and will be shared via AGI distribution lists if not already done.*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	*FG14*
12	**Surveillance** • *No news*	*FG32*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*

14	**Information from the situation centre (Fridays only)** • *No contribution*	*FG38*
15	**Important dates** • *Not discussed*	
16	**Other topics** • *Next meeting: Monday, 03.03.2021, 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:	*03.03.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  -
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Bettina Ruehe*
- *MF4*
  - *Martina Fischer*
- *P4*
  - *Susanne Gottwald*
  - *Dirk Brockmann*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
  - *Franziska Badenschier*
  - *Regina Singer*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *BMG*
  - *Iris Andernach*
- *MF4*
  - *Martina Fischer*
- *Minutes*
  - *Janet Frotscher, RKI*
-

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** o *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,460,030 (+9,019), of which 70,881 (+418) deaths, 7-day incidence 64/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with one vaccination 4,389,074 (5.3 %), with 2 vaccinations 2,215,504 (2.7 %)* o *DIVI Intensive Care Register: 2,854 cases in treatment (-15)* o *7-day incidence of the federal states by reporting date* ▪ *Consistent trend in all CCs* o *Geographical distribution of 7-day incidence and B.1.1.7 by LK, n=53,211 (COVID-19); n=8,573 (B.1.1.7)* ▪ *LK with high incidence: Bavaria, Thuringia, Saxony-Anhalt, southern Brandenburg* ▪ *LK with incidence of virus variant B.1.1.7: Northern Bavaria, Bavaria on the Czech border - very high incidences* o *Number of COVID-19 deaths by week of death* ▪ *Slight decline in the number of deaths* o *7-day incidence of COVID-19 cases by AG and MW:* ▪ *In week 8 7TI in group 80Y is lower than in group 15-34Y and 35-39 year olds* ▪ *Increase in the 0-4 and 5-14 age groups - an increase is recognisable here*	*FG32 (Diercke)*

	○ **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate (slide 1)* ▪ *Positive rate stagnates* ▪ *PCR tests increased slightly* ▪ *Number of transmitting laboratories: slight decrease* ○ *Capacity utilisation* ▪ *High and sufficient capacities available for PCR tests (slide 2)* ○ *Sample backlog (slide 3)* ▪ *Not discussed* ○ *AG-POCT in facilities, cumulative (slide 4)* ▪ *Proportion of antigen-positive patients not excessively high* ▪ *Further acquisition in progress (Corona test page, many umbrella organisations/carriers contacted, discussions with Test coordinators of the BCs to merge data from the countries' own surveys)* ○ *Breakdown by visitors, residents and staff (slide 5):* ▪ *Proportion of positive AG tests confirmed in the PCR varies, with visitors (1) the lowest, with residents (38) and staff (27) slightly higher* ▪ *The development of capacity utilisation must*	*Dept. 3 (Hamouda)*

RKI	*be observed* **Testing and positives in ARS** *(slides here)* o *Number of tests and percentage of positives* ▪ *Number of tests per 100,000 inhabitants by AG and KW:* ▪ *AG of the over 80s: Acceptance of the tests* ▪ *AG of 5-14 year olds and 35-59 year olds: stable testing* ▪ *AG of 0-4 year olds and 15-34 year olds Increase (must be monitored) (slide 3)* ▪ *More medical practices have increased test volumes, positive rate is no longer falling - dynamics have changed itself* o *VOC:* ▪ *Overview (data from 12 laboratories): Evidence of a B.1.1.7 - Further increase (slide 6)* ▪ *VOC (data from 12 laboratories) for individual BCs: high proportion in Bavaria and Baden-Württemberg of over 30% share, NRW slightly below 20% share (slide 7)* ▪ *Breakdown by AG: equal distribution, AG of 60-79 year olds and AG of > 80 year olds lower proportion* ▪ *By place of collection: high proportion of deletions in doctors' surgeries* o *Outbreaks in retirement homes: decline in outbreaks, downward trend continues (slide 10)* o *Outbreaks in hospitals: no decline in momentum, no relief in outbreaks (slide 11)* o **Syndromic surveillance (Wednesdays)** *(slides here)* o *FluWeb (slide 2)* ▪ *ARE rates stable, since week 36 values have been significantly below those of the previous season (effect of the Contact restrictions in population)* ▪ *Increase in the ARE rate in week 6 for children (especially the AG of 0-4-year-olds) and Adults (especially the 15-34/60+ age group)* o *ARE consultations (slide 3)* ▪ *Slight decline in doctor consultations* ▪ *Approx. 360,000 ARE doctor visits in the last week* ▪ *Regional differences: strong increase in Thuringia in AG of 0-4 year olds (from 1000 to 2000) visits to the doctor per 100,000 inhabitants)* ▪ *Saxony: continuous increase in the AG of 0-4 and 5-14 year olds for three weeks* o *ICOSARI-KH-Surveillance - SARI cases (J09-J22) (slides 4-6)* ▪ *SARI case numbers remain stable overall* ▪ *Very slight increase in AG 60-79 age group* ▪ *Slight decline in AG 35-59, 80+ year olds* ▪ *Overall, AG is significantly below the level of the previous seasons* ▪ *In the 80+ age group, still at the level of the Previous years (increased)*	*Pres* *FG37 (Eckmanns)* *FG36 (Buda)*

	▪ *In the age groups 0-4, 5-14 year olds as low as previously only in summer 2020* ▪ *COVID-19 case numbers in AG 35-39-year-olds have fallen again* o *Discussion: Dealing with request for data on COVID-19 (e.g. by FDP and others)* ▪ *Means of political debate* ▪ *Is there a fundamental need to answer here?* ▪ *Observance of the specified deadlines for answering (frequent feedback that individual questions or answers are not possible) aspects are not answered enough, then the deadline is even shorter)* ▪ *Examination of the extent to which detailed questions need to be answered by the RKI (clarification with BMG)* ▪ *Technical input should be limited to the minimum necessary (reference to already published data) -> all relevant data is answered in the daily management report* *ToDo: Request to management to check and clarify the general decree with the BMG*	*FG36 (Buda)* *Dept.3 (Hamouda)* *FG38 (Rexroth)*
	o **Virological surveillance, NRZ influenza data (Wednesdays)** *(slides here)* o *Over weeks 150 samples* o *200 more samples than at this time last year* o *Trend: slightly increasing to stagnating* o *Rhinoviruses dominate (slide 3)* o *Slight parainfluenza virus activity recognised* o *Outside the sentinel: returnees from Tanzania with virus-Subtype H3N2* o *IMS preparation of samples: sample receipts up to 823, sample processing highest proportion in 3rd calendar week 2021 (slide 3)* o *VOC B.1.351 only 1x (slide 5)* o *VOC B.1.1.7 clear trend of increase*	*Management* *FG17 (Dürrwald)*
	o **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* o *2,824 COVID-19 patients ITS (03/03/2021)* o *In most federal states, COVID-19 occupancy in ITS continues to decline (a decrease of 147 p compared to January 2021)* o *Observation: Number of patients treated with light respiratory therapy (high-flow, NIV) slightly increasing, while the number of patients treated with invasive respiratory therapy (NIV) slightly decreasing.*	*MF4 (Fischer)*

	ventilation and ECMO therapy has continued to decline	
	(Slide 1) ○ *Share of Covid-19 patients in the total number of intensive care beds: In 3 federal states, the proportion of COVID-19 patients in ICU beds is above 15% (~every 6th bed) and in 4 states below 10% (* 2 BL more last week)* ▪ *Share over 15%: Thuringia, Bremen, Berlin* ▪ *Share below 15%: Hamburg, Brandenburg* ▪ *Share below 10 %: Schleswig-Holstein, Baden-Württemberg* ○ *Stress situation in intensive care units (slide 3)* ▪ *Further stabilisation of the situation on ITS* ▪ *Staff shortage situation continues to improve in acute hospitals* ▪ *Slight decrease in the lack of space* ▪ *Free treatment capacity in high-care tends to increase again* ○ *SPoCK: Prognoses of COVID-19 patients requiring intensive care (slide 4)* ▪ *Slight decrease in capacity forecast* ○ *Regional* ▪ *Example Amberg, trend continues to rise, partly also with ITS increase forecast*	
2	**International** • *Discussion on KA 19/27115 Ways out of lockdown (ID 3028) (Slide here)* ○ *Questions 1 and 2: Treatment by step-by-step plan (documents are already available there)* ○ *Question 4: Reference to AHA+L regulations, language finding from Chapeau of the step-by-step plan* ○ *Question 8: Reference to vaccinations FG33, studies to test the follow-up of vaccinated people are underway, many vaccinated people are being tested* ○ *Question 9: no special regulation for vaccinated persons* ○ *Response via situation centre*	*ZIG (Hanefeld)* *FG38 (Rexroth)*
3	**Update digital projects (Mondays only)** ○ *Not discussed*	

4	**Current risk assessment** ○ *Not discussed*	
5	**Communication** **BZgA** ○ *Deepening the page Infektionsschutz.de* ○ *FAQ will be further developed* ○ *Draft of the planned advertising campaign is in progress* **Press** • *Public holiday 08 March 2021* ○ *Press mailbox is monitored* ○ *Webmaster: Availability as on weekends* ○ *On-call service will be set up (telephone numbers will be provided by Mrs Wenchel)*	*BZgA (Ebrahimzadeh-Wetter)* *Press (Wenchel)*
6	**RKI Strategy Questions** **a) General** ○ *Modelling study (Wednesdays)* ○ *Not discussed* **b) RKI-internal** ○ *Not discussed*	*All*
7	**Documents** ○ *Not discussed*	
8	**Vaccination update (Fridays only)** ○ *Not discussed*	
9	**Laboratory diagnostics** • *Performance of the Roche Ag rapid test at British VoC, Use of POCT after extended quarantine* ○ *Discrepancy in the use of antigen tests and PCR tests in clinics* ○ *Discrepancy occurred at values above 25 - the observation is more likely due to this* • *Gargle-based sampling?* ○ *Updates are taken into account in AGI*	*FG17/ZBS1* *Dept. 1 (Mielke)* *FG38 (Rexroth)* *Dept.1 (Mielke)*

10	**Clinical management/discharge management** ○ *Transfer of 10 patients from Slovakia - takeover by NRW (both countries are in bilateral exchange, no active role of the RKI in this process, but we are included in the information flow)* ○ *For the planned transfer of 50-100 patients from the Czech Republic, the mandatory formal EWRS request is expected - 1st TC with the 16 federal states has already taken place* ○ *High update frequency for therapy information (focus on monoclonal antibodies)*	*IBBS (Ruehe)*
11	**Measures to protect against infection** • *Departmental vote on further development of the ordinance on the right to vaccination against the SARS-CoV-2 coronavirus (ID 3033)* ○ *Please send comments on FG33 to BMG* ○ *Groups for vaccination prioritisation are being relaxed* ○ *No medical certificate required - individualised processing* ○ *Diagnosis code of the health insurance company - from which vaccination is loaded* ○ *Reporting obligations of doctors in private practice to patients Proposal to KV* ○ *Vaccination rate recording must be adjusted to maintain a nationwide overview* ○ *The necessary agreements are already being discussed*	*FG38 (Rexroth)* *Dept. 3 (Hamouda)*

12	**Surveillance** ○ *Corona-KiTa study (only on Mondays)* **Evaluation of the VOC** *(slides here)* ○ *New: Quick overview graphic* ○ *Key message: just under 50% for B1.1.7 - currently the predominant variant in Germany* ○ *The data and analyses available to date show that the proportion of VOC B.1.1.7 has increased significantly in recent weeks. A further increase in the proportion to over 50% of the virus variant B.1.1.7 is to be expected, as has already been reported from other European countries in recent weeks. This would make VOC B.1.1.7 the most common SARS-CoV-2 variant in Germany. This is worrying because, according to previous findings, B.1.1.7 is more contagious than other variants.* ○ *The illustrated proportions are taken from the analyses of t h e laboratory network survey. The number of available genome sequences is currently still low and may not be representative. Therefore, the distribution of the virus variants could deviate from the illustrated distributions. Variant B.1.1.7 is a cause for concern because it is more contagious than the comparative strain from 2020. Variant B.1.351 is a cause for concern because it may reduce the protection conferred by vaccination. (slide 1)* ○ *VOC: variant of concern* *Concept of PHE now clearly defined by the WHO. Strict definition criteria of only three variants (B.1.1.7, B.1.351, P.1) (slide 2)* *Discussion: Terminology - Wording at the RKI* ○ *VUI / VOI proposals for RKI wording (slide 3)* ○ *"Variant under observation" met with multiple approval*	*FG32 (Kröger)*
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** ○ *Not discussed*	*All*
16	**Other topics** ○ *Next meeting: Friday, 05.03.2021, 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:	*05.03.2021, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *AL2*
  - *Thomas Ziese*
- *AL3/dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Luisa Denkel*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Hendrik Wilking*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Walther Haas*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *P1*
  - *Ines Lein*
- *Press*
  - *Jamela Seedat*
- *ZBS1*
  - *Janine Michel*
  - *Claudia Schulz-Weidhaas*
- *ZIG1*
  - *Regina Singer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *Trend analysis international (slides here)* ○ *Worldwide 114.8 million cases, trend towards increase (+ 4.8%)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *New in the top 10: Turkey and Iran,* ▪ *Also taking part: USA, BRA, FRA, ITA, IND, CZE, RUS, POL* ▪ *No longer participating: UK and Indonesia* ▪ *Increase in the number of cases in most countries, Exceptions are USA and RUS, here slight decrease* ○ *7-day incidence worldwide per 100,000 inhabitants (map)* ▪ *Continued high figures in Europe and the USA, in Europe, especially CZE and EST, positive development in Portugal with now 60/100,000* ▪ *Upward trend in all continents except Africa* ▪ *In the Americas, mainly South America with BRA, CHL and PER affected* ▪ *In Africa, upward trend in LBY and BWA, slight improvement in Namibia* ○ *1st and 2nd vaccination dose* ▪ *USA 8.1%, no figures for Iran, around 10,000 doses of Sputnik V have been vaccinated there since 2/2021* ○ *Neighbouring countries Germany (source national data, WHO media, as of 04.03.2021)* ▪ *Front runner CZE > 500/100,000* ▪ *ITA and POL > 200/100,000* • *Measures in the UK and England* ○ *High incidence of infection with peak incidence > 600/100,000 in January, especially Northern Ireland and south-east Ireland* *Parts of the country, currently around 180/100,000* ○ *Tier system: 4 risk-dependent tiers, measures are taken by the regional governments in Northern Ireland, Scotland, Wales and England determined* ○ *Level 4: "You **must** stay at home" (Level 3: "You should stay at home"), various exceptions, e.g. school attendance, visits to the doctor, child (emergency) care and "social bubble" (= same contact group of 2 households, especially permitted for 1-person households)* ○ *Lockdown nationwide can be imposed, lockdown no. 3 has been in place since 4 January, easing planned from 8 March (initially educational institutions)* ○ *Comparison of measures in the UK and DEU*	*ZIG1* *R. Singer*

RKI	*Stringency index (nine response indicators incl. school closures, workplace closures, travel bans, source: Our World in Data) only slightly different between DEU (81.5) and UK (88),* *UK: more school closures and mobility restrictions,* *DEU: more internat. travel restrictions* ○ *Measures in UK, somewhat stricter (had higher incidence)* ○ *Incidence halving time doubled in the UK since 2/2021 (from 15 to 30 days)* ○ *Questions: Comparability? Different effects with different numbers of cases? Influence of other factors, e.g." lockdown fatigue"?* • *Discussion* ○ *Question: Is there reliable data on the mobility comparison between DEU and UK?* ○ *AW: There is data from Our World in Data, reliability cannot be judged with complete certainty, rather positive (university background?)* **National** • *Case numbers, incidences, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,482,522(+10,580), thereof 71,504 (2.8%) Deaths (+264), 7-day incidence 65/100,000 p.e.* ○ *ICU cases 2813 (-10)* ○ *Vaccinated N1 4,389,074 (5.3%, +146,773), N2 2,215,504 (2.7%, +52.581)* ○ *No major changes, 7-day incidence more or less unchanged, slightly fewer deaths, number of vaccinated patients rising steadily, number of patients in ICU treatment stagnating* ○ *7-day incidence of BL by reporting date* ▪ *Ambiguous, neither clear increases nor decreases in the BL, very difficult to assess or further analyse. Forecasting the course* ○ *7-day incidence - geographical distribution by county* ▪ *LK on the border with CZE particularly affected: TH, SA, southern BB* ▪ *Only 150 LK < 50/100,000* ▪ *Development of the 7-day incidence in the LK/SK: Both LK with an increase and LK with a decrease in the Incidence is distributed across all BLs* ○ *Number of deaths in Germany, weekly* ▪ *Excess mortality has decreased, here the decrease in incidence among > 80 year olds is noticeable* ○ *Hospitalisation and CFR - comparison of VOC and conventional variants (slides here)* ▪ *Comparison of B.1.1.7 (secured) with all others (VOCs may also be included here, but there is no Info about this)* ▪ *279 LK with a completeness of information of at least 85% were included*	*FG32 M. Diercke* *FG 38 Matthias an der Heiden*

RKI	▪ *Proportion of hospitalised people is higher across almost all age groups* ▪ *Exception: for infants and children equal or lower* ▪ *Mortality: Not significantly increased in the AG >60J and >80J (in 180 deaths with VOC to date)* ▪ *Data on higher hospitalisation rates are also available from DK and UK* • *Discussion* ○ *Prompt publication should be aimed for, among other things to confirm existing data* ○ *Distortions cannot be ruled out, but can ultimately never be ruled out in reporting data* ○ *Question: What picture emerges without regional data selection after completeness (evaluation of all available data)?* ○ *AW: There are two possible comparison groups* *i) Hospitalised with All (missing information is counted as not hospitalised) or* *ii) Hospitalised with non-hospitalised (information available)* *Option i) leads to similar results* *ToDo (observation by L. Wieler): Agreement on the best possible evaluation methodology, publication should be sought promptly to counteract accusations of slowness and, among other things, to show the positive aspects of the reporting system and reporting data*	*All* *S. Kröger, M. an der Heiden*
2	**International (Fridays only)** • *No contributions*	*ZIG*
3	**Update digital projects (Mondays only)** • *Monitoring the figures of the DIVI register* ○ *DIVI figures should be monitored more closely in the context of the national situation* ○ *So far daily in the situation report, only Wednesday in the crisis team* ○ *Important indicator in the current sideways movement in incidence development* *ToDo: Mrs Fischer should be instructed to inform the crisis team at any time in the event of anomalies*	*FG 36* *W. Haas* *Fisherman*
4	**Current risk assessment** • *No need for change*	
5	**Communication** **BZgA**	

RKI	• *No participation in today's meeting* **Press** • *Changes in the publications* ○ *Non-critical changes have already been implemented* ○ *Subpages on hygiene and school are still under discussion* *ToDo: Preliminary discussion of the changes), then presentation to the crisis team* • *Note from W. Haas: Behind the topic of "testing", the important message "stay at home if you have symptoms", which is independent of test availability, fades into the background* ○ *Prominent placement possible?* ○ *Already being implemented* ○ *Note from L. Wieler: Test issue is too much in the foreground in the press* *ToDo: The topic should be actively included in coordination and discussion rounds (e.g. BzgA)* • *Please note: The first in a series of BGBlätter on the topic of COVID-19 has been published, with interesting publications on topics such as needs-based communication strategies; a further issue with contributions from the RKI is expected to be published in April*	*Press* *J. Seedat* *FG 36* *FG36 Haas/ all* *All*
6	**RKI Strategy Questions** **a) General** • *Question: Do yesterday's MPK decisions give rise to instructions for action for the RKI?* • *AW: Quarantine for travellers from virus variant areas has been increased to 14 days, this must be adapted in numerous documents* **b) RKI-internal** • *Not discussed*	*L. Schaade*
7	**Documents** • *Not discussed*	
8	**Vaccination update (Fridays only)** **No foils** • *Brief report by L. Schaade* ○ *The topics of the commenting procedure (presumably 09 March 2021) are a) Change in*	

	the age limit for	
	AstraZeneca vaccine (data basis from UK), b) utilisation of the maximum vaccination interval, but no off-label use, c) only 1 vaccine dose recommended after SARS-CoV-2 infection has occurred • STIKO meeting ○ Age limit for AstraZeneca vaccine will be raised, this was communicated in advance (before the commenting procedure) due to high pressure ○ Adaptation of the Vaccination Ordinance by the BMG must take into account the following changes: ▪ Change in the age limit ▪ Vaccination of nursery and school staff ▪ Extension of the vaccination campaign to doctors' surgeries ○ Question; To what extent is the documentation of the vaccination by Doctors' surgeries secured? ▪ Current status after telephone call KBV/BMG/J. Spahn: Aggregated data (3 age categories, no gender) are documented ToDo: Assessment of the effects of the limited documentation on possible data analyses on vaccine effects and AEs, comparison with or consideration of previously available data on administered vaccinations, comparison of the pros and cons → For the attention of L. Wieler	FG33 Wichmann O. Wichmann

9	**Laboratory diagnostics** **FG17** • *591 samples, 38 SARS-CoV-2 positive* *Human rhinoviruses 64* *Seasonal coronavirus (NL63) 18* *Parainfluenza type 3 3* *No evidence of influenza* **ZBS1** • *922 submissions, of which 251 SARS-CoV-2 positive* *375 samples tested for 501Y, detected in 194 (54%) of them* • *Question: How often does mutation 501Y occur without being part of a VOC? What is the predictive value of the detection of 501Y?* ○ *S. Michel: Until now, 501Y was only present in samples identified as B.1.1.7* ○ *D. Oh: In the influenza sentinel so far all samples with 501Y were also B.1.1.7 (except 3 samples from December with travel history South Africa)* ○ *S. Kröger: there were quite a few B.1.525 samples* *ToDo: S. Kröger please circulate internal report with the corresponding figures in*	*D. Oh* *ZBS1 Michel* *S. Kröger*
10	**Clinical management/discharge management** • *No new topics*	*A. Schulz-Weidhaas*

RKI	**Measures to protect against infection** • *Several documents are being discussed at HSC level, RKI has been asked for comments (documents here and here and here)* ○ *Harmonised approach to vaccination certificates* ▪ *Commentary by FG 33 not yet made* ○ *Certificate for convalescents* ▪ *No quarantine on entry or as KP I* ▪ *Planned in ISR, USA, IND, EST, among others,* ▪ *DEU, AUT and NLD are not planning any exemptions for recovered or vaccinated people* ○ *Definition Recovered* ▪ *RT-PCR negative > 20 days ago* ▪ *Positive PCR result > 20 and < 90 days old* ▪ *No medical certificate necessary* ▪ *Exceptions possible* • *Discussion* ○ *Question: Does the RKI's previous stance of not making any exceptions for vaccinated and recovered people still apply?* ○ *Note: FG 36 is currently working on a review request on this issue* ○ *High number of unreported cases, it is not technically justifiable and does not make sense to give an "opportunity sample" (those tested who can detect an infection) privileges over those who cannot or no longer (depending on AK-test and the period of time that has passed)* ○ *The vaccination certificate should enable the recording of vaccination effects, late effects etc., not be the basis for categories and privileges* ○ *WHO is not in favour of the certificates: lack of data, no counterfeit protection, ethical reasons (discrimination)* ○ *Question: Should the RKI get involved in the discussion on the definition of recovered patients despite rejecting the certificates?* ○ *Definition is considered positive due to the time limits (90 days) (the sterile immunity-conferring AK level is highest shortly after infection), a negative PCR would be preferable to a threshold value of 10E6 copies* ○ *Note: Data on Novavax have been published, secondary results show that people are also infected with VOC after having had SARS-CoV-2 infection as previously uninfected → Variants must be taken into account* ○ *There is disagreement as to whether a harmonised definition for DEU would be mandatory, but presumably the impact of the harmonised documents would be limited.*	*FG 38 M. an the heathen* *All*

	limited ○ RKI cannot give a general negative response to a work order ○ Draft should be answered in two parts: Concerns and objections regarding the certificates should be expressed, the definition of recovered persons should be commented on ToDo: M. an der Heiden will discuss the commentary on the vaccination certificate with FG 36 and comment on the definition of recovered persons in accordance with the discussion ○ Question: How is the term "elimination" commented on? ○ Is not realisable in Europe, has already been extensively commented on by M. an der Heiden ○ Note: There is already a paper on the question of which end state is to be expected. Similar to the influenza situation: Balance of immunities and viral activity	M. an der Heiden L. Schaade
12	**Surveillance** • New: VOC analyses are presented in the management report every Friday	M. Diercke FG32
13	**Transport and border crossing points (Fridays only)** • Shortening the KoNa period after exposure in the aircraft from 28 to 14 days ○ Previously: CoNa for contact during air travel up to 28 days (2x incubation period), dates back to spring 2020 ○ The usual period for KoNa tracking is now 14 days; this is to be adjusted ○ No concerns are expressed • Can the recommendation to sequence all samples from KP that become cases be specifically communicated to the GÄ once again? ○ The "green light" is signalled for this	FG38 M. an der Heiden S. Kröger
14	**Information from the situation centre (Fridays only)** • There will be no crisis management meeting on Monday 8 March (public holiday in Berlin) • After consultation with the BMG, the English situation report will now be published weekly on Thursdays ○ Tentatively planned contents are - Syndromic surveillance - Demographic analysis - Vaccination monitoring ○ Proposal to be included in addition: - Geographical distribution - Time progression	U. Rexroth V. Bremer FG34

RKI	*- A "Changed/updated documents" section* o *The longer-term goal is to also publish the German management report on a weekly basis, thereby saving on manpower*	
15	**Important dates**	*All*
16	**Other topics** • *Next meeting: Wednesday, 10 March 2021, 11:00 a.m., via WebEx*	

End of meeting: 12:24 p.m.

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*10.03.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese (FG 24)*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 28*
  - *Katja Kjikhina*
  - *Claudia Hövener*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
  - *NN*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG 35*
  - *Hendrik Wilking*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *IBBS*
  - *Annegret Schneider*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
- *P4*
  - *Frank Schlosser*
  - *Susanne Gottwald*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Mrs Seefeld*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,518,591 (+9,146), of which 72,489 (+300) deaths, 7-day incidence 65/100,000 p.e.* o *Vaccination monitoring: Vaccinated with one vaccination 5,555,420 (6.7 %), with 2 vaccinations 2,605,818 (3.1 %)* o *DIVI Intensive Care Register: 2,785 cases in treatment (-80)* o *7-day incidence of the federal states by reporting date* ▪ *Some BL slightly increasing (BY, BW) others decreasing, some BL with plateau (e.g. SN)* ▪ *High values in TH but no further increase* o *Geographical distribution of 7-day incidence by county* ▪ *Very heterogeneous picture* ▪ *Repeated country trip with increase in 7-day inc. due to outbreaks* ▪ *at the border to CZE still high 7-day inc.* ▪ *RP and SH continue to have the lowest incidences* o *Number of COVID-19 deaths by week of death* ▪ *Low figures for several days* o *7-day incidence of COVID-19 cases by AG and MW (Heatmap)* ▪ *Significant decline in AG >90 and >80* ▪ *Lowest incidence among 60-80 year olds* ▪ *Plateau in the middle age groups* ▪ *Further increase in children* o *Number of concordant and discordant results of the Rapid antigen tests and PCR tests by reporting week (slide 7)* ▪ *Approximately 200 cases/week with positive antigen test and positive PCR confirmation* ▪ *No good coverage by the GÄ* ▪ *The extent to which the increase in antigen tests influences the number of cases cannot be determined from the reporting data.* *be answered satisfactorily* o *Disease severity variant B1.1.7 (slides here)* ▪ *Highest proportion of hospitalisations among cases with VOC exclusion* ▪ *The reason could be that the serious illness or hospitalisation was the reason for the sequencing* ▪ *In AG 35-59J, the proportion of hospitalised cases without VOC is low, but the number of cases here is low* ▪ *Percentage of case fatality among hospitalised cases in women in AG >80 with B.1.1.7 highest* ▪ *For a meaningful interpretation, the reason for the sequencing should be known*	*FG32 M. Diercke* *FG 34 M. an the heathen*

	○ *Discussion* ▪ *In any case, the dominant VOCs are the main cause of hospitalisations and deaths.* *back* ▪ *Question: The heat map shows for CW 31 and 32 that the increase began in AG 20-24 and then stabilised after* *above, does the current increase in the middle AG indicate that the infection rate is now predominant there?* ▪ *AW: The vaccination is making itself felt in the oldest AG, the middle AG are mobile and working* *(transmissions there), here not only vaccination but also screening tests are useful* ▪ *Testing in companies is already planned* ▪ *Note: Increasing trend in 7-day incidence in all AGs from 0-60 in week 9. The not* *institutionalised AG 60-80 is very careful and protects itself* ▪ *Heatmap indicates upcoming 3rd wave, how can RKI communication contribute to prevention?* ▪ *In addition to accelerating vaccination and testing, should a change in vaccination prioritisation be considered?* *become?* ▪ *The present modelling has shown that the current prioritisation is the most suitable* *is suitable for preventing fatalities* ▪ *Question: What incidences is the model based on, does this also apply to the current incidences?*	*All* *L. Wieler*
	• **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate (slide 1)* ▪ *Number has decreased insignificantly* ▪ *Positive rate increased slightly to 6.2* ○ *Capacity utilisation* ▪ *Capacities unchanged at 2.2 million* ▪ *Still only 50% capacity utilisation* ○ *Sample backlog* ▪ *Not worth mentioning* ○ *AG-POCT in facilities, cumulative (slides 5-7)* ▪ *Data quality moderate, incomplete, erroneous, therefore descriptive evaluation* ▪ *Proportion of reports from the various federal states: very different, no reports* *from BR, HE, SN, NW* ▪ *Reports by facility: around 75% from inpatient and outpatient care,* ▪ *Tests from 39 different manufacturers were specified (no comparison with the BfArM-* *list)* **Testing and positives in ARS** *(slides here)*	*Dept. 3* *O. Hamouda*

	○ *Number of tests and percentage of positives* ▪ *Confirmation of the figures from the test number recording* ○ *Proportion of positive tests by federal state* ▪ *Decrease in TH, increase in BW* ○ *Number of tests/100,000 p.e. by AG* ▪ *Continued decrease in the AG >80* ▪ *Increase in AG 0-4 and 5-14* ▪ *All other AG stable* ○ *Positive share according to AG and KW* ▪ *Acceptance in the AG >80* ▪ *Low decrease in AG 0-4* ▪ *Slight increase in AG 0-4 and 5-14* ○ *Acceptance location* ▪ *Increase in medical practices with a slight decrease in the proportion of positives* ○ *VOC* ▪ *Del H69/V70 (as an indication for B.1.1.7): No further increase (data from 12 laboratories)* ▪ *B.1.1.7 Overview (data from 12 laboratories): Inhomogeneous picture of rise, flattening, plateau* ▪ *B.1.1.7 in age groups (slide 10): Increase in AG 0-4 and 5-14, decrease in all other AGs* ○ *Breakouts* ▪ *Retirement homes: decline* ▪ *Hospitals: decline compared to week 8*	*FG37* *T. Eckmanns*
	Note: Please present a maximum of 6 slides	*L. Pity*
	○ *Discussion* ▪ *The proportion of VOCs in the test collection is 56%, in the sequencing (week 8: 8.7%) 42%:* *Flattening can be seen in all recording systems, increase slows down*	
	• **Syndromic surveillance (Wednesdays)** *(slides here)* ○ *FluWeb* ▪ *Values are still below those of previous seasons (since week 36)* ▪ *Steep increase in AG 0-4, increase also in AG 5-14* ○ *ARE consultations (slide 3)* ▪ *Slight increase in doctor consultations* ▪ *Approx. 408,000 ARE doctor visits last week* ▪ *Regional differences: in BW increase in all AG except >60, in SN steep increase in AG 0-4, in BB and TH Increase in schoolchildren, in SH increase in all AGs* ▪ *Opening of childcare and schools is making itself felt* ○ *ICOSARI-KH-Surveillance - SARI cases (J09-J22) (slides 4-6)* ▪ *SARI case numbers stable, slight decline in AG 60+* ▪ *Overall well below the level of previous seasons in all AGs, as there is no flu epidemic* ▪ *COVID-SARI cases (J09 - J22) until 8th calendar week 2021: AG*	*FG36* *S. Buda*

	35-59: stabilisation roughly at the level of the 1st wave, AG 60-79: possibly slight increase again, AG 80+ : continuous downward trend, AG 15-34: slight increase ▪ *Share of COVID-19 in SARI cases: 56% in week 8 (week 7: 50%)* o *T-day incidence and proportions by age group (slides??)* ▪ *Increase in all AG < 15J, in the KiTas is about the level of before Christmas, in the schools slightly below* ▪ *The number of outbreaks without V.a. VOC is constant* ▪ *The number of outbreaks with V.a. VOC is increasing* o *Discussion* ▪ *Proposal: Low-threshold communication of these trends in schools and daycare centres in the situation report* ▪ *Should also be discussed in the BPK* *ToDo: Inclusion in the management report* *ToDo: Topic on the speaking note for the BPK* • **Virological surveillance, NRZ influenza data (Wednesdays)** o **not discussed** • **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* o *2,732 COVID-19 patients ITS (03/03/2021)* o *Stagnation in some federal states, increase in some, decrease in others* o *Number with high-flow oxygen therapy or NIV is increasing, Number with invasive ventilation decreases* o *In HH, TH, HB, BE, the proportion of COVID-19 cases in ITS beds is > 15%, NS and MV are stagnating, SH and SL declining, BB increasing* o *COVID-19 occupancy in daily ITS occupancy: Proportion of total occupancy unchanged, proportion of invasive ventilated patients 50-60%, proportion of ECMO 70%* o *SPoCK: Prognoses of COVID-19 patients requiring intensive care (slide 4)* ▪ *Slight increase forecast again for the first time in all cloverleaves* ▪ *A closer look at the clusters reveals heterogeneous trends with predicted increases/decreases* o *Discussion* ▪ *Note: There are dramatic differences i n occupancy, with lower numbers in the western BC - possibly caused by the different number of beds available?* *ToDo: In addition to the percentage occupancy, please also include the absolute figures in the presentation*	*FG 36* *W. Haas* *L. Schaade* *Press situation report* *MF 4* *M. Fischer* *Management*

	▪ *Forecast has so far only been communicated to a large distribution list (steering committees etc.), should it be included in the management report?* ▪ *Every innovation raises expectations that you then have to continue to fulfil* ▪ *Note: DIVI publishes its own forecast, please do not confuse it with the SPoCK forecast, which the RKI develops with partners* ▪ *The levelling off of the decline and the increase in occupancy in some areas has already taken place and could also be communicated retrospectively* *ToDo: Firstly, two sentences on the forecast should be included in the DIVI section of the management report. Further details (figures and presentations) only after consultation (with BMG)*	*MF4* *M. Fischer* *L. Schaade* *V. Bremer* *M. Fischer*
2	**International** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *No topics* **Press** • *No topics* • *Questions: What is the status of the accompanying communication on free rapid tests and self-tests? RKI has contributed a graphic for the synopsis of PCR, rapid test and self-test* o *The BZgA's topic page has been updated* o *Ad placement is planned together with BMG* *ToDo: Mrs Seefeld is asked to circulate the current status of the accompanying communication*	*BZgA* *Seefeld* *Press* *R. Wenchel* *M. Degen* *Mrs Seefeld* *Fri Seefeld*

RKI	• *Presentation on communication on the topic of testing (slides here)* o *Objective: Reduce infections* o *Frequently mentioned objections* ▪ *A lot of the positives are false positives (yes, but most are true negatives)* ▪ *After a false positive test, no-one has any bad experiences with false positives: "Better to stay at home for two days unnecessarily than infect others.")* ▪ *Negative test results as a free pass (syst. reviews on risk compensation do not show this)* ▪ *Not everyone joins in (this is not necessary, or the demand is already very high)* ▪ *People cannot test themselves (studies show that this is possible)* ▪ *If the result is positive, support is needed (good communication can provide this)* o *Assumptions about the test reasons* ▪ *So as not to infect others* ▪ *To be able to participate in social life again* ▪ *To take an active role while waiting for vaccination* o *Suggestions for RKI communication* ▪ *Emphasise positive aspects of the tests* ▪ *What to do if the result is negative: AHA+L, snapshot* ▪ *What to do if the result is positive: stay at home, contact a doctor* ▪ *When to test: precise recommendations* ▪ *Request: Make use of the test offer and help by taking responsibility yourself. Acting to break chains of infection* o *Development of a narrative (slide 15)* o *Campaign ideas (slide 16)* o *It is an opportunity to offer people who no longer want bans and restrictions an active role in events* o *Discussion: please see general strategy*	*P1* *M. Jenny*
6	*iii) Systematic screening, the data basis for this is now available and should be compiled for the article* ▪ *Too little is said about false negative tests, although this is an important topic* ▪ *A distinction must be made between two concepts: Screening twice a week without cause and so-called "Free testing" for an event* ▪ *Designations have now become established here: "school test" (screening) and "door-opener test", was carried out at already taken into account in the BMG/BZgA information campaign* ▪ *Tests are used for self-diagnostics (exclusion of*	*All* *M. Mielke*

	COVID-19 for symptoms), it will be difficult to differentiate between diagnostics, self-diagnostics and screening ▪ *Important to communicate: In case of symptoms, self-isolation comes before the test* ▪ *It makes sense to accompany the test strategy with a differentiated communication strategy, All possible applications and restrictions should be presented and explained so that the design of the test offers is outsourced as little as possible to the private sector* ▪ *Important: What to do if the test result is positive* ▪ *RKI should take a stand and provide clarity through a few simple rules: For which groups and in which situations are indicated by which test (e.g. screening tests for families with school children and for businesses, additional door opening tests if required, etc.), this would be well received by the population* ▪ *Note from J. Seifried from the test coordination centre: Some federal states want to incorrectly use tests to rule out COVID-19 in symptomatic schoolchildren* o *Summary* ▪ *RKI should now make a clear statement on the sense and application of the testing strategy, including screening and Self-tests should be expressed, effect at population level should be presented and documented (sources), it should be pointed out that hygiene rules and contact restrictions are not invalidated by door-opening tests* ▪ *Up to now, most people have warned of the disadvantages of the tests, but now, on the basis of the the positive aspects/possibilities are emphasised in the data now available* *ToDo: M. Jenny is asked to feed the slides on communication regarding testing into the diagnostics working group* *ToDo: The aspects discussed should be presented in the 2nd EpiBul article, including positive application examples, screening without cause should also be addressed (sources from the USA and UK), lead: WG Diagnostics in cooperation with P4 M. Jenny and FG 36 (S. Buda, W. Haas: contribute scenarios and application examples) Goal: Clarity before scope* • *Communication on Easter (and other religious occasions) in relation to behavioural recommendations in different languages* o *Postponed to Friday*	*All* *L. Wieler, L. Schaade J. Hanefeld, W. Haas M. Mielke J. Seifried M. Jenny*

	b) RKI-internal • *Not discussed*	*L. Schaade* *M. Jenny* *AG-Diagnostics, FG 36* *W. Haas*
7	**Documents** • *Not discussed*	
8	▪ *Solution: STIKO recommends (data-based) that those who have recovered should only 1.x to vaccinate, therefore the Quarantine exemption rules are recommended for fully vaccinated and recovered people who have received a vaccine dose* ▪ *Regulations for healthcare staff and testing regime remain unchanged* *ToDo: This must be coordinated with BMG (due to implications such as*	*FG 33* *O. Wichmann*

	vaccination certificate). Therefore request to O. Wichmann	
	to report to BMG on quarantine recommendation for fully vaccinated and recovered persons with one vaccine dose ○ *Options for managing contact persons among critical infrastructure personnel in the event of staff shortages (draft here)* ▪ *Due to indications that the exemption rules were being exploited by some companies, a Tightening of the wording was requested by the BMG.* ▪ *Document is not discussed* *ToDo: Please circulate the document* ○ *Management of contact persons* ▪ *Enquiry: Should asymptomatic persons with a positive antigen test result only be tested for CoNa after PCR-confirmation?* ▪ *Antigen test should therefore be included in the CoNa document* ▪ *Suggestion: If the test result is positive, self-isolate and inform your own contacts, KoNa only after PCR confirmation* *ToDo: Proposed wording to be drafted and approved by the crisis team* ○ *Major differences in ICU admission* ▪ *Postponed*	*J. Hanefeld* *FG 33* *O. Wichmann*

		T. Eckmanns *T. Eckmanns*
		W. Haas *W. Haas*
9	**Laboratory diagnostics** • *FG 17* ○ *Rhinoviruses: increase* ○ *Seasonal coronavirus NL 63: increase* ○ *Opening of schools and daycare centres is noticeable here* • *ZBS 1* ○ *No contribution*	*FG17* *ZBS 1*
10	**Clinical management/discharge management** • *Socio-demographic factors for severe progression* ○ *Postponed*	*IBBS* *FG 38/FG 28*
11	**Measures to protect against infection** • *Not discussed*	*All*
12	**Surveillance** • *Corona-KiTa study (only on Mondays)* • *No topics*	*FG32*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*

14	**Information from the situation centre (Fridays only)** • *Vaccination of the field teams* ○ *Field teams should be assigned to prioritisation group 2* ○ *PEI employees have received a certificate stating that they belong to prioritisation group 2* ○ *A query list on the number of RKI employees concerned is already available* *ToDo: FG 38 (Mrs Metzger?) will obtain the relevant forms from the Berlin health authorities, which can then be issued by the institute administration*	*T. Eckmanns*
15	**Important dates** • *Note: Meeting G20 innovative Public Health Officers (PHOs) training laboratory (TN: K. Alpers)*	*All*
16	**Other topics** • *Next meeting: Friday, 12 March 2021, 11:00 a.m., via Webex*	

End of meeting 13:15

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

Results protocol
(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.03.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *./.*
- *Dept. 2*
  - *Thomas Ziese (FG 24)*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 28*
  - *./.*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Andreas Hicketier*
- *FG 35*
  - *Hendrik Wilking*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *./.*
- *P1*
  - *Ines Lein*
- *P4*
  - *./.*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Eva Krause*
- *ZIG1*
  - *Eugenia Romo Ventura*
  - *Franziska Badenschier (minutes)*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *Slides here* • *117,799,584 cases (+8.3% compared to the previous week)* • *2,615,018 deaths (2.2% CFR)* • *Top 10 countries by number of new cases - unchanged:* o *USA, BRA, FRA, ITA, IND, POL, TUR, CZE, RUS, IRN* o *IRN and DEU alternate in 10th place depending on the day* • *7TI per 100,000 p.e. (11/03/2021):* o *highest in countries in the Americas and Europe* • *WHO regions (WHO Epidemiological Update 09.03.3021)* o *7T incidence compared to previous week: upward trend in all WHO regions, especially Oceania* o *7T deaths compared to previous week: downward trend in all WHO regions except Oceania* • *VOC B.1.1.7:* o *in 105 countries;* o *of which 5 virus variant risk areas (VV-RG): IRL, POR, SVK, CZE, UK* • *VOC B.1.351:* o *in 58 countries;* o *of which VV-RK: Botswana, Eswatini, Lesotho, Malawi, Mozambique, Austria (Tyrol), Zambia, Zimbabwe, South Africa, Moselle in Grand Est (France);* o *under observation: Africa (e.g. Angola, Burundi, Ghana, Kenya, Namibia, Nigeria, Rwanda, Tanzania)* • *VOC P.1.:* o *in 32 countries, primarily in Europe and America;* o *VV-RG: BRA;* o *under observation: South America* • *Question: To what extent is there a correlation between states with Increase in the number of cases and occurrence of VOCs? - Answer: unclear, especially due to different sequencing activities.* • *Note: Health authorities are increasingly asking the RKI about the Dealing with VOCs and travellers. - Countries should discuss this with e.g. at AGI and/or GMK.* **National** • **Case numbers, deaths, trend** o *Slides here* o *SurvNet is transmitted:* ▪ *2,545,781 (+12,834), of which 73,062 (+252) deaths;* ▪ *7-day incidence 72/100,000 p.e.* o *Vaccination monitoring:* ▪ *Vaccinated with one vaccination 5,978,551 (7.2%),* ▪ *with 2 vaccinations 2,738,103 (3.3%)*	*ZIG1* *E. Romo-Ventura* *BMG* *FG32* *M. Diercke*

RKI	○ *DIVI Intensive Care Register:*	

	▪ *2,813 (-10) cases in treatment* o *7-day incidence of the federal states by reporting date* ▪ *Some BL increasing: TH, BY* ▪ *Stable: RP, SH* ▪ *Rising trend overall* o *Geographical distribution of 7-day incidence by county* ▪ *Very heterogeneous picture* ▪ *High incidence in districts on the border with the Czech Republic (SN, TH, BY)* o *Trends:* ▪ *No uniform picture* ▪ *Increase mainly in the south (BW, BY)* ▪ *Partial increase in one district and decrease in a neighbouring district* o *Number of COVID-19 deaths by week of death* ▪ *Is now below the average of previous years - Reference period: 2017-2020* ▪ *Possible reasons: probably effect of vaccinations for over 80s; Destatis has not corrected in previous years for* *Excess mortality due to seasonal influenza and COVID-19* *1st wave in spring 2020* ▪ *Question/discussion: To what extent is this also an effect because health authorities are not informed or are not informed?* *comply with reporting? Presentation in the situation report? - Comments: various systems in place and available in the management report, e.g. syndromic surveillance weekly; hospitalisation data also published; parameters with a delay of approx. 1 week. Proposal: Presentation in the situation report with a grey bar for the last week with reference to uncertainty and late reports. Decision: from next week, daily if possible.* *TO DO [communicated on 14.03.2021 from Situation Centre to Viviane Bremer, Michaela Diercke with request for consideration]:* *Include illustration of deaths by week of death in the management report, daily if possible.*	*L. Schaade, U. Rexroth et al.*
	• **Development of 7T incidence B.1.1.7 and non-B.1.1.7** o *Slide here* o *Where B.1.1.7 occurs: 7TI with exponential growth; where B.1.1.7. does not occur: 7TI declining* o *Both trends overlap. 7TI rising slightly overall, will rise more strongly in the coming weeks, even if it is not yet visible.* o *Good data situation; corresponds to what was predicted in Michael Meyer-Hermann's model.* o *Comment, agreement: RKI should make it clear to the outside world that the increase in case numbers is not due to more antigen tests, e.g. in the management report.* • **Test capacity and testing (Wednesdays)**	*FG 34 Matthias an der Heiden*

	○ *(not reported)* • **Syndromic surveillance (Wednesdays)** ○ *(not reported)* • **Virological surveillance, NRZ influenza data (Wednesdays)** ○ *(not reported)* • **DIVI Intensive Care Register figures (Wednesdays)** ○ *(not reported)*	
2	**International** • *Mission to Montenegro: 1st short mission before Easter for diagnostics in the north; 2nd larger mission probably in 3rd week of April, then possibly accompany vaccine introduction, involve Dept. 3 if necessary* • *Mission to Uzbekistan: together with IBBS with Charité; telemedicine in the context of COVID-19 case management* • *Western Balkans: Request for support with communication on vaccination; FG33 supports virtual counselling; actually Unicef active in communication on vaccination scepticism, but approached German embassies with the argument that Germany could create trust here.* • *Project on sequencing of SARS-CoV-2 in various countries. countries: Protocol in coordination with FLI and others.* • *GHPP - Corona Global: Ad hoc reviews implemented this week.* • *GHPP - Phase 1 and Phase 2: BMG has informally announced that Phase 2 will be postponed (start only in 2023, not 2022); tender in spring 2022. Phase 1 will be extended accordingly by 1 year (2022, "COVID extension").*	*ZIG* *J. Hanefeld*
3	**Update digital projects (Mondays only)** • *(not reported)*	
4	**Current risk assessment** • *Text in the management report is adjusted to Q1/2021 instead of Q4/2020 (document here)* • *Discussion: Adapt reference to 3rd wave and risk assessment now and communicate more clearly or wait until next week until trend becomes clearer? Need among population for relaxation, family visits at Easter etc. vs. already emerging 3rd wave; if communicate later, then political decisions even later - unfavourable situation and fear of damage. Decision: think through today and Mon. 15 March; adjust next week.* *TO DO [Note situation centre: Draft is already available - see e-mail of 13.03.2021, 17:40]:* *FG36 / W. Haas creates draft by Mon, 15.03.2021, 13:00.*	*U. Rexroth*
5	**Communication**	

	BZgA • *Social media - based on enquiries and comments 3 topics in focus and observed:* ○ *1. vaccination - side effects of vaccinations* ○ *2. vaccination - prioritisation, especially priority group 3* ○ *3. tests.* • *Advertorial* ○ *Coordination with O. Wichmann, among others* ○ *First in daily newspapers, then cross-media in print and digital, especially social media* ○ *Question: To what extent is staying at home with symptoms addressed? Answer: Not explicitly, but AHA in general.* **Press** • *Enquiry from dpa regarding illustration in the situation report (slide here): Asterisk with note that test criteria changed, in particular because now changed again, but no 2nd asterisk.* ○ *Proposal: Omit the asterisk in the figure and include a note in the management report in the body text. Decision: Approval.* • *Situation report - part on tests: Very long overall, but doesn't categorise much.* ○ *Suggestion: explain more instead of just quoting figures, in particular explain to what extent changed test criteria actually mean that figures are not comparable, and note on effect of antigen test. - Dept. 3: is already being revised. Decision: Adapt situation report, but EpidBull has priority.* *TO DO [Situation centre assumes that EpiBull article is in progress - no further request, MadH 14.03.2021]:* *Publish EpidBull next week; then (at the latest the week after next) adjust situation report.* **Risk communication** • *(not reported)* *Todo: Request from L. Schaade: P1 please always be present.* *[Situation centre reminded P1 on 14.03.2021, MadH]*	*BZgA* *M. Dietrich* *Press* *R. Wenchel* *P1*
6	○ *Proposal: further study with case and control recruitment by CWA* ▪ *FG35 made contact with FG21* ○ *Advantages: independent of ÖGD; fewer delays* ○ *CoMolo etc. not practicable (also in response to a request a few weeks ago in the crisis team* ○ *Case survey* ▪ *Warning CWA users should be directed to online questionnaire to be completed by themselves, 2 days after the warning* ▪ *Online questionnaire must be shorter (max. 15 min. instead of questions for up to 50 minutes of oral questioning);*	*FG36* *W. Haas* *BZgA* *M. Dietrich*

	therefore different versions depending on case categorisation, e.g. suspected vaccine breakthrough, medical personnel, after travel abroad; follow-up may also be possible, e.g. after 6 weeks ○ *Control survey of negative CWA users* ▪ *Database filling according to matching criteria - time-consuming* ▪ *Case-control ratio e.g. 1 to 4* ○ *challenges (e.g. good case-control ratio) and Opportunities - see slides* ○ *Next steps:* ▪ *1. check what is possible with CoMolo data* ▪ *2. CWA: check whether and how data collection can be integrated* ▪ *3. coordination with BMG* ▪ *4. resource planning.* ○ *Decision: good idea - go for it, if realisation with possible with manageable effort.* ○ *Question: When is the right time to submit the study to the BMG? Wish: Don't wait too long.* ○ *Question: To what extent is socially desirable behaviour provoked more than in oral surveys? Answer: Fear that people "with a guilty conscience" will not even take part in the survey; socially desirable answers cannot be ruled out during the course of the survey.* ○ *First analyses of CoViRis - preliminary results, are at most tendencies, treat confidentially:* ▪ *Many work and purchasing contacts are positively correlated* ▪ *Smoking is not associated* ▪ *Public transport has no influence* ▪ *Living conditions have no influence (astonishing)* ▪ *Results could be used as a benchmark for new study; support from Abt 3 necessary*	*FG35* *H. Wilking,* *FG21* *P. Schmich*
7	**Documents** • *Doc 1*	
8	○ *Slides here* ○ *Vaccination model developed, which takes into account in particular Contact behaviour, delivery quantities of the 3 vaccines, Vaccination capacities* ○ *Discussion with BMG at working level* ○ *wants to present model in more detail to the crisis team soon* ○ *CAVE: averaged figures* ○ *Currently around 250,000 vaccinations per day in vaccination centres; up to 600,000 in the future; from April an additional 700,000 vaccinations by GPs* ○ *Distribution of deaths at 30% opening according to BMG proposal after GMK - with and without B.1.1.7 (+25%)* ▪ *Scenarios: if easing on 15.03., 01.04.,*	*FG 33* *O. Wichmann*

	15.04., with and without B1117 ▪ *Rebound effects with B.1.1.7, if loosening too early; age stratification visible: rebound mainly with 40- to 69-year-olds (older people less affected due to vaccinations)* ○ *Question: Vaccinations for under-18s? Answer: Vaccination of 16- to 18-year-olds is expected from May, but vaccines for (even) younger age groups are not expected before autumn.* ○ *Notes: Relaxations are anticipated by the population - even what has not yet been decided is already being lived.* ○ *Question: Modelling also based on the goal of not overburdening the healthcare system, not just on the goal of preventing deaths? Particularly in view of the fact that more teachers are now being vaccinated and fewer older people. - Answer: Yes, 4 outcomes in the model; similar rebound effects and age groups.* ○ *Question: Also share with the public? Especially in view of the fact that external people also create modelling. Answer: Discussion initially within the RKI and at working level with the BMG; desire not to go public too early; on the one hand, interest in being used, which is also happening, as primarily intended for STIKO; on the other hand, decision by the management.* ▪ *L. Schaade: Yes, publicise it. "The curves have an impact on the public and politics."* ▪ *L. Wieler: best in EpidBull or on website; also in BPK with clear words "If..., then..."* ○ *Suggestions:* ▪ *from FG17: possibly also include increased case mortality in the model, see BMJ* ▪ *from FG36: also take share increase into account*	
	TO DO [FG33 reminded by e-mail, MadH 14.03.2021]: *@FG33: Presentation of the modelling next week in the crisis team.*	*FG 33* *O. Wichmann*
	• **STIKO update** ○ *Astra Zeneca: Remove age limit; recommend an interval of 12 weeks between the two doses* ○ *Vaccination of recovered persons: even if asymptomatic, 1 vaccine dose is sufficient.* ○ *RKI leaflet must be adapted accordingly - urgent*	
	TO DO [no memory, assume this has been done, MadH 14/03/2021]: *Send updated information sheets to countries today (Fri., 12.03.2021).*	*FG 33* *O. Wichmann*
	• **Thromboembolism after AstraZeneca vaccinations** ○ *Denmark has suspended vaccination programme for AstraZeneca, other countries have followed suit, at least for those affected*	

	Batch. ○ *PEI has already published a statement and press release (see here)* ○ *11 suspected cases in DEU, 3 of which died, mainly women affected. 11 cases per 1.2 million vaccinated people was to be expected; background incidence actually even higher than what is seen in vaccinated people. Under review.* ○ *The media also widely communicate that this is being done as a precautionary measure.* ○ *Remarks: possibly also consider blood group as a risk factor.* • **Discussion: tests, vaccinations, 3rd wave** ○ *L. Wieler: in BPK mainly questions about number of tests and vaccinations - not about 3rd wave. Request to counter this and find good language, e.g. paper on the significance of the tests. To be brought to BPK next week.* ○ *Notes:* ▪ *Online media report on 3rd wave; message safely received.* ▪ *Currently available reporting data: Less than 1% of PCR-confirmed cases due to previous positive antigen test, according to the GÄ* ▪ *Self-testing: Up to the countries.* *TO DO [no memory, assume Dept.3 has this on screen]:* *@Abt. 3: Manuscript for EpidBull or argumentation paper on tests.*	*Management* *L. Wieler*
9	**Laboratory diagnostics** • **FG 17** ○ *701 samples in the last 4 weeks, of which 40 SARS-CoV-2 positive (sequencing ongoing, week 7-8: 47% B.1.1.7)* ○ *110 positive for rhinovirus (increase recorded in the last 2 weeks)* ○ *Seasonal coronavirus (NL63): 27 detections* ○ *No RSV, no HMPV, no seasonal influenza* ○ *1 influenza sample received from Labor Berlin, comes from traveller returning from Pakistan (line B Victoria, characterisation ongoing)* • **ZBS 1** ○ *771 samples tested, 295 positive (38%); stable as in previous weeks* ○ *55 Sequencing*	*FG17* *D.-Y. Oh* *ZBS 1* *E. Krause*
10	**Clinical management/discharge management** • **Strategic case relocation** ○ *Slovakia to NRW: works, but slowly* ○ *Czech Republic to DEU: no relocations planned, not even requested via EWRS*	*IBBS* *C. Duke*

	○ *Slovenia has offered to take up cases* ○ *Attention: Please do not confuse Slovenia and Slovakia as well as supply and demand.* ○ *Observation/individual impression that progression is more dramatic in younger patients. In this respect, there is also great interest in modelling FG33 and the desire to warn hospitals in advance and to have a longer-term view of case numbers (10+ days).* • **Socio-demographic factors for severe progression** ○ *(Postponed)* • **Paper Lancet Resp Med - ICU admissions** ○ *No need for discussion, no consequences for action*	*IBBS* *C. Duke*
11	**Measures to protect against infection** • *(not discussed)*	*All*
12	**Surveillance** • **Mention of COVID-10 in IfSG §34 >> Re-authorisation guide** ○ *Enquiry from Berlin* ○ *Discussed with the legal department and in EpiLag*	*FG32* *M. Diercke*
13	**Transport and border crossing points (Fridays only)** • *Meaningfulness of virus variant risk areas addressed earlier* • *Discussion from AGI: Tests should be made available not only for people resident in DEU, but for everyone* • *Corona Protection Ordinance: extended until 31/03/2021* • *Model Quarantine Ordinance: 7th new edition - draft sent to federal states on 8 March, circulated in the crisis unit*	*FG38* *Maria an der Heiden*
14	**Information from the situation centre (Fridays only)** • *Difficult to fill shifts at the moment* • *Those who still had few shifts are specifically addressed* • *Note: Request from A. Mankertz to please involve superiors in enquiries* • *[Communicated to Sarah Friethoff and Klaus Jansen, MadH 14/03/2021]*	*FG38* *U. Rexroth*
15	**Important dates** • *Exchange on strategies and indicators for recognising variants (TN S. Kröger (FG36), S. Esquevin (INIG), A. Jansen (INIG))* • *Exchange on the topic of testing (organised by the BMG)*	*All*
16	**Other topics**	*FG37*

RKI	• **Patent protection** o *RKI as national PHI with international activities should please discuss and develop a position on the discussion about patent protection or cancellation of patent protection for COVID-19 vaccines.* o *L. Schaade: possibly not discuss in the crisis team, but in a smaller group with management.* o *Decision: postponed.* • **Next meeting** o *Monday, 15.03.2021, 13:00, via Webex*	*T. Eckmanns*

End of meeting: 12:55 pm.

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*15.03.2021, 13:00 h*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept.1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG 14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Sabine Vygen-Bonnet*
- *FG34*
  - *Viviane Bremer*
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  - *Stefan Kröger*
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- *FG 38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Bettina Ruehe*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Luisa Denkel*
- *BZgA*
  - *Christophe Bayer*
  - *Oliver Ommen*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,575,849 (+6,604) confirmed cases, of which 73,418 (+47) deaths, 7-day incidence (7TI) 83/100,000 p.e.* → *Incidence and confirmed cases increasing, ITS cases fluctuating* o *Vaccination monitoring: Vaccinated with one vaccination 5,978,551 (7.2 %), with 2 vaccinations 2,738,103 (3.3 %)* o *DIVI Intensive Care Register: 2,813 cases in treatment (-10)* o *7TI of the federal states by reporting date: increase overall (orange), of which mainly Thuringia; increase not only due to testing, from approx. 10 March break to increase in all curves, increase probably still increasing* o *Geographical distribution 7TI by LK: only 1 LK < 15; lower limits to be reached not reached; one LK at almost 500 (LK Greiz), LK Schmalkalden-Meiningen also incidence increased again (currently approx. 313; incidences overall trend towards increase* o *Discussion: no further comments* o *Development B.1.1.7 (see management report): is prepared for the end of each week* **Corona-KiTa study** *(slides here)* • *FluWeb: as in the last three weeks, there has been a rapid increase in the ARE rate among 0-5 year olds (increased from 3.9 to 9.1 compared to the previous week, 0.2 higher for each of the last two weeks (late reports)); appears to be a very sensitive parameter with regard to transmission in the population, also reflects COVID incidence in young adults to a certain extent; also increasing in older AGs* • *Outbreaks in nurseries/after-school care centres:* o *Massive increase, level before Christmas at max. approx. 60 outbreaks per week, currently at approx. 100 in total* o *Late registrations expected for 9th week* o *10. week not yet to be estimated* o *A total of 1,573 outbreaks in nurseries/after-school care centres (>= 2 cases) created in SurvNet* o *1,241 (79%) outbreaks with cases < 15 years old, 42% (3,586/8,614) of cases are 0 - 5 years old* o *332 outbreaks only with cases 15 years and older* o *Massive momentum, partly with the involvement of B.1.1.7* • *Outbreaks in schools:* o *A total of 1,528 outbreaks in schools created in SurvNet (>= 2 cases, 0-5 years excluded)*	*ZIG1* *FG32 (Rexroth)* *FG36 (Haas)*

RKI	○ *1,407 (92 %) outbreaks with cases < 21 years, 24 % (6-10YRS), 24% (11-14YRS), 29% (15-20YRS), 23% (21+)* ○ *121 outbreaks only with cases 21 years and older* ○ *Schools closed until the beginning of March, opening in individual BuLä without group lessons / clear distance rules* ○ *Late registrations expected for 9th week* ○ *10. week not yet to be estimated* ○ *However, the direct reaction of the outbreak figures to opening is already visible here* • *Share of new variants:* ○ *Daycare centre outbreaks without versus with suspected presence of B.1.1.7 or B.1.3.5.1 → Exponential increase in the presence of variants* ○ *Data (two slides with incidences of daycare centre outbreaks) were shared with the Ministry of Family Affairs on request* • *Conclusion: if there is a sharp increase in new variants, existing measures will not be sufficient to contain them, even with good concepts with clear group separation* • *Relevant secondary illnesses among employees and families → Current situation among children and adolescents increasingly relevant for the population* • *Strict overall package of preventive measures absolutely necessary, containment most likely not possible other than through early response by closing the affected facility* • *Discussion:* ○ *Key questions: Are alternatives or further options conceivable in dealing with current developments? What additional benefits do tests bring? What is observed with regard to the symptoms in children? How are families affected secondarily?* ○ *Report from TestAG of the federal states: Austria is currently testing approx. 99 % of pupils, frequency Monday, Wednesday, Friday; positive rate approx. 0.1 %, exclusion of participation in face-to-face lessons in the absence of negative tests* ○ *Key measure: Minimising inputs by means of existing measures and supporting test strategies* ○ *There are currently insufficient concepts or capacities available to carry out 3 tests per week for each child* ○ *Attack rates, e.g. Bergstrasse district at approx. 40 % in relation to adults* ○ *It is not known whether there are fundamentally different symptoms; the severity cannot yet be assessed* ○ *Rhino- and human coronaviruses: generally significantly increasing positive rate (especially in 0-14-year-olds), most likely no artefacts due to increased testing* ○ *Previously recommended measures for sufficient inhibition seem to be insufficient - additional recommendations?* *1. Minimising entry into the facility by taking precautions to prevent infection and providing support via testing and absence in the event of symptoms of illness*	

RKI	2. *Within the facility: alternating lessons, distance, ventilation, wearing (medical) masks by staff and children* 3. *If no proactive measure is in place, reactive closure of the entire facility is required if illnesses occur in one or two groups* ▪ *Note: even with structural separation of groups, safe spatial separation is not guaranteed (communal entrance area(s), washrooms), see past outbreaks including KR Bergstraße and in HH with rapid, unnoticed spread* ➔ *Communicate the strategy at federal level, as well as the high-risk aspect due to the multiplier effect at* *Existence of new variants, especially in the implementation of face-to-face teaching without switching for all levels (see e.g. in BaWü)* **Draft update of the risk assessment** *(document here)* • *Information on children and young people to be published before next monthly report (next monthly report not due until end of March)* • *Mainly logical reorganisation, fewer fundamental changes made in the draft* • *Amended passage:* ○ *"Only if the overall number of newly infected people falls significantly can risk groups such as the very old and people with underlying illnesses be reliably protected." → "Elderly" instead of "very old"* ○ *"There was a sharp increase in the fourth quarter of 2020 the number of cases." → Delete* ○ *"After a decline from the end of December, the 7-day incidence and case numbers in Germany have been rising again since mid-February, affecting all age groups under 65. A particularly rapid increase has been observed in children and young people observed." → Updated based on the heat map (as published last week), instead of "centre February": "has been rising again since February and is currently accelerating"* ○ *Instead of "finding the infected person", "case finding"* ○ *"Numerous clusters are observed, especially in private households and the professional environment." → to be specified if necessary, daycare centre/school to be included; further specification of the working environment is not recommended here. initially apart, has already been determined elsewhere, measures should also be observed here (partly lack of guidelines for employees), behavioural prevention is not sufficient in some places, role of conditions should be emphasised or specified elsewhere* ○ *"The number of COVID-19-related outbreaks in retirement homes and nursing homes and hospitals is on the rise, partly due to increasing vaccination coverage.*	*FG36 (Haas)*

	further." → Insert "among other things", as this is due not only to vaccination but also to compliance ○ *"Based on the available data regarding increased transmissibility of the variants and potentially more severe disease progression, this contributes to a rapid increase in the number of cases and the deterioration of the situation. Whether and to what extent the new variants effectiveness of the available vaccines cannot yet be estimated with certainty." → "There is (now) increasing data indicating this, that..." and "cannot yet be estimated with certainty for each of the circulating variants"* ○ *"As a further element, supplementary self-tests can improve safety through early detection ..." → "supplementary" deleted, instead of "self-tests" generally "AG tests"* • *General consent to changes* • *Disclaimer (reference to changes) must be adapted (additionally "Antigen testing and the central role of vaccination")* *ToDo: Update of the risk assessment will be given to the webmaster for publication by Mr Haas today* **Decree: High-quality data sets of pandemic-relevant data** *(Document here, further annex/directive 2019/1024 here)* • *Order went to FG36, FG32, L1 and MF4 also involved, deadline end of service 15 March.* • *"Please provide an assessment of the usefulness, effort and benefits of the free, machine-readable and dynamic provision of this data and its feasibility under the current conditions." → Order so difficult to interpret, Mrs Rexroth consults by telephone after the meeting with Unit 611 (Mrs Lücking)*	*FG36 (Buda)*
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Update digital projects (Mondays only)** *DEA:* • *Last week's attacks led to a brief outage* • *All health authorities connected to DEA* • *Further development: probably before Easter with upload function for test result, possibly useful element also for other products* • *Contract negotiations still ongoing* • *Number entry in clearing centre improved (e.g. incorrect postcodes)* • *Enquiries from BuLä regarding a possible interface from DEA to SORMAS* • *Exchange with Mrs Diercke as to whether DEA connection desired here CWA:* • *Survey running at full speed, satisfactory results*	*FG21 (Schmich)*

	Participation • *Minor cases with red card or report* • *Registration function, e.g. for participation in events, to be integrated into CWA if necessary* • *BFDI evaluation report as of 31 March very tight, limited staffing levels* *ToDo: Request to Mr Schmich to prepare slides for DEA with regard to extended (upload) functions / integration of findings for short presentation next Monday* *SORMAS:* • *Finalisation of the interface to SurvNet, therefore no short-term interface to SORMAS, in the long term probably more necessary to DEMIS* • *DEMIS is stable and is being further developed* • *As part of the further development of feedback from health authorities, Mrs an der Heiden compiled the following in a presentation* • *Increased requests from test centres to report positive proof of AG via DEMIS - tests are carried out and reported by authorised, authenticated and trained personnel (in Brandenburg, for example, specialist drugstore personnel)* → *Consultation with the BMG will take place in this regard*	*FG32 (Diercke)*
4	**Current risk assessment** o *Not discussed*	
5	**Communication** **BZgA** • *No news* **Press** • *Note: when publishing forecasts for the weekend, reporting is sometimes difficult to manage* • *PMs for the Federal Health Day are sent out* **P1** • *Integrated in internal, specialised substructure "More testing for less corona"* • *Re-launch rules of behaviour for Easter if necessary (see rules of behaviour for spring, positive response)* **VPresident** *ToDo1: Mr Schaade asks for collection of documents and preliminary discussion for the Federal Press Conference on Friday* • *Mental health will probably be one of the topics discussed (possibly involving Mrs Hölling)* *ToDo2: In previous BPK mentioned "last third" of the*	*BZgA (Ommen)* *Press (Wenchel)* *P1 (Jenny)* *VPräs (Schaade)*

	Marathon's request to Mrs Wenchel and Mrs Degen for clarification of the origin and meaning of the term	
6	**RKI Strategy Questions** • **General** ○ *Not discussed* • **RKI-internal** ○ *Not discussed*	*All*
7	**Documents** *Questions about "COVID-19 suspicion: test criteria and measures - guidance for doctors" How could antigen tests be taken into account here?* • *Increased number of queries about document regarding "suspected SARS-Cov2 infection", discussed in the situation centre* • *The practical standard is always the PCR test* • *AG test possible under certain conditions, but conditions must be met* • *Positive AG detection is still to be regarded as suspicion, confirmation via PCR* • *Non-fulfilment of the test criteria may be misleading, in practice this case definition should rarely be fulfilled* *ToDo: Request to FG36 for suggestions for improvement regarding the box at the bottom right of the graphic, possibly shifting it one fork upwards, to be discussed again next week*	*FG37 (Eckmanns)*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • **FG 17** ○ *AGI Sentinel: in the last 2 weeks 491 samples, 74 (approx. 15 %) positive - rhinoviruses increased from 15 % to 24 %, 3 parainfluenza detections each, 6 % positive for seasonal influenza* *Coronaviruses → Overall more active respiratory pathogens, but no evidence of influenza* ○ *Meeting NL, Denmark, Austria:* ▪ *Two-week suspension of vaccination with AstraZeneca in NL and Denmark to minimise cases of embolism.* *to pursue* ▪ *Cases also known in Austria, but no suspension of vaccination here* ○ *VOC B.1.1.7 dominant in all countries, 85 % in Denmark* • **ZBS1** ○ *416 positive samples (approx. 34.5 %); B.1.1.7 increased to 73 % to 82 % since 1 March - depending on the reference value*	*FG17 (Wolff)* *ZBS1 (Michel)*

10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	*All*
12	**Surveillance** *Ad hoc recording in the laboratory network - to what extent is there still a need for this?* • *Already discussed within the AG Testen / the BMG* • *In case of saturation with variant B.1.1.7, immediate information for the ÖGD may no longer be necessary, as in this case the procedure must always be the same as for B.1.1.7 → Specific procedures for the occurrence of immune escape variants would take this place* • *Mutation-specific test from Roche: Mr Müller is currently investigating this test and will provide feedback tomorrow* • *Additional value of mutation PCR / faster knowledge versus time delay with regard to sequencing according to Corona Reporting Ordinance to be clarified* • *Special survey if necessary only in justified cases due to the considerable effort involved* • *Clearer picture at the end of the week*	*Dept. 1 (Mielke) FG 32 resp. Dept. 3 (Hamouda)*
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** • *Exchange on strategies and indicators for recognising variants (TN S. Kröger (FG36), S. Esquevin (INIG), A. Jansen (INIG))* • *Exchange on the topic of testing (organised by the BMG)* • *16.03.2021 Maintenance window from 16.30, please note when uploading/publishing*	*All* *Press (Wenchel)*
16	**Other topics** • *Next meeting: Wednesday, 17 March 2021, 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:	*17.03.2021, 11:00 am (end: 1:05 pm)*
Venue:	*Webex Conference*

Moderation: *Lars Schaade*

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
  - *Luisa Denkel*
- *FG 14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG 17*
  - *Ralf Dürrwald*
- *FG 21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG 33*
- *FG 34*
  - *Viviane Bremer*
- *FG 36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*

- *IBBS*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF 4*
  - *Martina Fischer*
- *P 1*
  - *Ester-Maria Antão*
- *P 4*
  - *Susanne Gottwald*
  - *Benjamin Maier*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *Protocol*
  - *Maren Imhoff, ZfKD/FG 38*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,594,764 (+13,435), of which 73,905 (+249) deaths, 7-day incidence 86/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with one vaccination 6,712,195 (8.2 %), with 2 vaccinations 3,018,750 (3.6 %)* ○ *DIVI intensive care register: 2,851 cases in treatment (+18)* ○ *7-day incidence of the federal states by reporting date (slide 3)* ▪ *total: strong increase since 09/10 March* ▪ *particularly pronounced increase: e.g. TH, BE, SN, ST* ○ *Geographical distribution of 7-day incidence by LK, trend (slides 4-5)* ▪ *In many districts nationwide, incidence is increasing significantly; at least doubling of the number of cases compared to the previous year. Previous week in 14 districts; 7TI > 500: LK Greiz (TH)* ▪ *Discussion: How can the major differences and different trends in neighbouring districts be explained? (e.g. region north of Berlin, Rhineland-Palatinate)? - CAVE: small absolute number of cases; role of outbreaks or commuter activity possible; higher-resolution analyses planned; classification difficult without knowledge of local conditions; strong differences, sometimes also between city and surrounding district, sometimes city, sometimes surrounding district more affected, no clear pattern; events still heterogeneous, Interpretation difficult* ○ *7-day incidence by age group and MW (slide 6)* ▪ *overall: clearly increasing, decreasing in the 75+ age groups; highest 7TI in the middle age groups Age groups (15-45Y)* ○ *Proportion of deceased and hospitalised (slide 7)* ▪ *Proportion of deaths and proportion of hospitalised declining, although difficult to predict for the last few weeks. judge* ▪ *Underreporting of hospitalisations* ▪ *Discussion: Difficult to interpret the generally downward sloping curves* ○ *Hospitalised cases by age group (slide 8)* ▪ *Trend: further decline in the 80+ age group* ▪ *More 60-79 year olds hospitalised than 80+ year olds* ○ *Number of COVID-19 deaths by week of death (slide 9)* ▪ *Trend: further decline* ▪ *Discussion: Is it still mainly the older age groups that are dying or are there changes? - still always primarily affects the 80+ age group*	*FG32 (Diercke)*

	FG 32 prepares presentation of deaths by age group over time, presentation to the crisis team this Friday	
	○ **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate (slide 1)* ▪ *Slight increase in the number of PCR tests (CW10: 1.25 million)* ▪ *Slight increase in positive share (CW10: 6.8 %)* ○ *Capacity utilisation (slide 2)* ▪ *PCR capacities still available* ○ *Sample backlog (slide 3)* ▪ *no sig. Sample backlog* ▪ *Supply problems with pipette tips at the RKI* ○ *Test number recording VOC (slide 4)* ▪ *CW10: > 53,000 PCR tests carried out for VOCs, corresponding to almost 2/3 of all positive PCR tests; of which with reference to VOC: 64.4 % (B.1.1.7: 63.5 %, B.1.352: 1 %)* ▪ *Late registrations expected for CW9-10* ○ *AG-POCT in facilities, cumulative (slide 5-6)* ▪ *Since CW49, 2020, a total of 377,489 tests recorded, of which positive: 862 (0.2 %), of these PCR-confirmed: 377 (44 %) - provisional data* ▪ *Tests are mainly used in the context of inpatient care, but increasingly also in outpatient care*	*Dept. 3 (Hamouda)*
	○ **Information on test occasions and test methods in the reporting system** *(slides here)* ○ *Cases according to reference definition and MW* ▪ *Almost 100 % of reported cases fulfil reference definition, proportion remains constant* ○ *AG proofs* ▪ *Proportion of cases with evidence of AG has remained constant at 3-4 % over the last few weeks* ▪ *approx. 4,000 AG certificates transmitted weekly* ▪ *approx. 60 % of AG detections are PCR-confirmed* ○ *Variable "Case known by" by MW and number of cases* ▪ *Variable introduced to evaluate the CWA, among other things* ▪ *Simple selection* ▪ *Selection of "series testing" has remained constant since MW6 (approx. 14,000 cases per week), selection of "CWA" very low* ○ *Discussion: AG tests primarily detect acute cases - estimation of underreporting desirable in order to determine additional value of screening; prompt publication of analyses of AG tests important for communication (e.g. management report, website)*	*FG 32 (Diercke)*

	Testing and positives in ARS *(slides here)* o *Number of PCR tests and percentage of positives (slides 1-2)* ▪ *Total: Positive share unchanged (around 7 %)* ▪ *Number of tests per 100,000 population declining in the 80+ age group, rising sharply in the 0-15 age group,*	*FG 37 (Eckmanns)*

	constant in intermediate age groups ▪ *Positive share in the 80+ age group continues to decline* ▪ *Number of positive tests per 100,000 population in age groups 0-14 slightly increasing* o *VOC (slides 3-4)* ▪ *Proportion of PCR with delH69/V70 detection: increase to 40%* ▪ *significant increase in age group 5-14 years* ▪ *Share B.1.1.7: > 50 % in doctors' surgeries, > 40 % in hospitals* o *Outbreaks in retirement homes: similar level in the past 3 weeks, late reports expected (slide 5)* o *Outbreaks in hospitals (slide 6): Decrease, presumably effect of vaccination, possibly also hygiene* o **Syndromic surveillance (Wednesdays)** *(slides here)* o *FluWeb (slide 2)* ▪ *Total: ARE rates rise* ▪ *Increase in ARE rates in the 0-4 age group did not continue in week 10* o *ARE consultations until CW10 (slide 3)* ▪ *Consultation incidence increases at a low level* ▪ *approx. 500,000 ARE doctor visits in CW10* ▪ *Regional differences: in age group 0-4 strong increase in TH, in NI/HB largely on lockdown Level, here only weak increase* ▪ *Younger age groups after lockdown and the associated suspension of the "infection rate" Susceptible; increased test frequency in children* o *ICOSARI-KH-Surveillance (slides 4-9)* ▪ *SARI case numbers declining in age groups 60+, in age group 80+ below level of flu waves, stable in younger age groups* ▪ *COVID-SARI case numbers: in age group 60-79 trend not entirely clear, possible levelling off of the decline; in Age group 35-59 stable* ▪ *Share of COVID-SARI cases in SARI cases fluctuates by 50% in recent weeks* o **Virological surveillance - NRZ influenza viruses (Wednesdays)** *(slides here)* o *Sample receipt and SARS-CoV-2 detections (slide 1): highest sample receipt in 2021 so far in week 10 (n=235); proportion of SARS-CoV-2-positive samples slightly below that in ARS (5.5 %)* o *Virus circulation (slide 2): Proportion of rhinoviruses increasing significantly, SARS-CoV-2 largely stable, RSV detected for the first time in week 10; seasonal coronaviruses: NL63 at previous year's level* o *Sample receipt by age group (slide 3): slight shift towards age group 0-4 (period: week 8-10), > 40 % rhinoviruses in week 10* o *seasonal coronaviruses, NL63 compared to SARS-CoV-2*	*FG 36 (Buda)* *FG 17 (Dürrwald)*

	(slide 4): younger age groups more strongly represented in NL63, higher age groups in SARS-CoV-2 ○ *Share B.1.1.7 in melting curve analysis: 60 %* ○ **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* ○ *2,858 COVID-19 ITS patients (as of 17 March 2021)* ○ *+126 compared to previous week* ○ *In most BCs, the decline in COVID-19 ITS occupancy has been stagnating for almost 3 weeks, in some cases ITS figures are rising, overall high dynamics in inflows and outflows* ○ *Share of COVID-19 patients in total number of ITS beds:* ▪ *Largely as in the previous week; BE, HB, HH > 15 %, TH > 20 %, SH 6 %* ▪ *Time course: Share clearly increasing in HB, HH; decreasing in SH; unchanged in TH and Centre in total* ○ *Number of ECMO patients with COVID-19 recently increasing* ○ *Availability of high-care or ECMO: decreasing* ○ *SPoCK: Forecasts for COVID-19-ITS pat. indicate a possible upward trend towards stagnation, events remain dynamic and regional* ○ *Discussion: How high is the mortality rate of ECMO patients? - Enquiry at the ECMO Centre of the Cologne Clinics, Prof. Karagiannidis: Mortality is just under 70 %; all patients are on ECMO.* *New arrivals in Cologne with B.1.1.7 detection; ITS mortality for wild type and B.1.1.7 equally high*	*MF 4 (Fischer)*
2	**International (Fridays only)** ○ *Not discussed*	
3	**Update digital projects (Mondays only)** ○ *Not discussed*	
4	**Current risk assessment** ○ *Not discussed*	
5	**Communication** **BZgA** ○ *Advertorial "More testing for less corona" launched, also barrier-free, will be published on zusammengegencorona.de* ○ *Link in RKI FAQs* **Press** ○ *No contribution* **Science communication** ○ *Working on EpiBull article on testing*	*BZgA (Ebrahimzadeh-Wetter)* *P4 (Antão)*

6	**RKI Strategy Questions** **a) General** ○ *Test frequency in facilities:* *BL have reduced the frequency of testing in facilities announced (information for information)* ○ *Quarantine for vaccinated healthcare workers (HCW): BL are against generous quarantine for HCW, fear staff shortages, want a) early testing of (asymptomatic) CP and b) household quarantine;* *Discussion: KP management recommendations are always driven by the wishes of the BC and the BMG; in principle, the GA are not bound by the RKI recommendations, but deviations are closely monitored; early testing of asymptomatic patients can be considered again* ○ *Modelling study (Wednesdays)* *Not discussed* *TODO: FG 36 discusses possible adaptation of the KP Management Recommendations, discussion at next crisis team meeting* **b) RKI-internal** ○ *Not discussed*	*FG 38 (Rexroth), all*
7	**Documents** ○ *Expected shortly: updated national testing strategy of the BMG*	*Dept. 1 (Mielke)*
8	**Vaccination update** ○ *Vaccination of RKI-MA for outbreak investigations or foreign assignments:* ▪ *Berlin State Secretary cannot decide* ▪ *BKAmt has decided that no vaccine will be issued to departments for the time being* ▪ *Discussion: Responsibility of the RKI as an employer - employees must be available for outbreak investigations/immediate* *Contact with infected persons must be protected and entry into risk groups avoided; the operational area has a higher priority than other departmental areas; these activities of the RKI may not be present at the BKAmt; the RKI's concerns are once again objectively justified (risk assessment) and presented; outbreak investigations or foreign assignments may not be able to take place*	*FG 37 (Eckmanns), Management (Schaade), Dept. 3 (Hamouda)*
9	**Laboratory diagnostics** ○ *FG 17: no contribution* ○ *ZBS1: not present*	*FG17/ZBS1*

10	**Clinical management/discharge management** ○ *Discharge management* ▪ *B.1.1.7 predominant - Against this background, should the differentiation between wild-type/VOC in the recommendations be abandoned? should be avoided (i.e. generally extended isolation)?* ▪ *Discussion: the majority of variants are assumed, "Variants" have become standard; presumably longer*	*Management (Schaade), all*
	Virus excretion, but overall still insufficient data on pathogen properties, many open questions; standardisation of recommendations is advocated (also by the SC), in case of doubt in favour of safety (precautionary principle); important: congruence and practical feasibility *TODO (until 26 March): all participants evaluate their documents with regard to the need for adaptation to variants; FG 25 offers support with literature research; further support from the library is requested* ○ *Clinical management: Discussion on (ECMO) mortality: see "Figures on the DIVI Intensive Care Register" (TOP 1)*	
11	**Measures to protect against infection** ○ *There is an urgent need to raise public awareness of the persistence of contagiousness after recovery if prolonged excretion of VOC is discussed as a difference in transmission.* ○ ~~*In the social environment, a lack of awareness of "Still contagious" compared to "already contagious". Being" perceived*~~ ○ *BZgA takes inspiration for further work*	*FG 14 (Brunke)*
12	**Surveillance** ○ *No specific topics*	*FG 38 (Rexroth)*
13	**Transport and border crossing points (Fridays only)** ○ *Not discussed*	*FG 38*
14	**Information from the situation centre (Fridays only)** ○ *Not discussed*	*FG 38*
15	**Important dates** ○ *Not discussed*	*All*
16	**Other topics** ○ *Next meeting: Friday, 19 March 2021, 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:	*19.03.2021, 11:00 a.m.*
Venue:	*WebEx Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lars Schaade*
- *AL2*
  - *Thomas Ziese*
- *AL3/Department 3*
  - *Janna Seifried*
  - *Tanja Jung-Sendzik*
- *ZIGL*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Luisa Denkel*
- *BZGA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** • *Trend analysis international, measures (slides here): almost 121 million cases worldwide (6% increase since previous week), almost 2.7 million deaths (2.2% overall)* ○ *Top 10 countries by number of new cases/last 7 days* ▪ *Changes compared to the previous week: strong increase in*	*ZIG1*

	India	

RKI	(47%), France in particular by capital (21%), Poland (36%), Turkey (25%), Germany (30%), Ukraine worrying at 55%, Czech Republic still high 7- T-I but declining trend for the first time (-10%) ▪ Proportion of the total population vaccinated, USA well advanced 22% 1. with dose, 12% complete vaccinated, followed by Turkey, Italy, Germany, Czech Republic, France (all 7-9% with 1st dose) o 7-day incidence per 100,000 inhabitants worldwide ▪ A total of 86 countries with 7-T-I >50/100,000, 150 countries >100, 37 countries >200/100,000 • Distribution of virus variants o B.1.1.7 ▪ Evidence in more and more countries, currently 118 ▪ Partly to very high proportions ▪ Virus variant risk areas: certain countries have been removed from the list (Ireland, UK, Portugal), for Slovakia and the Czech Republic is still awaited o B.1.351 ▪ Detected in 64 countries (+6 compared to previous week) ▪ Virus variant risk areas: various African countries under observation, Austria may be under observation next week removed from the list o P1 ▪ Proof in 38 countries (+6) ▪ South America and Italy (Umbria, Lazio, Tuscany high proportion) under observation with regard to virus variants Risk areas o Due to increased transmissibility (20%), the US CDC also indicates B.1.429 and B.1.427as variants of concern • Lancet study from Denmark on the topic of reinfection (slide 6) o DK had a free test strategy in 2020 and has 4 million. people (69% of the population) tested o Test data were used to investigate reinfections using 2 observation rooms (spring, autumn) o >500,000 PCR-negative in phase I, 3.3% of these positive in phase II o 11,000 PCR-positive in phase I, 72 positive (0.6%) in phase II o Infection provides protection against re-infection, which is ~80% in < 65-year-olds o Less protection for ≥65-year-olds in particular (47%) o People who are already infected cannot rely on protection o Study was conducted in times without virus variants o At the request of the BMG, ZIG2 has prepared a summary of the Lancet article, ZIGL sends this to the crisis team o A sub-adequate response is to be expected in an aged immune system, so this result is not surprising; in similar vaccine efficacy can be expected (lower immune response to vaccination than in younger people)	

RKI	• Designation of risk areas ○ RKI hopes that virus variants will no longer need to be labelled after Easter ○ High incidence areas make sense, virus variant areas do not ○ BMG currently maintains differentiation of virus variant areas, High-risk areas and risk areas defined ○ BMI would generally like to retain virus variant designation **National** • Case numbers, deaths, trend (slides here) ○ SurvNet transmitted: 2,629,750 (+17,482), thereof 74,358 (2.8%) Deaths (+226), 7-day incidence 96 cases/100,000 inhabitants. ○ Numbers are going up significantly, 2 days in a row strong increase, 7-T-I is almost at 100, number of counties with high incidences is increasing ○ This is not yet reflected in the death figures, but there is often a delay here ○ Cases ACTUAL: 2,895 (+36), small increases are currently being recorded on a regular basis ○ 7-T incidences BL: TH twice as high as the national average, increase also in SN, ST, HE, BY, only still low in MV, SH, SL ○ Geographical distribution: map becomes darker, focus on TH, BY on the Czech border, LK Greiz >500/100,000, many districts >200, only 5 districts <25 cases/100,000 ○ Deceased by age group and MW ▪ Most deaths in older age groups >70, fewer in younger age groups ▪ A decline is visible, but possible delay ▪ In relative terms, the proportion of >70-year-olds is declining slightly, but still remains at 80% ▪ Proportion of deaths among 50 and 60-year-olds increasing, but may also be due to the AG shift ○ Median age COVID-19 cases/hospitalised/deceased ▪ cases (yellow): Median of almost 50 at the highest peak at the end of 2020, median is lower outside the peaks ▪ Hospitalised (grey): before start of 2nd wave at <70 ▪ Not such large differences with median always around 70 ▪ For deceased median around 82 ▪ Age structure also depends on the setting in which infections occur, sometimes a lot in retirement/nursing homes • Death rates ○ Slightly below the average of previous years, possibly due to the absence of the influenza wave, no excess mortality is visible ○ Possible catch-up effect in the number of deaths, weak Influenza season is easy to understand, but further arguments are necessary to be able to speak	FG32

RKI	○ *Is it still too early to see that fewer old people are dying as a result of the vaccination effect? Is it too early? Are vaccinated people dying?* ▪ *The curves must be observed closely* ▪ *It is rather reassuring if the median age of deaths does not shift* ▪ *The main risk of dying from COVID-19 is age* ▪ *Fewer old people are likely to die, but this should not be reflected in the median age* ▪ *If the age distribution shifts, the higher virulence of B.1.1.7 is more likely to be feared* ○ *The argument that older, frailer people who would die soon even without COVID-19 should be toned down* ○ *COVID-19 should not be compared to influenza, more people die in a normal influenza wave, but COVID-19 is (more) worrying for other reasons* ○ *Euro-MOMO: Under-mortality currently only pronounced among young AGs, also in other countries, increasing among other AGs: https://www.euromomo.eu/graphs-and-maps*	
2	**International (Fridays only)** • *Montenegro mission: preparation postponed, initially a laboratory mission is planned, local partners are overloaded, good planning still needs to be done* • *Uzbekistan mission: launch of the telemedicine project with ZIG1, IBBS and Charité this week* • *SEEG Iraq mission: ends today, Heinz Ellerbrok was there* • *Sudan: Request to support the COVID-19 response*	*ZIGL*
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Vaccination readiness* ○ *AstraZeneca suspension met with great interest* ○ *Cosmo study is not fast enough to evaluate this yet* ○ *In social media surveys, only a small dip in the willingness to vaccinate can be seen* ○ *79% of respondents want to be vaccinated* ○ *But social media are not representative of Germany* • *Dealing with positive rapid test results* ○ *85% of those surveyed would isolate themselves immediately after positive* *Self-test*	*BZgA*

RKI	○ *The majority would also be confirmed by PCR test* ○ *75% would inform their environment* ○ *Only 50% would carry out a 2nd rapid test afterwards* ○ *In general, this is a success in the short time in which rapid tests are available* ○ *Serial surveys would be useful, as compliance may drop after several false positive results* • *Discussion* ○ *Are these survey results disseminated by BZgA? Would be useful if these successes were used to strengthen motivation, BZgA discusses this internally* ○ *In the last WHO epidemiological update, the involvement of the population with catchy posters/infographics was described for communication - is this also part of the BZgA communication strategy, e.g. communication scouts for important messages?* ○ *BZgA plans population participation in information activities on vaccines: Explanatory clips on effectiveness with people making statements after their vaccination, format and story not yet finalised, but population participation is included in the concept* ○ *This weekend campaign with BMG to test safety in regional daily newspapers nationally* **Press** • *Info from EpiBull editors: next week online in advance article on the phasing of the pandemic, including epidemiological parameters*	*Press*
6	**RKI Strategy Questions** **a) General** **Proposal from the federal states to tighten the contact person management paper** • *RKI recommendations are considered to be (not) strict enough, often going far beyond them locally* • *Example Düsseldorf: contact with KP I after just 5 minutes, 28 days quarantine* • *Evidence for this is lacking, but anecdotal evidence regarding new variants is widely reported, there is great concern about the increasing number of cases* • *KoNa paper should not be changed now, evidence is still lacking, but this should be noted by the crisis team* • *Will be included in the considerations, there is a general order to revise all documents with regard to the new variant* **b) RKI-internal** • *Not discussed*	*FG38*

7	**Documents** • *Please check all documents regarding B.1.1.7, VOC should be seen as standard, next week* **ControlCOVID** • *Document to be modified today and then the improved version tweeted to convey the RKI position on possible easing before the GMK on Monday* *ToDo: Dept. 3 Jung-Sendzik and Press to follow-up*	*All* *VPresident*
8	**Vaccination update (Fridays only)** **AstraZeneca** • *Lots of excitement in general* • *Yesterday STIKO meeting on recommendation for newly authorised Johnson & Johnson vaccine, additional topics AstraZeneca and EMA meeting* • *Current status* ○ *Now 12 cases with sinus vein thrombosis: all 12 women after vaccination with AstraZeneca, all <55 years, conspicuous cluster* ○ *PEI has used background incidences from the Netherlands, RKI in contact with health insurance consortium to analyse their data regarding background incidence* • *EMA has decided the vaccine is safe* • *Orders EMA and STIKO different* • *STIKO decides on the best use of vaccines and considers whether certain groups of people should be vaccinated with the mRNA vaccine given this signal, but this is difficult in terms of communication and acceptance, nevertheless intensive internal discussion* • *Some countries in Europe have decided otherwise, e.g. Norway is suspending its vaccination programme with AstraZeneca until further notice, also depending on case numbers* • *The STIKO recommendation/statement will be published today, AstraZeneca will continue to use it as before, but under close observation, reporting delays are to be expected* • *An information leaflet was adapted yesterday evening and sent to the BL shortly after midnight; it will be used today* • *FAQs are being prepared for this with MaiLab, and a video is also to be integrated into the STIKO app for communicative support* • *Discussion* ○ *Pathophysiology was discussed at ECDC call, many cases with arterial thrombosis in other countries (possibly HIT II), data situation at European level still confused due to different vaccination, age restrictions and different pharmacovigilance systems and capacities, thus different observations* ○ *General thromboembolic observation (pulmonary or deep vein*	*FG33*

RKI	*thromboembolism)*	

RKI	*leg vein embolisms) may be temporally coincidental; this may be different if details of the specifics of sinus vein thrombosis are evaluated* ○ *The Brighton Collaboration creates case definitions, also for other events* ○ *All cases showed thrombocytopenia, therefore an autoimmune-triggered phenomenon is suspected* ○ *Are there any reports from England on the different use/side effects of AstraZeneca in women?* ○ *Older women generally don't have these signals* ○ *No signal was reported from the UK* ○ *According to rumours from ECDC and Norway, the UK has not had much time to invest in vaccine adverse event monitoring* ○ *Also difficult in Germany: PEI had 1,600 reports on Monday, which have to be processed individually, possibly due to increased awareness,* ○ *PEI/pharmacovigilance centres are not keeping up well* **Vaccine availability** • *News expected on Johnson & Johnson, also to give recommendations, close contact with BMG, rumours: mid-April - mid-May* • *FG33 is not aware of a Sputnik purchase option or whether there is a production facility in Germany* • *Vaccine availability: sufficient vaccine is actually planned, 300 million doses by the end of the year if delivered as agreed* • *If there is sufficient vaccine, booster vaccinations will be considered* • *Problems with availability are expected for the next 6-8 weeks, after that it will probably be more of a problem to realise the large vaccination quantities* • *CureVac and emergency/rapid approval (mentioned by Lauterbach in federal press conference): he may know more than others, CureVac has been in the EMA's rolling review since the end of February, according to rumours approval is expected in late Q2, pre-order of a few million for Q2, 50-60 million by the end of the year* **Quarantine of vaccinated people** • *Recommendations agreed with FG36 and FG37, not yet incorporated due to AstraZeneca* • *Quarantine of fully vaccinated people in the health sector came up and was discussed intensively by the countries, Pros:* *1. Maintaining labour capacity in clinics* *2. Reducing the risk of transmission by minimising the residual risk to an acceptable level through other control measures* *3. Increase vaccination acceptance in the HCW group, some of whom are only partially willing to be vaccinated* • *Constellation in the option paper: if personnel shortage deviates from KP I quarantine, but not for VOC, if VOC share for*	

RKI	70-80%, this must be avoided • US CDC says HCW, if vaccinated, no longer need to be quarantined, RKI would agree • Unvaccinated people must always be quarantined • US CDC makes an exception for residents of nursing homes and patients who are only with vaccinated people, in nursing homes with vaccinated and non-vaccinated people, possible KP I should still be quarantined (CDC model) • To what extent is this logistically possible in care and nursing homes? Complication/implementability of the recommendations? • Also, lawsuits, zero risk, what if HCW cause outbreaks? • In care homes, the vaccination rate is high and transmission may be blocked, there is almost no longer any danger from staff, MNS and self-isolation in the event of symptoms remain mandatory, but perhaps no more quarantine • Context recommendation is discussed, then proposal goes to BMG • Document to be finalised today is not aimed at residents of care homes and patients in SHIs, FG33 sends it to VPräs, then LZ and to the BMG's specialist decree report mailbox • Next week further consideration of quarantine of vaccinated people with regard to retirement/nursing homes	
9	**Laboratory diagnostics** • Current week 11: stable sample intake with rising trend • Analysis of samples taken in CW10 and CW11 • Results samples week 11 Sampling: o 134 samples: rhinoviruses 30%, SARS-CoV-2 6%, NL63 seasonal Coronavirus 69% o Genotyping of PCR-positive SARS-CoV-2 samples from CW10 and CW11: ▪ 17 typed, 13 in week 10, 4 in week 11 ▪ Both together, detection rate of 88% variant ▪ KW11 for these 4 samples 100% • Variants: primarily B.1.1.7, 3 samples from sentinel surveillance with B.1.351, all from one practice, probably an infection chain consisting of one family • Figures for CW11: 711 samples, 326 positive (45.8%), many for free testing at the end of isolation/quarantine (apparently also partly mixed up) • Sequence analysis for B.1.1.7 in progress • Report from ÖGD o Insulation handled differently in different GAs o GA Reinickendorf: KP from B.1.1.7 are sent into quarantine for longer, here at the end of 10d no more free testing o GA Tempelhof Schöneberg still does this and keeps people in isolation for longer, depending on the viral load	FG17 ZBS1

	○ *GA do not want differentiation by virus variant or not during de-isolation, simply 14d basic isolation* ○ *This will be looked at again in detail next week when the documents are revised* • *IBBS report from the hospital sector: now almost exclusively British variant*	
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *Capacity monitoring: after a decline, an increase is now visible again, e.g. due to school cancellations in SN where KoNa can no longer be implemented quickly* • *Also yesterday's report from Frankfurt that KoNa is no longer feasible after flights*	*FG38*
12	**Surveillance** • *Not discussed*	*FG32*
13	**Transport and border crossing points (Fridays only)** **Group IGV-named airports GA** • *Yesterday exchange, reports of increasingly tense situation* • *Risk/virus variant areas are not considered useful; this has also been passed on to the BMG* • *Group functions very well and is planning a review of the reaction, a joint publication was published in BGB, gruppe*	*FG38*
14	**Information from the situation centre (Fridays only)** **Situation mailbox BMG Edict processing** • *The BMG situation mailbox for decree processing is not yet working, the RKI-LZ is still being accessed from all sides* • *In recent days, many questions on the same topics, rapid tests, availability of antigen tests, very uncoordinated, it is difficult for the RKI to maintain an overview, risk of inconsistencies* • *BMG function mailbox is always included in replies, hopefully the channelling will take place promptly* • *Further observation phase of 2 weeks, then feedback to the BMG if necessary, private classes are difficult and RKI cannot maintain a good overview*	*FG38*
15	**Important dates** • *GMK on Monday*	*all*
16	**Other topics**	

RKI	• *VPräs: high praise from Lauterbach to the RKI!* • *Next meeting: Monday, 22 March 2021, 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:	*22.03.2021, 13:00 h*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Judith Koch*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Oliver Ommen*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,667,225 (+7,709), of which 74,714 (+50) deaths, 7-day incidence 107/100,000 inhabitants.* ▪ *Case numbers continue to rise* o *Vaccination monitoring: Vaccinated persons with one vaccination 7,523,137 (9.0%), with 2 vaccinations 3,345,235 (4.0%)* o *DIVI Intensive Care Register: 3,056 cases in treatment (+100), discharged from intensive care Discharged from intensive care: 49* o *7-day incidence of the federal states by reporting date* ▪ *Easy climbs in many BL* ▪ *Thuringia stands out with an incidence that is more than twice as high as the national average.* ▪ *Saxony is also well above the overall incidence.* o *Comparison of 7-day incidence in the federal states* ▪ *Very different in Thuringia depending on the LK* ▪ *Significant increase in Saxony* ▪ *Decline in none of the BL* o *Geographical distribution in Germany: 7-day incidence* ▪ *LK Greiz continues to have the highest 7-day incidence, there have been discussions on this.* ▪ *Only 41 LK with incidence < 50* o *Incidence by age group* ▪ *Increase in all age groups, highest among 15-34 and 35-59 year olds.* ▪ *A slight increase is also worrying among 60-79 year olds.* o *Infection environment for outbreaks and individual cases* ▪ *In case of outbreaks: private household and workplace* ▪ *In individual cases (only 16% with information): Private household and workplace dominate as probable infection environment. One reason for this is presumably that chains of infection can be traced more easily here.* o *DIVI Intensive Care Register* ▪ *Increase in COVID-19 cases in intensive care units, proportion of free intensive care beds decreases in BL.* • *Households are the relevant place of transmission. Would institutionalised isolation, as in Asian countries, make sense instead of domestic isolation?* o *New variants are associated with significantly higher transmission rates within households.* o *However, the infections often occur very early, so there is little to be gained from isolating them outside the home.* o *If there is the possibility of isolation in hotel rooms*	*FG32 (Diercke)*

	many would probably make use of it. ○ *Difficult when children are involved.* ○ *An obligation would meet with little acceptance, and cases might not come forward.* ○ *Therefore, isolation outside the home should not be a compulsion but an offer.* ○ *It would be useful to analyse when the infection occurs in the household. By the time the 1st case is identified, most of the infections have already taken place in the household.* ○ *Why now? New variants are more contagious and more dangerous.* ○ *Already recommended for people in precarious housing situations, but not usually implemented by local authorities for cost reasons.* ○ *This has often been suggested to the countries. Offers from hotel associations that have developed concepts have been passed on.* ○ *Also useful for people in a household with vulnerable people and as an offer for single people to ensure care.* ○ *If 1 person in a household is KP1, would it also make sense to offer them an out-of-home quarantine? Offer for quarantine outside the home has been checked, there is no legal basis for this.* ○ *Should children still go to school if family members have symptoms?* ○ *The municipalities and communities would have to bear the costs.* ○ *Should be suggested as an option, but not an explicit recommendation: quarantine and isolation outside the home if conditions permit; reasons: new variants and increased incidence of infection.* *ToDo: The contact person management paper defines situations in which isolation outside the home should be offered with reference to the increased risk of infection from new variants. FF W. Haas, will be circulated again.* • *Corona-KiTa study (slides here)* ○ *FluWeb: Frequency of acute respiratory diseases* ▪ *Increase in ARE rates for 0-5 year olds, also increase for 6-10 year olds* ○ *Incidence and proportion by age group* ▪ *Increase in incidences in all age groups* ○ *Outbreaks in kindergartens/day nurseries* ▪ *Scale has been adjusted, significant increase in daycare centres in recent weeks.* *ToDo: Include a note in the situation report that the scaling has changed.* ○ *Percentage of children in care (DJI)* ▪ *Utilisation of daycare centres jumps to 75% in weeks 7-8 increased.*	*FG36 (Haas)*

	▪ *New variants have gained the upper hand with a higher attack rate and much higher density of children in daycare centres.* ○ *Outbreaks in schools* ▪ *Late registrations in the next 2 weeks must be awaited in order to be able to answer whether whether the increase in outbreaks will continue or whether the measures can contain the outbreaks.* ○ *Should outbreaks in schools already be included in the situation report or should we wait and see? Yes, as there will probably be enquiries about this.* ○ *In Austria, teachers are relationally more affected than pupils, is there similar evidence here? About half of those affected are adults. There are hardly any differences between children and adults, difficult to identify by whom the 1st entry was made.*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	*FG21*
4	**Current risk assessment** • *Article on Greiz, email Mr Wieler (Sat,17:34), https://www.tagesspiegel.de/politik/greiz-hat-550er-inzidenz-wegen-schnelltestoffensive-die-zahlen-werden-noch-weiter-steigen/27018598.html* ○ *District Administrator says 306 of 935 tested contact persons tested positive. Mr Wieler would like to have this verified, have all tests been confirmed with PCR?* ○ *No dialogue has yet taken place with the local GA or the district administrator.* ○ *Greiz has been a hotspot for weeks. The district administrator is apparently not convinced by infection control measures.* ○ *There is a request from the epidemiological officer of Thuringia that the RKI should enter into dialogue with the district administrator.* ○ *If there were to be a meeting, Mr Schaade and Mr Hamouda should be present; she has not yet agreed to a meeting.* ○ *The RKI should first make up its own mind whether the figures are correct, whether everyone was asymptomatic, whether antigens were detected and how many of them were confirmed. There is still no feedback from the health authority.* ○ *Claudia Siffczyk is in dialogue with Thuringia about the need for technical information from the GA.* ○ *Mr Wieler would be willing to take part in the telephone call.* ○ *If the district administrator does not want to initiate any measures, there are hardly any options on our*	*All*

	part.	
5	**Communication** **BZgA** • *Nothing reported* **Press** • *Information event with Ms Giffey and Mr Spahn with team on site in General-Papestr., no official press event* **P1**	*BZgA (Ommen)* *Press (epee)*

	• *Exchange with FG33 on whether anything else should be communicated on the AstraZeneca vaccine.* • *What is the current estimate of the number of unreported cases?* ○ *Difficult to say: 30-50%, factor 2 to 3.* ○ *There is an Epid Bull article on this. The number of unreported cases changes over time.* ○ *Please use the term underreporting instead of dark figure.* ○ *Recommendation to contact Hanne Neuhauser. Her group has been given the task of continuously screening national and international data.* ○ *Why is it assumed that underreporting is increasing and not decreasing thanks to the test offensive?* ○ *Underreporting varies greatly depending on the age group, being lower for older people and higher for younger people.* ○ *How high is the proportion of asymptomatic cases? A much higher proportion of symptomatic and severely ill cases are recorded. Asymptomatic cases account for the majority of underreporting.* ○ *Estimation approach via syndromic surveillance* ○ *Previous estimate with factor 3 very conservative, increase in test frequency, but massive development of new variants.*	*P1 (Jenny)*
6	**RKI Strategy Questions** **a) General** • *Proposal from the federal states to tighten the contact person management paper* ○ *High Attak rate also among category 2 contact persons; feedback from BL that RKI recommendations are not massive enough.* ○ *Question, what specific tightening is needed? Generous designation of KP 1, shortening of the duration of aerosol exposure?* ○ *GA can arrange for contact persons to be tested immediately after contact, contact persons should inform contacts independently.* ○ *There is no evidence in favour of eliminating the differentiation between CP 1 and 2.* ○ *If 2 cases are found under KP, GAs should be encouraged to write case reports. Also for Outbreak investigations find cases among category 2 contacts.*	*FG38 (Rexroth)/* *All*

	○ *What changes in public health measures are possible? In which direction do we want to strengthen something? Accommodating contacts and patients in hotels? Dealing with contact persons? How much transmission is there actually?* ○ *You could turn the principle round and define everyone who has been in a room as a CP, unless they were all wearing MNS. Then the number of contacts increases sharply and cannot be tracked by the GA.* ○ *Decision of principle: to tighten the papers in view of the VOC or not? Can this achieve anything? Tightening public health measures that do not affect the population as much as lockdown measures.* ○ *Concern that acceptance among the population and compliance will decrease if measures are tightened.* ○ *The message that people should stay at home when ill and that private contacts with many people from different households lead to an increase in the number of cases is not communicated sufficiently to the public.* ○ *Mrs Jenny would like to support and will get in touch with Mr Haas to broaden the Easter messages again.* ○ *BZgA: during the holiday/Easter period, the message to stay at home, avoid travelling and reduce contacts is communicated again. BZgA communicates the AHA rules in a continuous loop. Large nationwide campaigns and TV adverts are controlled by the BMG.* ○ *Who advises BMG? BZgA is represented in committees.* ○ *An overall package of behaviour should not only be communicated on social media.* ○ *All measures and papers affected by VOCs are to be discussed as a block on Friday. Goal: tighten up as much as possible without jeopardising practicability* ○ *To be discussed directly after the international and national situation. The other items on the agenda will only be discussed if there is still time.* *ToDo: Everyone looks at their papers and makes suggestions.* **b) RKI-internal**	
7	**Documents** • *Document on hygiene measures in the healthcare sector has been revised.* ○ *Can the amendments be adopted as they stand? No further comments, already circulated.* • *Suggestion at this point to always mention publications that are being worked on.* ○ *Unwillingly, as the agenda is always very full, circulate via distributors instead.*	*FG14 (Brunke)* *Rexroth Schaade*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*

9	**Laboratory diagnostics** • *ZBS1* ○ *In week 11, 996 samples were received, of which 458 (45.9%) were positive for SARS-CoV-2. The trend for VOCs continues to rise.* • *Virological surveillance* ○ *Results samples week 11: 510 samples: rhinoviruses 27%, SARS-CoV-2 5%, seasonal coronavirus (mainly NL63) 8%* ○ *Testing strategy has been finalised and is with the Minister: integration of testing in schools and in the company context, in schools depending on the requirements of the respective Ministry of Education and Cultural Affairs; funding has been secured.* *ToDo: To be published on the website after approval.* ○ *Pilot project Perspektive Kultur: Practicability of supplementary testing in connection with cultural events.* ○ *Internal diagnostics: a supplement to the Epid Bull contribution is being prepared.*	*ZBS1 (Michel)* *FG17 (Wolf)* *Mielke*
10	**Clinical management/discharge management** • *Start with counselling network in 2nd round, topics: Diagnostics, Therapy and intensive medical care* ○ *Widely advertised* • *Monoclonal antibodies in immunocompromised patients is being discussed, to be finalised this week.* • *Strategic patient transfer was cancelled by the Czech Republic.*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *Mr Götsch/Frankfurt (airport) reported to internat. Communication reported on Sat. that there is no capacity in Frankfurt to accommodate people who have tested positive (hotels etc.).* ○ *Why? Presumably for financial reasons.* ○ *Can no longer keep up with contact tracing*	*All*
12	**Surveillance** • *model with forecasts for vaccination and the development of the variants was passed on to the Minister by Mr Wiechmann.* • *Sinus vein thrombosis: Why are autoantibodies formed, is it due to the spike protein or the vector? Does this also occur with natural infections? And also with other vaccines and has this not been observed so far, as it was primarily older people who were vaccinated? Is there any data on this?* ○ *Final statements cannot yet be made.*	*FG33* *Wieler*

	There is probably a certain additional risk, but the causal relationships have not yet been clarified. ○ *Mr Wichmann is in contact with the group in Greifswald.* ○ *STIKO deals with this topic in a subgroup, is on the agenda again on Thursday at the STIKO consultation.* ○ *Background incidence from the Netherlands: Occurs most frequently in women between 30-50 years, cofactors pill, pregnancy.* ○ *Background incidence is currently being calculated for Germany.* ○ *The frequency of thromboses has tended to decrease in the last year, as thromboses are triggered by infections.* ○ *What is the incidence of COVID disease?* *ToDo: Analysing the incidence of thrombosis with LEOSS data, FF U. Koppe* ○ *No direct access to LEOSS data, sometimes difficult to obtain information.*	
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, 24 March 2021, 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:	*24.03.2021, 11:00-12:52 a.m.*
Venue:	*Webex conference*

Moderation: *Osamah Hamouda*

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Ralf Dürrwald*
- *FG 21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 27*
  - *Julika Loss*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *?*
- *FG 34*
  - *Viviane Bremer*
- *FG 36*
  - *Silke Buda*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Meike Schöll*
- *IBBS*
  - *Christian Herzog*
  - *Agata Mikolajewska*
  - *Michaela Niebank*
  - *Bettina Rühe*
- *MF 4*
  - *Martina Fischer*
- *P 1*
  - *Ester-Maria Antão*
  - *Ines Lein*
  - *Mirjam Jenny*
- *P 4*
  - *Dirk Brockmann*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
  - *Eugenia Romo Ventura*
- *BMG*
  - *Christophe Bayer*
- *BZgA*
  - *Florentine Frentz*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** ○ *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,690,523 (+15,813), including 75,212 (+248) deaths, 7-day incidence 108/100,000 p.e., significant increase compared to the previous week* ○ *Vaccination monitoring: Vaccinated with one vaccination 7,937,540 (9.5%), with 2 vaccinations 3,516,986 (4.2%)* ○ *DIVI intensive care register: 3,171 cases in treatment (+26)* ○ *7-day incidence of the federal states by reporting date* ▪ *Visible increase, 7-day incidence in TH and SN still above the national average, rising trend is likely to continue despite "Knick" (late registrations are expected)* ○ *Geographical distribution of 7-day incidence by region / trends:* ▪ *1 case with 7-day incidence > 500: Greiz district; also high incidence in neighbouring districts* ▪ *Increasing trend in many circles in almost all BL, in some cases with quadrupling (but with low case numbers), Few LK with decline, overall heterogeneous picture* ○ *7-day incidence by age group and MW* ▪ *Heat map shows increase in all age groups, including the very old* ○ *Proportion of deceased and hospitalised* ▪ *Proportion of deaths and hospitalisations continues to fall* ▪ *Late registrations still expected in the grey bar* ○ *Hospitalised cases by age group* ▪ *Trend: further decline in many age groups (+80 years, 60-79 years, 35-59 years), otherwise Consistently low* ○ *Number of COVID-19 deaths by week of death* ▪ *Decreasing trend* *ToDo: The figures on outbreaks in daycare centres and schools reported on Monday have not yet been included in the situation report; press enquiries are increasing; a presentation is to be included in today's situation report.* *ToDo: FG32 creates new chart of hospitalised COVD-19 cases by age group (at 100%).* ○ **Test capacity and testing (Wednesdays)** **Test number recording at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Number of PCR tests up slightly (CW11: 1.35 million), increase of approx. 6% on the previous week*	*FG32 (Diercke)* *Dept. 3 (Hamouda)*

	▪ *Positive share has also risen (CW11: 7.9 %)*	

	▪ *Number of labs submitted has decreased by 6% compared to the previous week* o *Capacity utilisation* ▪ *Unchanged, PCR capacities still available* o *Sample backlog* ▪ *No significant sample backlog* ▪ *Massive supply problems for pipette tips at the RKI* o *Test number recording VOC* ▪ *Increasing number of participating laboratories* ▪ *CW11: > 60,000 PCR tests for VOCs performed, of which with evidence of VOCs: 72.3% (B.1.1.7: 71.3 %,* *B.1.352: 1 %, P1 only sporadically detectable)* o *AG-POCT in facilities, cumulative* ▪ *354 organisations involved* ▪ *Since calendar week 49, 2020, a total of 428,063 tests recorded, of which positive: 854 (0.2%), of which 717 (84%) in PCR* *gone, of which PCR-confirmed: 377 (52.6%), total 0.1% positive rate, many POCT not analysable (more than positive!)* o *Many different tests in use complicate the evaluability, not all are on the BfArM list, some were assessed as insufficient.*	
	Testing and positives in ARS *(slides here)* o *Overall, the number of tests per week is increasing.* o *The proportion of positives is increasing slightly in the BC, even in TH (where the number of tests is relatively low).* o *Number of tests per 100,000 by age group and week: children 0-4 and 5-14 are tested significantly more, fewer tests are carried out among the very old, the number of tests per 100,000 in the middle age groups shows small changes compared to the previous week (e.g. slight increase in the 15-34 age group).* o *Proportion of positives by age group and KW: The proportion of positives among 0-4-year-olds falls to around 5%, while a decline can also be observed among older children. Among 15-34, 35-59 and 60-79 year olds, the proportion of positives is increasing.* o *The number of positive tests per 100,000 inhabitants by age group and KW is increasing in all age groups with the exception of >80-year-olds.* o *The number of tests and the proportion of positives are increasing in doctors' surgeries, while the number of tests in hospitals remains stable and the proportion of positives there is falling. Analysing this data by age group shows that children are increasingly being tested in surgeries.* o *The proportion of B.1.1.7 proofs is approx. 50%, the visible dip in all age groups is possibly due to the lower number of submissions in the last week.* o *Outbreaks in nursing homes are still taking place, but at a lower level and late notifications are playing a role.*	*FG 37 (Eckmanns)*

	○ *Outbreaks in KH continue to decrease.* ○ *Discussion: Rapid tests are primarily carried out on older children, younger children are more likely to be tested by PCR in doctors' surgeries (increase in the number of tests, but proportion of positives remains the same). Results from outbreak investigations in daycare centres (e.g. Bergstrasse district) show higher attack rates in outbreaks with B.1.1.7. which is difficult to assess in detail.* ○ **Syndromic surveillance (Wednesdays)** *(slides here)* ○ *FluWeb* ▪ *ARE rates have remained the same compared to the previous week, but for 0-4 and 5-14 year olds the ARE rates are rising.* *rates are high, while those aged 60 and over have reported fewer ARE.* ▪ *values are still significantly below those of the previous seasons (since week 36).* ○ *ARE consultations until CW11* ▪ *Consultation incidence on the rise. Approx. 615,000 ARE doctor visits in DEU in CW11 (previous week: 516,000),* *below the previous year's level, TH strongly affected, but increases can be seen in almost all regions, BE/BB/SL/RP/HH/SH rather exception with constant level, in no region a decline is observed.* ○ *ICOSARI-KH-Surveillance* ▪ *SARI case numbers have risen again overall. Further decline in the 80+ age group, but* *Age groups 0-4, 15-34, 35-59, 60-79 are rising, in some cases sharply. Age groups 15-34 and 35-59 are again at a higher level, while all other age groups are still below the level of previous years.* ▪ *COVID-SARI case numbers: in the 60-79 and 35-59 age groups, an upward trend may be expected.* *observed.* ▪ *Share of COVID-SARI cases in SARI cases continues to hover around 50%* ○ *Discussion: The overall increase in ARE can possibly be interpreted as an expression of non-compliance or the increase in transmissible contacts for all respiratory pathogens.* ○ **Virological surveillance - NRC influenza viruses (Wednesdays)** *(slides here)* ○ *Sample receipt and SARS-CoV-2 detections: highest sample receipt in CW11 so far in 2021 (n=257); proportion of SARS-CoV-2 positive samples 6.2 %, increase is recognisable.* ○ *Virus circulation: proportion of rhinoviruses clearly increasing, relaxation period: rhinoviruses appear to be drivers of the infection process, but also SARS-CoV-2*	*FG 36 (Buda)* *FG 17 (Dürrwald)*

	Detections have risen slightly, with RSV detected for the first time in week 10 and an increase in NL63 also observed. ○ *Samples received by age group in the last 4 weeks: still many samples from the 0-4 age group (period: week 8-11), in week 11 > 40% rhinoviruses, mainly 0-1 year olds affected, in 5-15 year olds also increase in rhinovirus activity (in week 11 >35% share).* ○ *Seasonal coronaviruses, in particular NL63, are showing a sharp increase. Compared to SARS-CoV-2, younger age groups are more strongly represented in NL63, while older age groups are more strongly represented in SARS-CoV-2. Compared to the previous week, hardly any differences in 0-4-year-olds for NL63 and SARS-CoV-2, decrease in 5-15-year-olds for both pathogens compared to the previous week, increase in 16-60-year-olds for both pathogens.* ○ *UK variant is the strongest variant in Sentinel (>80%).* ○ *Discussion: The data show a correlation between ARE surveillance and overall positivity rates; the increase in ARE is passed on from younger to older age groups. Double infections between SARS-CoV-2 and rhinoviruses are possible, the double infection of rhinoviruses and seasonal coronaviruses is more frequent. It is unclear to what extent such double infections contribute to increased transmission and possibly increase excretion via inflamed mucous membranes.*	
	○ **Figures on the DIVI Intensive Care Register (Wednesdays)** *(slides here)* ○ *3,192 COVID-19-ITS patients (as of 24 March 2021), steep increase in most BL, also 12 children on IST, +334 people compared to previous week* ○ *Proportion of non-invasively ventilated patients is increasing (younger patient group?).* ○ *Proportion of COVID-19 patients is over 15% in 6 CCs, TH over 20%, only HH has improved (decline)* ○ *Share of COVID-19 patients in the total number of operational ITS beds: HB shows a strong increase, HH and SH decreasing; BE and BB remain on a plateau; increases also in TH and SN.* ○ *ITS availability and workload: Availability for high care and ECMO is decreasing, and staff shortages are being reported again.* ○ *With regard to the forecasts of COVID-19 patients requiring intensive care developed as part of SPoCK, there is an upward trend, particularly in the east and south-west, but the overall picture is heterogeneous when presented by BL.* ○ *Discussion: It is asked why one would not first expect an increase in hospitalisation rates before intensive care occupancy. It is noted that hospitalisation reports lag behind the current situation, but the different reference date must also be taken into account here. FG 32 will*	*Martina Fischer / MF4*

RKI	*prepare a presentation by hospitalisation date.* *COALA study (slides here)* • *As part of the COALA study, cases and contact persons in daycare centres and the associated families are examined on day 5 after the index case becomes known and self-sampling in the families is made possible over 14 days in the event of daycare centre outbreaks.* • *A B.1.1.7 mutation was detected in some of the outbreaks investigated.* • *Families are very willing to participate; this results in a large sample, even if members of the family cannot be classified as KP1 in the course of the study.* • *Mouth and nose swabs, saliva samples and capillary blood samples have proven their worth and are well accepted. Saliva samples do not work with <1-year-old children.* • *Self-testing is going well (swab material is given to the families, with self-testing every 4 days and the sample sent within 24 hours), response rate over 90%, the response rate for saliva samples is slightly lower.* • *Self-sampling makes the viral load visible; the viral load is not detectable for as long in children as it is in adults. ¼ of positive cases are only identified during self-sampling.* • *Previous results suggest lower secondary attack rates when the index case is a child than when the index case is staff. The variability between different daycare centres is high.* • *Discussion: The topic of self-sampling and sampling methods was discussed by the epidemiologists. A possible change to the recommendations in the diagnostics paper would have to be considered in a differentiated manner: the snort-nose swab technique is increasingly establishing itself as the standard for antigen tests; saliva samples are only useful in connection with PCR tests.* *Modelling: Modus Covid project (slides still pending)* • *Link: https://covid-sim.info/* • *This is an agent-based model for Berlin in which individuals ("particles") are modelled in a synthetic population on the basis of a traffic model. The model is similar in structure to the model by Michael Meyer-Hermann and colleagues.* • *Transmission probabilities are differentiated; the model has a detailed and modular structure; it allows regular forecasts, e.g. on the effect of test offers. Further expansion of the model is possible.* • *Model allows statements to be made about the benefits of rapid tests in different contexts and confirms the results of other studies and models. The central (conservative) assumption is that*	*FG 27 (Loss)* *Brockmann*

	the rapid tests identify 70% of the people who are actually infected as positive and that those who are identified as positive by the rapid tests are immediately PCR retested and go into isolation. • *The data can be used to determine the composition of the R-value, especially unprotected contacts in one's own household and mutual private visits are relevant.*	
2	**International (Fridays only)** o *Not discussed*	
3	**Update digital projects (this week on Wednesdays)** o *Upload function for test results for the Digital Entry Application (DEA) (slides here)* o *DEA is a good example of cross-departmental cooperation. The website has been online since 8 November 2020 and the RKI has been the publisher since 1 January 2020.* o *Entry from risk areas requires proof of a negative test result in addition to the DEA. Previously, health authorities had to request this test result from travellers separately (e.g. by email). Upload option within the DEA enables linking with entry registration, whereby a maximum of 2 test results (as an image file) can be uploaded subsequently or simultaneously using a PIN code. The health authorities can see who has uploaded.* o *Advantages:* o *Easier work for medical practitioners* o *Less effort for travellers (no additional contact necessary)* o *The upload function is expected to be launched in April.* o *Frequently changing legal requirements can only be mapped in the DEA with a time delay. Current regulations on test certificates and isolation after entry depend on previous places of residence (risk area, virus variant areas, high incidence areas) based on the Model Quarantine Ordinance, the Corona Entry Ordinance or the country regulations.* o *The press office has received complaints that the telephone number of the head office stated in the DEA imprint is not able to provide information. We would ask you to use a different telephone number.*	*Smear*
4	**Current risk assessment** o *Not discussed*	

5	**Communication** **Press** ○ *In view of the many online publications planned for this week and the regular issue, the workload of the EpiBull editorial team is very high. We kindly ask you to consider publishing publications at short notice elsewhere, e.g. on the website or in the management report.*	*Press office*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** *Not discussed*	
7	**Documents** ○ *Definition of reinfection (here) has been finalised. This can be found both as an information letter to the health authorities and on the website at "Case definition"; the latter makes sense in view of the public interest in the topic. In principle, a note on the target group / purpose of the document (recording in the reporting system, not intended for clinical considerations) should be provided in advance.* ○ *In the information letter regarding genome sequencing, the criterion for the health authorities that B.1.1.7 is suspected has been removed following discussion in FG32 and FG 36; a reference to integrated molecular surveillance has been retained. The revised draft should, be sent to the diagnostics working group for approval as soon as they have been finalised.*	*FG 32*
8	**Vaccination update** ○ *Not discussed*	
9	**Laboratory diagnostics** ○ *Over 100 samples are received each week for sample preparation for IMS sequencing, and an increase in B.1.1.7 is also recognisable here.*	*FG17*
10	**Clinical management/discharge management** ○ *Discharge management: A revised draft will be circulated promptly, taking into account the prevailing variant B.1.1.7 (including extension of the period to 14 days).*	*IBBS*
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)** ○ *Management Report* ○ *In accordance with the BMG's wish to include something positive in the management report*	*FG 34 / all*
	report, a sentence on the less pronounced increase in the number of cases in the older age groups may be included. ○ *Thanks to many efforts, the management report is expected to be largely automated for the first time at the WE. Due to the earlier completion, the figures from the DIVI register will only be referenced via a link.* ○ *In principle, it was again suggested whether the additional reports could be bundled, i.e. possibly once a week, and only automated short reports should be published daily. This request has already been made to the RKI several times.* ○ *During the Easter holidays, the WE service format will be used in the situation centre. The webmaster on-call service will also be adjusted accordingly. Maundy Thursday is a normal working day.*	*FG 38 / all*
15	**Important dates** ○ *26.03.2021 12:30: Prof Nagel from TU Berlin presents model for the dynamics of virus spread*	*All*
16	**Other topics** ○ *Next meeting: Friday, 26 March 2021, 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:	*26.03.2021, 11-12:30 a.m.*
Venue:	*RKI - Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32*
  - *Michaela Diercke*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *FG 33*
  - *Ole Wichmann*
  - *Anette Siedler*
- *FG36*
  - *Walter Haas*
  - *Lena Bös*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *INIG*
  - *Eugenia Romo Ventura*
- *ZIG4*
  - *Sangeeta Banerji (protocol)*
- *BZGA*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International (slides here)* **-Top 10 countries by number of COVID cases** *(Brazil, USA, India, France, Poland, Turkey, Italy, Germany, Ukraine, Russian Federation)* o *In all countries increase in 7-day incidence, except Russian Federation, where decrease* o *Total +15.9% cases compared to the previous week* o *Fatalities unchanged at 2.2%* *-7-day incidence highest worldwide in America and Europe, in some cases >500/100,000 inhabitants* **-British variant B.1.1.7***: Cases are reported from all continents, therefore no more virus variant areas are shown for B.1.1.7.* **-African variant B1.351***: Cases are reported from Africa, Asia, North America, Europe; under observation: Africa* **-Brazilian variant P1***: Virus variant areas: Brazil, Under observation: all of South America, Italy* *-Continental overview: increase in deaths on all continents except Oceania* *Question1: How can the synchronisation of virus variants across continents be explained?* *Answer A: Due to the increased transferability, the variants spread rapidly and dominantly.* *Question 2: What is known about new Indian variant (double mutant), confirmed?* *Answer: No precise information available yet (passing on Christian Drosten's statement)* • *National (slides here)* o **Number of cases** *119/100,***000/deaths***: no increase* o **Vaccination***: approx. 10% received first vaccination, 4% 2nd vaccination.* *Vaccination* o **7-day incidence** *increased everywhere, above average in Thuringia, Saxony and Saxony-Anhalt, only 24 districts (LK) left <50/100,000, 19 LK>250/100,000* o **Distribution B1.1.7***: Increase everywhere, in some LK almost 80% share, especially in the south* o **Imported cases:** *Poland, Romania and Turkey, but a very small proportion of cases*	*Eugenia Romo Ventura* *Michaela Diercke*

	○ **Median age of COVID-19 cases** *before 2nd wave approx. 35 years, peak 2nd wave approx. 50 years and currently 38 years, median age of intensive care patients slightly declining at currently <70 years, median age of deaths unchanged at >80 years* ○ *Deaths below the average of recent years* ○ *Syndromic surveillance (Wednesdays)* ○ *Test capacity and testing (Wednesdays)*	
2	**International (Fridays only)** • *Return from Uzbekistan* • *Mission to Montenegro in planning* • *A first draft to support genome sequencing will be sent to the BMG before Easter* • *Request Yemen (via WHO): Support through sequencing of 100 samples in 3 months; request must be checked; Note: There is an agreement between WHO and RKI on sequencing, therefore Yemen request probably possible - please contact ZBS1* • *Samples from Namibia arrived for sequencing* • *Note: There will be an event on 4 April to discuss rapid tests for opening schools with Scotland. If you are interested, please contact ZIG* *Question: When can vaccination appointments be made for internationally active employees?* *Answer: Vaccination is due to start on Monday (only for authorised persons),* *Note Mr Schaade: Please postpone until after Monday, reason given*	*ZIG*
3	**Digital projects update (Mondays only)** •	
4	**Current risk assessment** • *Not reported*	*All*
5	**Communication** • *No contributions*	
6	**News from the BMG** • *Not reported*	*BMG*
7	**Strategy issues not reported** **a) General**	*All*

	• *No contributions* **b) RKI-internal** • *No contributions*	
8	**Documents** • **Revision of the contact person management document** *The revision of the following four main points was discussed (document here)* *1) Contact persons Category 1 (delete KP2 or severely restrict definition)* *2) Question: Designation KP, instead of KP1/KP2 Answer: No, as designations are now familiar* *3) VOC: No separate regulation for B1.1.7, but only for vaccination escape variants?* *4) Testing/testing strategy: Suggested testing strategy KP1: early testing (on day 1 of the investigation), rapid test possible? Question: Exemptions for vaccinated people? Answer: BMG decision pending* *5) Offer of quarantine outside your own household? Paper is revised, circulated and released according to discussion* • **Revision of discharge criteria for doctors** *(document here)* *1) Change: 14 days isolation regardless of VOC& severity of the disease* *2) Final test: PCR detection only in severe cases* *3) Antigen detection can be performed if PCR is not available* • **Pandemic etiquette***: Easter rules (document here)* *Tim Eckmann's paper will be discussed next week on Wednesday*	*Lena Bös and Walter Haas*
9	**Vaccination update (Fridays only)** • *Not reported*	*FG33*
10	**Laboratory diagnostics** • *Not discussed*	*ZBS1* *FG17*
11	**Clinical management/discharge management** • *Only discussed as part of the discharge management document (see section 8)*	*IBBS*
12	**Measures to protect against infection** • *not discussed*	*All*
13	**Surveillance** • *Corona-KiTa study* **(only on Mondays)**	*FG32* *FG36*
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** *Event on 4 April to exchange information on rapid tests for opening schools with Scotland. If you are interested, please contact ZIG*	*All*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*29.03.2021, 13-15 h*
Venue:	*RKI, Webex*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
- *Dept. 3 Management*
  - *Osamah Hamouda*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG 32/38*
  - *Maria an der Heiden*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG 34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*

- *P1*
  - *Mirjam Jenny*
- *ZBS1*
  - *Janine Michel*
- *ZIG/ INIG*
  - *Luisa Denkel*
- *BZgA : Linda Seefeld*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International (not discussed)* ○ *Cases, spread* • *National (slides here)* ○ *Number of cases: 134/100,000 p.e. (+2000 cases compared to the previous week)* ○ *11% with 1st vaccination, 5% with 2nd vaccination* ○ *Increase in intensive care cases* ○ *7d incidence of the federal states increased everywhere, especially Saxony and Thuringia, 16 LK<50/100,000 p.e.: in SH, Lower Saxony, RLP and Saarland)* ○ *7d incidence by age group: highest among 10-60-year-olds, especially 15-30-year-olds, in eastern Germany also among >80 (slight increase despite vaccination)* ○ *Case detection: Predominantly no information, no increase in case detection due to testing, i.e. increased testing is not the cause of increased case numbers. There could be a correlation between increased testing rates and case numbers in individual districts, but not for the overall German average.* *Question1: What type of testing is behind the testing/series examination parameter (type of case finding slide)?* *Response: No differentiation between initial test type, but all cases PCR-confirmed* *Comment1: Request for separate reporting of antigen tests* *Comment2: There is a slight increase in case detection by KPN.* *Answer: Variable KPN only since week 40, therefore larger fluctuations possible due to the small data set.* *Corona-KiTa study (slides here)* • *Incidence of ARE among 0-5 year olds constant, there is an increase among 6-10 year olds* • *Notification figures for Covid-19 cases: significant increase in all age groups* • *Outbreaks in nurseries: 0-5 and 6-10-year-olds most affected, 100 outbreaks in the last week. Conspicuous LK Chemnitz with 9*	*Michaela Diercke* *Walter Haas*

RKI	*Daycare centre/school dropouts* • *Overall, there has been an increase in outbreaks after schools open* *Question 1: When will this data be published?* *Answer: on Tuesday (30.03.21)* *Question 2: Is there any evidence that children with VOC are more severely ill?* *Answer: No information yet*	
2	**International (Fridays only) not discussed** •	*ZIG*
3	**Digital projects update (Mondays only)** • **DEA:** *Transmission of test results to be made possible, release week 16 with upload function to fulfil commuter rule, disruption on Friday (26.03.21) for 30-60 min, on 25.03.21 63,000 registrations via DEA (average 55,000), which could be an indication of increased travel activity* *Comment on increased registration numbers in the DEA: Previously registration was possible for fellow travellers, now one registration per traveller. This could also be an explanation for the increased numbers.* *Answer (from the audience): Change has been in force for several weeks and therefore increased numbers rather indicate increased travelling activity* • **CWA:** *-Evaluation must be submitted by 31 March 2021, which is very difficult as only key figures are available.* *-Upload of test results should be made possible, but no agreement yet on validity (24h, 48h, 7d). Question Schmich: What is the RKI position?* *Answer/comment: RKI position at 24h!* *-BMG requires event registration in CWA, using the same QR code as the LUCA app if possible* *- The CWA and Luca app should also be compatible for the digital vaccination card (same QR code). Discussions between SAP and IBM in this regard* *Comment after discussion: LUCA-CWA compatibility hardly possible, as the former is a centralised principle and the latter is decentralised. However, as there are many "Luca apps", RKI will not criticise the data protection of centrally stored data.* *Question1: Are the technical principles, e.g. duration of validity of rapid tests, false-positive/false-negative rates, discussed professionally?* *Answer: No, specialised information is provided, but*	*Smear*

	Legal aspects (e.g. rapid tests for commuters at border crossings are valid for 7 days) must also be taken into account *Comment: CWA's decentralised approach as a positive development* *emphasise this aspect!*	
4	**Current risk assessment** • **Please read by Wednesday (31.03.21) and then discuss in the meeting!**	*All*
5	**Communication** • *The website Infektionsschutz.de provides guidance for action:* • *Be outside as often as possible* • *AHA-L* • *No celebration, but if so, then only in a small family circle* • *No travelling* • *Test more often* • *Using digital communication to combat loneliness* *Question: Where can I find a complete overview of the existing test roads and protective measures?* *Answer: will be searched out and link will be sent around* *Comment: Please communicate more strongly that proven rules of behaviour also help with the new variants!* *A formulation is required as to why the contact time has been reduced from 15 minutes to 10 minutes.* *Answer: The reason is the higher transmissibility and presumably also higher viral load of VOC.* **A formulation will be made available to the press office.** **Pandemic etiquette** *(document here) will go into the publication process from 30.03.21* *-No more "branding" at Easter* *-Note added that it also applies to new variants* *-important: added in the symptom list that typical symptoms do not always have to be present, e.g. in some cases only 'general weakness'.* *Comment1: The wording "Virus-free today/ tomorrow too?" is not clear. Please rephrase!* *Comment2: The word "etiquette" implies a "nice-to-have". Please choose a more binding term!* *Question P1: Are there any data on Astrazeneca doses given to women <55 years of age who are at increased risk of cerebral venous thrombosis from this vaccination?* *Answer: Please enquire with FG33!*	*BZgA (Seefeld)* *Press* *P1*

6	**News from the BMG** *not discussed separately* •	*BMG*
7	**Strategy questions** **a) General** • **Quarantine / isolation outside the home** *Objective: To draw up a paper for the federal states to demonstrate the applicability of quarantine/isolation outside the home in suitable* **individual cases** *(e.g. in precarious housing conditions, positive testing at the airport where there has been no contact with other family members, etc.). Also indicate limits, e.g. no unsupervised isolation of vulnerable persons/groups.* **Work assignment to C. Herzog: Lead preparation of the paper by 1st week after Easter (with input from FG36 and P1), then presentation in AGI (probably 1st Tuesday after Easter)** **b) RKI-internal** • *BMG wish: As few staff as possible on site on Maundy Thursday.* **Note: Following the meeting, it was decided to maintain normal shift operation for the situation centre, as no reduction in the workload is expected.** *Question1: Does this instruction only apply to office workplaces? Answer1: Must be checked.* *Question2: How is the Berlin Test Ordinance implemented? Answer2: Tests have already been purchased and are in progress. Situation centre could be affected by mandatory testing. Please contact MA Support, Central Administration and S if you have any questions.*	*All*
8	**Documents** • *Document KPN: Document is finalised on the same day* • *Test criteria paper: asymptomatic CPs were also included* *Quarantine paper: Quarantine for vaccinated people in contact with VOC? Answer1 (Wolff): According to studies, vaccination protection is given for VOC. Answer2 (Haas): KPN paper recommends quarantine despite vaccination, not because of severe course of disease, but because of likelihood of spread despite vaccination.* *Commentary1 (Kröger): For sequencing B.1.1.7 delimit and focus on other variants.* *Comment 2: Covid patients do not currently have to be quarantined for the first 3 months after the onset of the disease, but may only be vaccinated 6 months after the onset of the disease: It*	

RKI	*There is a gap of months that needs to be closed.*	
	Note on comment 2 (Mielke): There is a Danish publication on this topic in The Lancet.	
9	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
10	**Laboratory diagnostics** • **Update AGI Sentinel**: *160 samples analysed: 31% human Renoviruses, 12% seasonal coronaviruses, 5% Sars- CoV-2* • **Meeting AGES and RIVM**: *-Incidence in Vienna >300, therefore "Viennese gargle test" for everyone (including tourists!) and result after just 24 hours thanks to a pooling strategy* *Comment: Dortmund University and Labor Berlin also develop or use pooling strategies for high-throughput testing* *-detection of the new B1.1.7 variant with additional "South Africa" variation in Austria* *-Netherlands: incidences >200, of which >90% B1.1.7, vaccination too slow* • *1206 samples analysed, 508 of which were positive (42%), of which 90% B1.1.7* • *First 35 samples from Ukraine are on their way*	*FG17 (Wolff)* *ZBS1*

11	**Clinical management/discharge management** • *Realised: Antigen test for asymptomatic cases: Presentation in AGF tomorrow*	*IBBS*
12	**Measures to protect against infection** • *Lufthansa would like to introduce self-tests with video observation with authentication in response to the regulation from 30.03.21 that a negative test must be presented before departure, which must not be older than 48 hours. Can this option be linked on the homepage?* *Answer: Such a procedure further increases the uncertainty of rapid tests. However, since the BMG regulation links this possibility with the addition: "As the BMG reports..."*	*All*
	Comment: Please link all BMG regulations in one place for better clarity and differentiation from expert opinions *Answer (Ronja Wenchel): Already done. Please let us know if you notice any deviations* *Question: Should cross-border contact tracing be maintained in view of scarce human resources?* *Answer after discussion: yes, but question in committees (EWAS) up to what point it makes sense (e.g. no longer when a certain incidence is exceeded in the respective country).*	
13	**Surveillance** • *Corona-KiTa study* **(only on Mondays) already under point 1**	*FG32* *FG36*
14	**Transport and border crossing points (Fridays only)** • *Already under point 12*	*FG38*
15	**Information from the situation centre (Fridays only)** • *Not discussed*	*FG38*
16	**Important dates/work assignments** • *Please read the risk assessment by Wednesday (31 March 2021) and then discuss it at the meeting!* • *Provide the press office with a formulation to justify the shortened contact time.* • *Preparation (IBBS, Herzog) of the paper on quarantine/isolation outside the home by 1 week after Easter (with input from FG36 and P1)*	*All*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*31.03.2021, 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*
  - *Tanja Jung-Sendzik*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *?*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
  - *Lena Bös*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
  - *Agata Mikolajewska*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Esther-Maria Antao*
- *P4*
  - *Susanne Gottwald*
  - *Frank Schlosser*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (this week on Wednesdays)** • *International trend analysis, measures (slides here):* *Almost 127 million cases worldwide (13% increase since previous week), almost 2.8 million deaths (2.2% overall)* o *Top 10 countries by number of new cases* ▪ *Further global increase for the 5th week in a row* ▪ *Rising trend in all countries with the exception of Italy* ▪ *Strong upward trend in India and Turkey* ▪ *Many countries in Europe with high incidences* ▪ *Proportion of the population with at least 1 vaccine dose well advanced in the USA, at a very similar level in EU countries* *Level* o *7-day incidence per 100,000 inhabitants worldwide* ▪ *Many countries with very high 7-day incidences* ▪ *In Europe, countries with incidence <>500: Hungary, Poland and Estonia* o *WHO Global consultation on Decision Framework for Assessing Impact of SARS-CoV-2 variants of Concern on Public Health Interventions on 29 March 2021* ▪ *Collection of evidence regarding the efficacy of various vaccines* ▪ *B.1.1.7 Variant (identified in 130 countries): Indications of no or only slightly reduced Effectiveness* ▪ *B.1.351 Variant (identified in 80 countries): only limited evidence available; lower efficacy of AstraZeneca refers to mild, moderate courses.* ▪ *Virtually no data available for P.1 to date.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 2,808,873 (+17,051), of which 76,342 (+249) deaths, 7-day incidence 132/100,000 inhabitants.* ▪ *Slightly less than yesterday, language regulation for press necessary* o *Vaccination monitoring: Vaccinated with one vaccination 9,428,662 (11.3%), with 2 vaccinations 4,059,489 (4.9%)* o *DIVI intensive care register: 3,595 cases in treatment (+22)* o *7-day incidence of the federal states by reporting date* ▪ *No transmission problems yesterday* ▪ *No longer rising quite so strongly in some countries, still at a very high level* ▪ *No clear downward trend in any BL* o *Geographical distribution in Germany: 7-day incidence* ▪ *Only 15 LK with an incidence of up to 50*	*ZIG (Denkel)* *FG32 (Diercke)*

	○ *Increasing or decreasing trend compared to the previous week* ▪ *Rising trend in many LK* ○ *7-day incidence by age group* ▪ *Increases from week 11 to 12 in all age groups, the highest among 5-45 year olds.* ▪ *The incidence rates are lowest in the older age groups, but there has been no decline.* ○ *Hospitalised COVID-19 cases by age group* ▪ *Increase in 35-59 year olds in weeks 9-11* ▪ *Slight decline among 80+ year olds* ○ *COVID-19 deaths by week of death* ▪ *Decline has slowed somewhat, levelling off at a high level.* ▪ *Median age of the deceased remains 82 years* ○ *Number of reported COVID-19 cases with antigen detection* ▪ *From week 11 to 12, slight increase in cases with antigen detection and PCR vs. PCR alone.* ▪ *Shares do not rise sharply, from 4 to 6%.* ▪ *The high increase in the number of cases cannot be explained by antigen tests.* ▪ *However, antigen tests are not reliably transmitted in all countries.* ○ *Language regulation for situation report for public holidays makes sense. Fewer examinations are carried out, case reports may be delayed, fewer visits to the doctor.* *ToDo: Language regulation over the holidays analogous to Christmas* *ToDo: M. Dierke is looking for wording for the management report that the lower incidence and the drop in the R-value are not signs of relaxation.* *ToDo: Update the FAQ on the proportion of antigen tests* • **Syndromic surveillance (Wednesdays only)** *(slides here)* ○ *FluWeb* ▪ *ARE rates fell slightly from week 11 to 12.* ▪ *This applies to all age groups except 0-4 year olds.* ○ *ARE consultations* ▪ *Strong trend of increase in 0-4 year olds and school children has not continued. Catch-up effect in children is decreasing again.* ▪ *Consultations continue to rise for all other age groups.* ▪ *Around 676,000 visits to the doctor this week, compared with 622,000 in the previous week.* ▪ *Differences depending on BL* ○ *ICOSARI-KH-Surveillance* ▪ *Significant increase in SARI cases in all age groups.* ▪ *Case numbers for 15-34 year olds are much lower than for other age groups.*	*FG36 (Buda)*

	○ *ICOSARI-KH-Surveillance - COVID-SARI cases* ▪ *Cases with a maximum length of stay of 7 days: increase in 35-59 and 60-79 year olds.* ▪ *For all cases (including patients still lying down): Increase in the number of cases among 60-79 year olds.* ○ *ICOSARI: SARI cases with/without COVID-19 and intensive care* ▪ *Number of intensively treated SARI cases with COVID-19 increases in 15-34 year olds. However, the number of cases is low level.* ▪ *Mean age of intensively treated SARI cases with COVID-19 fluctuates around 70 years.* ▪ *Average age of SARI cases without COVID-19 diagnosis is higher.* • **Virological Surveillance - NRZ Influenza Viruses (Wednesdays only)** *(slides here)* ○ *Receipt of 277 samples in week 12* ○ *Sample increase due to activities to expand Sentinel and increased ARE activity.* ○ *Gaps in regional coverage* ○ *Sharp rise in rhinoviruses continues.* ○ *Some parainfluenza viruses* ○ *Detection of SARS-CoV-2 just over 4%.* ○ *No evidence of influenza* ○ *Sharp rise in seasonal coronaviruses* ○ *Highest sample volume from paediatric practices* ○ *Strong circulation of rhinoviruses in 0-4 year olds continues in other age groups.* ○ *Highest detection rate of NL63 in 5-15 year olds* ○ *SARS-Cov-2 has a different age distribution, 16-34 year olds are most affected, with rather low detection rates in children, possibly due to mild symptoms.* ○ *Exactly the same can be seen with ARS. Far fewer tests were carried out in the 0-15 age group. It is possible that they have been to the doctor less often.* • **Test capacity and testing (Wednesdays only)** **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Test figures have increased slightly.* ▪ *The number and proportion of positive tests have increased significantly, from 7.9% in week 11 to 9.3% in week 12.* ○ *Capacity utilisation* ▪ *Capacity remains the same.* ○ *Sample backlog* ▪ *Still low* ○ *Test number recording VOC* ▪ *In calendar week 12, the share of B.1.1.7 increased to 78%.* ○ *POCT in facilities*	*FG17 (Dürrwald)* *Dept.3 (Hamouda)*

	▪ *No major change from the previous week, a few facilities have been added.*	
	▪ *0.2% (956) of the tests were positive, of which 84% (804) were tested with PCR, of which 56% (453) were positive* *have been confirmed.* ▪ *26 different tests were used, not all of which are recommended.* **VOC survey** o *Survey has been updated, > 60,000 positive detections, of which almost 90% variant B.1.1.7* o *Politicians are discussing whether Tyrol should become a risk area again due to the E484K coronavirus variant. At the moment, the mutated British variant E484K hardly plays a role in Germany.*	*FG36 (Kröger)*

	• **DIVI Intensive Care Register figures (Wednesdays only)** *(slides here)* o *COVID-19 intensive care patients* ▪ *3,677 patients in intensive care, compared to the previous week +424 (30% increase), since 13 March exponential growth.* ▪ *Increased increase in non-invasive treatment* ▪ *Number of deceased on plateau* ▪ *Proportion increases in most CCs. In 9 CCs, the proportion of COVID-19 patients is 15-20%, in 3 CCs (BE, TH, HB) at >20%.* ▪ *Approx. 13.6% of intensive care beds are currently still free.* o *Stress in intensive care medicine* ▪ *Staff shortages are increasingly being reported again.* ▪ *More lack of space again* ▪ *Availability of high-care and ECMO decreasing.* o *Prognosis of COVID-19 patients requiring intensive care* ▪ *An increase is forecast throughout Germany.* ▪ *Was very heterogeneous in relation to BL last week, now more homogeneous again, in most BL increase at Forecasts.* o *Are the forecasts actively communicated to the supply clusters?* ▪ *For all BCs that have communicated supply clusters, the forecasts are sent to all stakeholders.* o *Is there a rejuvenation of the patients who are hospitalised? Can age groups be specified? Is the longer length of hospitalisation of younger age groups taken into account?* ▪ *Age is not recorded in the intensive care register. Forecasts learn from data. Other data sources are already being used and further data sources are to be taken into account.* • **Modelling (Wednesdays only)** o *Mobility during the course of the day, 70 million movements per day* o *7.4% of all movements take place at night between 10 pm and 5 am.* o *12.3% of movements take place at night in the period from 20 - 5*	*MF4 (Fischer)* *P4 (Locksmith)*

	o'clock in the morning. ○ *No significant differences between BL* ○ *What does mobility look like in countries with curfews? Does curfew make sense?* ▪ *Currently being analysed. Assessment: relatively low effect* ○ *Have there been any changes in mobility since the home office regulations came into force?* ▪ *So far, only mobility in the first 3 weeks of March has been analysed.* ○ *Is data also available from the 1st lockdown in March 2020?* ▪ *Data was made available retrospectively and can be analysed.* ○ *Are there plans to publish the data, e.g. in the form of an EpidBull article? (would be useful)* ▪ *not yet at the moment* ○ *When are movements counted?* ▪ *Internal methodology is not entirely transparent.* ▪ *All distances under 2 km are difficult to estimate due to mobile infrastructure.*	*Gottwald*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Final discussion text risk assessment (here)* ○ *Changes:* ○ *The number of COVID-19 cases in intensive care units has risen significantly since mid-March 2021.* ○ *Overall, variant B.1.1.7 is now the predominant COVID-19 pathogen in Germany.* *ToDo: pass on updated version to webmaster*	*FG38 (Maria an der Heiden)* *All*
5	**Communication** **BZgA** • *Nothing new to report, Easter communication has already been presented.* • *There have been massive communication efforts in the UK, are there comparable considerations at the BZgA and the Federal Government, are new campaigns planned? No, nothing comparable is planned, would have to come from the federal government.* • *Are communication strategies being planned for unsettled people who have recently been vaccinated with AstraZeneca?* ○ *FAQs are being revised.*	*BZgA (Ebrahimzadeh-weather)*

	○ *Information sheet for daycare centre employees is created. A passage is included here to restore trust.* ○ *Developing a language regulation would be useful.* **Press** • *Many articles are currently on hold at EpidBull. Shorter reports can also be posted on the website, linked and tweeted.* • *Munich: 7-day incidence published by the RKI below value at district level -> implications for measures* ○ *FG32 was asked for a disclaimer by Munich. Due to errors in transmission, the incidence reported by the RKI is lower than the actual incidence. The Bavarian regulation refers to RKI data, which is why the measures cannot be adjusted. -> No disclaimer, but written recommendation to orientate oneself on local incidences.*	*Press (Wenchel)* *FG32 (Diercke)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** • *Adaptation of recommendations after vaccination (concerns 3 documents)* ○ *Change lies with the BMG* ▪ *Quarantine to be lifted for vaccinated KP1.* ▪ *Hospital patients and residents of nursing homes who have contact with people at high risk are the most vulnerable.* *are the only exceptions. All others can do without quarantine.* ○ *Organisational and personnel measures for healthcare facilities and care and nursing homes (here)* ▪ *New: Vaccinated people no longer have to go into quarantine.* ○ *Adaptation of the recommendations on infection protection according to* *Covid-19 vaccination in nursing homes (here)* ▪ *No vaccination coverage of 100%* ▪ *No 100 per cent protection against passing on the pathogen. Transmission may still occur.* ▪ *Uncertainty with VOC* ▪ *Therefore, a few precautionary measures must be maintained.* ▪ *When residents are transferred back from hospital, they no longer automatically have to go into quarantine unless they are KP1,* *then quarantine is required.* ▪ *Testing: Testing should be continued, test frequency can be reduced, no specifications, just an example.* ▪ *Visitors are generally not yet vaccinated at the moment. Visiting times can be extended.*	*FG37 (Eckmanns)*

	▪ *Larger events can take place if*	

RKI	*>90% of residents have been vaccinated.* ▪ *Close monitoring of outbreaks by the RKI, no more outbreaks last week but at a very low level.* o *2 papers are omitted. (Slide here)* ▪ *Options for the premature commencement of work by contact persons among medical personnel in the event of relevant Staff shortage* ▪ *Options for the management of contact persons among medical and non-medical personnel in Retirement homes with staff shortages* o *Management of COVID-19 outbreaks in the healthcare sector (here)* ▪ *Only minimal changes* o *Options for managing contact persons under Critical infrastructure personnel in the event of staff shortages* ▪ *No preferential vaccination, currently in the BMG for revision.* o *Rescue service is not addressed.* ▪ *Not consciously decided against it, medical personnel are exempt from quarantine.* ▪ *Check whether a footnote should be added stating that rescue service personnel should be treated in the same way as medical staff. staff is.* *ToDo: Document will be published after Easter following feedback from the BMG with a footnote on rescue service personnel.* • *Adaptation of contact tracing document (here)* o *Presented in AGI and took away various questions from AGI and EpiLag.* o *When do recommendations apply from? From a pragmatic point of view, it would make more sense for countries to apply from 6 April in order to accompany implementation.* o *Will the quarantine be extended for people who are already in isolation? Countries must decide for themselves.* o *Professional recommendations are not given a specific cut-off date. And there is no technical reason for postponing their validity.* o *document has already been announced with the main changes.* o *Changes:* ▪ *MNB is generally removed as there is no standardised protection, MNS and FFP2 masks remain.* ▪ *Testing of KP: Self-test is not explicitly mentioned, only antigen test. Implementation is left to the countries left.* o *2 points are still open regarding the quarantine of recovered and vaccinated persons:* ▪ *Previous regulation for recovered persons: no quarantine only if contact within 3 months*	*Duke* *FG36 (Haas, Bös)*

	after the SARS-Cov-2 infection was detected. During this time, there is good protection against the disease. ▪ *No data on virus excretion in case of re-infection, only data on protection against re-infection.* *Disease in the 6 months after infection. For this reason, there is a desire to leave the passage as it is for the time being.* ▪ *Proposal to treat recovered people as fully vaccinated after a single vaccination. A vaccination of* *It is only recommended for recovered patients after 6 months.* ▪ *Proposal to exempt recovered people from quarantine for 6 months until vaccination is possible.* ▪ *The document is to be published today and there is no technical justification for an exemption of 6 months.* ▪ *Vaccinated persons must initially remain in quarantine after the 1st vaccination.* o *Decision: Regulation initially remains at 3 months: due to unknown virus excretion in case of reinfection + unknown role of the new variants.* o *There is still no decision from the BMG that vaccinated people are exempt from quarantine. Without a decision by the BMG, this cannot be changed and will initially remain as in the previous version.* ▪ *If you have any questions: This item is still being processed.* o *There are various references to other documents in the text. Do these documents already exist?* ▪ *Documents are still being discussed, references will be removed for the time being.* ▪ *Infographic will be removed for the time being. ToDo: Document should be with webmaster by 3 pm at the latest.* • *Stripping paper* o *Infographic is ready, accompanying text is almost finished. ToDo: Completion and publication today*	*IBBS (Herzog)*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** *Variant A.27 displaces other variants in Côte d'Ivoire. In Germany, it was mainly detected in BW, but with very low detection rates. (Report here)* *ToDo: Send special report to countries via situation centre*	*FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *Use of monoclonal antibodies was published.*	*IBBS*
11	**Measures to protect against infection**	

	• *Not discussed*	
12	**Surveillance** • *Not discussed*	
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, 07.04.2021, 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:	*07.04.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept.2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG 12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Matthias an der Heiden*
- *FG 33*
  - *Thomas Harder*
  -
- *FG36*
  - *Walter Haas*
  - *Lena Bös*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *IBBS*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
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  - *Marieke Degen*
- *ZIG1*
  - *Sarah Esquevin*
  - *Angela Fehr*
- *ZBS 1*
  - *Janine Michel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 2,910,445 (+9,677), of which 77,401 (+298) deaths, 7-day incidence 110/100,000 inhabitants.* ▪ *Decrease of 150/100,000 in the previous week* ▪ *Numerous enquiries received over Easter: To what extent is this due to the "Easter effect"?* ○ *Vaccination monitoring: Vaccinated with one vaccination 10,800,637 (13.0%), with 2 vaccinations 4,633,859 (5.6%)* ○ *DIVI intensive care register: 4,355 cases in treatment (+211)* ○ *7-day incidence of the federal states by reporting date* ▪ *Decline in all BLs compared to the previous week* ▪ *Late registrations are expected* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Still only 21 LK < 50/100,000* ▪ *All other LK > 50/100,000* ▪ *LK Hof (456) and Greiz (392) continue to lead the field* ○ *7-day incidence by age group (AG)* ▪ *Level largely corresponds to the previous week* ▪ *From week 12 to 13, constant or slight decrease in all age groups (most markedly AG 5-14)* ○ *COVID-19 deaths by week of death* ▪ *In week 7-9 around 1500 deaths/week, now continuing slight decline* ○ *Number of reported COVID-19 cases with antigen detection* ▪ *Slight decline from week 12 to week 13* ▪ *Share of all transmitted cases remains at 6%* ▪ *The increasing number of antigen detections in the reporting data has not (yet) affected the increase in Case numbers from* ○ *Reported cases (difference previous day) and cases by reporting date (new)* ▪ *Over Easter, no increase in the temporal shift between cases by reporting date and Cases by reporting date* ○ *DEMIS notifications and COVID-19 cases by notification date (new)* ▪ *The curves have been running in parallel since 2/2021 (the DEMIS connection has been mandatory for laboratories since 1 January 2021), 400 laboratories now use DEMIS for reporting to the GÄ, around Christmas only 200)* ▪ *More reports are received than the number of cases then transmitted to the RKI (e.g. several reports can be to the same case)* ▪ *The curves show that the GÄ transmit promptly,*	*FG32 (M. Diercke)*

	Every GA also delivered at least once over Easter ▪ *The decline in the number of cases is due to the decline in the frequency of testing, not to the delay in reporting by the GA,* *It is not clear from the figures to what extent there has been an actual decline in the incidence of infection* ▪ *Question: When can we expect to see reliable figures again?* ▪ *Registration data probably from Tuesday, 13.04.2021, as there is still little testing this (holiday) week, practices are closed etc.* ▪ *Note: Amendment to the IfSG: Antigen detections in self-tests are not notifiable, antigen detections carried out under supervision or by specialised personnel are notifiable* • **Test capacity and testing (Wednesdays only)** **Test number collection at the RKI** *(slides here)* o *Test figures and positive rate* ▪ *Number of tests down as expected in week 13: 1.15 million (previous week: 1.4 million)* ▪ *Significant increase in positive share (11.1%)* ▪ *Fewer laboratories have transmitted* o *Capacity utilisation* ▪ *Significant drop in capacity utilisation compared to the previous week* o *Sample backlog* ▪ *No backlog, no delivery bottlenecks* o *Test number recording VOC* ▪ *Data delivery delayed due to public holidays until 07.04 evening* o *POCT in facilities* ▪ *Fewer tests here too* ▪ *It appears that stat. care facilities either performed or transmitted fewer tests* ▪ *Test centres are now also registered, possible shift of reports increasingly from test centres and less from care facilities* ▪ *A total of 428,063 POCT from 354 facilities, 0.2% positive, 84% (consistent) PCR-verified and 52.6% pos. confirmed* o **SARS-CoV-2 in ARS** ▪ *Increase in positive share corresponds to previous weeks, no increase in the rise* ▪ *Steep decline in the number of tests /100,000 p.e. in every AG, particularly strong in AG 5-14* ▪ *Increase in the positive share in all AGs, as in the previous weeks an unchanged continuous increase* ▪ *Positive share/100,000EW: slight decline* ▪ *Interpretation is difficult* ▪ *Test location: Largest decline in doctors' surgeries with a jump in the proportion of positives to over 10%, in hospitals* *Slight increase in the positive share* ▪ *Reliable figures are expected for next week.*	*M. Diercke* *AL3 (Janna Seifried)* *FG 37 (Tim Eckmanns)*

RKI	*expect* o **B.1.1.7 from 12 laboratories (delH69/V70)** ▪ *Overall increase in VOCs* ▪ *Proportion of VOCs in all samples tested for deletions has increased (87%, proportion of VOCs in all samples is decreased.* ▪ *Differences between BL, BY and BW almost 100% VOC, lower proportion in NW* o *Outbreaks in retirement homes and hospitals* ▪ *Retirement homes: very low figures overall, slight increase* ▪ *Hospitals: significant decrease compared to the previous week* • **Discussion** o *The number of test centres is increasing rapidly, should they be addressed and interest in their data signalled?* o *Test centres were contacted via the central website on which they present themselves, contacting them is time-consuming and difficult, cannot be done by a small team* o *Does a steady increase in the proportion of positives despite lower test numbers possibly indicate a lower increase in the number of infections?* o *Vaccination results in fewer visits to the doctor due to severe cases, which could also help* o *Which target figure or measure should be used as a basis for relaxation recommendations? Should a specific positive rate be aimed for?* o *A positive rate of 10% is in any case too high, the rate among 5-59 year olds of 11.25% is very high (also according to WHO standards), the focus of infection is in the family and professional environment* o *Positive share is a value that is difficult to communicate to the public* o *Previous indicator is the number of patients in ICU, all other measures may be influenced by artefacts, the increase in the number of patients in ICU is worrying* o *As many laboratories and surgeries are still closed this week, it will probably not be until the week after next that truly interpretable and reliable figures will be available* • **Syndromic surveillance (Wednesdays only)** *(slides ??)* o *FluWeb* ▪ *Overall, the ARE incidence is lower than in previous years* ▪ *Contact restriction measures are observed* ▪ *Slight increase in AG 0-5 and 6-10* ▪ *Steep decline in reporting data, less data was collected and transmitted over the public holidays* ▪ *Increase in outbreaks in schools from opening at the beginning of March until the start of the holidays, but still below*	*All* *FG36 (W.Haas)*

	Pre-Christmas level ▪ *Exponential increase in outbreaks in nurseries in week 10/11, 3-4 times as many as before Christmas* ▪ *Incidence by age group largely unchanged* o *ARE consultations* ▪ *Decrease due to Easter holidays* o *ICOSARI-KH-Surveillance* ▪ *Significant increase in SARI case numbers in AG 35-59* ▪ *Consistently high level in the older AGs* ▪ *ICOSARI figures reflect the COVID situation* o *ICOSARI-KH-Surveillance - COVID-SARI cases* ▪ *Both for cases with a maximum hospitalisation period of 7 days and for all cases of clear (Covid-related) Increase in AG 35-59 and 60-79* ▪ *No increase in AG > 80 (effect of the vaccination)* o *ICOSARI: SARI cases with/without COVID-19 and Intensive treatment* ▪ *Significant increase in AG 60-79* ▪ *Consistent level in AG 35-59 and AG >80* ▪ *Median age has fallen (60-70)* ▪ *Overall little change compared to the previous week* • **Virological surveillance - NRZ influenza viruses (only Wednesdays)** *(slides here)* o *123 samples received in week 13* o *Number halved due to public holidays* o *Rhinoviruses at the same level as before the lockdown, immediate increase after the easing, first in the youngest, then in the other AGs* o *Detection of SARS-CoV-2 just over 5% (previous week 3-4%)* o *Overall shift in the proportion of samples towards paediatric samples* o *Little evidence of parainfluenza viruses in the background* o *No evidence of influenza* o *Favourable conditions for seasonal viruses: sharp rise in NL63 and increase in OC43* o *VOC proportion of SARS-CoV-2 positive samples: 100%* • **Discussion** o *SARI inpatient cases with COVID: Steep rise is stronger signal than incidences* o *How reliable are the syndromic surveillance figures?* o *Small but constant sample for years (compared to DIVI intensive care register), solid database for comparisons, capable of expansion, should expand, lots of additional information (median age, duration of ventilation, length of stay)* o *Unique selling point: Information on both the diagnoses of lying patients and discharge diagnoses* o *DIVI: very broad coverage, ICOSARI: more in-depth information* o *Note: Increase in hospitalisation forms the*	*FG 17 (R. Dürrwald)*

RKI	*Infection events from 2 weeks ago* ○ *Although the information sheet specifies shorter periods until symptoms and inpatient admission, the time until transmission must be taken into account* ○ *The suggestion to synchronise DIVI and ICOSARI data is supported by M. Fischer and W. Haas, initial contacts have already been made anyway* *ToDo: Comparison of ICOSARI data and DIVI data, to be compiled as a basis for the BPK on Friday 09 April* ○ **Disclaimer in the management report** ○ *Proposal: Explanation in the management report as to when the test frequency figures will return to a normal level, as reporting data will normalise as early as next week, reliable 7-day incidence may not be available until the week after next* *ToDo: Disclaimer remains until Wednesday, 14 April, will be modified: The reference to the reduced transmission by the GÄ is deleted Proposal for an explanation in the management report is prepared by M. Diercke* ○ *Classification of an agency enquiry regarding Söder's statement that low numbers were mainly due to school closures during the holidays:* ▪ *Falling numbers affect all AGs, not just pupils and teachers* ▪ *An impact on the number of cases, if any, would not be expected for another 14 days*	*FG 17, MF4* *Press (S. Glasmacher)* *FG 32*
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** ○ *Not discussed*	

5	**Communication** **BZgA** • *Current information sheet (target group?) taking into account the STIKO recommendations is being prepared and will be distributed next week* **P1** • *The topic of next week's BPK is "Long Covid". Question: Who is the contact person for this topic?* *Answer: IBBS, Michaela Niebank*	*BZgA (H. Ebrahimzadeh-weather)* *P1 (I. Lein)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** • **Contact tracing for SARS-CoV-2 infections** *(document here)* ○ *Changes concern the wearing of FFP2 masks and the quarantine order for vaccinated and recovered persons* ○ *After queries, a distance was again defined for the "conversation" situation* ○ *The addition "Outside of occupational health and safety" has been changed to the clear wording that the health sector is excluded from the regulation*, as the correct FIT can be assumed* * Simultaneous presence of contact person and case in the same room with probable high concentration of infectious aerosols regardless of the distance for > 10 minutes, **even if** MNS (mouth-nose protection) or FFP2 mask is worn **correctly and continuously.** ○ *Brief discussion: Other areas, e.g. teaching staff, also after FIT test and instruction, are not excluded* ○ *Definition of "fully vaccinated": From the 15th day after the 2nd vaccination.* *Vaccination* ○ *Definition of "recovery": Analogue from the 15th day after 1 vaccination* *ToDo: select the appropriate link to the definitions in the STIKO documents* ○ *For those who have recovered, the maximum period after infection during which quarantine can be waived is increased to 6 months - general agreement* ○ *Note: The reasons for the overall extensive changes should possibly be explained, e.g. in an information letter to the GÄ or as information in the EpiLag notes? For example, that tightening is necessary due to the increase and properties of VOCs* ○ *Requests for the document are similar, text modules have been finalised and are to be communicated to the LZ* ○ *Unclear passage, clarify the subordinate clause here: "is -*	*FG36 (W. Haas, L. Bös)* *FG33 (T. Harder)*

	due to the current data situation on reinfection and contagiousness in the event of reinfection - quarantine is only not required if the contact occurred within 6 months of the detection of the previous SARS-CoV-2 infection" o *Is there evidence for limiting the contact time to 10 minutes?* o *No, purely pragmatic decision due to higher contagiousness, and following advice from GÄ* o *Discussion: Should recovered patients be differentiated according to symptomatic and asymptomatic disease? Is there any information on the booster effect of vaccination after asymptomatic disease (which may not have induced a B-cell effect)?* o *It should be limited to the group of symptomatic patients* o *Note: Very difficult to define precisely, may not be differentiated in the legal regulation* o *Note: In the AGI, the double testing during quarantine was viewed critically* o *The place and type of testing and implementation were not specified in more detail at the request of the federal states, as the federal state ordinances on transport, quarantine interruption for testing and cost coverage differ, implementation remains the responsibility of the federal states or GÄ* o *The tests were included in response to frequent enquiries from doctors about the quarantine period (too short, especially for VOCs)* o *It corresponds to the 2x/weekly test recommendation in schools and companies*	
	ToDo: Completion of the document with explanations and justification of the change in the introduction today, 7 April. o *Document "Organisational and personnel measures for healthcare facilities and care and nursing homes" is adapted* o *Reasons why no quarantine exceptions apply to employees and residents are included* o *Note that the frequency of testing can be adjusted after vaccination has already been included.*	*FG36 (W. Haas, L. Bös)*
	ToDo: Coordination of adjustments with Birgitta Schweickert (retirement homes) and Ronja Wenchel (press) o *Document on the test criteria and flowcharts will be adapted to the current changes* o *Flow chart is temporarily removed from the homepage for this purpose*	*T. Eckmanns* *W. Haas*

8	**Vaccination update (Fridays only)** • *Not discussed* • **Vaccination for RKI employees** ○ *So far only AstraZeneca vaccine offered, will be discussed in the LK, as Ministry / Bundeswehr / possibly state authorities are involved*	*FG33* *T. Eckmanns*
9	**Laboratory diagnostics** • *1062 submissions, 491 of which were positive* • *Positive rate 45%* • *B.1.1.7: 90%* • *Last week samples from Ukraine were obtained via WHO, 33 sequencing (B.1.1.7 positive) possible, results uploaded to GISAID* • *Around 100 further sequencing tests were carried out. Laboratories reliably send in*	*ZBS 1*
10	**Clinical management/discharge management** • *Document* **Instructions for implementing quarantine** *(document ??)* ○ *Should be communicated exclusively to the BL* ○ *Suggestion to isolate outside the family in case of infection* ○ *Ethical and social challenges, especially for population groups who perceive the separation from sick household members as a particular hardship* ○ *Legal opinion (J-M. Mehlitz) still expected* ○ *The wording "should be considered" should be changed to "may be considered", which corresponds to the wording in the CoNa document* ○ *Question: Which settings are suitable for isolation? Can it be a "suitable household" or is it a supervised area outside of a family context with standardised hygiene conditions?* ○ *The focus should be on protecting family members, not monitoring them* ○ *Children and people in need of care are only indirectly addressed in the document so far (need for care), children should be mentioned* *ToDo: Document to be circulated in the crisis team after amendment, need for coordination (possibly not necessary after legal opinion?) with BMG still needs to be clarified (as public perception could be critical)*	*IBBS (C. Duke)* *All* *C. Herzog, L. Schaade*
11	**Measures to protect against infection** • *Not discussed*	

12	**Surveillance** • *Not discussed*	
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: Friday, 09.04.2021, 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:	*09.04.2021, 11 am - 1 pm*
Venue:	*RKI, Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Annette Mankertz*
- *Dept. 2 Management*
  - *Thomas Ziese*
- *Dept. 3 Management area*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Dschin-Je Oh*
- *FG 32*
  - *Michaela Diercke*
- *FG 38*
  - *Ute Rexroth*
- *FG 33*
  - *Ole Wichmann*
- *FG36*
  - *Walter Haas*
  - *Lena Bös*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susi Gottwald*
- *ZBS1*
  - *Janine Michel*
- *ZIG/ INIG*
  - *Angela Fehr*
  - *Eugenia Romo Ventura*
- *MF4*
  - *Martina Fischer*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *Dept.1*
  - *Sangeeta Banerji (protocol)*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International (not discussed)* o *Cases, spread* • *National (slides here)* o *Number of cases: 110/100,000 p.e. (+25,000 cases and +300 deaths since the previous day)* o *Increase in intensive care cases* o *7d incidence in the federal states is likely to rise again: Top 3: Thuringia Saxony, Saxony-Anhalt, increase in Bavaria, Bremen and Saarland.* o *Geographical distribution of 7d incidences by LK: 19 LK<50/100,000 p.e., >200 LK >100/100,000 p.e, SK/LK Hof and Greiz have the highest incidences* o *Median age: approx. 40 years for COVID-19 cases overall, approx. 66/67 years for cases on ITS/in hospitalisation, approx. 81/82 for deaths Note: There is no discernible downward age shift in ITS patients* o *Deaths per 100,000 population in the last 14d: - most affected: LK Thuringia -Germany-wide: n>2000* o *deaths in the range of previous years, although it should be noted that last year at this time it was still the influenza season and the first wave was already underway.* *DIVI Intensive Care Register (slides here)* o *4510 cases on ITS* o *Exponential increase in ITS cases in adult COVID-19 patients and significant increase in children* o *In >8 federal states, >20% of ITS beds are occupied, whereby it should be noted that only approx. 50% of beds are suitable for the treatment of COVID-10 patients* o *Share of COVID-19 cases in the total number of operational ITS beds: Increase mainly in Bremen, Thuringia and Saxony, decrease in SH* o *85% of ITS COVID-19 cases require ventilation; disproportionate increase in ECMO COVID-19 cases in relation to the increase in total ECMO cases.*	*Eugenia Romo Ventura* *Michaela Diercke* *Martina Fischer*

	○ *SPoCK: Forecast of COVID-19 intensive cases: Strong increase in the east, south and west, only a flatter increase is expected in the north.* *Question: Is the forecast communicated in the management report?* *Answer: Yes, once a week for Germany as a whole, but not for individual regions* *Suggestion: Ask the BMG whether the entire DIVI data may be made public.* *Question: Is it possible to generally schedule the DIVI report for the Wednesday meeting so that it is available for the BPK?* *To do: In future, if possible, discuss strategic points and documents Mon+Fri and Wed mainly reports.* ○ *Modelling: not discussed*	
2	**International (Fridays only)** ○ *Preparation Montenegro mission underway*	*ZIG*
3	**Digital projects update (Mondays only)**	*Smear*
4	**Current risk assessment** • *Postponed to Wednesday/Friday next week!*	*All*
5	**Communication** *Presentation of the 7-day incidence in the management report Discussion:* *Two points of view were represented:* *Position 1: It is very important to communicate that the current 7d incidence is a conservative value, the actual value is always higher! Therefore, the value + x% should be (continuously) communicated through subsequent reports. For example, the original 7d incidence for 1 April 2021 was 134/100,000 p.e., later it increased to 150/100,000 p.e. due to late reports.* *Position 2: The focus should not be on incidence, but on the prevention of severe cases (ITS data)! The incidence limits are arbitrary political values and focussing on the fact that the actual values are higher would not result in any measures being brought forward and would rather be seen as an uncertainty.* *To do: Examples of 7d incidences and R value (current + last three days including percentage increase compared to the originally calculated figure) are to be calculated and presented in table format at the meeting next Monday. This table will serve as a basis for deciding the form in which communication should take place. The current plan is to integrate these figures into the management report (below the 7d incidence curves).*	*FG32/38/ FG34 Matthias an der Heiden*

RKI	*and not directly on page 1).* • *No news* • *Information on Long-COVID in the next BPK. Mr Herzog has been contacted in this regard.* *Question: Would it be possible to disseminate the current situation, in particular the proportion of ITS patients, via the Twitter channel once a week?* *Answer: This could be done in consultation with the social media officer.* *Concerns: Mr Eckmanns reported an increase in enquiries about how to deal with contact situations in outdoor areas with regard to the increased risk of infection from VOCs. He argued in favour of mandatory masks in outdoor areas, which was supported by some in the discussion, as this would also reduce meetings in larger groups in parks, for example.* *Mr Haas points out that this point is already listed in the risk assessment document, namely that MNS would also have to be worn in outdoor areas if distances cannot be maintained.* *Discussion as to whether this point should be communicated separately. Arguments against this included the fact that outdoor infections only account for a small proportion of cases and that MNS could lead to a false sense of security (comment from Ms Jenny: a study in the BMJ refutes this hypothesis). The focus of communication should rather be placed on the indoor area and on the fact that rapid tests must not lead to the AHA+L rules being undermined or symptomatic children being allowed to attend school.* *To do:* *1. Mr Eckmanns summarises the issues raised and determines whether these points are already being communicated and, if so (which is the case according to Mr Haas), remedies the weak points in communication in order to better convey these aspects.* *2. BzgA should take over the communication of these aspects on the basis of the risk assessment document* *Question: What happened to the document on pandemic etiquette?* *Answer: Document was sent to BzgA and has been published and received positive feedback!* *Proposal: Document could be updated with regard to the previous discussion on wearing MNS indoors and outdoors.*	*BzgA* *P1* *Discussion All*
6	**News from the BMG** *not discussed* -	*BMG*

7	**Strategy questions** • *Question from BMG decree: Is a study comparing federal states useful for evaluating individual pandemic measures?* ***To do:*** *The Situation Centre should take on the task of answering the question. There is a study ("Stop-COVID") on this issue, which is headed by Ms Bremer (FG34). Please refer to this study in consultation with FG34. [ID 3315, done]*	*All*
8	*Need for discussion on the question of how many cases can be assigned to household outbreaks or how these should be calculated, as the source of infection is likely to be outside the household. Discussion was postponed until Monday, as Mr van der Heiden, who introduced this point, is not present.* • *Test criteria for SARS-CoV-2 diagnostics in symptomatic patients with suspected COVID-19 (document here)* *Adapt wording to KPN document and other changes (in particular test recommendation also for asymptomatic persons and extension of testing to different test formats taken into account).* *Note: Since in future the CWA will also issue a warning for positive rapid tests, the definition of the source case should not be limited to PCR-confirmed cases.* • *Decision: Definition of the source case was extended to all confirmed cases.* • *Wording changed for measures in case of symptoms: 5d-Isolation in case of any new respiratory symptoms based on a respiratory infection, regardless of the result of a rapid test.* *The underlined additions are intended to exclude chronic cases.* • *Contact person management (questions regarding duration of protection for asymptomatically infected persons and definition of "immunocompromised")* 1. *Duration of protection of asymptomatically infected persons: Denmark Paper on protection against reinfection examines all PCR-confirmed cases, regardless of symptoms. STIKO also does not differentiate according to symptoms, but only according to infection (PCR confirmation), therefore adapt to STIKO definition/recommendation.* 2. *Definition of "immunocompetent": STIKO does not provide a definition. Categorisation is based on medical assessment.* • *Proposal of a disclaimer for the document*	*FG34* *Haas*

RKI	*Prevention measures in schools (12/10/20):* *To do: The disclaimer is intended to point out that the S3 guideline of the BMBF now applies due to the changed situation. However, the basic ideas of the document remain the same.* *It should also be made clear that rapid tests are regarded by the RKI as additional measures that cannot replace other measures.*	
9	**Vaccination update (Fridays only)** • *There is an updated STIKO recommendation:* *-to Johnson&Johnson vaccine* *-AstraZeneca vaccine now only recommended for >60-year-olds* *-Those who have already received the first AstraZeneca vaccination and are under 60 years of age should receive an mRNA vaccine as a second vaccination - other countries, e.g. France, follow this recommendation.* • *Studies on the heterologous vaccination programme:* 1. *England: First results expected at the end of May* 2. *Charité (homologous and heterologous combinations of Astrazeneca and Biontech/Pfizer vaccines): first results on reactogenicity (side effects) are expected at the end of April and first results on immunogenicity (antibody titre, T-cell response) are expected at the end of May.* • *Educational material, FAQs and fact sheets have been updated in line with STIKO recommendations.* • *Sinus thrombosis as a side effect of the AstraZeneca vaccine: in Germany and Scandinavia, the number of cases is 10 times higher than in England. In the meantime, men are also increasingly affected (currently 7 cases in men in Germany) and thus there is also a twenty-fold increase in the incidence in men compared to the background incidence* • *The inclusion of vaccinations in the regular system (vaccination in doctors' surgeries) has led to a sharp increase in the vaccination rate:* *650,000 the day before yesterday and 700,000 yesterday, about half of which were vaccinated in doctors' surgeries.* *Disadvantage for current reporting: very little data available in real time (older/younger than 60, which vaccine, location of vaccination).* *Question: Why so little data available?* *Answer: Agreement between the KBV Executive Board and the State Secretary. The KBV is primarily concerned with the billability of the vaccination service. However, information will be available later (after approx. 3 months).* *To do: Ask BMG for language regulation to minimise this delay in the to justify the data transfer.*	*FG33*

10	**Laboratory diagnostics** • *Virological Sentinel:* ○ *823 samples:* ○ *15 COVID-19 cases (80% of which B1.1.7)* ○ *261 Rinovirus positive* ○ *112 positive for seasonal coronavirus* ○ *8 positive for parainfluenza viruses* ○ *2 positive for human metapneumoviruses* • *855 samples* ○ *393 (46%) positive for SARS-CoV2, of which 90% B1.1.7* *Question: What is the probability of a double infection with wild type and variant? Is there any data on this?* *Answer: There is a preprint that will be sent to the distributor.*	*FG17* *ZBS1*
11	**Clinical management/discharge management** • *There is a study from Cologne (https://edoc.rki.de/bitstream/handle/176904/8031/20210401_COVRIIN_Praxisbericht%20NIV_Final.pdf?sequence=1&isAllowed=y) which shows that, under certain circumstances, prolonged non-invasive ventilation results in a 75% higher mortality rate than timely invasive ventilation. This study makes it clear that delaying invasive ventilation is not always a life-saving measure and must be carefully considered.* • *Patients have not yet been transferred from France to Germany.* • *Request for an opinion on the benefits of disinfection robots (UV respiratory disinfection), which are distributed via the EU as donations to hospitals in EU countries in need. Germany is contributing 27 such robots. The purchase has already been made.* *The statement is still in progress, but the result is clear: after consultation with KRINKO, this measure is not recommended and is not considered sensible!*	*IBBS*
12	**Measures to protect against infection**	*All*
13	**Surveillance: not discussed** • *Corona-KiTa study* **(only on Mondays)**	*FG32* *FG36*
14	**Transport and border crossing points (Fridays only)** • **Vaccinated people are excluded from the test regulation**	*FG38*

15	**Information from the situation centre (Fridays only)** • *Osnabrück has submitted a request for administrative assistance and is asking for support in the event of an outbreak among vaccinated people.*	*FG38*
16	**Important dates** **/**	*All*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*12.04.2021, 13-15 h*
Venue:	*RKI, Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG Management*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG 33*
  - *Sabine Vygen-Bonnet*
- *FG 34*
  - *Matthias an der Heiden*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *FG38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Meike Schöll (protocol)*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
  - *Benjamin Maier*
- *ZBS1*
  - *Janine Michel*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International (not discussed)* ○ *Cases, spread* • *National (slides here)* ○ *Increase in the number of cases by approx. 13,000 compared to the previous day* ○ *Just under 16% with 1st vaccination, 6% with 2nd vaccination* ○ *7-day incidence: 136/100,000 population; there is a drop in incidence over the public holidays, which is due to lower testing and can be seen in almost all CCs.* ○ *Late reports can increase 7-day incidences by about 10%, the strongest upward correction seems to occur on the following day, less so in the days that follow.* ○ *107 districts are below 7-day incidence of 100, of which only 8 are below 50/100,000 population. Overall, there is an increase throughout Germany, only in the north are there a few districts with lower incidences, the highest incidences continue to be in TH, BY, SN.* ○ *Increase in intensive care cases (+53, 4,585 cases in total), more and more hospitals report restricted operating situation (staff and space shortages as leading causes).*	*Michaela Diercke*
	Corona-KiTa study (slides here) • *FluWeb: Situation is stabilising. The incidence of acute respiratory diseases is in the low range, below the incidence of the comparable season.* • *The dip in COVID-19 incidence at the start of the Easter holidays has continued with the exception of the 15-20 and 11-14 age groups.* • *Covid-19 cases: Proportion of reported COVID-19 cases increases among 15-20-year-olds and falls or stagnates among younger age groups* • *Outbreaks in nurseries: 151 new outbreaks (incl. late reports), further increase up to week 11, significantly above the situation in December, data from week 12 onwards cannot yet be assessed with certainty. Adults are frequently affected.* • *43 new outbreaks (incl. late notifications), a total of approx. 80-90 outbreaks per week, peak in week 12 with 120 outbreaks, increase should be understood in light of the fact that some schools are open. Increasing evidence of B.1.1.7 can also be found.*	*Walter Haas*

RKI	*Modelling* • *Number of movements over the Easter weekend was at the same level*	*Benjamin Maier / P4*

	between 2019 and 2020 • *Level of Good Friday, Easter Sunday and Easter Monday similar to previous Sundays*	
2	**International (Fridays only)** • *Not discussed*	*ZIG*
3	**Digital projects update (Mondays only)** • *DEA: 80,000 registrations per day, partly over Easter, there is currently a small amount of coordination with Bundesdruckerei, upload of test results is expected to start on 21 April 2021. The question of connecting to SORMAS or DEMIS has been raised several times; DEMIS is to be made possible, but this will entail a lot of work at the RKI.* • *CWA: Survey from CWA server continues (350 people take part per day, approx. 12,500 participants in total, follow-up survey continues to grow with 7,000 respondents). Respondents are increasingly surprised about risk notification.*	*Smear*
4	**Current risk assessment** • *Discussion planned for Wednesday.*	*All*
5	**Communication** *Communication of the subsequent correction of the 7-day incidence and for the R-value* • *It is discussed whether and if so, how subsequent reports or a correction factor of the 7-day incidences and the R-value to the previous day could be communicated. A tabular presentation is not intuitively comprehensible; a note under the graph of the 7-day incidence over time with reference to the grey data area would make more sense (e.g. "Experience shows that there may still be late reports, for example ...").* • *At the same time, it is pointed out that, in view of the planned linking of political measures with the 7-day incidence, subsequent changes to the values are difficult to communicate. An exemplary indication of the previous value and the correction according to the new data status would make several values available, which is viewed critically.* • *Basically, the problem of Use underreporting / late reporting as an argument in favour of a weekly instead of a daily situation report. A separate presentation of underreporting or more proactive communication in this regard is viewed differently. Only daily updated data should be shown in the dashboard; historical data can be taken from the archive.* *ToDo: A reference to the underestimation and the average correction factor should be added under the graphic and in the body text. Ms Jung-Sendzik should include the topic in the article on the reporting system for resubmission to the crisis team.*	*All*

RKI	*Communication of outbreak cases in households - proportion with other infection settings* • *There is debate about how many cases can be attributed to household outbreaks and how these should be calculated, given the assumption that the source case is likely to be infected outside the household. This constellation mainly affects private household outbreaks (rather small outbreaks compared to other outbreaks, but higher proportion of source cases from other settings), but this does not change the ranking of outbreaks. It would be conceivable to include this aspect as a shadow in the visualisation or at least to explain it. This information would be relevant for modelling, for example.* • *The issue is currently not being addressed in the management report. Further analyses on the questions of how people carry the infections into the private environment or from one household to another are welcomed.*	*FG34 / Matthias an der Heiden /all*
	Further information • *The last federal press conference, in which the management clearly spoke out against openings in the event of high incidences, was received positively in the social media and the press; there was a lot of good feedback.*	*P1*
	• *The open letter from the aerosol researchers is to be circulated in the crisis team and then discussed.*	*all*
	• *The ÖGD has recently made several requests to the RKI to better identify changes in the recommendations. This raises the question of colour coding or other marking (similar to the STIKO recommendations, which are published as a PDF). This would require all documents to be entered in amendment mode. However, labelling is considered difficult for several reasons: Should every update be flagged, including minimal changes such as spelling mistakes? At what point is the marking removed? In the case of short revision intervals, the colour coding of changes could already be removed before the recipients have noticed them. In other contexts, colour coding does not seem to prevail. In HTML format (barrier-free), it is therefore difficult to mark changes.* • *For a better overview, changes could be described in more detail in the disclaimer. In the case of minor changes, you could also leave the effective date unchanged or consistently note every change in the disclaimer.* • *In the future, an internal ÖGD platform could provide documents*	*VPresident/all*

	in change mode. *ToDo: FG32/38 asks the ÖGD feedback group about preferences for the presentation of changes in documents.*	
6	**Strategy questions** **a) General** *Quarantine / isolation outside the home* • *A contribution is currently being prepared for the AGI meeting, in which it will be shown that contact persons and sick persons can be segregated outside their own household. The federal states are to be asked about problems with implementation.* *Feedback on the implementation of the tests during quarantine* • *The diagnostics working group at state level reported difficulties in the practical implementation of testing during quarantine. There is a high level of acceptance for the tests at the beginning and end of the quarantine, but less acceptance for the tests recommended in between due to organisational problems.* • *Experience in school settings has shown that self-testing is easy to organise logistically, but ordering logistics and financing are apparently difficult for the health authorities to manage in some cases. This point may be discussed again in the course of the project.* **b) RKI-internal** *Not discussed.*	*IBBS* *All*

7	**Documents** *[ID 3336] Recovery certificates for BMG. There is a decree for creating the definition of recovered persons.* • *A green passport is being considered at EU level, which could be issued on the basis of a certificate of vaccination, a certificate of recovery or a negative test certificate with limited validity and could be checked at border crossings.* • *The definition of recovered patients is complex, based on the question of reinfection (taking into account long courses, repeated positive-negative PCR tests, etc.); the focus is on a combination of clinical improvement and a negative test before the end of treatment. An alternative draft is based on the de-isolation criteria. In principle, the certificate of recovery should be based on existing criteria. The green passport should always include the date of testing.* • *A serological test would not be sufficient proof (no indication of the time of infection). In addition, a limited duration of a certificate is advisable, as there is no absolute protection against reinfection. Maintaining measures (AHA+L) is equally important. The decree report should clearly state the limitations of the recovery certificate. Reference should also be made to the variant currently prevailing in Germany in the recommendations.* • *The BMG had asked, among other things, who could issue the certificates. The most likely option would be a "medical certificate, e.g. general practitioners, company doctors, general practitioners".* *ToDo: FG36 coordinates draft with IBBS (Justus Benzler and ZIG in CC).* • *A template for the GMK on dealing with vaccinated persons is currently being harmonised against the background of equality with tested persons. The RKI's comments have largely been taken into account.*	
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *AGI Sentinel update: There were 306 submissions in weeks 13 and 14, reflecting the current cold season. The results are in line with those of the syndromic surveillance, with 28% rhinoviruses, 18% seasonal coronaviruses, 2% parainfluenza, 8% SARS-CoV-2.* • *Last week there were 1,078 submissions, 494 of which were positive (46% positive rate), 87% evidence of B.1.1.7. Samples are to be sent in for sequencing.*	*FG17 (Wolff)* *ZBS1*

10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *It is discussed whether changes to the recommendations in the Occupational Health and Safety Ordinance (as of 12 March 2021) should be proposed. According to this, employees are only required to wear an MNS if the minimum areas and distances are not observed or if there is no separation by Plexiglas. This seems questionable in view of the emergence of new VOCs and the importance of aerosol formation.* • *The RKI is not primarily responsible, but can point out its own recommendations and suggest changes. In general, harmonisation of the recommendations for the workplace setting with other settings (e.g. schools) with regard to the wearing of MNS, test requirements, etc. is considered sensible for compliance reasons, among others.* *ToDo: FG14 should contact BMAS. (done)*	*FG14*
12	**Surveillance** • *Corona-KiTa study* **(only on Mondays)** *- see above*	*FG32* *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/work assignments** •	*All*
	Next meeting: Wednesday, 14.04.2021, 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:	*14.04.2021, 11:00 am (end: 12:48 pm)*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG 14*
  - *Melanie Brunke*
- *FG 17*
  - *Ralf Dürrwald*
- *FG 21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 34*
  - *Viviane Bremer*
- *FG 33*
  -
- *FG 36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG 37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Maren Imhoff (Minutes)*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Johanna Hanefeld*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *unknown*
  - *+4915146****80*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International (Fridays only)** **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,044,016 (+21,693), of which 79,088 (+342) deaths, 7-day incidence 153/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with one vaccination 14,058,329 (16.9 %), with 2 vaccinations 5,186,135 (6.2 %)* ▪ *Significant increase* ○ *DIVI intensive care register: 4,688 cases in treatment (+26)* ○ *7-day incidence of the federal states by reporting date* ▪ *Increase visible in all BL, particularly pronounced in BY, SN, TH* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Map darkens, no LK < 25/100,000* ▪ *Front runners: SK Hof (574/100,000), Greiz (489/100,000), LK Hof (459/100,000)* ○ *7-day incidence by age group* ▪ *Decrease only in age groups 0-9* ▪ *Increase in age groups 10-79* ▪ *most affected: Age groups 15-49* ○ *Number of COVID-19 cases by age group and reporting week* ▪ *constant in age group 80+ since approx. MW08/09* ▪ *Slight increase in age group 60-79* ▪ *declining among children* ○ *Hospitalised COVID-19 cases by age group* ▪ *Figures significantly below those of the 2nd wave* ▪ *Uncertainty: decline after MW12 probably artefact, subsequent transmissions to be expected* ○ *COVID-19 deaths by week of death* ▪ *Plateau of 1,000 deaths per week since death week 10/11* ○ *Number of reported COVID-19 cases with antigen detection* ▪ *Share of all reported cases remains low, around 6-7 %* ▪ *Uncertainty: Information probably not complete* ***-- Discussion --*** *New wording inserted in the management report dated 13.04.21 "A slight decrease in the number of hospitalised cases can currently be observed." misleading, only refers to the period of the last 14 days;* *BMG would like a clearer presentation of the incidence limits - map presentation is not adapted to politically set threshold values; table is expanded to include the development of the 7TI in the districts over time;*	*FG32 (M. Diercke)*

	Hide disclaimer in dashboard with reference to non-meaningful figures/holiday effects? - Disclaimer for reporting figures no longer necessary, but test figures will probably not be meaningful again until next week; management: disclaimer to be hidden today, press office confirms; *Reference to button in the dashboard with link to current management report* • **Test capacity and testing (Wednesdays only)** **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate (slide 1)* ▪ *Number of tests in CW14 (1.15 million) even lower than in CW13 (1.17 million)* ▪ *Positive share continues to increase (12 %)* ▪ *fewer laboratories have transmitted* ○ *Capacity utilisation (slide 2)* ▪ *Capacity constant at 2.2 million/week* ○ *Sample backlog (slide 3)* ▪ *No significant sample backlog* ○ *Test number recording VOC (slide 4)* ▪ *many transmissions: > 50 % positive PCRs* ▪ *B.1.1.7 seems to be levelling off around 85 %* ○ *POCT in facilities (slide 5)* ▪ *A total of 585,360 POCT were recorded from 354 facilities, of which 1027 were positive (0.2%), 865 (84%) went into PCR, of which 482 (56 %) were transmitted as positive* **SARS-CoV-2 in ARS (Wednesdays only)** *(slides here)* ○ *CW14: Decrease in tests, proportion of positives increased slightly; gap caused by public holiday will not be made up, significant cut* ○ *Number of tests per 100,000 population in age groups 0-14 significantly reduced due to "missing" Easter Monday, stable in other age groups* ○ *Significant increase in the proportion of positives in all age groups, particularly pronounced in the 5-14 age group* ○ *Positive rate per 100,000 inhabitants: hardly any change compared to the previous week* ○ *Test location: proportion of positive tests in surgeries increasing (> 15 %), hardly changed in hospitals (around 5 %)* ○ *B.1.1.7 (data from 16 laboratories): Proportion of del69/70 in all positives almost 100 % (pre-selection); number of detections B.1.1.7+E484K increasing* ○ *Number of outbreaks in retirement homes and hospitals* ▪ *Retirement homes: stable at a low level (around 50/week)* ▪ *KH: at a low level (<100/week)* • **Syndromic surveillance (Wednesdays only)** *(slides here)* ○ *GrippeWeb (slide 2): ARE rate from week 13 to week 14*	*Dept. 3 (Janna Seifried)* *FG 37 (Tim Eckmanns)*

	Stable overall, further decline among children, slight increase in age groups 35+ ○ *Consultation incidence (slide 3): declining in children, little change overall, shift in age distribution* ○ *ICOSARI-KH-Surveillance (from slide 4)* ▪ *SARI case numbers remained stable overall, significant increase in age group 0-4, decrease in age groups 60-80+, in Age group 35-59 stable at a high level* ▪ *COVID-SARI: COVID-19 share of SARI cases 60 %* ▪ *COVID-SARI-ITS: Increase in age groups 35-59, 60-79; corresponds to level of 2nd wave; median age stable (68); COVID-19 share of SARI-ITS cases 85%*	*FG36 (Silke Buda)*
	• **DIVI Intensive Register (Wednesdays only)** *(slides here)* ○ *Strong increase in COVID-ITS cases in almost all BCs (+250 last week), SH the only BC with a decline* ○ *Overall slight flattening in the rise behaviour, not yet assessable* ○ *Children in intensive care: sharp increase (+27)* ○ *Deaths increasing* ○ *In 8 CCs > 20% COVID-19 share of ITS beds; number of free, operable beds decreasing; 60% of intensive care units report restrictions in operation* ○ *free ECMO capacities decreasing; 80 % of ECMO Treatments accounted for by COVID-19 patients* ○ *SPoCK forecasts by region: Increase in COVID-ITS patient numbers predicted for East, South, South-West, West; decrease predicted only for North*	*MF (Martina Fischer)*
	• **Virological Surveillance - NRZ Influenza Viruses (Wednesdays only)** *(slides here)* ○ *Data reflects what has already been reported* ○ *Submissions reduced in the last two weeks* ○ *139 submissions in CW14, SARS-CoV-2 share 11.5 %* ○ *Shift in submissions from younger (0-4, 5-15) to older (35-60, 60+) age groups* ○ *Rhinoviruses: strong decline overall, slight increase in 60+* ○ *Human metapneumoviruses: slight activity* ○ *Influenza: no evidence* ○ *Endemic coronaviruses: NL63 declining, dip due to Easter, slight activity in 229E and OC43* ○ *SARS-CoV-2: sharp increase in detections in age groups 35+, children less conspicuous* ○ *Double infection NL63/SARS-CoV-2 in one sample*	*FG 17 (Ralf Dürrwald)*
	-- Discussion -- *Positive proportion in KH (ARS data): Is the pre-vaccinated hospital population actually less affected? - Possible effect of vaccinating staff and patients; in some German university hospitals, all hospitalised patients are vaccinated;*	

	Variants: in sequencing data, B.1.1.7 accounts for almost 90 % in week 13, presumably approaching 100 %; modelling from the NL assumes that variant B.1.1.7 is displaced by P1; no further meaningful data on disease severity for B.1.1.7; *Risk perception: the younger age groups now increasingly affected may not perceive themselves as a risk group or may not be perceived as such by the medical profession;* *Intensive treatment: increasingly affects younger patients, intensity of treatment for younger patients higher than for older patients; communication of relevant time periods to practices? - Time span from onset of illness - hospitalisation - ICU can be seen from reporting data (if recorded)* *TODO: Discussion of the above-mentioned time periods in the reporting data group*	
2	**International (Fridays only)** • *Not discussed*	
3	**Update digital projects (Mondays only)** • *Not discussed*	
4	**Current risk assessment** • *Not discussed*	
5	**Communication** **BZgA** • *Information sheet on vaccination for daycare centre employees will soon be online at infektionsschutz.de* **Press office** • *Many enquiries about public holiday effects, when will figures be meaningful again?* **P1** • *BMFSFJ flyer on rapid tests talks about "safety in everyday life" - please do not use this wording, it is better to talk about risk reduction or similar* • *Data on the health of former intensive care patients would be helpful for communication (especially to the population, less to politicians), do not lose sight of the long-term perspective* *TODO: Compile data on the health of former ITS patients (P1, IBBS input)* **Early BPK tomorrow, 15.04.2021** • *Focus on clinical aspects: syndromic surveillance, inpatient and intensive care treatment, in particular figures on ECMO capacities, children in intensive care (see also Clinical Management)* *TODO: Include data in the speech sheet (P1)*	*BZgA (Heide Ebrahimzadeh -Weather)* *Press (Ronja Wenchel)* *P1 (Mirjam Jenny)* *Pres*

6	**RKI Strategy Questions** **a) General** *Reference to decree report on certificate of recovery from 13/04/21 (ID3336)* **b) RKI-internal** • *Not discussed*	*FG38 (Ute Rexroth)*
7	**Documents** • **Contact tracing for SARS-CoV-2-Infections** o *AGI criticism of recommendation for previous cases to "pause professional activity ... with risk groups for 14 days after the last contact with the case"* o *No suspicion of infection, therefore no basis for a ban on work* o *Discussion: exclude professional area from current wording, for private area recommendation to Maintain "pause"* *TODO (medium term): Adaptation of the document (FG36/37)* • **Options for early entry into service for KP1 among medical staff in the event of staff shortages** o *Recommendations were removed in the belief that hospital staff are fully immunised, but this is not actually the case (situation in Berlin not representative)* *TODO: Discuss reintroduction of recommendations (FG37)*	*FG38 (Ute Rexroth)* *FG37 (Tim Eckmanns)*
8	**Vaccination update** **(Fridays only)** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *Not discussed*	*ZBS1*
10	**Clinical management/discharge management** • *Proposal for two core messages (see also Communication):* o *Suspend elective operations, restrict regular operations, at best in all hospitals (including private ones) in order to maintain capacities* o *Strategic transfer of patients to equalise capacity will soon be necessary* ***-- Discussion --*** *Why is there no open communication on particularly affected regions? - Not our primary data, individual regions should not be singled out, no interference in the crisis communication of others - Objection: DIVI data is available in high resolution (regional or location level) and could be used*	*IBBS (Christian Herzog)*

11	**Measures to protect against infection** • *Not discussed*	
12	**Surveillance** • *Not discussed*	
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** • *Not discussed*	*All*
16	**Other topics** • *Next meeting: Friday, 16 April 2021, 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:	*16.04.2021, 11 a.m. - 1 p.m.*
Venue:	*WebEx Conference*

Moderation: Lars Schaade

Participants:

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
-
- *Division 1 Management area*
  - *Annette Mankertz*
-
- *Dept. 2 Management*
  - *Thomas Ziese*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Genie Oh*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Matthias an der Heiden*
  - *Andreas Hicketier*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Inessa Markus*
  - *Meike Schöll*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Esther-Maria Antao*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Jamela Seedat*
- *ZIG1*
  - *Johanna Hanefeld*
- *ZBS 1*
  - *Janine Michel*
- *BZgA*
  - *Martin Dietrich*
- *FG11*
  - *Sangeeta Banerji (protocol)*
-

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International* o *Cases, spread* *Not applicable due to illness in the PHI group* • *National (slides here)* o *Case numbers/deaths* *-7d incidence until yesterday a steep increase, estimated 10%- 15% underestimation of the daily updated figures (grey area)* *-Geographical distribution: Most regions >100/100,000 p.e., only 4 LK <50/100,000 p.e.* *-Front runner: Greiz/Hof* *-Deaths correlate with high incidence figures* *-Deaths: are stable, no excess mortality* *-Germany now supplies data to Euromomo (www.euromomo.eu). Previously only data from Berlin and Hesse was available there; these BLs are also listed separately there.* *-From November 2021: legislation on mortality surveillance* • *Indicator report (here):* *-First presentation to the crisis team* *-Available on the intranet* *-It has been sent to the federal states (BL) since last week* *-The companies are against publication, as they fear enquiries in the event of discrepancies with their own published figures, especially with regard to the R-value* *Note: Different R-values between indicator report and management report could be confusing.* *Answer: Indicator report contains consolidated R-value over the period of one week and not the daily R-value. This difference can be communicated.* ***To do*:** 1. *Supplement hospitalisation over 60 (in accordance with the Control-COVID core indicators)* 2. *Aim for publication, possibly only at federal level or also with (selected) country-specific indicators in coordination with BL*	*Michaela Diercke*
2	**International (Fridays only)** • *Mission Montenegro starts on Sunday and runs until Friday: Department 3 and 2 people from Charité*	*ZIG (Johanna Hanefeld)*

	support with IPC, ICU and EPI • *Request from the President of the Republic of Moldova to Germany (RKI explicitly mentioned): very great need for help in many areas. An aid package with laboratory supplies and an emergency medical team (together with Norway) is put together in cooperation with GIZ (Gesellschaft für Internationale Zusammenarbeit) and SEEG (Schnell Einsetzbare Expertengruppe Gesundheit).* • *New (at the request of the BMG): Bi-weekly analysis of PH measures in international comparison and recommendations for action derived from it* • *oxford government tracker is also taken into account (https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker)* ***To do:*** *1. recommendations for action in advance at the crisis team meeting* *present and discuss, situation centre to develop a template for this with ZIG2*	
3	**Digital projects update (Mondays only)** -	*Smear*
4	**Current risk assessment** ***To do:*** *LZ should prepare risk assessment for next week Wednesday for discussion, then in 2-3-week rhythm*	*All*
5	**Communication** • *8 Pandemic tips not barrier-free, therefore new barrier-free layout is being developed by an external party, as well as a translation into other languages. Will be sent to BZgA* • *EpiBull is also to become barrier-free in future, which is why Mrs Harendt will complete a training course* • *Note: New EpiBull article on Monday about self-sampling by patients and rapid Ag tests* • *Note: EpiBull article on paediatric cluster and household outbreaks in Hamburg* • *No additions*	*Martin Dietrich* *Press* *P1*
6	**News from the BMG** •	*BMG*
7	**Strategy questions** • **General** • *Communication of the illustration with projection of case number development in the management report? (Slides here)* *Question: Why was the deviation in the number of registrations*	*All* *Math.a.d.Heiden*

	of public holidays not taken into account in advance? *Answer: Such effects are difficult to quantify. It is also important to keep the model as simple as possible in order to illustrate development without changing the current situation.* *Note: A distinction must be made between public holiday effects due to fewer visits to the doctor and the resulting fewer tests (rapid impact) and effects due to a reduction in contact, e.g. due to school holidays (only noticeable after a delay of 2 weeks).* ***To do:*** *Prepare this report for the management report based on the previous discussion. Replace the term 'trend' with 'Case numbers' and the term 'forecast' by 'modelling'.* • **RKI-internal** • **Regarding yesterday's statement: Consider vaccination rate in limits?** *Proposal: Consider vulnerable population (unvaccinated people, especially children) when determining incidence, e.g. through incidence per age group, as the vaccination campaign is currently still strongly age-related, or take unvaccinated people into account when determining incidence. Objection: This is not done for other infectious diseases either and recovered people would also have to be included. Rather use a rule of thumb.* *To do: WG Control-COVID should address this issue (FG36 and AL3), see also point 1 under to-do at the end.* *Modelling the fourth wave?*  Krisenstab heute.msg • *Targeted suppression of hazardous VOCS - i.e. immune escape VOCs - possible measures*	*Lars Schaade* *Lothar Wieler*

	Concern: Direct communication with health authorities is important, as communication via regional offices is too slow and important information is lost or changed. Possible measures: Each BL sets up a task force for this, as Bavaria already does. Further suggestions: Info letter, webinar ***To do:*** *1st AG Control-COVID: Adaptation of phased plan with regard to*	
	Population at risk (unvaccinated) *2. P1 (Ms Jenny): Communication (long-term) about development and measures, e.g. also avoid summer trips, possible 4th wave. Proposal: organise public health conference.* *3. FG33: Modelling the impact of VOCs* *4. FG38 (Outbreak Coordination): Determination of necessary measures for rapid outbreak control of VOCs in order to minimise the spread of the virus.* *("wildfire") to prevent*	
8	**Documents** • *Contact person paper* *a) Addition to point 3.2.2: Recommendation to avoid contact of vaccinated or recovered CP with risk groups for 14 days. (Note: There is no legal basis for a quarantine or occupational ban, therefore only a recommendation).* *b) If source case is infected with a vaccine escape variant, quarantine order also applies to vaccinated persons* *c) Definition of close contact explicitly also for contact with respiratory secretions* ***To do**: Please send paper on Tuesday to AG-I for information*	*Walter Haas*
9	**Vaccination update (Fridays only)** • *Update to Epidemiological Bulletin 13/2001 (RKI-STIKO model)* • *-Modelling assuming an increase in contact of 20-30%. Comparison with current figures (ITS cases) shows that the actual increase in contact is only 10%.* • *BMG would like to model the lockdown effects. To this end, there is a pool of around 2000 people who are surveyed every two weeks.* • *-A 4-week contact reduction as in the 1st lockdown can prevent ITS capacities from being exceeded.*	*FG33 (Ole Wichmann)*

10	**Laboratory diagnostics** • *Virological Sentinel:* o *695 samples, 48% COVID-19 cases (90% of which B1.1.7)* o *200 Rinovirus positive* o *No influenza viruses* o *10% positive for parainfluenza viruses* o *2% positive for human metapneumoviruses* • *1012 samples* *o443 (44%) positive for SARS-CoV2, of which 90% B1.1.7*	*ZBS1* *FG17*
11	**Clinical management/discharge management** -	*IBBS*
12	**Measures to protect against infection** -	*All*
13	**Surveillance** • *Corona-KiTa study* **(only on Mondays)**	*FG32* *FG36*
14	**Transport and border crossing points (Fridays only)** • HH reports that people have travelled from Greece with possibly falsified test certificates. The persons presented negative test results on entry, but outbreak investigations revealed indications that swabs may not have been taken before departure. There are also reports from BY of falsified Proof of test upon entry from Greece.	*FG38 (Meike Schöll)*
15	**Information from the situation centre (Fridays only)** • /	*FG38*
16	**Important dates** • *Next meeting: Monday, 19.04.2021, 13:00*	*All*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*19.04.2021, 13-15 h*
Venue:	*RKI, Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG Management*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Luisa Denkel*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Judith Koch*
- *FG 34*
  - *Viviane Bremer*
- *FG35*
  - *Anna Rohde*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *BMG*
  - *Christophe Bayer*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
  - *Dirk Brockmann*
- *ZBS1*
  - *Janine Michel*
- *BZgA*
  - *Oliver Ommen*
- *MF3*
  - *Nancy Erickson (protocol)*
-

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *Cases, spread* ○ *Not applicable due to illness in the PHI Group* **National - Case numbers/deaths** *(slides here)* • *Overview of key figures* ○ *SurvNet transmitted: 3,153,699 cases in total (+11,437), including 80,006 (+92) deaths, 7-day incidence (7TI) 165/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with one vaccination 16,428,425 (19.8 %), with 2 vaccinations 5,517,282 (6.6 %)* ○ *DIVI intensive care register: 4,842 cases in treatment (+56)* • *Course of 7-day incidence in the federal states* ○ *Thuringia and Saxony well above the national average, Schleswig-Holstein the only federal state well below the national average* ○ *Press enquiries about a small plateau, consultation with the press department has already taken place: in a weekly comparison of week 14 with week 15, a clear increase in the number of cases towards week 15 is recognisable, a lack of increase in the 7TI over three days is therefore not yet a sufficient indication of an all-clear, so further observation is advisable* • *Geographical distribution of 7-day incidence by district* ○ *Continuing to equalise nationwide* ○ *LK number with 7TI > 100 continues to rise* ○ *Only 51 LCs with 7TI < 100* ○ *Only 5 LK with 7TI < 50 (not quite correctly shown here LK Anhalt-Bitterfeld: SORMAS interface malfunction at the weekend, no transmission of data and therefore incidence shown here is clearly too low)* ○ *Hotspots including Sonneberg, Greiz and Saale-Orla districts* • *COVID-19 incidence by reporting week and age group* ○ *Data set for presentation for calendar week 15 not yet complete* ○ *Continues to rise, most strongly in the AG of 5-14 year olds, but also increasing in older AG, also in > 80 year olds (even if vaccination coverage is already highest here)* • *DIVI Intensive Care Register* ○ *Number of ITS cases continues to rise (currently 8,842)* • *Discussion:*	*ZIG1* *FG32 (Diercke)*

RKI	○ *Development of case numbers: cautious statement advisable* ○ *Increasing number of enquiries to the press department about the median age of deaths: during the pandemic, the figure was fairly constant at approx. 84, currently approx. 82, but is included in Table 3 in the management report and shown on a weekly basis for reference in the event of enquiries* *To Do: weekly reporting of the median age of deaths in the management report Table 3* **Corona-KiTa study** *(only on Mondays) (slides here)* • *FluWeb: Frequency of acute respiratory diseases* ○ *Influence of Easter holidays still evident among children: increase before the Easter holidays, now a return to normal* • *COVID-19: Incidence and proportion by age group* ○ *In children, the influence of the Easter holidays is also evident here: another sharp rise in incidence, especially in the 6 to 20 age group, slightly higher in 0 to 5-year-olds* • *Outbreaks in kindergartens/day nurseries* ○ *135 new outbreaks (incl. late registrations)* ○ *After Easter a median of 3-4 cases per outbreak, in the weeks before Easter 5-6* ○ *Share of AG 0-5 in all daycare centre outbreak cases continues to increase: since the end of the lockdown (week 8) it has been around 46%, during the 2nd wave it was around 35%* ○ *A total of 2,505 outbreaks in nurseries/after-school care centres (≥ 2 cases) reported* ○ *2,071 (8 3 %) outbreaks involving children (<15 yrs.), 44 % (6,694/15,112) of cases are 0 - 5 years old* ○ *434 outbreaks only with cases 15 years and older* • *Outbreaks in schools* ○ *68 new outbreaks (incl. late registrations)* ○ *Since the end of lockdown (week 8), the majority of outbreak cases are 6-10 years old (45%), AG 11-14 (13%), 15-20 (19 %), 21+ (23 %)* ○ *During the 2nd wave, the AG of children and adolescents had a share of approx. 24-26% in each case* ○ *A total of 1,953 outbreaks in schools were reported (≥ 2 cases, 0-5 years excluded)* ○ *1,817 (93 %) outbreaks with cases < 21 years, 28 % (6-10YRS), 22% (11-14YRS), 28% (15-20YRS), 22% (21+)* ○ *136 outbreaks only with cases 21 years and older* • **Modelling** *(Mondays only) (Modelling here https://observablehq.com/d/0281827223f4b268)* ○ *Analysis of private mobility shares (focus: weekends, Sundays shown here)*	*FG36 (Buda)* *P4 (Brockmann)*

	○ *Resolution: Hourly window and by districts or shown here Hamburg and Berlin*	

- Reference periods: 1st - 16th week 2019 (black) and 2020 (blue) to 2021 (red)
- Bar chart:
  - Mobility essentially constant nationwide in 2019 and 2020 until week 11
  - Lockdown week 11 2020: Mobility decline -40 up to -60 %
  - 2021: lower level in the first 16 weeks (lockdown phase), week 13 2021 compared to 2020 (first lockdown) further reduction in mobility
- Cloud diagram:
  - major cities (Berlin and Hamburg) on Saturdays 10 p.m. to 11 p.m. (for the purpose of assessing possible Effect of a night-time curfew)
  - X-axis: outside temperature (influence on mobility), y-axis: number of movements
  - 2019 (black): Point cloud around 120,000 movements in the first 16 weeks, 2020 (blue): similar before lockdown, after lockdown: mobility drops to approx. 30,000 movements (just under ¼ of mobility) → Effect on evening movement substantially strong; 2021 (red): still very reduced at approx. 40,000 movements, comparable to Lockdown 2020
  - Similar in HH, but with a much lower number of movements
  - Similar images for Friday evenings and other periods from 8 pm onwards
  - Very little movement in Berlin and Hamburg, regardless of the outside temperature evident, data bases from Telekom and Telefonica show a consistent picture

- Discussion:
  - The population appears to be restricting itself independently of the current recommendations
  - Total mobility shown here, night-time curfew only affects a small proportion of mobility (approx. 1/10)
  - Contact networks must also be taken into account, see modelling by DTU Copenhagen, to be presented at the next meeting: social contact networks in the evening hours are very dense, intensive, large groups and diffuse compared to other times of day → it can be assumed that this results in stronger infection events can result
  - By Wednesday, further data analysis also with regard to rural areas and small towns such as Tübingen (also interesting here, as no lockdown per se)
  - Visibility of a local agglomeration: quite right in Berlin

RKI	Good resolution (fine tiling), but greyed out at < 10 movements per tile due to data protection, but will be further analysed ○ Limited effectiveness of curfews cannot be ruled out, but population has reduced mobility by approx. ¾, although the quality of contacts still taking place cannot currently be recognised or assessed *To Do: Contact networks and presentation of rural/small-town areas (including Tübingen) at the next meeting*	
2	**International** *(Fridays only)* • *Not discussed*	*ZIG*
3	**Digital projects update** *(Mondays only)* *DEA:* • *Upload test result: Schedule postponement at Bundesdruckerei, temporarily unavailable, people could not log in, BMG vehemently persuaded Bundesdruckerei to stop (recourse claims)* • *Current priority on SORMAS connection* • *Postponed updates/instability prioritised to the back, as basic stability must be guaranteed first* • *DEA graphs on entry to Germany as an indicator, possibly once a month in the situation report (currently peaks with up to 90,000 entries, compared to DEA start with approx. 30,000)* *To Do: Mr Schmich will be happy to present the DEA entry figure at one of the next meetings.* *CWA:* • *Event registration: Criticism of LUCA in public, in UK CWA version of event registration was removed from Applestore* • *Currently agreement to place event registration in CWA* • *Last week: approx. 80,000 people warned by CWA, of which approx. 60 % usually get tested, shows the significance of CWA in the pandemic regardless of the problems* • *RKI recommendations on CPN: must be supplemented in CWA, currently vaccinated and unvaccinated people receive the same notifications, linking external information makes sense here, as decisions are subject to temporal and political fluctuations* • *Withdrawal of false rapid test results: technical challenge, chain of events must be taken into account, currently in progress, current timeline envisages end of June/beginning of July, should be prioritised in the stakeholder meeting* • *Health authorities: Connection in terms of functionality to test results currently under discussion*	*FG21 (Schmich)*

RKI	*DEMIS:* • *Test centres are increasingly being connected and attempts are being made to separate laboratory data environments* • *New profiles are published in order to be able to report not only SARS-COv2 but also all other relevant pathogens, laboratories are gradually being connected* *SORMAS:* • *Health authorities increasingly connected, data quality and reliability still need to be improved* *Discussion* • *Analyses of pool testing of pupils (see e.g. Freiburg, Cologne) by laboratories in routine operation - is it possible to communicate findings to parents' devices via CWA?* *To Do: Clarification of the pool test notification via CWA bilaterally between Mr Mielke and Mr Brockmann*	*FG32 (Diercke)*
4	**Current risk assessment** • *Current document here* *To Do1: The file stored in the folder is circulated to the crisis team by Mrs Rexroth* *To Do2: Discussion on this is planned for Wednesday 21 April, then every two weeks*	*All*
5	**Communication** *BZgA* • *No comments* *Press* *To Do: When making changes to documents, ask everyone to copy the latest version from the website so that outdated versions are not inadvertently used.* *The approach was welcomed and is to be implemented in future.* *P1* • *"Behavioural tips" have been translated into various languages, are being distributed by the BMG, P1 is currently working on the respective layout and will then circulate them* • *Small question from the Greens on the communication strategy of the Federal Government: Mrs Jenny has answered the question, then forwards it to the press department* • *Communication of rapid tests: list of information and explanatory graphic on false test results and the relevance of regular testing in preparation by P1* • *Positive share (see last BPK):*	*BZgA (Ommen)* *Press (Wenchel)* *P1 (Jenny)*

- Raised questions at the HZI, was also taken up by ZDF heute
- With regard to the BPK on Friday, it may be useful to make a further statement on the significance of the positive rate and that this is currently not significantly influenced by the rapid tests; this should also be communicated independently of the BPK
- Note 1: no graphical representation possible for the BPK, this should be embedded elsewhere and displayed prominently (e.g. management report, Twitter)
- Note 2: Surveillance data should be taken into account, as these are broken down by age group (older AG higher positivity rate than children)
- Note 3: ARS data provide differentiated indications of the age-stratified number of tests performed and an ~~association between the~~ proportion of positive tests ~~and the~~ number of positive tests performed.
- ~~and~~ ITS bed occupancy, incidence and case numbers ~~also~~ correlate
- Note 4: people with the disease are more likely to be tested (presumably quite stable behaviour), variations are probably more likely to be found in the degree of detection of asymptomatic cases

To Do: A renewed explanation of tests and their meaning as well as the terminology and assessment of incidence is required

- "Control Covid" concept:
  - Needs to be clarified again, as current endeavours to test the entire population do not appear to make much sense
  - "Control Covid" phased concept being discussed, probably too short notice for BPK on Friday
- "Control Covid" publications and graphics should be given greater prominence so that not only the incidence is taken into public consideration, but also to take local circumstances into account and promote a differentiated approach
- Restriction: on the other hand, too many parameters complicate or dilute the decision-making basis for the implementation of measures in individual federal states; this should be discussed in more detail

To Do1: Recording systems should also be taken into account in EpidBull (currently already in progress).
To Do2: Resumption of the above-mentioned discussion point on incidence as the main parameter.

6	**Strategy questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** *(if possible only on Mondays and Fridays)* • *Definition of "recovered": PCR positivity is sufficient, a clinical disease is by definition not decisive here. This point has already been clarified.*	*All*
8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*
9	**Laboratory diagnostics** *(if possible only on Mondays and Fridays)* **Update AGI Sentinel** • *In week 14 and 15, there was a sharp drop in samples (Easter holidays), of 330 samples 5% rhinoviruses, 18% seasonal coronaviruses (NL63), 1% parainfluenza, 9% SARS-CoV-2 (week 14 11%, week 15 7%). The age stratification must be taken into account here (higher positivity rate in adults; Easter holidays: nursery/school holidays).* **ZBS1** • *Last week 1,383 submissions, of which 614 were positive (44.4 % positive rate)* • *Publication on PCR analyses accepted*	*FG17 (Wolff)* *ZBS1 (Michel)*
10	**Clinical management/discharge management** ***(if possible only on Mondays and Fridays)*** ~~**Clinical management/discharge management** ***(if possible only on Mondays and Fridays)***~~ ~~*Inhaled corticosteroids (budesonide):*~~ • ~~*Has been described in public as a gamechanger, but the two underlying studies (STOIC and PRINCIPLE) are not sufficient for a conclusive assessment (objectifiable endpoints, placebo controls, cohorts not available or sufficient)*~~ • ~~*Budesonide inhalation is an individual therapy decision and particularly relevant in the case of pre-existing lung disease, no general therapy recommendation*~~ • ~~*STAKOB and COVRIIN finalise statement, will be published online tomorrow*~~ ~~*Anticoagulants:*~~	*IBBS (~~Rueiihe~~)*

	~~• In routine/outpatient care so far only recommended for (high-)risk patients, extensive recommendations already available on website~~ ~~*Supplement Mrs Rühe:*~~ ~~• Therapy overview of the FG COVRIIN, which also covers anticoagulation in the outpatient sector: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/COVRIIN_Dok/Therapieuebersicht.pdf?__blob=publicationFile~~ ~~• A separate statement on anticoagulation only follows.~~	
11	**Infection protection measures** *(if possible only on Mondays and Fridays)* • *Current enquiries about a possible FFP3 recommendation (no general recommendation for FFP3)*	*FG14 (Brunke)*
12	**Surveillance** *(if possible only on Mondays and Fridays)* • *Presentation of the 7-day incidence on the website should be shown separately from epidemiological presentations (separate page), the dashboard will then link to this page* • *Mrs Diercke prepares a proposal for Mr Rottmann, which is sent to him via Mr Wieler* • *Archive file: Replacement only looks slightly different, no additional work required for press* • *As already communicated, the current VOC report is the last one for the time being, provided no new serious VOC occurs* • *VOC voting round:* o *Has already taken place this morning, will take place one more time (no continuous JF)* o *Clarification regarding the most minimally invasive procedure possible is desirable* o *BMG requirement here: Overview, ability to speak to the media, suggestion from Ms Kerber (virologist): comprehensive table on VOCs, which is continuously supplemented or updated*	*FG32 (Diercke)* *FG36 (Kröger)* *ZIG1 (Denkel)*
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/work assignments** • *Pandemic Preparedness Partnership Conference (UK government initiative): 20 April, 1-6pm, Mr. Wieler takes part*	*All*

RKI	• Conference notice "Zero Covid" 24.04. approx. 1-5 pm, link will be circulated by Mrs Jenny	
	Next meeting: Wednesday, 21.04.2021, 11:00 a.m.	

End 14:25

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*21.04.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Esther-Maria Antao*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,188,192 (+24,884), of which 80,634 (+331) deaths, 7-day incidence 160/100,000 inhabitants.* ○ *Course of the 7-day incidence in the federal states* ▪ *No further increase, similar trend in most CCs* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Incidence very high throughout Germany, only 6 LK with incidence up to 50 and 55 LK with incidence 50-100* ○ *7-day incidence by age group* ▪ *Increase in all age groups from week 14 to week 15* ▪ *Significant increase among 5-14 and 15-34 year olds* ○ *Hospitalised* ▪ *No further increase from week 12 to 13, no Easter effect to be assumed* ○ *COVID-19 deaths by week of death* ▪ *No further decline in deaths, rather a plateau* ○ *Number of laboratory-confirmed COVID-19 cases with and without Antigen detection* ▪ *Small increase in cases with antigen detection, but proportion remains very low, < 10%* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Approx. 1.3 million tests carried out, again more than in CW 13 and CW 14* ▪ *Share of positives up slightly to 12.4%, rise in positives flattens out.* ○ *Capacity utilisation* ▪ *Unchanged* ○ *PCR positive percentage after antigen test* ▪ *Dark blue bars in the background describe the positive PCR tests transmitted in the Voxco query, the grey bars in the foreground are the confirmed cases (reports), the light blue bars are the confirmed cases after antigen tests. The dark blue part could be multiple tests.* ▪ *The increase in the proportion of positives cannot be explained by antibody tests alone.* ▪ *graph should be simplified and answer the following questions: How have the test figures changed? How does the proportion of positives develop and how does the proportion of positive PCR tests preceded by an antigen test change? Only these 3 lines should*	*FG32 (Michaela Diercke)* *Dept.3 (Hamouda, Seifried)*

RKI	*be displayed.* *ToDo: Revision of the graphic, FF Ms Seifried, Ms Jenny* ○ *Test number recording VOC* ▪ *In KW15, the proportion of VOCs is over 90%, of which B.1.1.7 accounts for by far the largest proportion (89.9%)* ○ *AG-POCT in facilities* ▪ *Proportion of antigen tests with a positive result at approx. 0.2%* ▪ *A high proportion of these go into the PCR (85%), of which around half (55%) are confirmed positive in the PCR* **ARS data** *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Test figures on the rise again.* ▪ *Positive share is slightly lower than in the previous week.* ▪ *1st monthly report planned for May, aggregated data to be made available for download.* ○ *Number of tests and percentage of positives by age group* ▪ *The effect of the Easter period on the number of tests is clearly visible, now increasing again.* ▪ *Significant increase in the proportion of positives among 5-14 year olds.* ○ *Number of tests in various organisational units* ▪ *effect is visible in doctors' surgeries, testing is on the rise again.* ▪ *No major changes in KH.* ○ *B.1.1.7 (Typing PCR)* ▪ *17 laboratories submit data on this.* ▪ *Percentage B.1.1.7 of all samples that were typed, over 90%.* ○ *Outbreaks in retirement homes and hospitals* ▪ *Furthermore, approx. 50 outbreaks from retirement and nursing homes and approx. 100 nosocomial infections are reported per week.* *Outbreaks transmitted.*	*FG37* *(Abu Sin)*

	• **Syndromic surveillance** *(Wednesdays only)* *(slides here)* o *FluWeb* ▪ *ARE rates have remained stable compared to the previous week, roughly at the same level as last year, but significantly lower than in previous years.* ▪ *Significant increase, especially among 0-4 year olds.* o *ARE consultations* ▪ *Easter dip over, number of visits to the doctor has risen again.* ▪ *Around 557,000 visits to the doctor for acute respiratory illnesses in week 15.* o *ICOSARI-KH-Surveillance - SARI cases* ▪ *Strong increase among 35-59 year olds, fluctuating in other age groups.* ▪ *In 35-59 year olds, the level is higher than in the 2nd wave and higher than ever in flu waves in this period Age group.* o *ICOSARI-KH-Surveillance - COVID-SARI cases*	*FG36 (Buda)*
	▪ *Significant increase among 35-59 and 60-79 year olds* ▪ *Preliminary results for week 15: it looks as if this steep rise will not continue.* ▪ *Share of COVID in all hospitalised SARI cases continues to rise.* o *ICOSARI: SARI cases in intensive care with COVID-19, preliminary data up to week 15* ▪ *The main burden lies with 60-79 year olds, in this age group the patients are getting younger.* • **Virological surveillance, NRZ influenza data** *(Wednesdays only)* *(slides here)* o *CW15: 137 entries; approx. 150 entries per week in the last 3 weeks* o *SARS-CoV-2: 6.9%, B.1.1.7 100% for 2 weeks.* o *Rhinovirus activity plummeted over the Easter period.* o *Parainfluenza virus: approx. 2%* o *SARS-CoV-2 has declined, endemic coronaviruses in infants are on the rise.* o *Yesterday 1st positive influenza virus detection, still being sequenced.* o *The age distribution of samples received has shifted in favour of 0-4 year olds. The number of samples from 35-60 year olds decreased.* o *Rhinovirus activity increases in older age groups.* o *Endemic seasonal coronaviruses: still strong activity of NL63 and OC43.* o *Age distribution for NL63: Detection rate highest in 0-4 and >60 year olds.* o *SARS-CoV-2: Detection rate in children in the sentinel is not very high. Presumably due to mild symptoms that do not require a visit to the doctor.*	*FG17 (Dürrwald)*

	• **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* o *COVID-19 intensive care patients* ▪ *4,987 patients on ITS, 306 cases more than in the previous week.* ▪ *Rising figures in almost all BLs.* ▪ *The number of deaths on ITS is also rising.* ▪ *Sharp increase in children in ITS does not continue.* o *Stress in intensive care medicine* ▪ *North-West: high capacity utilisation in Bremen, rather moderate in other BL.* ▪ *North-East: sharp rise in Saxony-Anhalt* ▪ *Centre: Situation has eased slightly in Thuringia.* ▪ *South: particularly strong increase in BW; capacities in southern BL relatively high.* o *Treatment capacities* ▪ *Done all over Germany.* ▪ *In 9 BL Proportion of COVID-19 patients in ICU beds over 20%.*	*MF4 (Fischer)*

	▪ *Free capacities are decreasing, 60% report restrictions in operations.* o *Ventilation capacity* ▪ *Over 85% of those treated require ventilation.* ▪ *Severe cases with ECMO treatment are increasing and free ECMO capacities are decreasing.* o *Prognosis of COVID-19 patients requiring intensive care* ▪ *Forecast of a mild increase*	
	• *Where do the tests carried out in connection with travelling appear?* o *In late summer/autumn, the number of tests was recorded separately as part of trips. This was a considerable effort and not very representative and has therefore not been resumed to date.* o *Ms Seifried is in contact with a company that wants to obtain data from test centres.*	*Mielke*
	• *Is a slight relaxation seen?* o *Tests not yet back to the level of previous weeks, can be assessed better next week.* o *Self-tests are not included in the analysis and are not reflected in the registration figures.* o *Incidence returned to pre-Easter level after falling over Easter, but has not increased further. Political discussions have presumably had a dampening effect on contact behaviour.* o *Stagnation, no easing yet, but no further increase either. Increase in cases appears to be slowing down.* o *There will be requests for an assessment of the situation, RKI should comment on current events without formulating hypotheses about the reasons.* o *It would be useful to map the weekly first admissions to ITS.* ▪ *The number of new patients requiring intensive care in the DIVI Intensive Care Register can only be estimated, as the number of new admissions reported, no distinction is made between first-time admissions of patients and new admissions in the context of transfers.* o *Information from 5 cloverleaves: 4 speak of a horizontally stable situation with no further increase in bed requirements and are only relocating within the cloverleaf. Only in the East cloverleaf are transfers to other cloverleaves planned, as Saxony expects the situation to deteriorate further in the next two weeks.* o *ICOSARI: No longer so many inpatient admissions, but level still unsatisfactorily high.*	*All* *Fisherman* *Duke* *Buda*
2	**International** ***(Fridays only)*** • *Not discussed*	*ZIG*

3	**Update digital projects** *(Mondays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment (here)* ○ *Revisions to the points General, Objective, Transferability, Resource burden on the healthcare system, Infection control measures and Strategy.* ○ *Among other things, the goal of protecting against severe courses of disease is not only supplemented for risk groups.* ○ *The acceleration of the ascent is taken out.* ○ *Attention is drawn to the problem of transmission through aerosols in poorly ventilated rooms and regular intensive ventilation.* ○ *The development of antiviral drugs is excluded from the measures and strategy.* ○ *Revision was accepted by the crisis team.*	*All*
5	**Communication** **BZgA** • *Nothing new to report* **Press** • *Nothing to report* **Science communication** • *Employment with positive share, VOC report is supported.* • *Should the changes in treatment options be communicated?* ○ *STAKOB communicates to the specialist public. There is an overview document with a history of changes on the website.* ○ *Preparation for laypersons by RKI not useful.* ○ *Questions on therapy do not fall within the remit of the RKI, but are the responsibility of the professional associations.* ○ *Procedure to date and continuing: enquiries from the public are rejected and enquiries from the specialist public are referred to STAKOB.* • *Should more attention be paid to late effects of the disease?* ○ *Data situation is not yet optimal. What is there should be presented.* *ToDo: FAQ on late effects, FF Ms Jenny* • *Would it make sense to communicate recommendations more proactively as to which symptoms or worsening symptoms should be reported to a doctor?* ○ *The 35-59 age group is often unaware that they too can become seriously ill.* ○ *Objective: To prevent patients from being admitted to the healthcare centre too late.* *supply system.*	*BZgA* *Press* *P1 (Antao)*

	○ *Taken up by BZgA via website, but nothing special for this target group.* *ToDo: Check that the flow chart is up to date and summarise it in a simple paper or FAQ, FF IBBS, P1* ○ *So far, the hospitals have not reported that this age group does not present itself early enough.* *ToDo: IBBS clarifies with the KH whether there is a problem here.*	*Ebrahimzadeh-weather*
6	**RKI Strategy Questions** **a) General** • *Requests from AGI:* *1. Exemption of vaccinated persons from compulsory testing* ○ *Wish: Vaccinated people should no longer be included in tests, only low-threshold, ad hoc testing for symptoms.* ○ *The recommendation remains as it is, as there are still cases of mild illness among vaccinated people in care.* ○ *No exception, is technically considered the correct recommendation.* • *2. cancellation of rapid tests during quarantine* ○ *Should not be removed, FG36 will check whether "if possible" would be an option.* ○ *However, this is only a recommendation anyway.* ○ *As the rapid tests are not included in the test ordinance, this is also a question of funding.* ○ *People who test negative during quarantine will not be given any freedom.* *3. Extension of isolation to 21 days (with the option of free testing)* ○ *Rhineland-Palatinate would like an extension due to the observation that the Ct values at the end of isolation are often still < 30 for the B.1.1.7 variant.* ○ *Recommendation in itself is consistent, as in this case the quarantine would be extended.* ○ *RP should send case studies to the RKI.* *ToDo: Literature screening on the topic of how long relevant virus quantities are excreted in the B.1.1.7 variant, FF IBBS* **b) RKI-internal**	*FG38 (Rexroth) / All*
7	**Documents** • *Discussion of key issues paper* ○ *Only a brief presentation, as work on the key points paper is being carried out in parallel with the crisis management meeting (FF Mr Mehlitz).* ○ *Content: The federal government can define exemptions from mandatory measures for vaccinated, recovered and tested persons.* ○ *The fear is that the exceptions will be too far-reaching.*	*All*

8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *Not discussed*	*ZBS1/ FG17*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *BAuA has created FAQ on antiviral coated masks.* ○ *The benefits are unproven, the safety is not proven.* ○ *Living Guard masks and other products are heavily advertised. Mechanism: metal threads/ impregnation with biocides/ photoactive substances* ○ *Is the responsibility of the BfArM.* *ToDo: FAQ will be linked on our pages Mrs Brunke makes suggestion ~~for FAQ and~~ contacts the press office.*	*FG14 (Brunke)*
12	**Surveillance** • *Not discussed*	
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** • *TC Wed 21 April 2 p.m. with BMG on key issues paper*	*All*
16	**Other topics** • *Next meeting: Friday, 23 April 2021, 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:	*Fri, 23.04.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  -
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG35*
  - *Anna Rohde*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
  - *Sebastian Haller*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Janine Michel*
  - *Michaela Niebank*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *Press*
  - *Jamela Seedat*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Luisa Denkel*
  - *Franziska Badenschier (minutes)*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** ○ *Slides here* ○ *Worldwide:* ▪ *Data as of 22 April 2021, WHO:* ▪ *143,445,675 cases (+14.5% compared to the previous week)* ▪ *3,051,736 deaths (2.1%)* ○ *List of top 10 countries by new cases:* ▪ *IND, BRA, USA, TUR, FRA, IRN, ARG, DEU, COL, ITA* ▪ *Some countries with a downward trend, but still with a high incidence* ○ *India:* ▪ *7-day incidence +62% compared to the previous week* ▪ *Several decrees* ▪ *In particular virus variants B.1.617 and B.1.618* ▪ *Representation of ECDC: B.1.617 already widespread (CAVE: based on GISAID data - possibly not representative)* ▪ *Other drivers for rising case numbers: Non-compliance with non-pharmaceutical measures, False sense of security, mass movements from the city to the countryside, pandemic fatigue, religious events* ▪ *ECDC HSC Meeting 21.04.2021: "It is unlikely but not impossible the variant will pose an increased public health threat for the EU/EEA compared to variants B.1.351 and P.1."* ○ *Virus variants* ▪ *WHO Epidemiological Update 20.04.2021: 3 VOC, 6 VOI, 19 VUI, but B.1.617 not yet mentioned. Assessment: WHO is lagging behind.* ○ *Study Munitz et al. 2021, Cell Report Medicine (see here):* ▪ *B.1.1.7 became the dominant VV within 3.5 weeks* ▪ *B.1.1.7 Transmissibility: increased by 45% (95% CI: 20-60%)* ○ *Notes on:* ▪ *ECDC, 21.04.2021: Interim guidance on the benefits of full vaccination against COVID-19 for transmission and implications for non-pharmaceutical interventions (see here)* ▪ *PHE, 22.04.2021: Technical briefing documents on novel SARS-CoV-2 variants,9th Update (see here)* **National** ○ *Slides here*	*ZIG1 (Denkel)* *FG32 (Diercke)*

	• **Case numbers, deaths, trend** ○ *SurvNet transmitted: 27,543 cases (+7500), 81,158 deaths (+265)* ○ *7-day incidence: still around 160/100,000 inhabitants.* ○ *Course of the 7-day incidence in the federal states:* ▪ *Continued focus on Thuringia, Saxony-Anhalt, partly Bavaria.* ▪ *Saarland rising sharply, but probably not a real increase: GA Saarbrücken has published on SORMAS which resulted in incorrect reports. Will be taken into account in tomorrow's chart, but cannot be corrected in the table with reporting figures (Fallzahlen_Kum_Tab.xlsx).* *To Do: Bilateral discussion afterwards as to whether or how data can be corrected retrospectively.* ▪ *Baden-Württemberg: Model project in Tübingen cancelled.* ▪ *Only 61 counties with 7-day incidence <100/100,000 population.* ○ *7-day incidence by age group* ▪ *Cases: stable* ○ *COVID-19 deaths by week of death* ▪ *For CW12/2021: roughly the same as previous months, rising slightly* ▪ *Increase over past reporting week should be worrying, even if compared to 2nd wave significantly lower numbers, also in view of rising vaccination rates.* • **Test capacity and testing** ***(Wednesdays only)*** ○ *(not reported)* • **ARS data** ○ *(not reported)* • **Syndromic surveillance** ***(Wednesdays only)*** ○ *(not reported)* • **Virological surveillance, NRZ influenza data** ***(Wednesdays only)*** ○ *(not reported)* • **Virological surveillance, NRZ influenza data (Wednesdays only)** ○ *(not reported)* • **Virological surveillance, NRZ influenza data** ***(Wednesdays only)*** ○ *(not reported)* • **DIVI Intensive Care Register figures** ***(Wednesdays only)*** ○ *(not reported)*	
2	**International** ***(Fridays only)***	*ZIG*

	• **Montenegro mission** ○ *Together with Dept. 3* ○ *Team partly back, partly on return journey* • **Moldova Mission** ○ *Mission with Rapidly Deployable Expert Group on Health (SEEG, GIZ)* ○ *Possibly also with EMT* ○ *Political ambiguities: Mission requested by President, but not by Ministry of Health - to be clarified.* • **Namibia mission** ○ *in preparation* ○ *Focus: Development of test capacities* • **Exchange on NPI and contact tracing with increasing vaccination rate** ○ *Thanks to Dept. 3 and Dept. 1* ○ *Memo goes to nCoV-Lage and is available on request* • **Exchange on the effects of the pandemic and pandemic Measures for inequalities** ○ *with WHO Department Social Determinants of Health* ○ *Thanks to Dept. 2* • **Entry and 3 forms of risk areas** ○ *DEU makes it more difficult than many European neighbours* ○ *Question: If it can be assumed that virus variants will continue to be relevant in the long term - how long is such a system sustainable? Please, suggestion: position towards BMG.* ▪ *Agreement - will not be sustainable in the long term; consider how to deal with this.* *To Do: On resubmission*	*(Hanefeld)*
3	**Update digital projects** ***(Mondays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • **Discussion of the proposed amendments to the risk assessment** ○ *Currently no discussion or change necessary*	*Dept. 3 (Hamouda)*
5	**Communication** **BZgA** • *Activities:* ○ *Current/ new: "Bundesnotbremse" - Amendment IfSchG: new legal regulations go online today, possibly next week Twitter* ○ *Furthermore: Standard information AHA+L rules, vaccination* • *Joint steering committee* ○ *even more testimonials, e.g. Günther Jauch* ○ *In addition to posters in the city, adverts in the media*	*BZgA (Ommen)* *FG33 (Wichmann)*

	be switched ○ *New brochures are to be distributed in pharmacies, jointly produced by the BZgA and the BMG, in collaboration with Eckart von Hirschhausen* • *Question Hamouda: Campaign by actors (note: #allesdichtmachen) - are there any thoughts on whether you want to do something about it?* ○ *BZgA: unclear* ○ *RKI: Steering committee meets 3x/week, will be discussed for this afternoon* **Press** • *County list is now also updated at weekends, no longer just on weekdays* • *3 Publication in EpidBull soon:* ○ *DIM Vaccination rate monitoring* ○ *Prioritisation of people to be vaccinated in outpatient clinics* ○ *Infectiousness after vaccination* **P1** • *(not reported)*	*Press (Seedat)* *P1*
6	**RKI Strategy Questions** **General** • **Strategy paper on openings for BMG** ○ *No new premium necessary, especially as the ControlCOVID strategy paper proposes various indicators and limits. indicators and limit values proposed in the ControlCOVID strategy paper* ○ *Step-by-step plan contains indicators and threshold values that were justified on the basis of scientific findings and defined after conscientious, in-depth discussion; only change if something relevant changes; (strong) vaccination effect cannot yet be priced in, however, as only 22% have been vaccinated at least once.* ○ *Proposal: ControlCOVID step-by-step plan as a basis + Note that incidence is still not the leading indicator for de-escalation, i.e. also opening efforts, but ITS occupancy + Summary of the modelling of FG33 over a certain time horizon and with limitations + Note that the vaccination effect will be included in the calculation in the future* ○ *Enquiry to FG33 in progress* ○ *More detailed discussion this afternoon* ○ *Discussion:* ▪ *ControlCOVID paper: "The overarching goal of the ControlCOVID strategy is to reduce the number of severe to minimise illnesses, long-term consequences and deaths caused by COVID-19 and to sustainably avoid overburdening the healthcare system." - i.e. reach basic level or intensity level 1;*	*Schaade / FG36 (Buda) / All* *Haller, Hamouda, Buda et al.*

	▪ *Opening strategy is different from pandemic response strategy* ▪ *Partly approval, partly not* ▪ *Currently 78% without protection; assume that approx. 10% of those infected will suffer long-term consequences, in some cases die* ▪ *Fear that strategy paper will not be taken into account if vaccination rates are not included* ▪ *Austria has a 7-day incidence of approx. 130/100,000 inhabitants; the plan is to relax the restrictions there* ▪ *Schaade's advice: look at the opening concepts of Israel and the UK to see whether aspects are relevant for DEU* o *Decision, especially Wieler:* ▪ *The strategy paper on openings will continue to be based on ControlCOVID, which was originally developed to control and where openings were not the focus;* ▪ *limits at the moment, because it continues to be considered correct;* ▪ *Adjustment of limit values if new relevant evidence.* • **Decree on exemptions Decree on communicating the definitions Vaccinated, recovered, tested** o *Slides here* o *Purpose: Definitions for official use, as a legal definition* o *Note in advance: These definitions are to be distinguished from definitions for contact person management.* o *Detailed discussion of definitions in the wording, implications of individual words* ▪ *Result see slides* o *Note Wieler: Anecdotes of forged vaccination certificates; In the case of definitions, therefore, also take into account that - if vaccination certificates are included in the definition - others must ensure that these can be verified.* ▪ *Note Wichmann: electronic proof of vaccination (see below)* o *Note on vaccines, in particular definition of complete Vaccinated: Discussion at the HSC meeting as to whether vaccines with WHO emergency use recommendation or only with EMA authorisation should also be considered.* o *Proposal: Add a disclaimer before the definitions that the following definitions are only intended for the implementation of political measures and not for contact tracing or other purposes and that the definitions are therefore not congruent with others. Proposal accepted.* o *Please Wieler: Table, if possible.* o *Please Schaade: If possible, orientate the wording on formulations already in use, e.g. from EpidBull.* o *Question: Do the definitions have to be published on the RKI website - or alternatively on the BMG website and the RKI links to it?* ▪ *Contra RKI webpage: Legal definition at BMG better than cancelled by RKI; danger that health authorities*	*Dept. 3 (Hamouda, Rexroth)*

	and others become confused; ▪ *Per RKI webpage: Changes to the definition can be influenced by the RKI.* o *Decision: On RKI page, with disclaimer, possibly as a table.* *To Do: Press suggests suitable page on RKI website.* **RKI-internal** • *(not reported)*	
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • **Electronic proof of vaccination** o *Discussions at EU level; RKI not in charge, but in an advisory capacity* o *Test certificate for vaccinations or immune protection required* o *Reference app is currently being created, should be open source, should be ready by 15 May, but IBM underestimates complexity* o *Restaurants, airports etc. need readers* • **COVIMO study: Vaccination behaviour, willingness and acceptance of vaccination in Germany** o *3rd report on vaccination acceptance published yesterday* ▪ *Still pleasingly high level of acceptance: 73% definitely, 10% probably* ▪ *For those who do not want to be vaccinated: varies depending on the vaccine* ▪ *Healthcare staff, incl. geriatric care, registered doctors, medical assistants: 75% already at least. 1 dose received, i.e. implementation of prioritisation works well.* • **Vaccine from Janssen (Johnson & Johnson):** o *Delivery of approx. 300,000 cans over the weekend, approx. 10 million cans in total by the end of Q2/2021* o *6 cases of cerebral thrombosis in the USA, 3 of them with thrombocytopenia* o *STIKO met yesterday; no far-reaching changes to the current recommendations planned due to the cases in the USA, but will continue to monitor closely and adjust if necessary when the data situation becomes clearer or cases occur in DEU.*	*FG33 (Wichmann)*

	• **Dealing with vaccinated PCR positives with a high CT value** o *was a topic at AGI; particularly about the duration of isolation* o *If virus detectable, then count as a case and treat, also because it is unclear how long shedding will last* o *Will be held on Tuesday in Dept. 1 AG Diagnostics and in other Rounds discussed*	*Rexroth, Wichmann, Abu Sin, Oh*
9	**Laboratory diagnostics**	
	• **FG17** o *Virological Sentinel has had 510 Samples, thereof:* ▪ *37 SARS-CoV-2* ▪ *109 Rhinovirus* ▪ *12 Parainfluenza virus* ▪ *85 seasonal (endemic) coronaviruses (predominantly NL-63)* ▪ *3 Metapneumovirus* ▪ *1 Influenza virus, the haemagglutinin type of which is determined by the standard methods could not be assigned, Characterisation in progress.*	*FG17 (Oh)*
	• **ZBS1** o *In week 16 so far 763 samples, 313 of them positive for SARS-CoV-2, 41,02%* o *Majority of which B.1.1.7* o *Special features discovered in sequences: Wild type, but with N501Y mutation; B.1.1.7 without deletion 69/70* o *1 reinfection confirmed: at first infection 11/2020 WT, now 04/2021 B.1.1.7 with additional mutation K417N*	*ZBS1 (Michel)*

10	**Clinical management/discharge management** • **Budenoside** ○ *Statement by the German Society for Pneumology and Respiratory Medicine (DGP), the Austrian Society for Pneumology (ÖGP) and the German Society for Allergology and Clinical Immunology (DGAKI) (see here)* ○ *DGP press conference planned for next week* ○ *BfArM has set up surveillance: has noticed a very rapid increase in consumption* • **Vaccination of inpatients** ○ *Enquired at various networks and distributors:* ▪ *About half do nothing; the other half do something, but with different approaches* ▪ *e.g. only very long hospital patients vaccinated who are in the priority group anyway but have missed their appointment; consultation with the public health department that inpatients are vaccinated; actually always patients with a high risk profile*	*IBBS (Niebank)*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	
13	**Transport and border crossing points** ***(Fridays only)*** • *Airport TC: Pact for the ÖGD was discussed; BMG will soon circulate a draft administrative regulation for the area of airports and harbours named in the IGV;* • *Complaints due to high exposure among contact persons - tracking after exposure on the plane, especially from Frankfurt; ask whether e.g. short-haul flights can be treated less prioritised because masks are not removed at all* • *Personnel: Peter Tinnemann becomes the new head of the Frankfurt am Main Health Department (successor to René Gottschalk) and thus also responsible for Frankfurt Airport (FRA) ~~New management for Dahme-Spreewald district, thus also responsible for Berlin-Brandenburg Airport~~*	*FG38 (Maria an der Heiden)*
14	**Information from the situation centre** ***(Fridays only)*** • *High workload; far from de-escalation, in particular due to the continued number of decrees with short deadlines and increasing travelling* • *On-call service increasingly burdened by outbreak task force*	*FG38 (Rexroth)*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Mon, 26.04.2021, 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:	*26.04.2021, 13-15 h*
Venue:	*WebEx Meeting*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1 Management*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 3 Management*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *ZIG Management*
  - *Johanna Hanefeld*
- *P4 Line*
  - *Dirk Brockmann*
  - *Susanne Gottwald*
- *P1 Line*
  - *Mirjam Jenny*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32/38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG 33*
  - *Sabine Vygen-Bonnet*
- *FG36*
  - *Udo Buchholz*
  - *Stefan Kröger*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *BZGA : Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *National (slides here)* o **Number of cases/deaths** - *+11,907 cases, +60 deaths, 7-d incidence at 169/100,000EW and stagnating* • *23% have been vaccinated once, 7% are fully vaccinated* • *ITS/ intensive care register: 5122 COVID-19 cases, rising trend; almost as high as the peak of the 2nd wave* • *7d incidence in the federal states stagnates or declines slightly in Saxony and Thuringia; increase in BaWü, Saarland and Hesse* • *Geographical distribution: LK in Thuringia and Erzgebirgskreis heavily affected, only 56 LK< 100/100,000 p.e.* • *Incidence by age group: steep rise in 5-14 year olds Question: Why does the incidence of over-80s not fall below 50/100,000 population despite vaccination?* *Answer: Probably because vaccination does not necessarily protect against infection and these are better detected by more frequent testing and some are still unvaccinated.* o **Modelling** • *Kai Nagel has modelled a contribution of operational contacts to the R-value of approx. 0.4 using agent-based simulation on a synthetic population. This result is verified by Mr Brockmann with the help of data from the COSMO study (Cornelia Betsch) using network-based modelling. Study suggests that 30% of people in workplaces that would in principle be suitable for HO have close contact with >15 people. Limitation: small sample size in the study).* ***To Do**:* *1. Report hospitalisation rate by age group* *2. Determine the number of non-vaccinated over-80s and present it on Wednesday (S. Vygen-Bonnet, FG33). Note: Reliable figures probably only available for the period up to the end of March 2021.*	*Michaela Diercke* *Dirk Brockmann*
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)** • *CWA* o *Event registration started and positive reporting* o *Criticism from Apple and Google regarding*	*Smear*

RKI	*Data protection aspects: Consent to data collection by users built in* o *Event-related survey (EDUS): 20,000 took part* o *Further use of the interface between CWA and EDUS will be decided by BMG tomorrow* o *CWA and connection to DEMIS for test centres in progress* o *DEA: Disagreement between Bundesdruckerei and RKI over General Data Protection Regulation.* o *Proof of vaccination: App will probably be developed by IBM and RKI will probably be the data holder. Internal responsibility for this data still needs to be clarified.* o *Data donation: Data protection hurdle must be overcome. Scientific cooperation with Scripps USA*	*Dirk Brockmann*
4	**Current risk assessment** • *Not reported*	*All*
5	**Communication** • *Information on Twitter about the European Immunisation Week* • *Definition of recovered/vaccinated persons has been sent to the BMG and feedback is awaited. Where should the paper be linked on the website? Answer: Separate category on RKI website and sort with other legal regulations* • *FAQs on long-COVID, antigen tests* • *Enquiry from Vienna on the RKI guideline for pooling qPCR samples* • *Answer: There is a report from Ag Diagnostik from July 2020 on this topic. Please contact Ag Diagnostik.*	*BzgA* *Press (Ronja Wenchel)* *P1 (Mirjam Jenny)*
6	**News from the BMG** •	*BMG*
7	**Strategy questions** **a) General** - **b) RKI-internal** • *Long Covid as a looming PH problem: still open ToDos to address?* o *Activities (questionnaires) and discussions with IBBS and Dept. 3 are already taking place in Dept. 2 (Mrs Scheid-Nave). Expansion of the round to include P1 (Mirjam Jenny).* ***To Do:*** *Long-COVID:* *Dept. 2, headed by Mrs Scheid-Nave in cooperation with Dept. 3, IBBS, P1:* *1. written statement (paper for BMG) of the impending*	*All*

RKI	*long-term PH problem due to Long COVID. Clear indication that this aspect must be included in opening strategies or that case numbers must be kept low* 2. *Collecting data/ gathering information through surveys, serostudies, literature analyses* • *Concept for more efficient organisation of CoNa and outbreak management for virus variants was developed.* **To Do**: *Presentation of the concept by Mrs Siffczyk on Friday.* *Question1: Genome data and case data are now linked (Desh+DEMIS). Is there a correlation between VOC and disease progression?* *Answer1: Initial analyses show no correlation, whereby only approx. 30% of the genome data can be assigned to a reportable case.* *Question2: How is a variant designated as a VOC?* *Answer2: WHO (virus characterisation group) has published definition/criteria; ECDC also has a virus characterisation group, PHE publishes technical reports and sequences international samples for this purpose* ***To Do**:* *Presentation by Thorsten Wolff of the process proposal for the appointment of a variant to the VOC in the crisis team next Monday*	
8	**Documents** • *BMG has returned paper on the definition of recovered/vaccinated persons with comments (document here)* **To Do (Ute Rexroth):** *Feedback to the BMG: a) Deletion of the first sentence is not acceptable and b) Test validity is based on a legal definition and not on technical considerations. If these points are not changed, the RKI cannot support the paper.*	
9	**Vaccination update (Fridays only)** •	*FG33*
10	**Laboratory diagnostics** • *333 samples in CW 15/16: 7%/ 8% Sars-Cov2 positive* • *14%/22% seasonal coronaviruses* • *Individual cases of parainfluenza and metapneumoviruses* • *Virus variants: Indian mutant: connection to high case numbers still unclear, no information on disease severity* • *Preprints from Indian National Institute of Virology + a Twitter report suggest that mutant is well neutralisable by antibodies (recovered, Covaxin vaccinated, Astrazeneca vaccinated)* • *Webmeeting with the Netherlands, Denmark and Austria Tyrol has a high proportion of B1.1.7 E484K mutant in which Biontech shows good efficacy. In D 52 cases of this mutant since February*	*FG17*

RKI	*B1.620: 82 sequences worldwide. Cases in Central Africa, Lithuania and retrospectively 9 cases from early March to mid-April* ***To Do:*** *Check whether cases belong to an outbreak (Stefan Kröger)* *267 entries* *492 (38.8%) Sars-CoV2 positive, majority B1.1.7*	*ZBS1*
11	**Clinical management/discharge management** • *"Day 13 samples" study of B1.1.7 cases in the Bergstrasse district (slides here)* ▪ *Results:* *-By day 14: still >80% PCR-positive* *-No virus cultivation from Ct<30 samples possible* ▪ *Conclusion: In none of 53 case subjects (95% CI 0-7%) with B.1.1.7 were any of the samples from the 14th day of illness at the latest* *Virus capable of replication detected* **To Do:** *Collect data from this (Buchholz) and other studies in-house or from cooperation partners and publish them as case studies in EpiBull to illustrate B1.1.7 transmission kinetics: laboratory28 data, data from nosocomial outbreak investigation by FG37 (S. Haller), possibly data from Osnabrück study on nursing home outbreaks among vaccinated patients (Michel)* • *Transfer of patients from Belgium to Germany* • *Legal ordinance on antibody treatment published in the Federal Gazette, NEW: Partial inpatient treatment can now be billed* • *List of clinics offering AK treatment to be compiled* • *D has low rate of AK treatment compared to the USA*	*Bucholz* *IBBS*
12	**Measures to protect against infection** • *Not reported* *Question: Is MNS below/above FFP2 recommended, e.g. as double protection or splash protection?* *Answer: No! Visor as splash guard*	*All*
13	**Surveillance** • *Corona-KiTa study (slides here)* • *Increase in ARE for 0-5 (6.4%) and 6-10 (30%) year olds* • *Significant increase in the incidence of 7d in school and daycare children, disproportionately affected from the age of 6.* • *186 new daycare outbreaks, 46% of 0-5-year-olds involved in outbreaks (35% were involved in the 2nd wave)* • *Children are also more involved in school dropouts than before* *Question: The BMG has asked whether the RKI will be involved in the discussion on the*	*Silke Buda*

RKI	*Enabling children to participate in club sports by presenting negative rapid tests* *Answer: Only in the case of low incidence, no extension of 28c IfsG necessary/useful; possible exceptions for scientifically supported projects. Accompanied projects* **To Do** *(coordination by situation centre):* *Preparation of a paper on a benefit/risk assessment of opening measures using the example of 'outdoor sports for children'. Possible lead management by Sebastian Haller*	
14	**Transport and border crossing points (Fridays only)** •	*FG38*
15	**Information from the situation centre (Fridays only)** •	*FG38*
16	**Important dates** • **TK India 26.4. 15:00,** *TN: BMG, RKI (Semmler, Kröger, Denkel, Wolff)* • *Next meeting: Wednesday, 28.04.2021, 11:00 a.m.*	*All*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*28.04.2021, 11 a.m. - 1 p.m.*
Venue:	*RKI, Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG Management*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Luisa Denkel*
  - *Eugenia Romo Ventura*
- *ZIG2*
  - *Thurid Bahr*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG24*
  - *Thomas Ziese*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Thomas Harder*
- *FG 34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *MF3*
  - *Nancy Erickson (protocol)*
- *MF4*
  - *Martina Fischer*
-

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* o *Cases, spread* **National - Case numbers/deaths** *(slides here)* • *Overview of key figures* o *SurvNet transmitted: 3,332,532 cases in total (+22,231), of which 82,280 (+312) deaths, 7-day incidence (7TI) 161/100,000 p.e.; comparable to the previous week* o *Vaccination monitoring: data is currently still being updated* o *DIVI Intensive Care Register: 5,063 cases in treatment (-59)* • *Course of 7-day incidence in the federal states* o *Since approx. 14 April at a similar level, very constant in federal states such as SH, other federal states, however, show different developments (BaWü: rising trend, HH declining), development must be monitored further* o *No clear nationwide downward trend for the time being, but no increase recorded* o *Development Saxony: stronger decrease visible from previous day to today, cause questionable, so far no reports of transmission problems, currently no indications of special features, will be examined in more detail* • *Geographical distribution of 7-day incidence by district* o *Currently 10 LK < 50; 68 LK < 100; approx. 300 LK > 100 cases / 100,000 inhabitants (over several days)* • *7-day incidence of COVID-19 cases by AGe and MW (as of 27 April 2021)* o *Level roughly similar to the previous week, especially in the middle-aged age groups (AG)* o *In AG 15-19 increase compared to the previous week* o *Heatmap published yesterday in the management report* • *Hospitalised COVID-19 cases according to AG (as at 21/04/2021)* o *Plateau at a lower level than in the 2nd wave, AGs with the largest proportion of hospitalised people currently: 60-79 and 35-59 (cave: probably underestimated in the reporting system), in the 2nd wave, on the other hand, mainly people in AG 80+ were hospitalised* • *Number of COVID-19 deaths by week of death (as at 27 April 2021)* o *Rising trend compared to the previous week* • *Number of laboratory-confirmed COVID-19 cases with and without antigen detection by reporting week*	*ZIG1* *FG32 (Diercke)*

RKI	○ *In reporting data, proportion of cases with AG detection remains at approx. 7%, no change compared to previous week, here too probably not fully recorded in the reporting system due to the capacity situation in the health authorities* • *Discussion:* ○ *Heatmap: AG 90+ shows increasing incidence, origin or location (retirement/nursing home, possible outbreaks) are considered in more detail* ○ *Hospitalisation by AG - anomalies that appear to correlate well with vaccination: Number of hospitalised in AG 80+ (orange) strongly decreasing, in AG 60-79 (blue) relative decrease compared to the 2nd wave, in all other AG curves similar to the 2nd wave at a lower level* ○ *Status of the designation of incidences with regard to late notifications:* ▪ *So far no feedback from the BMG on further proceedings* ▪ *For legal reasons, the majority of countries were in favour of freezing the incidence at the Reporting day has been approved (legal validity of the data as a basis for action planning)* ▪ *Proposal: Identification of both variants (frozen incidence and incidence by updated) on separate pages for the purpose of differentiation as well as with a disclaimer and the link to the law* ○ *State incidences: after nationwide measures have been taken, incidences should be declining, but here partly heterogeneous development in some federal states; development in Saarland and Hamburg comprehensible due to independent measures, BaWü clarification of epidemiological background/ timing of tightening of measures envisaged* ○ *Table with incidences updated by late registrations is in progress, will then be made available to the press department* *To Do1: If possible, please take a closer look at the locations/origin of the increasing incidence in the AG 90+ according to the heat map.* *ToDo2: Please provide further epidemiological background information on the heterogeneous incidence development of prominent states (especially BaWü).* *To Do3: Please implement the designation of both incidence representations.* **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* • *DIVI Intensive Care Register* ○ *Currently treating 5,045 COVID-19 patients in intensive care units at around 1,300 acute hospitals* ○ *Intensive care units are filling up in some federal states*	*MF4 (Fischer)*

RKI	*further, some countries show first plateau in COVID-ITS occupancy* o *High dynamics of inflows (red) and outflows/relocations (green)* o *Difference (turquoise) is slowly stabilising, currently slightly in negative territory* o *Nevertheless, high patient numbers, death figures for COVID-19 patients on the ICU continue to rise.* • *Share of COVID-19 patients in the total number of operational ITS beds: increasing, especially in Bremen (north-west), Saxony-Anhalt, Berlin (north-east), North Rhine-Westphalia (centre) and Baden-Württemberg (south); levelling off in Bavaria; decreasing in Thuringia* • *Covid-19 exposure and load:* o *Over 85% of those treated with COVID-19 ITS require ventilation* o *The occupancy figures in ventilation treatment have exceeded the utilisation of the 2nd wave* o *Particularly severe cases with ECMO treatment are increasing at an alarming rate (in some cases 4 times the occupancy rate compared to September 2020)* • *Assessment of supply availability:* o *Pandemic peak values: Between 60-70% of intensive care units report limited availability or capacity utilisation in the low-high care and ECMO areas* o *The available operating capacities for ventilation and ECMO treatment have continued to decrease* • *SPoCK: Forecasts of COVID-19 patients requiring intensive care for the next 20 days: still rising for Germany (stabilisation in the north, increases in the east and south, even stronger increases expected in the west)* **Syndromic surveillance** *(Wednesdays only) (slides here)* • *FluWeb until the 16th week of 2021:* o *ARE rate currently at the previous year's level - yet lower than ever before in this period since week 36 and significantly below the ARE rate of* ***the*** *other previous seasons around week 16.* o *In week 16, ARE rate increased for children and decreased in the other AGs* • *ARE consultations until 16th week 2021:* o *Consultation incidence slightly lower overall compared to the previous week, strong increase in AG 0-4* o *Different development at federal state level in week 16 compared to the previous week: consultation incidence in BaWü decreased in all AGs, increased in Saxony for children (0- 4/5-14)* • *ICOSARI-KH-Surveillance - AG 15 years and older (AG under 15 below previous years' level)* o *SARI case numbers down slightly overall*	*FG36 (Buda)*

	○ *Decline in AG 35-59 and 80+*	

RKI	○ All other AGs: largely stable ○ AG 35 -59: still very high level, as in flu epidemic or as in 2nd wave ○ AG 15-34 and 60-79: continued high level, just still "seasonal", AG 80+ less ○ AG 0-4: Absence of influenza and RSV; similar Schoolchildren All-time low compared to previous year • ICOSARI-KH-Surveillance - COVID-SARI cases up to the 15th and 16th week. CW 2021 ○ CW 15: AG 35-59 remains at a very high level (above 2nd quarter). wave), AG 60-79 no decline yet recognisable (stabilisation), but level is below 2nd wave, AG 80+ Stable for several weeks ○ 16. week: steep rise in AG 35-59 broken, peak in the AG 60-79 presumably overcome and currently decreasing, AG 80+ at a low level • Share of COVID-19 in SARI 66% in calendar week 15/2021, stable in comparison at a high level compared to the previous week, cases in intensive care at 82 % (CW 14: 84 %) • ICOSARI: SARI cases in intensive care with COVID-19 to 16/2021 • The number of intensive care patients in AG 60-79 appears to have returned declining, in AG 35-59 still very high, higher than in 2nd wave • Median age of intensive care patients COVID-SARI since CW 11/2021 under 70 and decreasing (week 14: 67 years, week 15: 63 years), Probable cause: other AGs treated less ITS **Virological surveillance, NRZ influenza data** *(only Wednesdays)* (slides here) • Significant decline in samples sent in after Easter • Slight upward trend in week 16 (164 entries) • UK variant predominates, anecdotal reports from medical practices on the Transferability: almost always if the UK variant is present all family members are also infected, also in praxi clearly Increased transferability detectable • Rhinoviruses (blue): quite low for a short time at Easter Detection rates, currently rising again • SARS-COV-2 (red): Detection rate below 10 % (currently mainly Samples sent in by children) • Influenza: one detection last week (N1 but not positive), therefore not included in graphic) • Rhinovirus activity increases in children • RESPVIR extract: endemic coronaviruses in comparison: currently mainly NL63 detected, especially in children, basic immunity	FG17 (Dürrwald)

	may not be as well developed due to the pandemic situation **Test capacity and testing** *(Wednesdays only)* **Test number recording** *(slides here)* • *Test figures and positive rate* ○ *Number of tests increased slightly this week,*	*AL3 (Hamouda)*

RKI	*Level as before Easter* o *Positive share stable as in the previous week at approx. 12.5* • *Capacity utilisation* o *Number of tests carried out (blue) increasing compared to previous weeks* o *Test capacities still available, sample backlog and delivery bottlenecks unproblematic (film no longer required)* • *Special enquiry in the laboratories (CW16): Proportion of confirmatory PCRs in tests and proportion of positives* o *Of 260,143 tests submitted, 4,004 (1.5%) were labelled as confirmatory tests for positive AG tests; of these, 2,482 (62%) were positive* o *It was often not possible to specify whether these were confirmatory tests* o *Prerequisite: (correct) use of new OEGD licences, Utilisation to be promoted if necessary* o *Presumed underreporting, but probably not a dramatic increase* • *Note: Graphic on percentage of positives, incidence, increase in number of cases, confirmatory tests is being finalised today* • *VOC test count - VOXCO query: information on approx. 96,000 tests (= approx. 55 % of all positive PCR tests submitted in calendar week 16), of which approx. 91 % of cases were VOC: 90.3 % B.1.1.7, 0.7 % B.1.351 and 0.1 % P.1* • *POCT Number of AG tests performed:* o *354 facilities: 642,417 POCT recorded* o *1,114 positive (0.17 %), of which 943 (84.6 %) went into PCR, of which* o *517 (54.8 %) transmitted as positively confirmed (2,950 POCT (0.5 %) not analysable/unclear result)* **ARS dates** *(Wednesdays only) (slides here)* • *Positive share currently still too high at approx. 10%* • *No clear outliers were recorded in any of the federal states, HH and Meckl.-Vorp. stable, slight downward trend in the remaining federal states* • *Number of tests per 100,000 inhabitants by AG and KW: currently still AG 80+ most frequently tested (pink), AG 5-14 least (ochre) but increasing, as are the AG 0-4 (red)* • *Proportion of positives by AG and KW: AG of 80+ tested most frequently but lowest proportion of positives (pink), exactly the opposite ratio for AG 5-14 (ochre), this AG should be tested more frequently* • *Number of positive tests per 100,000 inhabitants by AG and KW: AG 80+ highest proportion for a long time, currently the lowest, AG 60-79 second lowest proportion → most likely due to vaccination attributable, expected development; share in AG 5-14 currently rising* • *Number of tests and proportion of positives in various OUs (doctors' surgeries, hospital, others): Positive rate as*	*FG37 (Eckmanns)*

Situation centre of the RKI	*Protocol of the COVID-19 crisis team in*	

RKI	*Previous week, especially in hospital quite stable* • *Proportion of detections of other VOCs (except B.1.17): B.1.351 with currently approx. 20 detections in CW15 predominantly of these VOCs, B.1.1.7+E484k approx. 10 detections; P1 rare* • *Slight increase in outbreaks in nursing homes (approx. 25 new outbreaks per week), more marked in hospitals (approx. 35) → Low level but new outbreaks continue to occur; more accurate* *Breakout analysis to follow* *ToDo: Please take a closer look at the above-mentioned outbreaks.* **COVID-19 vaccination rate in people aged 80 and over according to data from the vaccination centres** *(as of 27.04.2021) (slides here)* • *10 federal states, data from vaccination centres, mobile vaccination teams and hospitals* • *80+ year olds vaccinated at least once: 78%* • *Fully immunised 80+ year olds: 62%* • *Based on this data, an estimated maximum of 1,239,773 (22%) of the 5,681,135 people aged over 80 living in Germany have not yet received their first vaccination* • *The proportion of unvaccinated people is overestimated in these figures: around 2.3 million vaccinations among people >60 years of age (without exact age information) in doctors' surgeries are not taken into account* **Discussion:** • *Striking: AG 5-14 is rarely tested by PCR, but shows a high proportion of positives - is this possibly caused by AG tests?* *To Do: Please check the registration data to see if AG tests are noted* • *Causality of the higher hospitalisation and ITS rates among younger patients than in the 2nd wave unclear (possibly a higher frequency of severe courses), Ms Buda is checking possible indications from reporting data in this regard* • *Younger patients are often transferred to the ICU more quickly, as they have fewer comorbidities and only arrive at the hospital later* • *Younger patients probably receive ECMO treatment more frequently and for longer, partly due to better tolerability* *To Do: Request for discussion of the graphical presentation options for SARI, age-stratified positive rates, 7TI, hospitalisation to Ms Buda and Mr Eckmanns* **VOC report - amendments:** • *Renaming (addition "in particular to B.1.1.7" deleted)* • *In the introduction, a statement on VOI is added due to the increased need for information* • *Figure A still available, will be discussed with P1* • *Table of VOIs for a quick overview* • *In conclusion, survey instruments and summary adapted* • *Report on VOC should be published independently of the management report (depth of detail, comprehensiveness and ability to provide information required)*	*FG33 (Harder)* *All* *FG36 (Kröger)*

	To Do: Request to discuss a recording of the ARS data for the VOC report to Mr Eckmanns and Mr Kröger	
2	**International** *(Fridays only)* • *Not discussed*	*ZIG*
3	**Digital projects update** *(Mondays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** *BZgA* • *A FAQ document on the late effects of Covid is currently being prepared (currently at P1, topics and materials are being compiled)* *Press* • *Yesterday's attack on the website was successfully repelled* *P1* • *No comments*	*BZgA (Ebrahimzadeh-Wetter)* *Press (Wenchel)* *P1 (Lein)*
6	**Strategy questions** **a) General** **b) RKI-internal** • *Status of definition "recovered/vaccinated": Discussion not yet finalised, meeting with BMI, BMG and Chancellery today at 4 pm* • *Late effects (see no. 5) must also be communicated, as deliberate self-infection in younger people cannot be ruled out if those who have recovered are treated the same as those who have been vaccinated and have to wait until the summer for a vaccination appointment* • *Mrs Lein is investigating whether data on this can be collected from Cosmo studies*	*All*
7	**Documents** *(if possible only on Mondays and Fridays)* • *Not discussed*	*All*
8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*

9	**Laboratory diagnostics** ***(if possible only on Mondays and Fridays)*** **Update AGI Sentinel** • *No comments*	*FG17*
10	**Clinical management/discharge management** ***(if possible only on Mondays and Fridays)*** • *Work assignment Need for behavioural advice for younger employees regarding timely use of medical services Treatment → STAKOB and COVRIIN consider this to be useful* *To Do: Ask for preparation of material for BPK and a FAQ document (P1, IBBS) with the note that* • *younger AGs can become seriously ill or suffer late effects even without pre-existing conditions and with the request,* • *if there is no improvement even after a week, if the condition worsens or if acute shortness of breath occurs, contact your family doctor immediately*	*IBBS (Herzog)*
11	**Infection protection measures** ***(if possible only on Mondays and Fridays)*** **Analysis of international epidemiological data and response measures** *(slides here)* • *Two-strand project:* ○ *Analysis of Covid measures versus epidemiological indicators in selected countries* ○ *Analysing the decision-making processes that precede the Covid measures* • *8 different countries worldwide, selected according to epidemiological indicators* • *Period from January to April 2021* • *Slide 3: COVID-19 Incidence, Testing rate, Test Positivity and Vaccination Coverage* ○ *Top row (Bahrain, Chile, Israel, UK, USA): countries with high immunisation rates, bottom row (France, Germany, India): countries with low immunisation rates; primary y-axis: incidence, secondary: proportion, x-axis: week* ○ *UK: test rate (orange) very high (cave: even higher, scaling of primary y-axis adjusted) and incidence decreasing, success of vaccination* ○ *India: lowest test rate, low vaccination rate* • *Countries with higher immunisation rates: vaccination offered to all, including younger AGs; countries with low immunisation rates: limited vaccination offered* • *Heatmap measures: left (USA, UK, Israel): gradual easing of measures to the right via colour gradient*	*ZIG (Bahr)*

RKI	*recognisable, right (Bahrain, France, India): Mix of opening and closing* • *Recommendations: especially with low vaccination rates, increased circulation → favours the emergence of new VOCs → Maintain measures, extend the scope of the measures* *Vaccination offers if possible* • *Discussion:* ○ *In a country comparison of the UK versus France/Germany, a very low-threshold test rate is currently evident, here to test younger AGs more, to raise awareness of the problem that a doctor should be consulted early (see point 10), also to be able to take advantage of the opportunity for early treatment* ○ *Caveat when comparing the test rates between countries: in France, India and the UK, both AG and PCR* *tests included, for Germany only PCR tests* ○ *International literature and measures should be systematically analysed for the purpose of comparability.* *are organised → every 2-3 weeks in a crisis team meeting on Wednesdays in preparation for the Submission to the BMG on the following Friday* ○ *Other measures should be maintained if high vaccination rates have not yet been achieved*	
12	**Surveillance** *(if possible only on Mondays and Fridays)* • *No further comments*	*FG32*
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/work assignments** • *Expert Advisory Board on Pandemic Respiratory Infections (29 April 2021), topic includes Long Covid*	*All*
	Next meeting: Friday, 30.04.2021, 11:00 a.m.	

End 12:33

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*30.04.2021, 12-13:20 h*
Venue:	*WebEx Meeting*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Line rod L1*
  - *Bettina Hanke*
- *Dept. 3*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Genie Oh*
- *FG 32/38*
  - *Ute Rexroth*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG36*
  - *Silke Buda*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *IBBS*
  - *Michaela Niebank*

TOP	Contribution/topic **Special meeting to vote on orders from the BMG/Constitutional Court**	contributed by
1	**Current situation: NOT CONFIRMED** • *International* ○ *Cases, spread* • *National* ○ *Number of cases/deaths* ○ *Syndromic surveillance (Wednesdays)* ○ *Test capacity and testing (Wednesdays)*	
2	**International (Fridays only) NOT TESTED** -	*ZIG*
3	**Digital projects update (Mondays only)** -	*Smear*
4	**Current risk assessment** • **NOT DISCUSSED**	*All*
5	**Communication** • **NOT DISCUSSED**	
6	**News from the BMG** • **NOT DISCUSSED**	*BMG*
7	**Strategy questions** **a) General** - **b) RKI-internal** •	*All*
8	**Documents** • **Exemption regulation** *(document here)* *Coordination of the terms 'asymptomatic person', 'vaccinated person', 'proof of vaccination', 'recovered person', 'Proof of recovery', 'Tested person', 'Proof of test'* **ToDo (Ole Wichmann)**: *Adaptation of the STIKO recommendation:* *a) on the validity of the immune protection: currently 6 months from diagnosis or recovery - please delete "recovery", as*	*Ute Rexroth*

	time is difficult to determine. *b) Regarding the vaccination interval after illness: Please explicitly state that vaccination can also take place before the 6 months have elapsed, e.g. after 4-6 months* • **<u>Email from Ms Wessel</u>** *(BMG) on the bundled presentation of authorised vaccines and vaccination schedules on the RKI website for reference in regulations* **ToDo:** *a) (Ute Rexroth) Feedback to Ms Wessel that the page in question will be created in coordination with the information on the vaccination app still to be developed and will therefore be timed to coincide with it (probably mid/end of May)* *b) (Ronja Wenchel) Existing FAQ page on the vaccination programme with a direct link to the relevant page: https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/FAQ_implant-scheme.html* *c) Ole Wichmann Deadline for the development of the vaccination app postponed from mid to end of May, as the regulation will not come into force until then* • **<u>Entry regulation</u>** **ToDo (Mrs Hanefeld, Mrs an der Heiden, Mrs Rexroth):** *a) As some of the definitions of terms are the same as in the exemption regulation, an agreement on these terms should first be reached in consultation with Mr Sangs (BMG) before other terms in the entry regulation are agreed.* *b) Clarification by telephone with Mr Sangs as to exactly what additional work is required.* • **<u>Order from Mrs Reitberger</u>** *(BMG) to reply by 4 pm today: Why does Germany not have a "Coronavirus Infection Survey" like the United Kingdom?* *Silke Buda has already given feedback to Ms Reitberger that the RKI publishes data from various surveillance programmes (e.g. ARS), from which the desired information can be obtained. This information was not sufficient.*	*Ute Rexroth* *Ute Rexroth* *Silke Buda*

	prepared speech template (with bullet points) desired.	

	The decree mentions a printed matter that is not attached. Note: Printed matter can be found on the Internet by its number **ToDo:** *Delegation of the task to Mr Buchholz or Ms Schilling with input from Mr an der Heiden, feedback if necessary that capacities are not sufficient for a detailed elaboration* • **Decree regarding the Constitutional Court** **ToDo** *Monday deadline for submission to BMG: no preparatory work done yet, prepare for vote by Monday (M. Diercke??)*	
9	**Vaccination update (Fridays only)** • **NOT DISCUSSED**	*FG33*
10	**Laboratory diagnostics** **NOT APPROVED**	*ZBS1* *FG17*
11	**Clinical management/discharge management** • **NOT DISCUSSED**	*IBBS*
12	**Measures to protect against infection** • **NOT DISCUSSED**	*All*
13	**Surveillance** • *Corona-KiTa study* **(only on Mondays)**	*FG32* *FG36*
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*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*03.05.2021, 13-15:30 h*
Venue:	*Webex*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1 Management*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 3*
  - *Janna Seifried*
  - *Tanja Jung-Sendzik*
- *ZIG Management*
  - *Johanna Hanefeld*
- *Line rod L1*
  - *Joachim-Martin Mehlitz*
  - *Bettina Hanke*
- *P1*
  - *Mirjam Jenny*
  - *Esther-Maria Antao*
- *P4*
  - *Dirk Brockmann*
  - *Benjamin Maier*
  - *Susanne Gottwald*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG13*
  - *Jennifer Bender*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG 32/38/PAE*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Michaela Diercke*
  - *Claudia Sievers*
  - *Claudia Siffczyk*
  - *Emily Meyer*
  - *Mirco Sandfort*
- *FG 33*
  - *Wiebke Hellenbrand*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *IBBS*
  - *Bettina Ruehe*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZIG/ INIG*
  - *Anna Rohde*
  - *Regina Singer*
- *BZGA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** • *International* o *Cases, spread* • *National (slides here)* o *Number of cases/deaths* *7d incidence at 147,000/100,000EW 28% vaccinated, 8% double vaccinated* *Development: Decline in all BL, Saarland still on plateau, possibly due to technical problems* *Geographical distribution: only 13 LK<50, 100 LK<100* *Age groups: a decline in incidence can be observed in all age groups* o *Modelling* ***(Mondays only)*** *1. Calculation of the influence of the emergency brake on mobility (here)* *Conclusion: No pronounced effect, mobility shifted to 1 hour before curfew.* *2. temporal and geographical visualisation of the virus variants. Data basis are internal RKI data (https://observablehq.com/d/2e08513527857aa2)* ***ToDo:** IMS group (Kröger) should look at the visualisation data to see whether it should be used in the management report or in other reports*	*Michaela Diercke* *Benjamin Maier* *Dirk Brockmann*
2	**International (Fridays only)** -	*ZIG*
3	**Digital projects update (Mondays only)** • *Postponed to Wednesday*	*Smear*
4	**Current risk assessment** • ***ToDo (Ute Rexroth):** Prepare for the meeting on Wednesday, 05.05.21, i.e. adapt to the current situation.* *Epidemiological situation*	*All*
5	**Communication** • *Documents in preparation:*	*Oliver Ommen*

RKI	1. *FAQ Long COVID* 2. *Moving image presentation: transmission risk indoors and outdoors* 3. *Information brochure "Together we are strong" for families* 4. *Contact diary* 5. *Floor stickers for daycare centres and schools* 6. *Vaccination: "Who can do what and when?"* *Question BzGA: How should the increase in incidences among the over-80s be communicated?* *Answer: Increase is slight and transient and likely due to vaccination gaps and outbreaks* **ToDo (Oliver Ommen):** *Please consider existing paper on vaccine effectiveness in the very elderly for the document on vaccination privileges* *(https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/elderly_care_facility_recommendation.pdf?_blob=publicationFile)* • *Short link to the incidence currently leads to both the frozen values and the corrected values. Leave it as it is?* **ToDo (Diercke/Wenchel):** *Since link is given in the legislation, this should only lead to frozen values. Extra link for corrected incidences* • *FAQ on Long COVID (document here)* • *Lead department 2 with P1, coordination with BzgA with their FAQ on the same topic* *Issues addressed: Definition, symptoms, duration, frequency, prevention, age groups affected* ***ToDO (P1)**: Clarify inclusion of PIMS, consider standardised terminology and differentiation between long COVID (from week 12) and post-COVID (from week 4 to week 12) (in accordance with NICE guidelines)* • *Communication of the downward trend in incidence rates in the management report* *Discussion of possible causes:* 1. *Increase in contacts lower than expected (approx. 5% according to Wichmann modelling)* 2. *Seasonal effects* 3. *Vaccination* **ToDO (Diercke):** *Only describe the downward trend in the management report, but do not go into possible causes. Causes can only be named on request, as they are not precisely known.*	*Ronja Wenchel* *Mirjam Jenny* *Michaela Diercke*

6	**News from the BMG** -	*BMG*
7	**Strategy questions** **a) General** • *Discussion: SARS-CoV-2 elimination, not mitigation, creates best outcomes for health, the economy, and civil liberties, Lancet, 2021-04-28 (here)* *What is the crisis team's opinion on this? Is eradication sensible and realistic?* *The discussion shows that the RKI lacks the data basis to represent an evidence-based opinion on this topic. The majority are in favour of helping to shape this discussion, but not acting as an opinion leader. A conference is planned within the framework of IANPHI (Europe) with the RKI as organiser.* • **b) RKI-internal**	*Lars Schaade*
8	**Documents** • *List of questions from the Constitutional Court (enquiry BVerfG [ID 3507] ff L1)* **ToDO:** *Preparation by FG32/FG33/36 by 15:30 today Deadline Constitutional Court: 04.05.2021 Closing time* • *VOC report (here)* *Previously, the VOC percentage was calculated in relation to all reporting cases. As not all reporting cases are checked for variants and the VOC share is therefore underestimated, in future the VOC share should only be set in relation to reporting cases with VOC info.* **ToDo (Kröger)**: *Management report should in future include VOC share with new denominator, if necessary also include number of VOCs in addition to share* • *Cause-related sequencing in the CorSurV (here)* *Previously only laboratory diagnostic cause, new: epidemiological cause (initiated by GA) Document was circulated in the IMS group. Crisis unit gives o.k.* **ToDO (Kröger):** *Synchronise nomenclature (e.g. MOC) with international nomenclature*	*Bettina Hanke* *Stefan Kröger* *Stefan Kröger*

RKI	• *Enquiry Chancellor* *Is incidence important for the infectiousness of vaccinated people?* **ToDO (FG33, P1, Mr an der Heiden and Mr Maier):** *Qualitative and quantitative answer taking modelling into account: Individual transmission risk of a vaccinated person + exposure risk* **Deadline: 4.5.21, 12 noon**	*Lars Schaade*
9	**Vaccination update (Fridays only)** •	*FG33*
10	**Laboratory diagnostics** • **AGI Sentinel:** *No update* • **Proposal for a procedure to designate a SARS-CoV-2 Variant of Concern (VOC) in Germany (document here)** **ToDo (Wolff)** *1- Consider virus variant areas* *2- Appoint expert from abroad (e.g. Allerberger) to the external VOC advisory board* *3- Present the final document to the crisis team before implementation* • **1281 samples, of which 455 (35%) positive, 90% B1.1.7, 5 sequences of the Indian variant**	*Thorsten Wolff* *Bettina Ruehe*
11	**Clinical management/discharge management** • *Need to adapt the current discharge criteria: Is a final test still required for outpatients at the end of the 14 d isolation period?* *Current paper on release criteria from isolation should be retained with regard to VOC, as no change in threshold value or cultivation behaviour. Prolonged elimination has already been taken into account by extending isolation to 14d and final testing.* *Crisis team agrees to retain the document, final test also retained*	*IBBS*

12	**Measures to protect against infection** • *Presentation of concept paper on outbreak management: Postponed!* **ToDo (Siffczyk):** *Presentation of the paper (here) on Friday!* • *Report Ausbruchsteam Osnabrück (here)* *Conclusion from final film:* o *High vaccination effectiveness with regard to -symptoms (68% protection)* *-Hospitalisation and death (88% protection)* o *Evidence that vaccination influences infectivity* *-Decreasing viral load at first diagnosis in vaccinated persons with increasing interval to the second vaccination dose* o *Vaccination reduces transmission by 66* *-Transmission by vaccinated persons cannot be ruled out!* o *Low sensitivity of antigen tests in the pre-symptomatic phase* *Note from the crisis management team: The above-mentioned data on viral load is only of limited use with regard to the vaccination interval.*	*Claudia Siffczyk* *Emily Meyer*
13	**Surveillance** • *Corona-KiTa study* **(only on Mondays)** *Increase in acute respiratory symptoms at 0-5 and 6-10 yrs* *Reporting figures are declining in all age groups Daycare centre escapes: 140/week, proportion 0-5 years at 46%* *School escapes: 110/week, proportion 6-10 years at 44%* *Conspicuous accumulation in the Bauzen district* *Info: in Hamburg, 2/3 of daycare centre staff are vaccinated* *Question: Why the very high incidence among schoolchildren? Is it due to the rapid tests that have been introduced?* *Answer: Proportion of self-tests in the reporting data for children is very low, but it is also possible that GA does not count such tests. Positive rate for ARE more frequent than for* *symptomless, thus correlates more with increase in ARE*	*Walter Haas*
14	**Transport and border crossing points (Fridays only)** •	*FG38*
15	**Information from the situation centre (Fridays only)** •	*FG38*
16	**Important dates** • **Next meeting: Weekday, 05.05.2021, 11:00 a.m.**	*All*

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

Results protocol

(Aktenzeichen: 4.06.02/0024#0014)

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*05.05.2021, 11:00 a.m.*
Venue:	*Webex conference*

Moderation: Ute Rexroth

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG 32*
  - *Michaela Diercke*
- *FG33*
  - *??*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Esther-Maria Antao*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZIG1*
  - *Regina Singer*
  - *Anna Rohde*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,451,550 (+18,034), of which 83,876 (+285) deaths, 7-day incidence 133/100,000 inhabitants.* ▪ *The incidence among 80+ year olds is only 52.* ○ *Vaccination monitoring: Vaccinated persons with one vaccination 23,852,426 (28.7%), with 2 vaccinations 6,771,476 (8.1%)* ○ *7-day incidence of the federal states by reporting date* ▪ *Number of active cases declining, overall incidence falling steadily.* ▪ *Similar trend in all BL.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Furthermore, some LK with very high incidences.* ○ *7-day incidence by age group* ▪ *Lowest incidence (<50) in 80-84 year olds* ▪ *Highest incidence (217) still among 15-19 year olds* ▪ *Significant decline in incidence among 5-14 and 15-34 year olds* ○ *Hospitalised COVID-19 cases by age group* ▪ *11th to 15th week slight increase in 35-39 and 60-79 year olds.* ▪ *The number of hospitalised cases is declining among >80-year-olds.* ▪ *Data must continue to be monitored, as no statements can be made about the last 2 weeks can.* ○ *COVID-19 deaths by week of death* ▪ *About 1,000 deaths per week for about 1 month.* ▪ *The age (median and mean) of the deceased remains around 80 years.* ▪ *One per thousand of the population has died in the meantime.* ○ *Proportion of laboratory-confirmed cases with and without antigen detection* ▪ *Proportion of cases with antigen detection remains at 7-8%.* ▪ *So far, no effect of the increasing number of antigen tests carried out has been seen in the reporting figures.* ▪ *Is age information available for cases with antigen detection?* • *Rather in higher AG, with children the proportion is even lower.* • *Positive tests in schools not yet seen in reporting data.* ▪ *Are there any reports from the GA on whether positive antigen tests from schools are recorded?* • *There is a legal obligation to register, even if the pupils carry out the tests themselves. Children*	*FG32 (Michaela Diercke)*

	are released by the school and reported to the GA. • *Information from EpiLag approx. 1 month ago: is not handled uniformly; positive antigen tests are not always included. This is probably no different today in the event of resource bottlenecks.* • *Makes the interpretation of the test figures more difficult.* • *Should we analyse what has been achieved on the positive side compared to the forecasts from the initial models?* o *That would be an interesting aspect.* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* o *Test figures and positive rate* ▪ *Test figures have fallen slightly, proportion of positives down slightly.* o *Capacity utilisation* ▪ *Capacities still available.* o *Test number recording VOC* ▪ *Still very high proportion of B.1.1.7 (92%)* ▪ *Tests for VOCs in 52% of all positive PCR tests submitted* o *POCT in facilities* ▪ *728,197 POCT recorded from 358 facilities* ▪ *of which 0.16% positive,* ▪ *of which 84.7% went into PCR* ▪ *of which 55.1% were confirmed as positive.* **ARS data** *(slides here)* o *Number of tests and percentage of positives* ▪ *Slight decline in positive shares, just over 10% in week 17.* o *Number of tests and percentage of positives by age group* ▪ *No major changes* ▪ *Highest number of tests in >80 year olds, positive rates decline again in this age group.* o *Positive share by age group in federal states* ▪ *In BCs with good coverage (varying representativeness of BCs in ARS)* ▪ *The proportion of positive tests is highest among 5-14 year olds, except in Berlin, which is due to the low coverage in the outpatient sector in Berlin.* o *Age-stratified analyses in the inpatient sector* ▪ *On normal ward: In week 9, the positive proportion of >80 year olds crosses the other age groups.* ▪ *On ITS, the positive share of >80 year olds crosses a little earlier, in week 7 the positive shares of AG 35-59 and 60-79.* ▪ *A peak can be observed in the 5-14 year olds, but the very small N must be taken into account.*	*Dept.3 (on behalf of Rexroth)* *FG37 (Abu Sin)*

	○ *B.1.1.7 (Typing PCR)* ▪ *No major change, share clearly > 95%* ▪ *Dark bars indicate tests for which no further typing has taken place.* ▪ *Broken down into medical practices, hospitals and others: in the respective areas, a portion is not standardised.* ▪ *Occasional evidence of other VoC.* ○ *Outbreaks in retirement homes and hospitals* ▪ *Relatively constant picture in recent weeks* ▪ *Approx. 50 outbreaks per week in retirement and nursing homes, in nosocomial settings just under 100 outbreaks.*	
	• **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *4,850 patients, first decline or plateau* ▪ *Approx. 200 fewer patients than last week* ▪ *Continued high level of inflows/outflows and relocations* ▪ *Severity: approx. 85% require invasive ventilation* ▪ *At the moment, the decline tends to affect the minor cases.* ○ *Share of COVID-19 patients in the number of operational ITS-Beds by region* ▪ *North-west: rather plateau* ▪ *North-East: slight reduction in share* ▪ *Centre: large decline in Thuringia, plateau or slight increase in the other BLs* ▪ *South: continued rise in BW, plateau in Bavaria* ▪ *Heterogeneous picture: slight decline, plateau or still rising* ○ *Current age distribution on ITS* ▪ *Data only available since last Thursday.* ▪ *Proportion of intensive care units with age indication: 54%* ▪ *Age information was provided for 77% of COVID-19 patients.* ▪ *Approx. 30% belong to the 60-69 age group, a third are < 60 years old, the rest > 70 years old (mainly between 70-79 years).* ▪ *Difference between level of care: As a rule/basic care, older AGs are more likely to be treated.* ▪ *In the university hospitals, there is a shift towards younger AGs.* ▪ *It is not yet possible to analyse the development over time.* ○ *COVID-19 occupancy and load* ▪ *Further increase in ECMO treatments, meanwhile more ECMO patients than in the 2nd wave.* ▪ *Free ECMO capacities are decreasing.* ▪ *Maximum values if High Care is not available.* ▪ *Is it possible to draw conclusions about severity? There are*	*MF4 (Fischer)*

	younger patients who are more likely to receive ECMO treatment. ▪ Should this point be included in the management report? The median age would be useful. Age information is only provided in Groups recorded, no exact age available. o Prognosis of COVID-19 patients requiring intensive care ▪ A decline is forecast for Germany as a whole. ▪ A slight increase is only forecast for the west and south-west. • **Syndromic surveillance** *(Wednesdays only)* (slides here) o FluWeb ▪ Rate of acute respiratory diseases at a low, stable level. ▪ ARE rate has fallen, especially among children, in AG >35 increased slightly at a very low level. o ARE consultations ▪ Slight decline in all age groups. ▪ Varies depending on BL: in BW decreased in all AG, in Saxony strongly in children < 5 years increased. o ICOSARI-KH-Surveillance ▪ Slight increase in SARI cases in week 16: • Significant increases in the middle AG, especially for 35-59 and 15-34 year olds. • The rate is also rising slightly among 60-79 year olds. • For 80-year-olds, it is back at the level of previous years. ▪ SARI cases with COVID diagnosis: • Focus on 35-59 and 60-79 year olds. • Among 35-59 year olds at a higher level than in the 2nd wave. • Continuous slight increase among 15-34 year olds. ▪ COVID-SARI cases with intensive treatment • Median since week 11 well below 70 years. • For 35-59 year olds at a high level and slight increase. ▪ Share of COVID in SARI cases has risen again in recent weeks to 71%. ▪ Share of COVID in SARI cases in intensive care at approx. 85% for several weeks. • **Virological surveillance, NRZ influenza data** *(Wednesdays only)* (slides here) o KW 17: 139 entries o In the last few weeks, approx. 150 samples per week, also expected in week 17 due to late submissions. o SARS-CoV-2: slight increase o Decline in rhinovirus detections, as the age ratio of submissions has shifted in favour of older people.	*FG36 (Tolksdorf)* *FG17 (Dürrwald)*

	AG has been postponed. ○ *H1N1v was identified in 1 sample, contact was made with GA. Both influenza cases this season were swine influenza viruses.* ○ *Decrease in sample submissions among 0-4 year olds and increase among 35-60 year olds.* ○ *SARS-CoV-2: hardly any evidence in children* ○ *Children account for the largest proportion of seasonal coronavirus cases.* ○ *NL63 viruses at a high level, but slight decline in all seasonal coronaviruses. It is still unclear whether this is due to the effect of the protective measures or a seasonal decline.* • *Are all patients on ITS tested for COVID?* ○ *Only snapshot, whether they are tested regularly is not known. Test behaviour in facilities is not known.* • *Are there other positive patients on the ICU who do not have pneumonia?* ○ *ARS is laboratory-based surveillance without further clinical information. There is an assignment of where the test was taken, what age, but no further clinical information.*	
2	**International** ***(Fridays only)*** • *Not discussed*	
3	**Update digital projects** ***(Mondays only)*** • *Not discussed*	*Smear*
4	**Current risk assessment** • *Risk assessments adapted to the current epidemiological situation are circulated after the meeting and agreed in writing.*	*All*
5	**Communication** **BZgA** • *Nothing new to report* **Press** • *Topics for the Federal Press Conference were identified.* ○ *Mr Schaade has drawn up a leaflet explaining why further measures need to be maintained despite the rising vaccination rate, based on the R value. The fact that the increase has stopped should not be misunderstood.* ○ *Mr Wieler will take part in the BPK.* ○ *Does it also take into account that the ITS load is currently at maximum levels?* *ToDo: Mrs Fischer sends a sentence on this to the press office.* • *Publication of indicator report:*	*BZgA* *Press (epee)*

	○ *Management's request for publication* ○ *Shared with the BL. BL were sensitive to some indicators.* ○ *Would be more appropriate as a weekly report, as otherwise there would be contradictory information compared to the management report due to different reporting days.* ○ *Question of the scope and format in which the report should be published.* *ToDo: Point will be taken up again on Friday.* **Science communication** • *2 FAQs are almost finalised: on Long Covid and on rapid tests and reporting data.* • *An Epid.Bull. article on the communication of rapid tests will be coordinated with Mr Nitsche.*	*P1* *(??)*
6	**RKI Strategy Questions** **a) General** • *There are problems coordinating the details of exemptions for vaccinated and recovered people. The exemptions should apply from the beginning of next week if possible.* • *For the question of when a vaccination is complete, please refer to the PEI website.* • *Also tasks for the opening strategy* • *FG36 should comment on a concept for the hospital burden (request from Mr Rottmann). Search for an indicator other than 7-day incidence, e.g. general hospital occupancy. What figures are available at the moment?* ○ *Fundamental misunderstandings as to which figures are available.* ○ *At the moment, relatively fast throughput from normal ward to ITS, normal wards seem to be less busy than ITS. Includes Mrs Tolksdorf in discussion, coordination with Mrs Diercke.* ○ *In the COSIK project, a subsample from the hygiene sector, parameters are recorded.* **b) RKI-internal**	*All* *Abu Sin*
7	**Documents** • *Not discussed*	
8	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *Not discussed*	
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*

11	**Measures to protect against infection** • *Not discussed*	*FG37*
12	**Surveillance** • *Not discussed*	
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: Friday, 07.05.2021, 11:00 a.m., via Webex*	

End: *12:10 pm*

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 07.05.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Ute Rexroth*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG15*
  - *Sindy Böttcher*
  - *Sabine Diedrich*
- *FG17*
  - *Barbara Biere*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
  - *Michaela Niebank*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *Press*
  - *Jamela Seedat*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Regina Singer*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* ○ *Data status: WHO, 06/05/2021* ○ *Cases: 154,815,600 (only 0.95% increase since last week)* ○ *Deaths: 3,236,104 (2.1%)* • *List of top 10 countries by new cases* ○ *Countries unchanged from last week, only Argentina and France have swapped places in the ranking* ○ *India at the top followed by Brazil, both with a rising trend* ○ *Declining trend in case numbers in the remaining countries, but still many with high 7-T-I* • *Map with 7-day incidence/100,000 worldwide* ○ *Slightly brighter compared to the previous week* ○ *Still high incidences with an increasing trend, e.g. in South and Central America* ○ *Europe: particularly Nordic countries such as Sweden, the Baltic states and also the Netherlands with high incidences* ○ *Asia: India, Turkey, Bahrain and Mongolia, in Nepal relatively low incidence but strongly increasing trend (100% compared to the previous week)* ○ *Africa and Oceania lower case numbers and incidences* • *Epicurve WHO Sitrep* ○ *5.7 million new cases last week, death toll rises for 7th week in a row* ○ *In Southeast Asia (SEARO) significant increase in cases and deaths, India responsible for 90% of cases and deaths in the region, 25% of global deaths* ○ *Decline in the number of cases and deaths in Europe* ○ *Hardly any changes in case numbers in WPRO* • *India* ○ *Total >21 million cases, >230,000 deaths, 7-day incidence 196/100,000, R-value 1.11, 2.7 million cases in the last 7 days (+10.4%, strongest percentage increase compared to the previous week), 9.4% 1st vaccination dose, 2.2% of the population fully vaccinated* ○ *Current situation particularly critical in the west: Maharashtra, Karnataka, Kerala, Goa, slow expansion to the east* ○ *Test capacity rather limited, positive rate of 21.5%, high number of unreported cases suspected, death rates are also estimated to be approx. 3 times higher* ○ *No national lockdown, 10/28 states have implemented lockdown or curfews, medical and nursing students have been released to help* ○ *Virus variant B.1.617 appears to have a temporal representation of a*	*ZIG1*

	contribution to the current situation ○ *Only few sequence data available and representativeness unclear* ▪ *Preliminary results show little reduction in neutralisation by vaccinated or convalescent patients. Serums* ▪ *ECDC update based also on GISAID data after KW: B.1.1.7 may be displaced* ○ *Other drivers of new infections in India: non-compliance with measures, false sense of security Mass movements from urban to rural areas* ○ *India has been designated as a virus variant area since 26 April* ○ *PHE update on variant from India and new risk assessment expected today, already speculation in the Guardian (here) that B.1.617 variant will be categorised as VOC* • *ZIG exchange with Institute of Virology in Pune, Maharashtra (enquiry via German Embassy)* ○ *Meeting today also with Stefan Fuchs (MF1) and Max von Kleist (P5), topic among others genomic sequencing as this is to be increased there* ○ *Indian colleague reported impressive and also worrying results on vaccine breakthroughs in vaccinated persons by B.1.617 (60% of samples in Maharashtra), also investigation of vaccine breakthroughs and convalescent sera* ○ *Epidemiological data, e.g. former positives who are positive again (%), clinical severity of breakthrough diseases are unknown, may be followed by PHE* ○ *Minutes of the meeting and slides of the Indian colleague are forwarded by ZIG to the crisis unit* ○ *Vaccine equivalence* ▪ *Is neutralisation against Covaxin identical to the vaccines we use here? With the Chinese Vaccines, for example, have had many breakthroughs, is it more due to the vaccine or the variant?* ▪ *Details not known regarding immunogenicity/neutralising antibody data, corresponds to Indian vaccine Astra Zeneca (AZ) and is comparable to the* ▪ *There may be differences in production, but rather a general problem with the vaccine and not with the Production in India* ▪ *Important to see how clinical outcomes are* **National** • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 3,491,988 (+18,485), of which 84,410 (+284) deaths, case numbers still high but lower than before, overall good development* ○ *7-day incidence: 126/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 26,205,337 (31.5%), with complete vaccination 7,360,108 (8.8%)*	*FG32*

	○ *Indicator report (slide 3) always on Thursdays, plateau visible, downward trend since the end of April, change from the previous week also recorded as an indicator, R-value also falling* ○ *7-day incidence course:* ▪ *Decreasing nationwide and in most BCs, in some more than others, clear trend visible* ▪ *Schleswig-Holstein Incidence has remained surprisingly stable and low over the last few months* ○ *7-day incidence map: 145 districts with incidence <100, improvement also visible in the south, highest incidence in the Saale-Orla district* • *Mortality surveillance Destatis* ○ *Data up to CW16, reporting is somewhat behind* ○ *Estimate of excess mortality differs from reported data, based on total mortality, details not yet clear* ○ *Visible increase with 3rd wave, it remains to be seen whether excess mortality will develop compared to previous years,* *Deaths can still appear weeks later* ○ *2020/21 curve crosses that of previous years in approx. week 14* ○ *Underreporting of reported cases is likely, excess mortality is a useful addition, as those who do not reach IST and KKH or die with an atypical picture are also recorded and this is an important parameter for correcting reported data* ○ *The HH coroner's office subsequently examined many deceased persons and did not find too many additional cases*	
2	**International** ***(Fridays only)*** • *Further support in Montenegro: longer-term support for regular crisis operations is in preparation* • *Corona Global projects were largely approved by the BMG last week with one exception and are now being prepared* • *India: two enquiries about AA* ○ *once for genomic surveillance large scale data flow analysis* ○ *2. enquiry about rapid testing, how can large quantities be tested quickly, ZBS1 has reported readiness, feedback from India is currently awaited*	*ZIG*
3	**Update digital projects** ***(Mondays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *(not discussed)*	*Dept. 3*
5	**Communication**	

BZgA

BZgA

- *Increase in vaccination activities due to availability*
- *Information materials for weaker social backgrounds (e.g. Cologne Chorweiler with incidences >500)*
  - *Preparation and timely publication planned, including material in easy language, together against Corona best practice examples and multi-publication initiative (e.g. Streetworker), everything should be downloadable*
  - *There is still an exchange with RKI*
  - *Federal level should provide communication aids that can be used by local initiatives*
- *Strong heterogeneity of acceptance in circles*
  - *Vaccination and testing in Greiz very acceptable*
  - *Not in the Saale-Orla district, here outbreaks in old people's and nursing homes, only 50% of residents vaccinated due to refusal, surprising resistance from the population*
  - *Non-pharmaceutical measures are disregarded in both*
  - *In Pforzheim, 700 AZ doses were inoculated in a car park within a short space of time*
- *BZgA information material, also for the area of vaccination, is generally made available in 19 different languages; it can be analysed which is most frequently accessed, e.g. English, Turkish, Russian, Farsi*
- *Vaccination*
  - *Vaccination readiness in relation to socio-economic status (SÖS) is not visible in current surveys including COSMO*
  - *BZgA is preparing an accompanying study on vaccination communication, 3 - 4 measurement points can be broken down to regional level and are visible in order to see which languages need to be pushed*
- *Social Media*
  - *BZgA is difficult to find on Instagram, a lot of potential reach is wasted and it would be good to reach groups outside the poster (or younger people in home office/schooling), BMG has a strong social media channel*
  - *BZgA Instagram and Facebook channel are currently under construction, it will take some time until they are well used*

Press

Press

- *Data on the RKI website has led to confusion*
  - *Table with frozen 7-day incidences has now been placed prominently*
  - *Table with (more correct) data is available under Downloads*
- *Numerous IFG enquiries about how well the vaccination protects against infection and transmission, an EpiBull article here was published online in advance yesterday*
- *Saturday Townhall Meeting again*

P1

	• *Pandemic plan Federal Association of the Liberal Professions, preliminary information* ○ *KBV (Mr Gassen), financial consultancies, etc. have joined forces to draw up an administrative/strategic prevention concept called a master plan including bridging aid for future pandemics* ○ *Enquiry whether RKI is involved, management agrees that RKI comments on draft* ○ *Scepticism regarding this privileged group, which had no restrictions and now wants to write a concept for German society - RKI should be careful and not get involved here as a public health institute* • *Vaccination communication BVG* ○ *Close dialogue with BVG management and marketing department, idea to initiate a campaign in summer, when vaccination fatigue appears, to remind people of the importance of vaccination* ○ *BVG is focused on Berlin, but their campaigns go all over Germany via social media, due to the perfect foundation and style and knowledge* ○ *BVG reaches people and has a positive attitude towards RKI, a lot can be achieved with BVG, this type of communication is overdue* • *P1 reports when there is news about both things*	*P1*
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** **Profile** • *32nd version currently in progress, many thanks to all for the great support so far* • *At the same time Refresher call, there is a certain fatigue in the last few weeks regarding the content in various areas coming from the entire institute* • *Please: pass on the profile to all areas that would still like to participate, send suggestions, tightening, updates, additional points, etc. by 20 May - a breath of fresh air and new impetus are very welcome*	*FG36*
8	**Vaccination update** ***(Fridays only)*** • *Slides not stored in folder* • *Vaccinations* ○ *Making great strides forward* ○ *FG33 receives DIM data via vaccination centres, now also from registered doctors, but without age data (only > or < 60 years)*	*FG33*

RKI	○ *Vaccination acceptance high (red >90%), only 10% undecided* ○ *STIKO recommendation is to continue prioritisation for the time being* ○ *Larger survey planned next week to see what the age distribution is like* ▪ *Telephone surveys in addition to data from the established companies* ▪ *Will also include migration background and SÖS, questionnaire was coordinated with BZgA* ▪ *~4000 participants, data probably not analysable at district level but at BL level* ○ *Also survey of KKH staff on vaccination status, convenience sample but still a good indication* ▪ *90% of staff with risk contacts (palliative care patients, etc.) are vaccinated with the 1st dose and 70% with the 2nd dose* ▪ *Other staff to follow* ▪ *Overall favourable situation* ○ *Impact of rising vaccination rates: Decline in incidence is visible (graphics also in the EpiBull article), to be published soon* • *Exemption Regulation* ○ *To come into force soon* ○ *Unlikely that the PEI will play a strong role, authorisation alone is not decisive, enforcement issues are to be expected* ○ *Side effect reports* ▪ *PEI had 45,000 in the last few weeks* ▪ *This may be due to the sheer mass of >1 million vaccine doses per day* ▪ *A fraction of those vaccinated have vaccination reactions, which are usually harmless but are nevertheless reported, including due to the increased attention* ▪ *The challenge for PEI is to pick out relevant things, e.g. myocarditis in young men, Sinus vein thromboses, etc.* • *Vaccination card/certificate/immunity certificate* ○ *Much discussion about this at international level (HSC)* ○ *This is currently in progress at European level* ○ *Complex coordination, it is not about evidence in relation to protection against transmission, but about enabling holiday travel, countries recognise things differently (e.g. Hungary vaccinates with Chinese vaccine - recognition?)* ○ *If children are not vaccinated, they cannot travel internationally as travel is linked to vaccination certificates* ○ *RKI Dept. 2 (CWA) is also involved with regard to proof of vaccination* ○ *IBM was commissioned, PEI does not want to interfere technically, but should host it, a lot of coordination required* ○ *Detailed questions are linked to RKI page, PEI does not intend to take over communication on this, want to forward many technical questions back to RKI* • *Single vaccination for recovered patients after 6 months* ○ *Evidence for the effectiveness of this combination?* ○ *Less known about vaccination effect, rather determined by*	

RKI	*Availability, therefore first a vaccination* o *Little data showing a difference in terms of efficacy (after 4, 6, 8 months) of the vaccination, 2nd vaccination in recovered patients rather little benefit* • *Heterologous vaccination schedule according to AZ (switch to mRNA vaccine)* o *Came from STIKO (not PEI)* o *Clinical efficacy, interval unknown* o *Study from the UK with heterologous vaccination programme, are there any results?* ▪ *Not yet public, principal investigators in Oxford have published data on reactogenicity (next week in the Lancet)* ▪ *Increased reactogenicity with a heterologous vaccination programme does not mean that there are more severe side effects, but febrile side effects etc. are significantly increased* ▪ *Study over 4 arms with a vaccination interval of 4 weeks, questionable whether this is different with a 12-week interval* ▪ *Consideration in Germany favoured fewer sinus vein thromboses, STIKO wants to continue in this way for the time being make* ▪ *Perhaps increased reactogenicity means increased immune protection, but this may be optimistic* o *Immunogenicity data on heterologous vaccination programme to follow in May* **Vaccines** • *AZ Vaccination interval 1st and 2nd dose* o *12-week interval - are there laboratory or epidemiological studies that prove better immune response? Comes from RCT of AZ, at <6 weeks 50%, at interval of 12 weeks 80% Efficacy in the authorisation study* o *Intervals were roughly overlapping in the medium period, but clear trend* o *It is also immunologically plausible that this is an advantage* • *Is 2nd AZ vaccination equally associated with sinus vein thrombosis?* o *Pathomechanism behind it is still unknown, if ac are present, possibly even more triggers* o *In England, however, this is not visible through more signals, but rather fewer signals* • *Myocarditis with mRNA vaccines* o *There are many cases even without vaccination, background incidence is relatively high* o *Clustered cases in men under 30 are currently a signal* o *It is not yet known whether it will be included as a safety notice, no causality established* o *Should be monitored, but how do you notice this? Drop in performance?* **STIKO** • *Monday into the comment procedure*	

	○ *Jansen vaccine recommended from 60, possible below* ○ *Modelling has shown that there will be no delay in terms of vaccination activity and campaign* ○ *Prioritisation is to continue, not all >70 have been reached yet* ○ *Problem that policy is increasingly deviating from evidence and STIKO recommendations, example AZ vaccination interval, effectiveness significantly increased by 2nd dose after 12 weeks, now approval of vaccination after 4 weeks for faster freedom, from STIKO point of view this is a problem with insufficient evidence* • *Pregnant women and adolescents* ○ *STIKO has not yet dealt with it* ○ *Evidence is analysed* ○ *It cannot be ruled out that STIKO will recommend vaccinating only adolescents with underlying disease; this will be difficult to communicate, but caution is preferable due to a lack of data* • *STIKO recommendation on the age limit for AZ* • *Significant decline in the proportion of people vaccinated with AZ visible thereafter* • *Data from PEI show a significant decrease in sinus vein thromboses at the same time, only 5 since the recommendation, all but 1 over 60*	
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had 530 samples in the last 4 weeks, of which:* ○ *37 SARS-CoV-2* ○ *101 Rhinoviruses* ○ *15 Parainfluenza virus* ○ *126 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *1 zoonotic influenza virus, exposure internship at pig slaughterhouse, nobody was infected, 3 d sick* **ZBS1** • *In the current calendar week so far 863 samples, 277 of them positive for SARS- CoV-2 32.10%), decreasing trend* • *Many samples clearly B117, some B1617.2 (Indian variant)* • *This is reported by the findings to the GA, ÖGD regional offices wish to be informed further (also thanks for this in EpiLag)* • *If reports are submitted via DEMIS, state offices receive the information systematically via information processing* • *Are BL-related VOCs available? Yes, it is available, actually also in reporting data, and until the week before last in the situation report, please contact Stefan Kröger*	*FG17* *ZBS1*

10	**Clinical management/discharge management** • *COVRIN STAKOB specialist group prepares information on the use of monoclonal antibodies, bundled presentation for the information of practising and hospital physicians, should go online on Monday*	*IBBS*
11	**Measures to protect against infection** **De-escalation recommendations** • *BGB Berufsgenossenschaft has de-escalated recommendation, in facilities for elderly care, people with disabilities, etc., vaccinated persons can now also wear MNS, this is positive and approaches the recommendation of the BAUA* • *In general, recommendations are often not coherent, even for airports, funerals, private celebrations or church events...* **Concept paper on outbreak management** • *Document here* • *Objective: Improve the effectiveness of outbreak investigations, support BL in generating resources* • *Presentation of the document and its structure* ○ *Background (VOCs, requests for administrative assistance), what needs to be done, how things are going, need for improvement, rapid response teams (example BY LGL Taskforce)* ○ *Recommended WHO key for outbreak investigations* • *Document = stocktaking, how should we proceed and communicate now?* • *The aim is also to empower the BL and GA, to create something useful with consequences* • *On a professional level, it is expected to be well received, but how can it be sensibly fed in to generate resources?* • *Has the Bavarian LGL Taskforce already been presented, e.g. at AGI?* • *ÖGD course plays a key role in resource development, many employees involved in this with many years of experience in Dept. 3 should still be able to provide input* • *Efforts are being made for universities to take on a more active role, which is seen as potentially problematic as this should come from the ÖGD* • *VOCs were seen more as an opportunity, document focussed on which structures are necessary* • *Conclusion/next steps* ○ *Initially greater circulation in section 3* ○ *Subsequently forwarded and discussed with BL, AGI* ○ *If BL is available, possibly on the next AOLG to enable recording further up by BMG*	*FG14* *FG38*

12	**Surveillance** **Wastewater surveillance** • *Positive aspects of wastewater testing: polio, enteroviruses, influenza viruses, drugs, antibiotic resistance, microplastics, etc.* • *SARS-CoV-2 RNA is easily detectable in wastewater (40ml and simple methods are sufficient, infectious viruses are not included), there are various purification and sequencing methods* • *Germany is not so well organised in terms of wastewater (size, federal system, population), few activities* • *E.g. in NL more, small country, different wastewater treatment plant structure (4 large operators, in Germany >9000 wastewater treatment plants organised by different entities)* • *Interest in this especially at the beginning of the pandemic, first publication propagated this as an early warning system, is still regarded as a pandemic-accompanying instrument, as trends in wastewater are easily recognisable, also coincides with reporting data, up to 10d before case increase in reporting data increase in wastewater visible, reporting delay remains to be considered, many factors play a role and it is not yet technically mature, cut-off must be decided individually* • *In Germany, it is unclear what measures can/should result from this (ÖGD)* • *European Commission, wants all member states to organise a nationwide representative system by October, talks with Federal Environment Agency, Ministry for the Environment, etc.* • *Seems sensible for noCOVID, otherwise limited, could be supplement molecular surveillance if the selection pressure on SARS-CoV-2 increases* • *Wastewater surveillance in some other countries is much more advanced, and there are many activities in the field of AMR, some of which are also useful* • *SARS-CoV-2 focus or overall view including other pathogens?* • *Pending project application* ○ *FF Federal Ministry for the Environment, BMG is involved at sub-department level, 2-3 page project application, many things (incl. objectives, procedure, structures) unclear or currently not given, project steering committee to be advised by the RKI* ○ *Open questions:* ▪ *What do you do with the results?* ▪ *Who should be informed?* ▪ *Should GA be informed about wastewater samples in order to act?* ▪ *What would be the consequences/measures?* ○ *Could work selectively at district level or as a study make sense* ○ *Do not create even more information and pressure for GA to act* ○ *Established system only makes limited sense, as large additional expense should be justified by benefits* • *Conclusion*	*FG15/all*

	○ *Monday meeting with BMG on this, triggered by EU recommendation* ○ *Firstly, participation, wait and see, decide what measures will be derived* ○ *Should be referred to UBA first* ○ *Comments on the project application were requested by Monday, will be returned by LZ*	
13	**Transport and border crossing points** (***Fridays only***) • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *(not reported)*	*FG38*
15	**Important dates** • *(not reported)*	*All*
16	**Other topics** • *Vaccinations RKI-MA* ○ *RKI receives 1200 Biontech vaccine doses to vaccinate MA, this should start next week* ○ *Organisation by ZV6 and occupational safety, company doctor cannot implement this, medical staff are asked for support* ○ *Fr Engelbert will clarify vaccination liability* • *Next meeting: Monday, 10.05.2021, 13:00, via Webex*	*VPresident*

End: 13:16

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Monday, 10.05.2021, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
- *IBBS*
  - *Bettina Ruehe*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Dirk Brockmann*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 3,527,251 (+6,922), of which 84,829 (+54) deaths, 7-day incidence 119/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with one vaccination 27,266,358 (32.8%), with 2 vaccinations 7,813,381 (9.4%)* o *DIVI Intensive Care Register: 4,669 cases in treatment (-99)* o *7-day incidence in the federal states by reporting date* ▪ *Continues to fall in almost all BL.* ▪ *Incidence in Schleswig-Holstein at 50.8.* ▪ *Saarland, Bremen: Decline not quite as visible, but BL with low population figures.* o *Geographical distribution in Germany: 7-day incidence* ▪ *More than 160 LK with incidence < 100.* ▪ *However, the incidence is still above 100 for the majority of LCs.* o *Progression of 7-day incidence by age group* ▪ *The decline can be seen evenly across all age groups.* ▪ *Highest incidences still among 15-34 year olds.* • *Corona-KiTa study (only on Mondays) (slides here)* o *FluWeb: Frequency of acute respiratory diseases* ▪ *Trend continues, level for 0-5 year olds at around half of previous years.* ▪ *Measures are also still working very well for other AGs. Could lead to rebound effects in the future.* o *Incidence and proportion by age group* ▪ *Significant decline in all AGs* o *Outbreaks in kindergartens/day nurseries* ▪ *147 new outbreaks incl. late notifications* ▪ *Rise after Easter* ▪ *Since Easter, median of 3-4 cases per outbreak slightly higher than in 2nd wave. Tendency for outbreaks to be somewhat are larger and the proportion of children in outbreaks is higher.* o *Outbreaks in schools* ▪ *108 new outbreaks with late notifications* ▪ *Steep rise after Easter to 115 outbreaks per week. The last 2-3 weeks should be treated with caution interpret, further outbreaks occur.* o *Disease severity* ▪ *Proportion of hospitalised cases in 2nd and 3rd wave rather comparable.* ▪ *Lower proportion of 0-5 year olds hospitalised than in 2nd wave.* ▪ *ITS: opposite trends for 11-14 and 15-20 year olds*	*FG32 (Diercke)* *FG36 (Haas)*

	Development, proportion on ITS higher than in 2nd wave. However, the figures should be viewed with great caution due to the small numbers involved. ○ *Modelling* ▪ *Calculate together with P1 what vaccinated people contribute to the R-value to find out what influence a relaxation of the measures.* ▪ *What dynamics are created by the group of < 18 year olds and < 12 year olds, assuming that that the other AGs are largely immunised. (FF B. Maier) -> should be compared with FG33* ▪ *Digital: Data donation enters the next phase (currently data protection), in which direct contact with donors can be communicated.* • *If Data Donation 3.0 is approved, consideration could be given to which questions could be asked. Although this is not a representative group, it is one that is very willing to provide information.* • *Is a change in testing strategy responsible for the current decline in case numbers?* ○ *Are the numbers falling so rapidly due to different behaviour in the population?* ○ *Is the mapping of cases in the reporting system correct or an artefact, as antigen tests are often carried out without PCR confirmation?* ○ *A correction factor could be the regulation on convalescents, as a PCR test is required to obtain convalescent status.* *ToDo: Mr Brockmann will contact Mr Haas for the purpose of modelling.* ○ *Could this question be included in the COSMO study?* *ToDo: Will be suggested by Mrs Leuker to the P1 team.* ○ *Are there any shifts in ARS when recording test numbers?* ○ *How many positive antigen tests are confirmed? This data is also available from the POCT query, an Epid. Bull. Article.* ○ *Last week there was a graphic in Twitter (linked in FAQ), where how many cases of a positive PCR are preceded by a positive antigen test.*	*P4 (Brockmann)* *Haas*
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** • *A FAQ on Long COVID is being prepared by both the RKI and the BZgA. A vote is desired before publication. Has an exchange already taken place?* *ToDo: Enquire about the status of the vote. The agreed proposal should be circulated in the crisis team before publication, FF Ms Leuker (P1) [ID 3440]* **Press** • *BPK takes place on Wednesday.* • *An agency report stated that people are considered to have recovered up to 6 months after a positive PCR test. Vaccination is only possible 6 months after the test (STIKO recommendation). So far there have been no enquiries from journalists about this, but the press office is expecting this.* o *The problem is the different definitions for different contexts.* o *Persons are only considered recovered for 6 months. Convalescents in the sense of the regulation only need 1 vaccination. The STIKO recommendation is not immunologically based, but serves to save vaccine. Vaccination before the end of the 6 months is possible.* o *A FAQ in a suitable place would be useful.* o *FAQs should not be created for questions that are not frequently asked. It is still possible to comment if questions arise. If possible, this should only take place once the STIKO has given its opinion.* o *The fact that various definitions of recovered/vaccinated persons become more of an issue the more simplifications are associated with them speaks in favour of an FAQ.* o *When is the right ZP for a vaccination? According to STIKO after 6 months, privileges for convalescents only apply for 6 months. When should the vaccination take place, shortly before, exactly after 6 months? For the period after 6 months until vaccination, the persons belong neither to the recovered nor to the vaccinated.* o *Has STIKO not already changed the time of vaccination to 4-6 months?* *ToDo about situation centre: develop short FAQ on the topic, FF FG33 [ID 3594]* • *It is planned to publish only a weekend version of the management report on Thursday and Friday.* o *Can an update on vaccination rates still be provided on Friday?*	*BZgA (Ebrahimzadeh-weather)* *Press (Wenchel)* *Eckmanns* *Mielke* *Bremen*

	be reported? ▪ *An update on vaccination rates will be published.* ○ *Should the BMG be informed of this?* ▪ *Message is useful, but not formulated as a question.* ▪ *The figures will not be very meaningful after the public holiday, probably a significant decline. Weekend version is technically justified.* • *BMG will stop the 7-day incidence report on its own initiative from 17 May.* **P1** • *Nothing new to report*	*P1*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** • *Quarantine "variant of concern" B 1.1.7 (text here)* ○ *Proposal to update the text on the VOC page with reference to the regulation §10 para. 2 no. 1. B.1.1.7 is not considered a virus variant within the meaning of the Regulation.* ○ *There are 2 proposals to choose from, one with and one without justification.* ○ *FG36 favours the 2nd version without explanation. The content should not be discussed, as the regulation cannot be well justified from a technical point of view. A wide distribution does not make a variant less dangerous.* ○ *A technical justification would be that, based on the data to date, it can be assumed that the vaccination effect is not reduced.* ○ *Technical definitions cannot always be reconciled with legal regulations. The context is presented in legal terms, but no technical justification is better.* *ToDo: Text proposal without justification will be sent to the BMG with the note that the text will be published on the website this evening.*	*All / Rexroth / Kröger*
8	**Vaccination update (Fridays only)** • *Not discussed*	*FG33*

9	**Laboratory diagnostics FG17** • *Virological Sentinel:* ○ *Slightly decreasing trend for SARS-CoV-2: 6% positive rate* ○ *19% Rhinoviruses* ○ *4% parainfluenza viruses* ○ *19% seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *No influenza viruses* ○ *Cold season is not quite over yet.* **ZBS1** • *In week 18, 32.3% of all samples were positive for SARS-CoV-2, with a slight downward trend.* • *Many samples from the end of isolation.*	*FG17 (Wolf)* *ZBS1 (Michel)*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** • *Not discussed*	*FG14*
12	**Surveillance** • *Not discussed*	*FG36*
13	**Transport and border crossing points (Fridays only)** • *Not discussed*	*FG38*
14	**Information from the situation centre (Fridays only)** • *At the moment it is very difficult to fill the shifts, many requests from the political arena with very short deadlines.* ○ *The BMG is currently forwarding a great deal from the BMG. Decrees are becoming more and more political with very short deadlines.* ○ *In the longer term, a de-escalation strategy must be considered.* ○ *Reasons: general exhaustion, commitments in the context of other projects. In contrast to last year, other activities are no longer completely shut down and projects are continuing.* ○ *It would be important to signal to the BMG that a minimum lead time of 3 days is required. A time buffer is necessary in order to prioritise sensibly.* ○ *Exceptions to the deadlines should remain exceptions.* ○ *Is there a lack of support from other departments?* ▪ *The employees in Dept. 2 are also at their limit.* ▪ *Good support from other departments, work has increased.* ○ *The most pragmatic approach possible in the form of brief explanations for enquiries.* ○ *There should be time to clarify the technically relevant problems. be reserved. Outline the technical tasks pressing for the current ZP.*	*FG38* *Scheidt-Nave*

	○ *Will be included in the meeting of department heads this evening.* ○ *BMG should be asked to reintroduce Jour fixe to create opportunities for feedback.*	
15	**Important dates** -	*All*
16	**Other topics** • *Vaccinations RKI-MA* ○ *Should the vaccinations really be carried out by the RKI itself?* ○ *The alternatives company doctor and the German Armed Forces are not possible.* ○ *Other service providers are in the same situation. If the vaccinations are not carried out in-house, there will probably be delays.* ○ *Planned at the moment: 2 days per week in 2 shifts, starting in 2 weeks.* ○ *By involving GPs in the vaccination process, there are probably empty vaccination lines in some Berlin vaccination centres. The entire logistics are already established in vaccination centres.* ○ *Would it be possible to apply for administrative assistance from the state for the RKI?* ○ *Has not yet been tested. Mr Wieler asks Mr Broemme, the head of the Berlin vaccination centres.* • *Info: A very short crisis team meeting is planned for Friday.* • *Next meeting: Wednesday, 12 May 2021, 11:00 a.m., via Webex*	*Bremen*

End: 14:16

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 12 May 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Andreas Hicketier*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Nadine Zeitlmann*
- *IBBS*
  - *Bettina Ruehe*
- *MF3*
  - *Nancy Erickson (protocol)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Luisa Denkel*
- *ZIG2*
  - *Thurid Bahr*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(slides here) (Fridays only)* ○ *Data status WHO, 10 May 2021: 157,973,438 cases (+1.5% in the compared to previous week); 3,288,455 deaths (2.1%)* ○ *List of top 10 countries by new cases: decreasing trend in almost all countries except India and Brazil, but also here increase lower than in previous weeks (India currently 9.8 %,* *Brazil 5.1 %) → Overall, the strong increase is currently not continuing, plateau seems to have been reached* ○ *7-day incidences worldwide: 93 countries with > 50, 19 countries with > 200 new infections / 100,000 inhabitants.* ○ *Neighbouring countries of India: very strong increase in Nepal with approx. 60 % and in Sri Lanka with approx. 36 % compared to previous week, in Nepal also evidence of B.1.1.7 and B.1.617 (including B.1.617.2), also in Sri Lanka Proof of B.1.617 for travellers returning to Sri Lanka (quarantine hotel in Colombo)* ○ *VOC: Line B.1.617: Virus variant risk areas: India; under observation: UK, Bangladesh, Sri Lanka, Nepal* **National** *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,548,285 (+14,909), thereof 85,380 (+268) Deaths* ○ *7-day incidence: 108/100,000 inhabitants, significantly reduced* ○ *Vaccination monitoring: Vaccinated with 1st dose 27,686,865 (33.3 %),* *with full vaccination 8,022,890 (9.6 %)* ○ *Course of the 7-day incidence in the federal states:* ○ *Decreasing trend in all federal states, except Saarland (due to its size, the incidence is susceptible to small outbreaks), SH only federal state with incidence < 50* ○ *Geographical distribution of 7-day incidence by district: 190 districts < 100, only 219 districts > 100 and mostly declining here* ○ *Demographic analysis - heat map: Decline in incidence in all AG, strongest decline in AG 75-84; highest 7TI AG 15-19* ○ *Hospitalised cases by date of notification: AG 35-59 highest hospitalisation rates* ○ *Number of COVID-19 deaths by week of death: remains high at around 1,000 deaths per week*	*ZIG1 (Denkel)* *FG32 (Diercke)*

RKI	*Test capacity and testing (slides here) **(Wednesdays only)*** ○ *Almost 1.2 million tests in the last week, of which approx. 127,000*	*Dept.3 (Seifried)*

RKI	*Positive: Positive share fell slightly again (10.31 %), Number of tests also fell slightly again* ○ *Capacity still approx. twice as high as tests carried out, capacity still available, Sample backlog and delivery bottlenecks unproblematic* ○ *Due to the public holiday and bridge day, prospectively again fewer tests (to be taken into account for PCR tests no "catch-up effect" after the public holidays)* ○ *Proportion of VOC B.1.1.7 remains stable at approx. 91.4 %, also stable for B.1.351 with currently approx. 0.6 % and P.1 with 0.2 %* ○ *AG-POCT test: Total from 361 facilities 766. 541 POCT recorded, 1221 positive (0.16 %), of which 1038 (85.0 %) went into PCR, of which 568 (54.72 %) were transmitted as positive. 3363 POCT (0.4 %) were not analysable/unclear result.* ○ *Inpatient care transmits fewer tests or tests less (possibly due to vaccination)* *ARS dates (slides here) (Wednesdays only)* ○ *Proportion of positives falls to below 10%, total number of tests also declines* ○ *Graph: Points = percentage shares, column = absolute number of tests: Bavaria and NRW have the highest number of tests and "unknown" (= cannot be assigned due to lack of sample labelling or similar), proportion of positives in all BuLä declining* ○ *Number of tests per 100,000 population by AG and KW: Number of tests in all AGs declining evenly, especially in AGs 0-4* ○ *Positive share by AG and KW: declining in all AGs except in AG 0-4 and still very high in AG 5-14 at 16 %;* ○ *Number of positive tests per 100,000 inhabitants by AG and KW: significantly declining in all AGs* ○ *Positive rate by gender, AG and KW: in AG 5-14 similar distribution for males and females, in AG 15-59 positive rate higher for males, roughly similar for children except currently: increase for females 0-4- to observe* ○ *Number of tests and proportion of positives in various organisational units: fewer tests in doctors' surgeries (level roughly comparable to the period before Easter), cause unclear, presumably fewer infections, but decline also recorded in hospitals* ○ *Laboratory-based surveillance of SARS-CoV-2: monthly report of 11 May 2021: for AG 15-59 number of people tested positive per 100,000 inhabitants in 3rd wave comparably high as in 2nd wave, for children in 3rd wave significantly higher than in 2nd wave; for older AG (esp. 80+) no increase in 3rd wave recognisable → very impressive visualisation of the vaccination success* ○ *Outbreaks in nursing homes: Number currently remains*	*FG37 (Eckmanns)* *FG36*

	quite low, despite the 3rd wave, also in hospitals	

RKI	*Syndromic surveillance (slides here) **(Wednesdays only)*** ○ *Fluweb: relatively stable ARE rates for several weeks, low level as in previous season (but lower since week 36 than ever before in this period); decline in all AGs except for slight increase in AG 15-34* ○ *Influenza working group: number of consultations declining in all working groups, only Berlin/BB and NRW increase in working groups 5-14* ○ *ICOSARI: COVID-SARI cases in general and with ITS treatment: slight decline in all WGs, but WG 15-59 still relatively high; WG 15-34 and 35-59 still above 2nd wave level; intensive care patients: WG 60-79: still no decline visible (stabilisation), but level is below 2nd wave; WG 80+: stable for several weeks; WG 35-59: decline in intensive care cases, but relatively high level remains* ○ *ICOSARI-KH-Surveillance - Share of COVID in SARI cases 63 % in CW17* ○ *Comparison of ARS positive proportions to ICOSARI: number of COVID-SARI: more similar to positive proportion of ARS over time, but somewhat more pronounced here in the 3rd wave; proportion of COVID-SARI: hardly any fluctuations between 2nd and 3rd wave, as the probability of COVID in SARI is quite high here*	*(Tolksdorf)*
	*Virological surveillance, NRZ influenza data (slides here) **(Wednesdays only)*** ○ *123 submissions; lowest sample intake since the beginning of the year* ○ *4.5 % SARS-Cov-2 positive in the sentinel, significant decrease presumably due to the proportion of samples from children, but also overall* ○ *Distribution: mainly rhinoviruses, slight increase compared to the previous week, also slight increases in seasonal coronaviruses (here mainly OC43 and NL63), parainfluenza: currently insignificant, drastic decrease in SARS-CoV-2, no other viruses detected, peak H1N1v ("swine influenza"): isolated case* ○ *Percentage of samples in week 18 increased in AG 0-4 (presumably due to rhinovirus)* ○ *Unusually high: seasonal coronaviruses OC43 and NL63; AG 5-15 most affected, AG 0-4 more affected by rhinoviruses; SARS-CoV-2: slight increase in AG 5-15, no NW in AG 0-4, overall significant decrease*	*FG17 (Dürrwald)*
	*Figures on the DIVI Intensive Care Register (slides here) **(Wednesdays only)*** ○ *As of 12 May 2021: 4,377 COVID-19 patients treated in intensive care units at around 1,300 acute hospitals.* ○ *Decrease in COVID-ITS occupancy can be seen in almost all BuLä, decrease also in all treatment severity groups (invasive and ECMO but mainly in mild cases/high-flow)* ○ *Still high rate of new departures / transfers and still no decline in the number of deaths per day*	*MF4 (Fischer)*

	○ *Share of Covid patients in total number of ITS beds: North*	

RKI	*West: plateau, strongest decline in HH; Northeast: ...in BB; Centre: ... in Thuringia; South: here BaWü as an exception slight increase; otherwise moderate declines* o *Age distribution ITS: recorded for 10 days, main group ITS AG 60-69 and subsequently AG 40-49 and 80+, each in equal numbers* o *Time series last 7 days: slight decrease in almost all AGs except 80+ (presumably due to age and length of stay) and in AGs 18-29* o *Covid-19 exposure and load:* o *85% of daily COVID-19 ITS patients require ventilation* o *First decline in ECMO treatment* o *Approx. 60 % of intensive care units still report limitations/utilisation (especially staff, space) in the low-care, high-care and ECMO areas (still four times the utilisation compared to normal times)* o *Situation not worsening but not yet easing* o *SPoCK: stronger decline forecast than expected in previous week* *Discussion:* o *Overall, in view of the largely congruent data situation, these appear to be actual declines* o *However, testing appears to be a volatile parameter that is influenced by testing strategies, so a discussion about opening up the market still seems premature* o *The fact that AG tests cannot be recorded in principle remains a point of criticism, but it should be noted that AG detection must be recorded in the reporting system, which means that a contrary trend to the data collected by PCR should be visible* *ToDo: Ask Mrs Diercke to investigate this and the reported vs. submitted AG evidence and t o report back next week* o *A relevant number of outbreaks are evident among schoolchildren; although screening is intended to prevent the spread of cases, its effectiveness currently appears unclear in practice (see item 16)* o *Note: Efforts are already underway to adapt the TestVO in such a way that a nationwide PCR-* *Pool testing should be made possible for children who cannot be vaccinated* o *There are indications from the Cologne pilot project that infected children can often be isolated before transmission occurs* o *The relaxation measures are generally to be considered premature, as a certain number of unreported cases must be taken into account and a renewed increase in the number of cases seems quite conceivable. This should be taken into account accordingly,* *communicated and monitored further.*	

RKI		
2	**International** ***(Fridays only)*** **Classification B.1.617 as VOC/VOI** *(slides here)* • *ECDC (11.05.21): "At this time, ECDC maintains its assessment of B.1.617.1, B.1.617.2 and B.1.617.3 as variants of interest and will continue to actively monitor the situation."* *→ Threat assessment published at the same time* • *WHO (11.05.21, SITREP): B.1.617 sublineages appear to have higher rates of transmission, including observed rapid increases in prevalence in multiple countries (moderate evidence available for B.1.617.1 and B.1.617.2), and preliminary evidence suggests potential reduced effectiveness of Bamlanivimab, a monoclonal antibody used for COVID-19 treatment, and potentially slightly reduced susceptibility to neutralisation antibodies (limited evidence available for B.1.617.1).* *→ Upgraded as VOC, PHE already last Friday but only a sub-variant, as a not insignificant proportion of community* *Transmission and transmissibility comparable to B.1.1.7. present* • *PHE (07.05.21, tech. letter): "VUI-21APR-02 (B.1.617.2) was escalated to a variant of concern on 6 May 2021 (VOC-21APR-02). It is assessed as having at least equivalent transmissibility to B.1.1.7 based on available data (moderate confidence). There are insufficient data currently to assess the potential for immune escape."* • *EpiCurve: from CW14: number of sequences (samples, targeted and untargeted) for B.1.617.1 and .2 strongly increased, data for CW17* *and 18 still incomplete → probably also for CW17 and 18 at least level of CW 14 and 15* • *Proportion of B.1.617.x under VOC/VOI without B.1.1.7:* *Increase mainly in yellow to brown coloured subvariants* • *Geographical distribution: primary diagnostic laboratories mapped, no specific concentration, for the most part no indication of BuLa and also generally no travel history* • *No deaths due to this variant have yet been reported here, hospitalisation rate appears low, but data basis is not sufficient for a conclusive assessment* *Summary:* • *Sharp rise in case numbers since CW15 with falling incidence (overall)* • *Increased transferability/fitness comparable to B.1.1.7 suspected (UK, WHO, KL)* • *See WHO working definition VOC:* o *A VOI (...) is a variant of concern (VOC) if, through a comparative assessment, it has been demonstrated to be associated with* o *Increase in transmissibility or detrimental change in COVID-19 epidemiology;* o *Increase in virulence or change in clinical disease presentation; or* o *Decrease in effectiveness of public health and social measures or available diagnostics, vaccines, therapeutics.*	*FG36 (Kröger)*

RKI	→ *Criteria for VOC thus fulfilled.* • *Information on exposure abroad is only available for a few cases before → Events in D unclear* • *Sharp rise in the number of cases of B.1.617.2 in the UK, suspected community transmission in some regions* • *Classification as VOC possible* ○ *Targeted testing (target PCR) with reimbursement within the framework of the VO* ○ *Targeted sequencing in case of suspected presence (even without travel history or similar)* • *No differentiation between B.1.617.1 and B.1.617.2 as differentiation only practicable by NGS* *Discussion:* ○ *The proposal that the RKI should follow the WHO definition and recommendation is approved* ○ *The ECDC should be made aware of this fact* ○ *Basis of the deviating ECDC decision presumably currently very dynamic data situation and internal threat assessment* ○ *At the next AGI, investigation and containment measures for the occurrence of these VOCs should be discussed and taken to the countries* ○ *Further reasons for following the WHO recommendation: different virus area classifications required* ○ *Mr Drosten has already been involved in this, but his final assessment is still pending* ○ *Dynamics, fitness and, above all, protective effectiveness of vaccination currently unclear; consequence of VOC definition: vaccinated persons would have to be quarantined, vaccination breakthroughs could be recorded more sensitively, surveillance intensification possible → Advantage* ○ *In conclusion: RKI agrees with WHO definition of VOCs, especially as the increase in recent weeks in Germany has been stronger than other non-B.1.1.7 variants* *ToDo1: Immediate notification to the BMG and subsequently also to the federal states with the proposal to attach particular importance to containment here (notification to the situation centre at 13:30 by Mr Kröger already comprehensively carried out)* *ToDo2: To be formulated as an agenda item for the next AGI meeting (also to discuss investigation and containment measures)* *ToDo3: Inclusion in the next variant report and, if possible, in today's management report* *For further VOI/VOCs please consider:* ○ *RKI should carry out an independent assessment in each case; the WHO categorisation can be followed if there are no reasons to the contrary, but an explicit designation in the sense of adopting this assessment activity should not be made. take place*	

	○ *Note: the variants detected so far have also been identified during surveillance* **Measures analysis: "Exemptions from COVID-19 Containment Measures for Vaccinated and Recently Recovered Individuals - Bahrain, Chile, France, Germany, Israel, United Kingdom, United States"** *(slides here)* ○ *Analysis of the easing measures for fully vaccinated, recovered or negatively tested persons* ○ *Countries analysed: Germany, France, UK, Bahrain, USA, Chile, Israel* ○ *Incidence decreasing in all countries except Bahrain* ○ *Vaccination acceptance low in Israel, France and the USA* ○ *Heatmap: general corona measures: this does not yet show the exception of measures, but a general overview: left: 3 countries (USA; Israel, Bahrain) with, right 3 countries (UK, France, Chile) without special easing for these groups (but possibly under discussion)* ○ *Easing efforts continue in Israel, the USA and the UK* ○ *In Chile, the measures are shown as unchanged; it should be noted that temporary subnational easing, as implemented in March, cannot be mapped* ○ *Exemptions for vaccinated and recovered people: Chile, France and the UK do not initially provide for any (but exemptions are being discussed in France and the UK), available in Germany, Bahrain, USA and Israel* ○ *For the most part, comparable relaxations are provided for vaccinated and recovered persons in the leisure sector and when travelling* ○ *Low vaccination acceptance in USA, Israel and France, higher in Germany, UK and Chile* ○ *Risks: Virus circulation, low vaccination coverage (<40% in 6 of the 7 countries), high incidence in two countries with planned or already implemented exemptions (France and Bahrain)* ○ *Recommendation: if there are efforts to relax vaccination programmes with low vaccination coverage and no universal vaccination offer, AHA plus L rules should continue to be emphasised (as mentioned in EpidBull article), non-vaccinated groups should be offered a concrete vaccination perspective if possible* *Discussion:* ○ *Compliance in the UK is fundamentally different, as a concrete phased plan with gradual easing has been clearly communicated there for a long time, although it does not provide for easing for certain groups of people* ○ *Ms Bahr asks for an assessment of compliance in countries that do not promise a general opening but individual relaxations for vaccinated persons if not all persons have already received a vaccination prospect at the same time.* *To Do: Ask Mrs Lein to pass on the information from the Cosmo study to Mrs Bahr, even though this study is not entirely*	*ZIG2 (Bahr)*

	is congruent with the question.	

3	**Update digital projects** *(Mondays only)* • *Postponed from Monday to today, must be postponed again*	*FG21 (Schmich)*
4	**Current risk assessment** • *Postponed*	*Dept. 3*
5	**Communication** **BZgA** • *Tips for measures have been published at https://www.infektionsschutz.de/ (RKI and BZgA label)* **Press** • *Management Report English is published on Thursdays, but will not be published this week due to the public holiday, a note will be posted on the website* **P1** • *Nothing reported*	*BZgA (Ebrahimzadeh-Wetter)* *Press (Wenchel)* *P1 (Lein)*
6	**RKI Strategy Questions** **General** *Communication/strategy interface: Communicating the easing of restrictions for vaccinated people at meetings* • *So far, the easing of restrictions has been communicated too generally* • *Furthermore, a clear distinction should be made between groups of exclusively vaccinated versus groups of vaccinated and previously unvaccinated persons - here, the different vaccination effectiveness, the different vaccination protection after the first or second vaccination, as well as the possible transmission of escape variables must also be taken into account* • *An example of how CDC communicates this topic https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/choosingSaferActivities.pdf* • *According to Section 4 Exceptions to the restriction on private gatherings in accordance with Section 28b (1) sentence 1 number 1 of the IfSG, vaccinated persons and recovered persons are not considered additional persons* • *The suggestion of creating an overview of which hygiene measures are required when (see also illustrative graphic from the CDC) has already been submitted to P1, now with the request for a conservative presentation taking into account the VO, P1 is already working on the layout* *To Do: Please send P1 the graphic created with FG34 and FG36*	*FG36 (Haas)*

	and to submit them for subsequent discussion at the crisis team meeting *Enquiry by the BMG as to whether and for how long fully vaccinated but still infected persons should be isolated due to the indications of shorter and lower virus excretion or a reduction in transmission* • *The above-mentioned facts in no way justify not recommending insulation* • *The infection must be defined as a case and must continue to be treated as such; isolation is therefore necessary* • *KP are quarantined even though these people are presumably far less likely to infect another person than a proven case of infection in a vaccinated person* • *Agreement with the recommendation to isolate infected persons despite existing vaccination* **RKI-internal** • *Not reported*	*VPresident*
7	**Documents** *Proof of immunity for persons who have not been laboratory-diagnosed despite fulfilling clinical-epidemiological criteria, contrary to the RKI recommendation (TelKo EPILAG and AGI):* • *They now see themselves at a disadvantage* • *If existing recommendations have been violated, the resulting new and, above all, unsafe recommendations must be rejected* • *Arguments provided by the RKI* • *May also be used as an incentive for PCR detection* • *When making comparisons with measles, it should be noted that there are already around 40 years of scientific experience in this area and the exact titre required is known. If it is not known exactly which titre provides sufficient protection, no further recommendations in this direction are possible.* • *In addition, unnecessary but considerable diagnostic effort would currently have to be discussed here with capacity required elsewhere at the same time* *KP tracking paper:* • *Note on the discussion about calculating the days from contact with regard to quarantine: the count still begins on the day following the day on which it becomes known (14 days therefore guaranteed to be observed).*	*All (Rexroth)* *FG37 (Eckmanns)* *FG36 (Haas)*
8	**Vaccination update** ***(Fridays only)*** • *Not reported*	*FG33*

9	**Laboratory diagnostics** **FG17** • *For virological surveillance see above* **ZBS1** • *Not reported*	*FG17* *ZBS1*
10	**Clinical management/discharge management** *Integration of the RKI in long-COVID research (integration into NAPKON/NUM's long-COVID platform or development of the RKI's own platform?)* • *Long-COVID located in Dept. 2 in cooperation with other OUs* • *Contact with the Long COVID Outpatient Clinic had been arranged with Department 2; the question now arises as to what role the RKI will take on (also in organisational terms)* • *Clara Lehmann wants to clearly promote the patient care aspect, has established a subgroup on this in NAPKON and wants the RKI on board* • *This request is welcomed, but there is a lack of resources - which activities should be carried out at the RKI, what can or should be outsourced* • *Current proposal from Dept. 2 to the BMG: assumption of a basic coordination function, also in order to remain able to provide information in view of the current increase in enquiries to Dept. 2* • *Which other roles can be taken on remains to be discussed* • *Please also note: capacity utilisation, national and international networks* • *Note on the University Medicine Network: possible synergies can be created overarching efforts to pool evidence* *To Do: Aspect should be discussed again as a separate agenda item* *Contribution on discharge criteria (Mrs Ruehe, initially postponed to Friday)*	*FG36 (Haas)* *FG25 (Scheidt-Nave)*
11	**Measures to protect against infection** • *Nothing reported*	*FG14*
12	**Surveillance** • *Recording of Indian variant should be possible in the near future*	*FG32 (Diercke)*
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*

14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates** • *Next Friday, the crisis team meeting without a predetermined agenda is to be scheduled as a short coordination meeting*	*All*
16	**Other topics** **Effect of rapid tests in schools - Summary of the 14th Munich CODAG report** *(slides here, CODAG report here) Study design:* • *Comparison of incidence in Bavarian districts with open (24 districts, green) and closed schools (36 districts, red)* • *School closure if incidence > 100 in week 14* • *Open schools: 2 AG tests per pupil per week* • *CW15 = directly after the Easter holidays → only cases that became infected during the holidays* • *If difference detectable → presumably higher detection through AG tests, no higher infection in open schools Result:* • *Strong increase in AG 5-11 (quadruple) and in AG 12-20 (double) as soon as schools reopen* • *Significant reduction in the number of unreported cases Conclusion:* • *Opening schools with mandatory testing can help detect asymptomatic infections, break chains of infection and thus contribute to overcoming the pandemic* • *An evaluation in the coming weeks would be interesting here* • *Weighing up with additional infections: Testing must detect more than additional infections from school openings* *Discussion:* • *Control group in closed schools was not tested to a comparable extent* • *Test time first week after the holidays: infection could have occurred at school in the second week after the holidays* • *It should be communicated with caution that the incidence in schools can be kept low with AG tests* • *It was not ascertained whether symptoms were present at the time of the test, but it was assumed that a symptomatic child would still be sent to school* • *Next meeting: Friday, 14 May 2021, 11:00 a.m., via Webex*	*FG34 (Hicketier)*

End: 13:12

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 14 May 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *./.*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *./.*
- *FG12*
  - *./.*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *N.N.*
- *FG34*
  - *Viviane Bremer*
- *FG35*
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- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *ZBS1*
  - *Janine Michel*
- *MF3*
  - *./.*
- *MF4*
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- *P1*
  - *Esther-Maria Antão*
- *P4*
  - *./.*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Franziska Badenschier (minutes)*
- *BZgA*
  - *Martin Dietrich*

Preliminary remark: Shortened crisis team and corresponding protocol due to bridge day.

TOP	Contribution/ Topic	contributed by
1	**Current situation** **National** • *Slides here* • *Case numbers, deaths, trend* o *SurvNet transmitted: 3,577,040 (+11,336), thereof 85,848 (+190) Deaths* o *Further decline in the number of new cases; significantly fewer today than usual on Fridays, partly due to yesterday's public holiday effect* o *7-day incidence: 97/100,000 Ew. total population; 37/100,000 Ew 80+ years.* o *Vaccination monitoring: Vaccinated with 1st dose 28,516,504 (34.4%), with complete vaccination 8,320,680 (10.0%)* o *Intensive care register: figures falling slightly* o *DEMIS: Reports per day via DEMIS and number of COVID-19 cases by reporting date* ▪ *Blue: Messages via DEMIS* ▪ *Orange: COVID-19 cases* ▪ *If normal and variant-specific PCR for 1 person = reported twice or even three times* ▪ *Weekend effect clear: laboratories report fewer* ▪ *Peaks on Tuesdays and Thursdays* ▪ *Clear public holiday effect: fewer reports for 4 days at Easter, also fewer reports on Ascension Day yesterday (25 districts did not register at all); effect is not compensated, i.e. no additional tests after public holidays, therefore no late registrations* o *Course of the 7-day incidence in the federal states:* ▪ *SL is slightly out of line* ▪ *SH remains the only BL with 7TI under 50/100,000 inhabitants.* ▪ *>50% of the districts with 7TI <100/100,000 inhabitants.* ▪ *Map of Germany brightens up* o *Notes:* ▪ *BW, TH, parts of HE still relatively dark - lateral thinking strongholds: correlation still given* ▪ *L. Wieler: Reference to analysis by BZgA on association of rejection of measures and cases; map shows similar; screenshot emailed to nCoV-Lage* ▪ *Dietrich: BZgA uses geo-based communication, i.e. commissioned agencies play different types of content. from* *TO DO: Include a disclaimer about the public holiday in today's situation report and keep it until the beginning of next week.*	*FG32 (Diercke)*

	Use it again on Whit Monday. *TODO: BZgA, Mr Dietrich, has been asked to present the analysis and corresponding further action of the BZgA to the crisis team in the near future.*	
2	**Transport and border crossing points** ***(Fridays only)*** **New entry regulation (CoronaEinreiseV)** • *Entered into force yesterday (13/05/2021)* • *(Note: see BMG here)* • *RKI not involved except for the definition of terms* • *New:* ○ *Previous entry regulation with protection regulation and model quarantine regulation VO merged* ○ *§4 Separation obligation now at federal level, valid until 30.06.2021 - all others exist until Bundestag lifts epidemiological situation* ○ *Transport ban integrated: If entering DEU by air from a virus variant risk area, continued restriction of transport on entry* • *Test certificates* ○ *If travelling from a "normal" risk area:* ▪ *register in DEA* ▪ *but if proof of vaccination or proof of recovery or negative PCR: no quarantine necessary* ○ *If travelling from a high-incidence risk area:* ▪ *Proof of vaccination or proof of recovery immediately exempts from quarantine* ▪ *Otherwise PCR test from day 5 after entry at the earliest* ○ *If travelling from a virus variant risk area:* ▪ *Continued 14-day quarantine for all* • *Note Hanefeld:* ○ *already pointed out several times that 3 risk areas-Categories are complex* ○ *Commentary on new entry regulation before approx. 10d, as original document; proposal for max. two-step not included* *TO DO: Hanefeld sends mail history to M. an der Heiden.*	*FG38 (Maria an der Heiden)*
3	**Clinical management/discharge management** **Breakout ~~Saarbrücken~~ Osnabrück 2** • *Special feature: 45 people cared for in a nursing home; 19 of them tested positive; 18 of them fully vaccinated; 7 of them deceased* • *All had several pre-existing conditions and were over 82 years old* • *Mail to nCoV-Lage 14.05.2021, 11:11 a.m.* • *Assessment:* ○ *remarkable outbreak* • *Discussion, questions and answers or open questions:*	*FG8 (Maria an der Heiden)*

	○ *Distance after vaccinations?* ○ *Virus variant? B.1.1.7 without abnormalities* ○ *Vaccine? BioNTech/Pfizer* ○ *Which batches for first and second vaccination? Even if problems only with 1 batch, numbers are high.* ○ *Correctly cooled? - According to the report: No problems with the cold chain or vibrations* ○ *Cases among staff? 7 out of 55 employees; not all staff vaccinated* ○ *PEI has already enquired* ○ *Similar outbreaks already known in care homes with vaccinated people? Yes, but only mildly symptomatic* ○ *Serological tests? Not yet; difficulties in obtaining sera.* *TODO: Coordinate information/report with management and Bremer, then pass on to BMG.* *TODO: Investigate outbreak in more detail.* *TODO: Exchange with PEI.*	
	De-isolation criteria for vaccinated positives • *Basic question from the BMG, individual doctors, consulting laboratories and other laboratories: How to deal with vaccinated patients who receive a positive SARS-CoV-2 test result? How to treat unvaccinated people?* • *Data basis recently published in EpidBull* • *Similar conclusion to CDC and ECDC: Vaccinated people do not play a significant role, but can potentially spread the virus* • *Corman and Drosten have announced that weak positive cases will occur more frequently* • *Consultant laboratory suggestion: adapted procedure for shortened isolation period: 2 days + subsequent PCR follow-up examination after e.g. 72h; depending on the result, de-isolation or re-assessment* • *Questions:* ○ *Define initial threshold value for follow-up examination? Answer: Due to 1 test, it is unclear whether the person is at the beginning or end of the infectious period; therefore, everyone should receive at least 1 follow-up test.* ○ *Threshold value for follow-up examination, de-isolation: neg or less than 10^6 viral load or CT30+ or similar? Response: KL would probably like to demand a negative result, decision after discussion with AGE* • *Discussion:* ○ *If a person who is fully vaccinated is discovered to be newly infected at the present time, this is a particularly important case; therefore, interest in individual case reports is high. Analysis* ○ *Kinetics: 2nd examination is important for relevant kinetics* ▪ *If viral load increases: isolate completely as with New infection due to primary vaccination failure*	*IBBS (B. Ruehe)*

	can ▪ *If viral load drops and person is asymptomatic: shorter isolation possible.* o *Threshold value for asymptomatic patients should remain valid.* o *Hospitals have a great interest in the answer: staff vaccinated and further exposed, so that there may be positive findings and large losses are feared.* o *False-positive PCR* ▪ *On the one hand: relatively frequently* ▪ *On the other hand: If the rapid test is positive, 1 subsequent PCR is required, not 2 PCRs; system Trust* ▪ *Comparison of discharge management for medical staff: 2 independent PCRs still required, but feedback, difficult to implement, e.g. in care facilities due to unclear cost coverage* o *In case of doubt, individual decision by the clinic - dilemma: offer as much safety as possible, but do not leave out practice* • *Pro-arguments, i.e. for (at least) 5 days (esp. Mielke, Oh, Kröger)* o *72h is a sufficiently long period for the majority of those affected to develop symptoms or change virus excretion* o *Takes into account the time between smear test, result and communication of the result* o *Prioritise infection prevention higher than possible Staff absence* o *Outlines framework conditions; case-by-case decision possible* o *If false-positive PCR, then 14 days isolation shortened to 5 days = justifiable; but not to 3 days* o *L. Schaade: There are already 14, 10 and 5 days for tests/dismissals - don't introduce another 3 days - otherwise create the impression of arbitrariness* • *Contra arguments, i.e. against (at least) 5 days - in favour of less than 5 days (esp. Herzog)* o *No evidence for 5 days* • *Decision:* o *5 days* o *And on the day of discharge, a PCR test should be available that is not older than 72 hours and whose result is negative or below 10^6 or CT above 30* *TODO: Rühe should please prepare a text proposal.*	

4	**RKI Strategy Questions** **RKI-internal** • *CDC, USA: Those who have been vaccinated twice can do without wearing a mask, etc. Discussion will also arise here. Already in talks at home?* • *L. Schaade:* o *do not discuss it as long as 60% have not yet been vaccinated.* o *Vaccination rate much higher in the USA* • *Notes* o *The population will have difficulty wearing masks until an appropriate vaccination rate is reached; it is not possible to have everyone show their vaccination card; in this respect, it is plausible to link mask wearing to vaccination rates.* o *Most studies on vaccine efficacy have been when everyone was wearing masks.*	*Press (Wenchel)*
5	**International** **UK becomes normal risk area again** • *UK is again classified by DEU as a "normal" risk area due to virus variant B.1.617, but not as a virus variant risk area; similar situation to India three weeks ago* • *Note especially to the press* o *Press: Available as usual over the weekend, will warn situation centre in advance* • *Question L. Wieler: Is there already a suitable PCR that is faster than sequence analysis? Developments at health authorities?* o *Answer Kröger:* ▪ *One of the reasons for VOC appointment: funds for PCR can go to GÄ to get a better picture;* ▪ *The new SurvNet update provides the option of entering virus variants* ▪ *ad hoc survey as in B.1.1.7 would be possible, but genome sequencing gives a very good picture, only slightly* *Delayed; to be clarified next week when new figures from genome sequencing are available (for CW18+19); the two subvariants (B.1.617.1 and B.1.617.2) were recently detected in approx. 1.5% of the sequences, mainly cases with a travel history* • *Discussion: variant-specific measures* o *No evidence yet that variant worse than B.1.1.7* o *Each case must be isolated* o *Doctors are uncertain about laboratory results and sometimes only react when a variant is known; measures should not differ.* o *UK carries out special measures in hotspots; DEU does not (yet) have such a hotspot; ad hoc survey would not help to find them either.* *TODO: Inform (again) in EpiLag and AGE. TODO:* *Update risk areas page online.*	*ZIG1 (Hanefeld)*

6	**Other topics** • *Next meeting: Mon, 17.05.2021, 13:00, via Webex*	

End: 12:11 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 17.05.2021, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Judith Koch*
  - *Sabine Vygen-Bonnet*
- *FG34*
  - *Viviane Bremer*
- *FG36*
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  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
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- *IBBS*
  - *Christian Herzog*
  - *Bettina Ruehe*
- *ZBS1*
  - *Janine Michel*
- *MF3*
  - *Nancy Erickson (protocol)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Anne-Laure Caille-Brillet*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** ○ *(not reported)* **National** *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: SurvNet transmitted: 3,598,846 (+5,412), of which 86,160 (+64) deaths* ○ *7-day incidence: 83/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 30,743,232 (37.0 %), with complete vaccination 9,332,160 (11.2 %)* ○ *Reported SARS-CoV-2 detections and reported COVID-19 cases:* ▪ *COVID-19 cases (orange) shown by date of notification, DEMIS notifications (blue), please note: in some cases several messages per case can exist in the system* ▪ *Significantly fewer reports on Thursday than on other Thursdays, similar for Friday, on Weekend level also below that of previous weekends, significantly fewer cases transmitted* ○ *Course of the 7-day incidence in the federal states:* ▪ *Since the end of April, there has been a decline in the 7TI, initially gradual until around 12 May, followed by an accelerated decline, The decline is currently levelling off again, presumably as a result of fewer tests and Notifications due to the public holidays, further observation will take place* ▪ *The possibility of late registrations must still be taken into account, so effective incidence probably slightly below 100 and probably a plateau rather than a decrease* ▪ *Trends in Germany as a whole are similar, Mecklenburg-Western Pomerania, Berlin, Saarland and others have recorded days, not so much a decline as a slight increase* ○ *Geographical distribution of 7-day incidence by LK:* ▪ *Number of SCs with a 7TI < 100 still increasing, currently only 127 SCs with a 7TI > 100, mainly in Thuringia, Saxony, BaWü, NRW, parts of Bavaria* ○ *7-day incidence by age group (AG):* ▪ *7TI flattens in all AGs* ▪ *Highest 7TI in AG 5-14 and 15-34* *discussion:* ▪ *Generally fewer tests during public holidays, no "Catch-up effect"* ▪ *Mr Wieler will draw attention to this in BPK next Friday.*	*ZIG1* *FG32 (Diercke)*

RKI	*deviations again, cautious interpretation is recommended.* *guess the numbers* ▪ *Whitsun: in some BuLä public holiday week (current or next week)* ▪ *Disclaimer:* ▪ *Should remain in place today, be removed tomorrow.* ▪ *The current figures and - as a result - the Date of resumption of the disclaimer (currently probably Saturday) are to be discussed at the crisis management meeting on* *to be discussed again on Wednesday* *To Do: The disclaimer on test figures for public holidays is due tomorrow removed and its resumption at the crisis management meeting on Discussed again on Wednesday together with the current figures become.* *Corona-KiTa study (slides here) **(only on Mondays)*** ○ *Overall, there are currently no major changes to report* ○ *Flu web: Frequency of acute respiratory diseases currently at a low level, at AG 11-14 (orange, currently at 0) is currently being investigated to determine whether there is a technical problem, that no cases were recorded* ○ *COVID-19: Incidence and proportion by AG: Proportions in all AGs above the population share, for young adults probably artefact that not all cases are reported as arrive (relative increases)* ○ *Outbreaks in nurseries/after-school care centres: decline in the number of cases; 92 new outbreaks (incl. late notifications); since Easter median 3-4 cases per outbreak; proportion of adults declining (if applicable) due to the vaccination of these persons)* ○ *Outbreaks in schools: very sharp rise after Easter; currently 64 new outbreaks; since March mostly in smaller Order of magnitude with approx. 2-3 cases in the median; currently significant decline; many effects involved* ○ *Currently positive overall development without acute Need for follow-up, further observation, especially if more complete data available* *Modelling* ○ *Presentation of the modelling results on possible effects on the R-value - if children of certain age groups were vaccinated - to be presented at the crisis team meeting within the next two weeks* ○ *Tweet of the graphic on herd immunity (R-value based on Vaccinated vs. unvaccinated): finalised by P1, will be sent to Mr. Schaade skilfully to the final vote and can then be tweeted* ○ *If necessary, we recommend tweeting this graphic repeatedly after certain time* ○ *Background to the graphic/tweet: Enquiry by the Chancellery before two weeks on incidence and vaccination coverage, calculation of*	*FG36 (Haas)* *P4 (Gottwald)* *P1 (Jenny)* *Pres*

	Mr Mayer, the graphic was forwarded by the BMG to the Forwarded to the Chancellery ○ *The graph shows that the R-value of vaccinated people is so low that this group of people would not contribute any further to the epidemiology, but that the proportion of unvaccinated people is still sufficient to further drive epidemiology → approx. 80 % vaccination coverage in order to achieve sufficient basic immunity to achieve R-value below 1 required* ○ *Correlations not included in the graph or modelling: vaccination rate, incidence - currently not included parameter - and infection of vaccinated persons* *To Do1: FG33 asks Mrs Jenny to re-circulate the graphic, also with regard to correlations that have not yet been recorded* *To Do2: Mrs Caille-Brillet (BZgA) asks to be added to the mailing list (Anne-Laure.Caille-Brillet@bzga.de)* *ToDo3: Request for the inclusion of a short presentation by Ms Hanefeld or colleague as one of the upcoming agenda items (Wednesday or Friday)*	
2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(Mondays only)* **DEA** • *Good basic structure, but adjustments necessary since new regulation came into force on 13 May* • *Goal for familiarisation 19 May, therefore platform may be temporarily unavailable* • *Comprehensive coordination between BMG, Bundesdruckerei and RKI required or in progress* • *Attempts are being made to dovetail vaccination records, even though the objectives differ in detail* **CWA**: • *Positive response from the population in recent months* • *Among other things, event check and quick test certificates integrated as far as possible* • *Event Driven User Survey: completed last week, approx. 26,000 participants, 15,000 participants in follow-up survey* • *Content evaluations (time of complete vaccination with different vaccines, recovered patients, etc.) are being integrated at full speed in cooperation with FG33* • *IBM as a new partner: major initial challenges* • *App for proof of vaccination is to be developed and integrated, this is expected to be published at the beginning of June (RKI Hrsg.)* • *Preparation for first wave of enquiries within the OU, enquiries also anticipated on deviating topics (vaccination in general)*	*FG21 (Schmich)*

	DEMIS: *Document on DEMIS notifications here* • *Connection of many test centres with regard to notification of positive AG detection* • *Reporting portal will be set up so that doctors and pharmacists can also submit reports*	*FG32 (Diercke)*
	• *New profiles for reporting other pathogens are being prepared for implementation by the end of the year* **SORMAS:** • *Errors have also occurred that may have an impact on the quality of the reporting data* • *Will continue to be rolled out, over 30 health authorities connected so far* **Survnet:** • *A new update is being released today and will be rolled out in health authorities this week, with which the variant discovered in India can be recorded even better* *Discussion:* • *CoViRiS has currently been discontinued in Dept. 3 due to resource bottlenecks, but can be reactivated; the interface will be kept open until the end of the pandemic so that information can be made available if necessary* • *Resources for the IBM vaccination app have been promised in writing, but have not yet been received (tomorrow's JF on this)* • *According to the Nature publication, several hundred thousand infections were prevented by the UK app - is it possible to calculate the number of infections presumably prevented by the CWA?* ▪ *UK app is equipped with more functions for these purposes* ▪ *It would be possible for the CWA to collect basic data in this regard, but the necessary* *However, information has not yet been provided by Telekom despite repeated requests* ▪ *Mr Wieler will consult with Telekom about this in the near future* • *Event Driven User Survey: what was the response rate for the 26,000 participants?* ▪ *When receiving warning messages, participants should report back accordingly* ▪ *However, non-responders are not to be queried at Telekom* ▪ *Complex content, will be discussed separately* *To Do: Mr Schmich offers to summarise the results of the survey. next week at the latest*	

4	**Current risk assessment** *To Do: Risk assessment to be revised by Wednesday and presented at the crisis team meeting on Wednesday (document here)*	*Dept. 3*
5	**Communication** **BZgA** • *Next week, the BZgA will present an elaboration on the promotion of vaccination in municipalities (including best practice examples)* *To Do: Request for inclusion as an agenda item for next week* **Press** • *No further comments* **P1** *Communication recommendations on rapid antigen tests* • *Published today* • *Flyers are currently being prepared for this purpose* • *The article is to appear under "New documents" or the collection of links in today's situation report* *FAQ about Long Covid* • *Will be finalised this week* • *The corresponding profile should continue to be the main document for this* • *Mrs Scheidt-Nave has coordinated these documents in collaboration with FG36* • *It is noted that although the fact sheet does not cover all topics, it focuses on the epidemiology of the disease*	*BZgA (Caille-Brillet)* *Press (Wenchel)* *P1 (Jenny)*

6	**RKI Strategy Questions** **General** *Thesis paper by Schrapp et al. on ITS care in the pandemic* • *Among other things, the paper questions the nature and severity of the burden on hospitals and the underlying data* • *The authors' interpretation does not appear conclusive* • *There is also the accusation of manipulation* • *The DIVI and DKG have issued statements on the position paper in response to media enquiries* • *The RKI has explicitly not issued a statement on any other theses already published by the authors; this procedure must be maintained in the future* • *A scientific explanation of the scientific procedures underlying the data seems generally necessary due to the obvious misinterpretation of the data* • *However, this must be a scientific publication independent of the above-mentioned paper*	*All* *MF4 (Fischer)*
	To Do: Request for inclusion of the "Independent Panel Paper" (ZIG) as an agenda item on Wednesday or Friday *CDR paper - Minister Spahn, BMG:* • *Skilful separation of content may be useful* • *All comments from the RKI were adopted in the previous week* • *The presentation of a blanket acceptance of incidences below 50 was somewhat surprising, but reference should be made to the step-by-step plan, the contents of which should be revised or expanded for incidence ranges below 50* *Control Covid paper:* • *Information on this is not easy to find on the internet → could lead to accusations of a lack of an opening strategy* • *The current revision is being finalised (final draft probably on 20.05.)* • *Should be presented more prominently (suggestion e.g. as a bulletin article) and be categorised alongside the CDR paper, which is already in the press* • *A publication in English can be considered below* • *It should be emphasised more clearly that the measures are not to be viewed as individual solutions but as a multi-component system - this aspect is not mentioned in the CDR. excluded, but also not explicitly mentioned → the Control Covid paper serves this purpose* *To do: clearer presentation of the multi-component nature of the measures should be developed and the procedure for a more present placement of the Control Covid paper after finalisation should be discussed in the round table*	*ZIG*

7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Publication of a technical update on VOC by PHE on Friday* • *VOCs B.1.617.1 and B.1617.2 are observed, so far detection of approx. 1,500 cases, secondary attack rates appear to be in the range of those of B.1.1.7 (possibly slightly higher)* • *A 40% increase in the probability of infection - as reported in the media - cannot be confirmed; the data source of this media statement is unclear* • *Neutralisation data: from India, preprint available, approx. 50 % reduction in convalescent and vaccine sera possible, neutralisation capacity available, but no clinical data and little information on reinfection*	*FG17 (Wolff)*
	• *Does not currently appear as a variant with immune escape potential* **ZBS1** • *337 submissions, of which 216 positive for SARS-CoV-2 (64 %), of which B.1.1.7 approx. 84 %* • *Paper on AG tests submitted in collaboration with PEI* • *In the previous week 3 samples from returnees from Brazil, Brazilian variant is suspected, but sequencing is still ongoing*	*ZBS1 (Michel)*

10	**Clinical management/discharge management** *Measures for fully vaccinated people who test positive (ID 3462)* • *Classical vaccine breakthroughs with the presence of symptoms would be classically isolated (14 d isolation, 2 d symptom-free plus negative test required for de-isolation)* • *Vaccinated asymtomatic patients with positive PCR detection: multiple testing useful to determine the course of events* • *Progression measurement, determination of viral load - increase in viral load → clear risk of infection → further isolation* • *Current draft text of dismissal criteria (document here) "Asymptomatic persons with direct pathogen detection after complete vaccination:* ▪ *If there is a positive SARS-CoV-2 PCR result in an asymptomatic person after full vaccination, then Regardless of the initially detected viral load, isolation for at least 5 days is recommended with a final PCR follow-up test.* ▪ *If the person remains asymptomatic throughout AND the result of the PCR follow-up test is negative after a correct If the sample is negative or below the defined threshold value (see notes below), it can be de-isolated after 5 days.* ▪ *If the person develops symptoms or the result of the PCR follow-up test shows a viral load above the threshold, the general de-isolation criteria listed above apply regardless of the vaccination status."* • *The current draft text is approved* • *PCR tests are required here instead of AG tests, as only these offer an opportunity to observe/compare the excretion kinetics* • *In comparison, the time period for the AG test instruction after 14 days of isolation is much longer and a certain degree of uncertainty can be tolerated* • *In the event of a suboptimal functioning of the vaccination, a standard procedure for characterisation with high sensitivity must also be developed* • *It will largely be possible to transmit histories, provided that the follow-up analyses are carried out by one and the same laboratory (important gain in knowledge)* • *3 days vs. 5 days: to minimise the risk of the presence of unclear courses and to obtain clearer results, the period is set at 5 days instead of 3 days* • *Mr Herzog notes that the added value of a two-day extension of the period in the event of a negative PCR test on day 3 appears questionable (Control Covid vs. No Covid)*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *(not reported)*	*FG14*

12	**Surveillance** • *(not reported)*	
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *(not reported)*	*FG38*
15	**Important dates** • *June: Ad hoc WHO Global Communication: 07.06. opening and 5.06. closing panel, in between every Friday session on Science Communication, including Science Communication for Decision Makers (Chair: Ms Jenny), WHO position paper to be written on this topic* • *Mr Schaade not available on Wednesday and Friday → Mr Hamouda takes over the moderation*	*All* *P1* *(Jenny)* *VPresident*
16	**Other topics** • *Next meeting: Wednesday, 19 May 2021, 11:00 a.m., via Webex*	

End: 14:30

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 19 May 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Nadine Litzba (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
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- *FG37*
  - *Tim Eckmanns*
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  - *Marieke Degen*
  - *Maud Hennequin*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** o *not discussed* **National** *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: SurvNet transmitted: 3,624,095 (+11,040), of which 86,665 (+284) deaths* o *7-day incidence: 72.8/100,000 inhabitants.* ▪ *7TI drops, more new cases reported than the day before, but low for Wednesday.* o *Vaccination monitoring: Vaccinated with 1st dose 31,094,584 (37.4 %), with complete vaccination 9,548,021 (11.5 %)* o *Reported SARS-CoV-2 detections and reported COVID-19 cases:* ▪ *Decline somewhat steeper than on previous days, but may still be topped up. It seems Overall, there has been a slight slowdown in the decline. Could flatten out even further with further openings and lead to plateau formation.* o *Course of the 7-day incidence in the federal states:* ▪ *SN and TH continue to have the highest 7TI. TH is dropping slightly and is now close to BW. In no BL the 7TI rises, with slight plateau formation in places.* o *Geographical distribution of 7-day incidence by LK:* ▪ *Map brightens up, only 76 countries above a 7TI >100, 95 LK below 50, also in the south, but focus in TH still strong, many LK with high 7TI* o *7-day incidence of COVID-19 cases by age group:* ▪ *A decline is visible in all age groups. The lowest 7TI in older age groups. For children and young adults remains high, almost twice as high as the nationwide 7TI.* o *Hospitalised COVID-19 cases/100,000 inhabitants by age group:* ▪ *Data have led to confusion, but the number from the reporting system is not comparable with the DIVI data. Intensive register correlatable.* ▪ *Peak among 60-79 and 35-39 year olds was reached in MW 15-17. Younger overall in the third wave more strongly affected.* o *Number of COVID-19 deaths by week of death* ▪ *Currently approx. 1000 deaths per week - number of deaths declining, correlates with decline in Case numbers, especially in older people*	*ZIG1* *FG32 (Diercke)*

RKI	○ *PCR-confirmed COVID-19 cases with and without transmitted antigen detection* ▪ *AG evidence transmitted incompletely. In the reporting system, 7% of the PCR-confirmed cases were* *a previously performed AG detection also transmitted. Share relatively stable since MW 11.* ○ *Antigen detection with (blue) and without (orange) PCR confirmation submitted to the RKI* ▪ *70% of the transmitted AG detections are confirmed by PCR. Similar values have been observed since MW 10-19,* *No major changes. This means that around 1000 cases per week are not confirmed.* ○ *Discussion* ▪ *Heatmap: Vaccination effects clearly visible. Data on the vaccination coverage rate AG of 60+ on DIM* ▪ *possibly also herd immunity below 60%? British study: Protection of people in nursing homes and hospitals with* *high vaccination coverage. Communicate cautiously, as there may be an effect on severe cases, but may not have such a high impact on the spread dynamics.*	*AL1* *AL3*
	Test capacity and testing (slides here) ***(Wednesdays only)*** ○ *As expected, fewer tests due to the public holiday and bridge day in the last week. Further drop in the proportion of positives (8.3%). The number of tests, the number of positive tests and the proportion of positives have been falling for several weeks. The number of transmitting laboratories remains constant, test capacities remain the same, backlog negligible.* ○ *Variants of concern: over 90% variants, with B1.1.7 predominant, other variants less than 1% in total* ○ *POCT in facilities: Number of tests carried out in facilities is falling significantly, including over the last few weeks. However, the number of reporting facilities is also falling. Therefore, the informative value is limited, but only a small proportion of the facilities in question took part in the survey overall. Proportion of participants from inpatient care has fallen sharply, as has the number of tests. It is unclear why (vaccinations?), will be asked.* ○ *It is interesting to note that among the AG tests on GÄ, approx. 75% are confirmed as positive by PCR, while only 54.8% are confirmed as positive by PCR in the institutions.* ○ *Discussion:* ▪ *B1.617 will also be included in the future.* ▪ *Genome sequencing shows a decrease of B1.1.7 by 4% for the current calendar week, plateau reached, may decrease.* *under the influence of the other variants and decreasing case numbers* ▪ *B.1.617 as family approx. 2%, 1.6% of which sub-variant 2* ▪ *A total of approx. 300 cases since calendar week 9 for this variant, relatively low FC* ▪ *Compliance of testing in nursing homes, decline in numbers is consistent with anecdotal information.* *It is possible that pool tests, similar to the lollipop tests in*	*FG36 (Kröger)* *AL1*

	schools, could be used due to the lower	

	increase compliance. Can be discussed in the diagnostics working group.	
	*ARS dates (slides here) **(Wednesdays only)***	
	○ *As expected, there was less testing overall in CW19. Even fewer tests than in the Easter weeks. The proportion of positives is also falling*	*FG37 (Eckmanns)*
	○ *Testing has also declined in the BCs (except in the states that test less, e.g. Bremen)*	
	○ *Number of tests and proportion of positives in various organisational units:*	
	▪ *Very few tests were carried out in doctors' surgeries, also less than in the Easter weeks, proportion of positives falls but continues to decline.*	
	▪ *Also tested somewhat less in hospitals and test centres.*	
	▪ *But regardless of the number of tests, the proportion of positives continues to fall.*	
	○ *By age group:*	
	▪ *Number of tests decreases in all age groups, not age-specific*	
	▪ *But for 0-4 year olds, the proportion of positive responses remains the same, while it falls for the other age groups.*	
	○ *Nursing homes and hospitals*	
	▪ *The number of outbreaks in nursing homes is at a low level, no 3rd wave.*	
	▪ *Currently around 50 new outbreaks.*	
	▪ *Number of outbreaks in KH is higher.*	
	○ *Analysis to compare outbreaks >=10 cases, over 3 periods (CW40-53, CW1-7, CW8-15):*	
	▪ *Comparison due to the outbreak in Osnabrück*	
	▪ *Lower median outbreak size in week 8-15 in comparison*	
	▪ *Proportion of hospitalisations remains similar, but the proportion of deaths is falling*	
	▪ *In many outbreaks, more deaths than hospitalisations, as people are sometimes infected very quickly. die or no longer want to go to hospital.*	
	▪ *There are outbreaks similar to the one in Osnabrück, in SurvNet currently about 10 outbreaks with a similar setting*	
	▪ *This shows that further testing is needed in nursing homes.*	
	○ *Discussion:*	
	▪ *Maximum number of deaths in first comparison period very high (43 cases in one year) facility)*	
	*Syndromic surveillance (slides here) **(Wednesdays only)***	
	○ *Fluweb:*	*FG36 (Buda)*
	▪ *Stabilisation of ARE rate, no change from previous week, very low level, similar to previous year*	
	○ *ARE rate has increased for 5-14 year olds, while it has decreased for other age groups has remained the same or fallen. But it is at a*	

	very low level overall, so that the	

	can also be triggered by a small number of cases. Should be monitored further. ○ *ARE consultations:* ▪ *Consultation incidence has fallen in all age groups. Only 280,000 visits to the doctor nationwide, compared to 466,000 in the previous week. This also explains fewer tests.* ○ *ICOSARI, SARI cases:* ▪ *Stable numbers for AG 0-4 and 5-14* ▪ *Significant decrease in all AGs for over 15-year-olds, no 3rd wave was seen in hospitalised 80+ patients.* ○ *ICOSARI, COVID-SARI case numbers:* ▪ *Significant decrease in hospitalised COVID cases in all age groups, especially in AG 60-79, but also in AG 35-59, but still at the level of the 2nd wave at AG 35-59* ▪ *In the case of intensive care patients, there was also a decline in AG 35-59, 60-79 and 80+, with the level of AG 35-59 still being reached here too. on that of the 2nd wave.* ▪ *Median age of 61 years for all hospitalised cases and cases with intensive care treatment* ○ *ICOSARI, COVID share of SARI cases* ▪ *Share of COVID in all SARI cases also decreased, for all hospitalised at 55%* ▪ *Among those undergoing intensive care, 76%, still very high.* ○ *Discussion:* ▪ *Who gets tested less? Mixed effect - usually shifts to cases with severe symptoms (in open practices and emergency departments), but decrease seems real, therefore assessment difficult. But no indication that decrease in case numbers is only due to reduced testing frequency.*	*FG37 (Eckmanns)*
	Figures on the DIVI Intensive Care Register (slides here) ***(Wednesdays only)*** ○ *Sharp decline, also in all treatment groups, especially in "light" treatment groups, but now also in ECMO and invasive ventilation.* ○ *The decline is visible in all BCs. In some CCs, the decline is slower, with Bremen and SH showing a stagnating level. However, these BCs have small occupancy rates.* ○ *A particularly sharp decline can be seen in BB and TH. And BW is now also showing a decline* ○ *Age structure and development of age groups: age information is available for 88% of reported COVID patients* ▪ *40-49 year olds now exceed 80+* ▪ *Age group development in the last 2 weeks: Decrease in all age groups, except 18-29-year-olds and 40-49-year-olds. The occupancy rate for children was stable, but increased in the last 4 days.* ○ *Load:*	*MF4 (Fischer)*

RKI	▪ *Occupancy of non-COVID pat. and COVID pat. shown. The total occupancy was at the peak of the 3. wave was similar to the peak of the 2nd wave, but the number of severe cases was very high.* ▪ *The staff shortage is still there, and no turnaround is yet visible.* ○ *Discussion:* ▪ *Many more ECMO-treated cases, therefore free capacities lower. Becomes clearer when Forms of ventilation are shown individually. More severe cases and therefore fewer beds available for operation.* ▪ *The €50,000 for maintaining capacity is also included in the costs for restructuring (technical equipment, equipment for the construction of the new building), personnel, etc.).* *Virological surveillance, NRZ influenza data (slides here) **(Wednesdays only)*** ○ *81 submissions this week. This is the lowest number since the beginning of the year, with less than 100 samples per week for the first time.* ○ *Overall, there is a clear decline, probably because active support and contact with the practices has been suspended.* ○ *Samples were submitted from 31 medical practices from 11 AGI-Regions* ○ *Distribution across age groups: More samples from children since the opening in March* ○ *Rhinoviruses show further decline, SARS-CoV-2 detections recently almost unchanged (4.94%) and only one detection of parainfluenza viruses, also declining. No detection of influenza.* ○ *Age distribution rhinoviruses AG 0-4 and 16-34* ○ *Endemic coronaviruses: NL63 continues to show a strong increase, OC63 a decrease, overall an unusually high proportion of seasonal coronaviruses.* ○ *Age distribution of endemic coronaviruses: AG 5-15 and 0-4 most affected, but also infections in AG16-60* ○ *Discussion:* ▪ *Why increase in NL63? Lower baseline immunity in NL63 could play a role, due to the long Period in which infections were suppressed by measures. This is also feared for influenza. But also decline in submissions, possibly distortion if individual practices are more affected. No decline seen so far for NL63 due to seasonal factors.*	*FG36 (Haas), FG37 (Eckmanns)* *FG17 (Dürrwald)* *AL3*
2	**International** ***(Fridays only)*** • *not discussed*	*ZIG*

3	**Update digital projects** *(Mondays only)* • *not discussed*	
4	**Current risk assessment** • *Minor changes have been implemented (document here):* ○ *Decrease in 7TI and FC: "slightly" changed to "significantly decreased"* ○ *Assessment of the event as a diffuse event: "still" inserted.* ○ *Decrease in outbreaks in nursing homes and hospitals: role of progressive vaccination coverage more strongly formulated* ○ *In the case of dynamic spread of variants and transferability B1.617 added* ○ *Assessment of the risk to health: "still" added* • *In international meetings, Spain has mentioned preliminary study data according to which the incubation period of B1.617.2 could be longer and could be excreted longer before the onset of symptoms. The UK assumes that transmission is up to 50% higher than B1.1.7.* • *In AGI, countries were asked to test for B1.617 at a low-threshold level. However, countries are waiting for a signal from the RKI, currently recommending testing only for travellers returning from India.* • *Priority situations to be investigated for VOC (e.g. outbreaks, high attack rate) should be emphasised in the contact person management paper. It should also be emphasised in the IMS that samples should be sent in in the event of unusually strong outbreaks/high attack rates.* • *Cost coverage for target PCR is regulated by regulation* • *The random tests for VOCs are important for the question of distribution and the proportion of cases.* • *Testing is generally dependent on the indications. The topic will also be discussed in the diagnostics working group on 20 May. After discussion with the BMG, a recommendation will be placed on the website.* • *Travel history India and UK should be indication, possibly also general travel history. Outbreak situation (high attack rate, further suspicion) and household investigations in a B1,617 case.* • *Non-typable pathogens in outbreaks should be sequenced in order to identify new variants if necessary.* *ToDo:* • *Contact person management paper to be adapted (W. Haas).* • *Review IMS documents and adapt if necessary (S. Kröger).* • *Recommendations/indications for testing are to be drawn up or adapted (Mr Mielke).*	*FG38 (Rexroth), all* *Present, all*
5	○ **Communication**	*BZgA*

	○ **BZgA** ○ *not reported* ○ **Press** ○ *not reported* ○ **Discussion Saale-Orla district** ○ *Thürigen asked the RKI to get in touch with the district administrator and the medical officer of the Saarle-Orla district. U. Rexroth and M. Jenny conducted the interview.* ○ *The state level had the impression that the district administrator was not behind the measures. The dialogue revealed otherwise.* ○ *The circle has had a 7TI of over 500 for some time, has approx.* *80,000 inhabitants, very rural, the largest town has 10,000 inhabitants.* ○ *The district administrator has been in office for 10 years and the public health officer is also well established. But the population has no risk perception, is tired of the measures and shows rejection of the measures (testing, contact reduction, etc.)* ○ *Example: 90% of parents send their children to emergency care and the majority refuse to be tested.* ○ *The underreporting is very high, in some cases a positive rate of 80%. Nevertheless, the proportion of deaths is 2.4%, probably underreporting.* ○ *District hospitals have no COVID wards, therefore no affected nurses/doctors. Even publicly known deaths (mayors, without pre-existing conditions) do not change risk perceptions.* ○ *The measures are enforced, many fines are imposed. Strong reactions from the public.* ○ *The recent decline in numbers is explained by the weather.* ○ *Attempts are being made to recruit people from the community as multipliers, but this is difficult as there are multipliers who are strongly opposed to the measures. Local doctors are also involved.* ○ *Discussion:* ▪ *Documentation of the situation on site would be important. Conversation is summarised and* *Report to the epidemiological officer of TH. Not publicly. It would be good if someone would work it up locally and if there are efforts to work it up, the RKI should support this. Check whether we have objective parameters that could be helpful. Otherwise, an analysis with*	*(Ebrahimzadeh-Wetter)* *Press (Wenchel)* *FG38 (Rexroth)*

RKI	*social science methods.* **Report from the Health Committee** ○ *Vaccination: Prioritisation is to be lifted from 7 June, company doctors are then also to vaccinate. Each company doctor should be able to order 800 doses of vaccine per week.* ○ *Pregnant women: Mr Spahn has backed the STIKO recommendation, vaccination in agreement with the doctor* ○ *Vaccination app: Negotiations within the EU on the information to be transmitted; if changes are made, the vaccination app must always be changed as well* ○ *BM Spahn on shortening the vaccination interval: Missing second vaccination before travelling may also be negative, then it is better to shorten the interval.* ○ *Question whether there are data on sinus vein thrombosis after second vaccination* ○ *Heterologous vaccination protection: Note that the topic is not discussed in the same way for other vaccinations.* ○ *Vaccination of children: Even if STIKO does not recommend vaccination for children, BM Spahn is still planning a vaccination programme* ○ *Question about the booster after 6 months: July/Aug should be enough vaccines available* ○ *Mr Spahn's stance on UK risk area: if in doubt, be more cautious due to variant, travel should not be simplified* ○ *Question about staffing of the RKI for further digital projects* ○ *Blood: The authority to issue guidelines is to be taken away from the German Medical Association. However, the law has been changed, is being revised again and will no longer go to the RKI.* ○ *Strategy paper Schrappe: Clarification from experts is expected, BM Spahn is expecting a statement from the RKI. There will be a factual presentation in which Mr Wieler is involved. A lot of information is available in the FAQs of the DIVI Intensive Care Register.*	*Pres*
6	**RKI Strategy Questions** **General** *Outdoor sports for children and young people* • *Enquiry from Ms Wessel from the BMG, facilitating sport for children with tests?* • *Topic is handled by Mrs Loss* *ToDo: Topic to be dealt with outside the crisis team in consultation with Ms Loss.*	
7	**Documents** • *not discussed*	*All*

8	**Vaccination update** ***(Fridays only)*** • *not discussed*	*FG33*
9	**Laboratory diagnostics** **FG17** • *see above.* • *PCR test for B1.617 is established, can be carried out in the sentinel* **ZBS1** • *Not reported*	*FG17 (Dürrwald)*
10	**Clinical management/discharge management** • *not discussed*	
11	**Measures to protect against infection** • *not discussed*	
12	**Surveillance** • *SORMAS corrections: From yesterday to today, around 500 cases that had been counted twice were corrected. The duplication was caused by an error in the SORMAS software.* • *There were no major changes, but there was a decrease in the number of cases from yesterday to today in some smaller practices.*	*AL3*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Outbreak screening is discontinued* • *20 May Intra Action Review with IGV airport group, extraction of lessons learnt* • *FFP2 mask requirement in public transport will be cancelled, regulations will be decoupled from the epidemic situation of national scope, which could possibly end in summer. Currently, all corresponding regulations are linked to the epidemic situation.*	*FG38 (Rexroth)*
15	**Important dates** • *not reported*	
16	**Other topics** • *Next meeting: Friday, 21 May 2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 21 May 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Melanie Brunke*
- *FG 16*
  - *Anton Aebischer*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *IBBS*
  - *Christian Herzog*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Ines Lein*
- *Press*
  - *Maude Hennequin*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide:* o *Data status: WHO, 19 May 2021* o *Cases: 163,869,893 (+1.98? compared to previous week)* o *Deaths: 3,398,302 (2.1%)* • *List of top 10 countries by new cases:* o *Largely unchanged, TOP 3 India, Brazil, USA* o *Nepal moved up to 10th place* o *Rising trend in Brazil, Argentina, Colombia, all other countries declining* • *Map with 7-day incidence:* o *Countries with the highest incidences mainly on the American continent, also in Europe with DF and FR, as well as India and the neighbouring countries* • *Epicurve WHO Sitrep:* o *Global decline in new cases by 12%, deaths by 5%* o *WHO regions: Decline in all regions except Western Pacific and South-East Asia* o *Continents: Only in America no decline in cases, largest decline in deaths compared to the previous week in Europe* • *Other reports:* o *Today: United Kingdom* o *Switch BMG runs at the same time as the crisis team meeting on the question of whether the UK will be declared a virus variant area* o *Cumulative 4,452,531 cases, 127,694 deaths (2.9%) 7T incidence 15.5/100,000* o *54.5% with at least 1st vaccination dose, 30.7% fully vaccinated* o *Hospitalised cases and ventilator cases on the decline since 9/2020* o *Nevertheless, the highest number of newly reported cases in a month on 12 May* o *Highest case numbers in the SE and SW of England and in densely populated regions of Ireland and Scotland* o *Variants: strong increase of B.1.617.2 (already classified as VOC) in the last week (2,111 cases = 60% of total B.1.617.2 cases)* o *Cluster of B.1.167.2 in the London and Bolton areas, community transmission, only a few travel-associated cases* • *Discussion* o *Is the large proportion of the Indian population in the Bolton area related to the high number of B.1.167.2 cases? Possibly less affected in previous waves and therefore more naive to infection?*	*ZIG1* *E. Romo Ventura*

	○ *Available data with stratification by ethnicity does not speak in favour of this* ○ *Assumptions such as greater vaccination scepticism in this region are also more in the background* ○ *CMO C. Whitty assumes a significantly (50%) increased infectivity, study data are not yet available* ○ *Targeted local measures: door-to-door offer of vaccination and testing* **National** • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: 3,635,162 (+8,769), thereof 87,128 (+226) Deaths* ○ *7-day incidence: 67/100,000 inhabitants, in the age group >80: 28/100,000, in the age group 60-79: 37/100,000* ○ *Vaccination monitoring: Vaccinated with 1st dose 32,178,636 (38.7%), with complete vaccination 10,432,968 (12.5%)* ○ *Cases in intensive care treatment continue to decline* ○ *Course of the 7-day incidence in the federal states:* ▪ *5 BL with 7T incidence <50: SH, HH, MV, NS, BB* ▪ *Decline in incidence also in SN (more marked here) and TH* ▪ *Small increase in BE and HB (previous decline may be due to Ascension Day holiday effect) note)* ○ *Nowcasting and R-values* ▪ *7-day R-value well below 1 since the end of April, currently remains below 1 despite the increase, which shows that the Case numbers are falling, but not quite as fast as before* ○ *Geographical distribution of 7-day incidence by district* ▪ *No more districts > 250/100,000* ▪ *Number of districts <50/100,000 is increasing* ○ *Geographical distribution of 7-day incidence by age group* ▪ *In the AG 10-19 years and 20-49 still high to very high incidence nationwide, in the AG >80 in SN and TH still high to very high incidence nationwide. before high incidence (this also explains the plateau in deaths)* ○ *Death rates in Germany* ▪ *Compared to previous years, there is still a (slight) excess mortality (CW 16-18)* • *Test capacity and testing **(Wednesdays only)*** ○ *(not reported)* • *ARS data* ○ *(not reported)* • *Syndromic surveillance **(Wednesdays only)*** ○ *(not reported)* • *Virological surveillance, NRZ influenza data **(Wednesdays only)*** ○ *(not reported)*	*FG32* *M. Diercke*

	• *DIVI Intensive Care Register figures (Wednesdays only)* ○ *(not reported)*	
2	**International** *(Fridays only)* • *Follow-up mission (first mission 18-23 April) to Montenegro starts on Sunday, objectives: Laboratory assistance, development of sequencing capacity, interaction review* • *Exchange with the National Institute of Virology (Puna, Maharashda) led to the organisation of a two-part workshop (20/21 May) with the participation of several RKI units (including MF1, FG 17)* • *The feedback is already very positive, thanks to everyone involved*	*ZIG J. Hanefeld*
3	**Update digital projects** *(Mondays only)* • *(not reported)*	*FG21*
4	**Current risk assessment** • *Currently no need for change*	*Dept. 3*
5	**Communication** **BZgA** • *not reported, as Mr Dietrich is unable to attend* • *Lecture on the BZgA's information strategy on COVID-19 postponed indefinitely* **Press** • *(no topics)* **P1** • *(not reported)*	*BZgA* *Press* *P1*
6	**RKI Strategy Questions** **General** • *Crisis team meeting Wednesday 26 May:* *Update ZIG: Review of The Independent Panel for Pandemic Preparedness and response* *ToDo: Please add to the agenda for 26 May* • *Vaccination/release of patents/donation* ○ *Can the RKI (which as a PH institute feels close to the WHO) have a controversial opinion (on the government, which may have a single opinion here)? There are intensive discussions within the institute about the release of vaccine patents.*	*All* *ZIG* *FG 37 T. Eckmanns FG 33 O. Wichmann ZIG J. Hanefeld*

	○ *The problem lies in production capacity, which is why the approach of expanding local production capacity should be supported. This is also supported by the EU/von der Leyen* ○ *In a communication between ZIG and BMG, reference was made to the support of the COVAX Initiative and COVAX Facility* ○ *Donating vaccines would be an easier step, it makes sense to focus more on mRNA vaccines in the context of civil protection and the WHO has signalled an urgent need for Vaxzevria, now would be the right time to donate* ○ *Note: One cannot escape the historical debate on how to evaluate the donation of material that nobody wants here* ○ *ZIG has already submitted an initiative report on this, in which the donation was proposed, the reaction here was also a reference to the COVAX initiative, BMG has indicated certain limits here* • *Disclaimer on new cases/incidences at Whitsun:* ○ *Should appear on Monday and initially remain until Wednesday, 26 May, distance will be decided Wednesday in the crisis team* ○ *As a general rule, disclaimers should be used restrictively and tend to be viewed negatively by the RKI* *ToDo: Draft disclaimer for Monday 24 May, which will appear in the situation report and on the dashboard (reference to fewer doctor visits and lower test numbers on public holidays, no reference to fewer transmissions by the GÄ),* *ToDo: Agenda crisis team 26.05.2021: Disclaimer* **RKI-internal** • *(not discussed)*	*M. Diercke*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *Vaccination of children* ○ *EMA approval for BioNtec 12+ vaccine expected by the end of next week* ○ *STIKO deals intensively (critically) with the topic* ○ *A STIKO sub-working group set up for this purpose provides input* ○ *Paediatric associations are reluctant to vaccinate children* ○ *Politicians are already preparing vaccination campaigns so that the relevant age groups are vaccinated by the end of the holidays* ○ *Question of equity - in many regions of the world there is a lack of vaccines, here groups without/with very low risk are vaccinated*	*FG33* *O. Wichmann*

	• *Vaccination Ordinance* ○ *Update is in progress, prioritisation to be lifted as of 07.06.2021* ○ *From an epidemiological point of view, this is justifiable for the following demonstrable reasons:* ○ *AG >70 75% vaccinated, AG >60 55-60% vaccinated,* ○ *Vaccination acceptance: 85% of the population would like to be vaccinated, so only around 4 million people >60 years of age would like to be vaccinated; this group of people could be vaccinated by the time prioritisation is lifted* ○ *At the population level, deaths can then no longer be prevented by vaccination → from individual protection of risk groups to population protection as a vaccination target be passed over* ○ *Comment by O. Hamouda: Vaccination was also a major topic at the ...conference: Where should the vaccines come from? Do company doctors and GPs have to be deprived again? Vaccination centres are also reporting supply difficulties.* • *Brief report from the BPK* ○ *Mayor of the City of Cologne, H. Reker, reports on outreach vaccination programmes, but at the same time describes strong resistance* ○ *RKI has been in favour of outreach vaccination services for years, COVID-19 vaccination should be an opportunity to stabilise this* ○ *European interoperability of the vaccination card would be a real innovation* ○ *Appreciation of RKI's performance in the context of the CWA/digital developments has grown* ○ *Praise to all involved, especially for always remaining professional and objective despite the pressure and overload*	*O. Hamouda* *L. Wieler*
9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 467 samples in the last 4 weeks, of which:* ○ *24 SARS-CoV-2* ○ *78 Rhinovirus* ○ *21Parainfluenza virus* ○ *106 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *2 RSV* ○ *0 Influenza virus* **ZBS1** • *In week 20 so far 472 samples, 143 of them positive for SARS-CoV-2 (30%)* • *Rate for B.1.1.7: 84%* • *Some easing overall, sample volume decreases*	*FG17* *Djin-Ye Oh* *ZBS1* *J. Michel*

10	**Clinical management/discharge management** • *A request was made by the BMG: further studies should be encouraged to promote the use of AK, as the call-off rate is currently still unsatisfactory*	*IBBS* *C. Duke*
11	○ *Current 7T incidence NS: 47.1, how should the RKI comment on the planned cancellation of the test and mask obligation in retail from an incidence of <35. Should a report be written to the BMG?* ○ *BPK today: Mr Spahn and Mr Wieler are in favour of retaining the current regulations* ○ *Can one argue with evidence, since only one of 10,000 risk encounters leads to transfer?* ○ *It should be communicated that COVID-19 is a problem for society as a whole. Incidences can rise again very quickly, reference should be made to the experiences of last summer, acceptance of the rules has recently been high* ○ *Unvaccinated people are at increased risk* ○ *Masks are collective external protection with consequent self-protection, this can be proven for the hospital setting* ○ *Evidence results from the overall package of measures, tracking is rarely possible after contact situations in the retail sector* ○ *However, the question of when the AHA+L rules can be de-escalated will have to be answered at some point, the incidence is not a suitable measure* ○ *In a closed and controllable (vaccination, contact situation) care home setting, reducing the protective measures is justifiable* ○ *At present, the focus is on criteria other than epidemiological decision-making: travel industry, catering/hotel industry, mainly economics, to a lesser extent also election campaigns* ○ *The meeting of the state secretaries of the state health ministries also focussed on economic issues rather than content* ○ *Question: How can communication to the general public be improved, as the "common sense" currently appears to be more pronounced there?* ○ *It should be clearly stated that the AHA+L rules should be retained for as long as possible* ○ *Twitter is suggested as a fast communication channel that reaches all interested parties directly* ○ *BZgA: Ms Ebrahimzadeh-Wetter will pass on to the BZgA's social media team that it should be communicated more strongly to the population that AHA+L and the simple basic measures are still important to protect the unvaccinated* ○ *Reasons why this is important now should be provided*	*L. Schaade* *M. Brunke* *T. Eckmanns* *T. Aebischer* *U. Rexroth* *O. Hamouda* *H. Ebrahimzade*

	become: To protect the unvaccinated, danger from virus variants ○ *The position of the BZgA, like that of the RKI, is not simple; not everything can be realised* ○ *Mrs Lein will mirror the topic to M. Jenny* ○ *Feedback to U. Rexroth from the Ministry of Health of Lower Saxony: Clear position against the cancellation of the mask requirement in the retail trade* ○ *Präs is of the opinion that the RKI's position towards the BMG should be set out in writing* *ToDo: Email text from U. Rexroth (with reference to Control Covid) to Lower Saxony should serve as the basis for a written statement to the BMG, FF U. Rexroth, additional work was not named* • *Presentation of 7-day incidences in accordance with Section 28b IfSG* ○ *Order Rottmann (BMG): Link to the table with retroactively corrected figures due to late notifications* ○ *Implementation was already discussed with O. Hamouda yesterday: Both tables will continue to be used ("frozen" and "corrected") in order to minimise requests from the countries; the order of the links will be adjusted if necessary* ○ *Also to be discussed in the AGI on Tuesday* *ToDo: Communicate the upcoming change to the countries today if possible,* *ToDo: Put on the agenda of the AGI* • *Amendment to IfSG: In future, under-16s will be obliged to wear a medical mask instead of an FFP2 mask if this is indicated in accordance with the Federal Emergency Brake.*	*h-weather* *P1 I. Lein* *L. Wieler* *U. Rexroth* *M. Diercke* *FG 32/38*
12	**Surveillance** • *(not reported)*	
13	**Transport and border crossing points** ***(Fridays only)*** • *Short report of the IAR of the airport group on 20 May 2021 (online format, 3h)* ○ *Top 3 negative aspects* ▪ *UAS infrastructure is not designed for pandemics, too narrow common rooms, bottlenecks in the Clearance etc.* ▪ *KP tracking in air traffic is labour-intensive and inefficient* ▪ *Time frames for implementing regulations are too short* ○ *Top 3 positive aspects* ▪ *DEA makes many things easier, should be stabilised*	*FG38* *M an der Heiden*

	▪ *Cooperation with the authorities has improved* ▪ *The conference call of the IGV airport network, which U. Rexroth initiated back in 2020, has has proven to be very helpful*	
14	**Information from the situation centre** ***(Fridays only)*** • *Growing concern about the summer months* o *Workload will increase as workload for contact tracing increases due to holiday trips* o *De-escalation is necessary in all areas, including reporting* o *Should be communicated to BMG* o *Orders for overtime currently end on 30 June 2021, an extension is necessary so that overtime can be paid or compensated* o *All employees please register for the next 8 weeks* *ToDo: Please summarise de-escalation proposals in writing (U. Rexroth)* *ToDo: Ask all OU managers to ask the employees in the LZ to sign up for the next 8 weeks in the shift plan so that the holiday period can be covered*	*FG38* *U. Rexroth* *U. Rexroth*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 26 May 2021, 11:00 a.m., via Webex*	

End: 12:51 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 26 May 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *??*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
  - *John Gubernath*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Luisa Denkel*
- *ZIG2*
  - *Thurid Bahr*
- *BZgA*
  - *Christoph Peter*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,656,177 (+2,626), thereof 87,726 (+270) Deaths* ○ *7-day incidence 47/100,000 pop.* ○ *Vaccination monitoring: Vaccinated with 1st dose 33,503,002 (40%), with complete vaccination 11,896,572 (14%)* ○ *Number of reports of laboratory evidence and COVID-19 cases* ▪ *Not only has the number of COVID-19 cases decreased, but also the number of DEMIS-Reports to the GA. Significantly fewer reports from the laboratories last week.* ○ *COVID-19 cases with and without antigen detection* ▪ *Proportion of cases with antigen detection is not increasing, although tests are widely available.* ○ *Development of the 7-day incidence in the federal states* ▪ *Relatively uniform decline in all CCs.* ○ *7-day incidence by age group* ▪ *Lowest incidences in the most vulnerable age groups.* ▪ *Incidence in all AG aged 65 and over < 35.* ▪ *Incidence >100 only in 10-14 year olds* ○ *Hospitalised COVID-19 cases by age group* ▪ *Number of hospitalised people is declining.* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Compared to last week, more tests were carried out again, but the proportion of positive tests fell to 5.8% decreased.* ▪ *Peak of positive rate in mid-April, decline since then.* ○ *Capacity utilisation* ▪ *Number of tests rises again to the level of the week before last* ○ *Test number recording VOC* ▪ *Number of reporting laboratories has fallen slightly* ▪ *VOC content 90.6%, of which almost 90% B.1.1.7* ▪ *B.1.351 and P1 < 1%* ▪ *B.1.617 not yet recorded, according to information from molecular surveillance at approx. 2%.* ○ *AG-POCT in facilities* ▪ *The number of participating facilities is falling, particularly in the inpatient care sector.* ▪ *0.15% of the AG-POCT were positive, of which 86% are in*	*FG32 (Diercke)* *Dept.3 (Hamouda)*

	PCR, of which 55% were transmitted as positive.	
	ARS data *(slides here)* ○ *Number of tests and percentage of positives* ▪ *No significant decline in the number of tests, but a sharp drop in the proportion of positives.* ○ *Number of people with SARS-CoV-2 PCR test/ 100,000 inhabitants by age group* ▪ *Furthermore, >80 year olds are tested most frequently.* ○ *Positive shares by age group* ▪ *Positive shares decline in all AGs.* ○ *Number of positive tests per 100,000 inhabitants by age group* ▪ *Very parallel developments in all age groups.* ▪ *Real decline in positive tests not due to decline in the number of tests.* ○ *Active outbreaks in the healthcare sector* ▪ *Decline since last week* ▪ *Active outbreaks in retirement and nursing homes: 45* ▪ *Active nosocomial outbreaks: 33* ○ *Outbreaks in retirement homes and hospitals* ▪ *Number of outbreaks has decreased, additional reports are still to be expected.*	*FG37 (Haller)*
	• **Syndromic surveillance** *(Wednesdays only) (slides here)* ○ *FluWeb* ▪ *ARE rate: lower than in previous years, roughly at 2020 level during the measures.* ▪ *ARE rate for 0-4 year olds has risen significantly.* ○ *ARE consultations* ▪ *In week 19, the number of cases slumped, presumably due to the closure of practices for the public holiday.* *Increase in consultations again.* ▪ *Continued low number of visits to the doctor* ○ *ICOSARI-KH-Surveillance - SARI cases* ▪ *Significant decline in SARI cases* ▪ *3rd wave almost no longer seen in >80 year olds.* ▪ *Despite decline, number of 35-59 year olds remains high.* ▪ *Hardly any cases in 0-4 year olds, caused by other respiratory diseases in previous years.* ○ *ICOSARI-KH-Surveillance - COVID-SARI cases* ▪ *Positive trend continues.* ▪ *Among 35-59 year olds still just at the level of the 2nd wave despite decline.* ▪ *The median age is still falling slightly.* ○ *ICOSARI-KH-Surveillance - Share of COVID in SARI cases* ▪ *Proportion of COVID among all hospitalised patients has fallen, slightly for the first time since week 7* *below 50%.* ▪ *Proportion with COVID diagnosis in SARI with intensive care still very high (81%), but*	*FG36 (Buda)*

	Significant decline in SARI cases with intensive care for 2 weeks.	
	• **Virological surveillance, NRZ influenza data** *(Wednesdays only)* *(slides here)* ○ *KW 20: 113 entries* ▪ *slight increase compared to last week* ▪ *Trend: submissions are declining.* ○ *However, this season's sample intake has been very good overall.* ○ *Increased infections in children from the 7th week, disproportionately more submissions from this age group.* ○ *Parainfluenza viruses: slight increase* ○ *SARS-CoV-2: Positive rate dropped to 2.65%.* ○ *Rhinoviruses:* ▪ *slight increase* ▪ *Positive rate highest among 5-15 year olds, followed by 0-4 year olds.* ○ *Influenza viruses:* ▪ *Very unusual flu season, only 2 cases of swine influenza, nothing else.* ○ *Seasonal coronaviruses:* ▪ *NL63 has decreased, slight increase in OC63 and 229E.* ▪ *The 5-15 age group is most frequently represented.* ○ *Diagnostics document has been updated and expanded to include B.1.617.* ▪ *Still effective neutralisation capacity, effectiveness of antisera and monoclonal antibodies reduced.*	*FG17 (Dürrwald)*
	• **DIVI Intensive Care Register figures** *(Wednesdays only)* *(slides here)* ○ *COVID-19 intensive care patients* ▪ *Currently 2,999 treated, a decrease of 736 cases compared to the previous week.* ▪ *Decrease in all ventilation groups* ▪ *Decline in deaths as well* ○ *Share of COVID-19 patients in the total number of ICU beds* ▪ *Decline in all BL* ○ *Age structure of COVID-19 patients in intensive care units* ▪ *As of yesterday, information on 90% of all reported patients: approx. 1/3 under 60 years, 1/3 60-69 years, 1/3 from 70 years* ▪ *Regional: more younger people affected in the north, in the east the 60-69 age group is much more dominant.* ▪ *Development: Decline in all age groups over 40, stagnation in the 0-39 age group, but relatively small numbers.* ○ *COVID-19 occupancy and load* ▪ *Reduction in occupancy of severe cases (ventilators and ECMO) and increase in free cases* *Treatment capacities*	*MF4 (Fischer)*

	▪ *Easing of staff/space shortages and increase in the number of free ITS beds.* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Look very promising, decline in all shamrocks.* • *Report on VOC* ○ *In KW19 VOC share at approx. 90%* ○ *Share B.1.617 (approx. 2%) increased very slightly from CW18 to CW19.* ○ *Proportion of sequencing relatively stable since CW12* ○ *Regional distribution of B.1.617: still relatively low numbers distributed throughout Germany.* ○ *80% of cases between 15-60 years, proportion of children slightly increased.* ○ *The place of infection is ¾ Germany, in a private environment, no local hotspots.* • *Regarding the wording of B.1.617: Vaccine effect not quite as pronounced as with other variants according to data from Public Health England. There are indications that there are quantitatively measurable differences with regard to the protective effect. This needs to be monitored further.* ○ *This is also communicated in the Public Health Intelligence Report.* • *Is there data on higher transmission for B1.617?* ○ *Public Health England sees tendencies that it could be so, certain higher case increase rate. From 8% to 12% increased transmissibility is assumed.* ○ *Important: Easing only slowly with a sense of proportion, if possible according to a step-by-step plan. -> will be discussed again in the crisis team on Friday* • *For your information: There are currently Whitsun holidays in BY and BW. This has an influence on the test frequency of children and their behaviour.* • *Disclaimer* ○ *Was planned until today (Wednesday) -> agreement: Disclaimer remains until Thursday* ○ *No disclaimer for Whitsun holidays*	*FG36 (Kröger)* *Mielke* *Wieler* *FG32 (Diercke)*
2	**International** ***(Fridays only)*** • *Not discussed*	
3	**Update digital projects** ***(Mondays only)*** • *Not discussed*	*FG21 (Schmich)*

4	**Current risk assessment** • *Description of the international situation (here): The wording is still "the number of cases is increasing worldwide". Should this be adjusted? Case numbers are falling internationally, cases have fallen by 14%.* ➔ *The wording is changed to "...worldwide from".* • *incidence is now < 50. It should be considered whether the risk assessment is to be downgraded from "very high" to "high".* ➔ *will be discussed next week*	*All*
5	**Communication** **BZgA** • *Elaboration on the promotion of vaccination in municipalities* o *Postponed, no further topics* **Press** • *Maintenance work tomorrow from 6-8 pm, therefore no access to the editorial system. Only what is available by 5 pm tomorrow can still be uploaded to the web.* • *Any news on the incidence tables?* o *Discussed bilaterally with Mr Rottmann: Email was just preparation in case. Nothing is to be changed until 7 June. Hope that incidence will be so low by then that changes can be dispensed with.* o *RKI cannot provide a justification, must be provided by the BMG. -> Will be requested again from the BMG.* **Science communication** • *Quick test results from the COSMO survey at the end of last week* o *68% have already carried out a rapid test.* o *People who think the measures are excessive are less likely to do so than those who do not.* o *In the case of a positive rapid test, 86% would do a PCR test, 68% would do a second rapid test.* o *In the event of a positive rapid test result, 86% are willing to isolate themselves, 80% would inform their contacts.* • *Enquiry from the Federal Association of Liberal Professions (doctors, lawyers, pharmacists): Experience and expertise should be written down, would like input from the RKI for this.* o *The aim is a pandemic plan from the perspective of the liberal professions, do not want to work past the experience of the RKI.* o *Answer so far: Expertise is exciting and important, should get in touch when they have something concrete. Reaction: call often and write lots of emails.* o *RKI has a lot of enquiries at the moment, what should be done?* o *The Ministry of Labour/company doctors are contacts for company concepts and some also have sample plans.* o *Experience from the past: Separate pandemic planning at national level from operational planning at company level.*	*BZgA (Peter)* *Press (Wenchel)* *Hamouda* *Rexroth* *P1 (Jenny)*

	RKI cannot provide advice or contribute any additional technical expertise to ensure functionality. ○ *Experiences should be systematically analysed and published transparently.* ○ *Planned answer: was discussed again, we look forward to exciting results.* ○ *Writing down experiences can be a building block for a later comprehensive pandemic plan.*	
6	**RKI Strategy Questions** **a) General** • ~~*Update*~~ *ZIG: Update Measure Analysis: Recognition of COVID-19 Vaccination Status and International Travel Restrictions ~~Review of The Independent Panel for Pandemic Preparedness and response~~ (slides here)* ○ *Analysis of international COVID-19 measures: Report published every 2 weeks* ○ *The topic this time is the extent to which selected countries recognise vaccinations and make exceptions for testing and quarantine for vaccinated people.* ▪ *Vaccination rate in selected countries in CW19: Germany (11%), France (13%), UK (30%), Bahrain (37%), US (39%), Israel (59%), Seychelles (63%)* ○ *Overview of 7-day incidences and immunisation coverage rates* ▪ *Increase in incidences in Seychelles and Bahrain despite high vaccination rates.* ○ *COVID-19 measures* ▪ *Total easing* ○ *Mutual recognition of vaccinations between countries* ▪ *Which vaccines are accepted varies from country to country.* ▪ *In DEU, FRA, ISR only vaccinations that are available in the country are accepted.* ▪ *SYC accepts any vaccine.* ▪ *Large differences between countries with regard to proof of vaccination.* ▪ *Still a long way from mutual recognition of vaccinations and proof of vaccination.* ○ *Exemptions from mandatory testing and quarantine* ▪ *In BHR and DEU exceptions for compulsory testing* ▪ *In BHR, DEU, ISR, USA exceptions for mandatory quarantine* ▪ *More countries allow exceptions for mandatory quarantine than for mandatory testing.* ○ *Discussion in AGI about recognising vaccinations from abroad* ▪ *Can these be added to the vaccination record?* ▪ *There is nothing to be said against a supplement if a doctor has the information that vaccination has taken place.*	*ZIG (Bahr)* *Mielke*

	▪ *Can staff in restaurants, for example, differentiate which vaccination has taken place?* o *Is it potentially riskier if more countries make exceptions to the quarantine requirement than to the testing requirement?* ▪ *Can be justified as long as no escape mutants appear.* ▪ *Probably a pragmatic approach, as testing is easier than quarantine.* o *Reason for retaining testing when travelling until further notice* ▪ *Protective effect against symptomatic infections. Quarantine causes much greater Cuts.* o *If the incidence is much higher than the vaccination rate would suggest (e.g. Bahrain, Seychelles), then vaccination is either ineffective or the transmission rate is much higher.* ▪ *This is no simple explanation: both countries have already loosened up relatively significantly, while the vaccination campaign was running.* ▪ *Argues in favour of not deciding on relaxations based on the vaccination rate. Decreasing transmissions must also be reflected in the process.* ▪ *Which vaccines are used? In Seychelles mainly Sinopharm, in Bahrain many vaccines are used. Vaccines available.* o *Sinovac and Sputnik are not yet exempt from quarantine due to insufficient data.* o *What is inoculated where is a good question. Include ZIG in the question.* **b) RKI-internal** • *In future, the management report on Fridays will only refer to the VOC report published on Wednesdays, no more figures on this in the management report.* • *Efforts in the RKI to de-escalate with regard to utilisation by the BMG, situation reports, etc.* o *An own-initiative report is in preparation, still needs to be voted on* o *The frequency of the management report is to be reduced to once a week.* o *The signalling report (currently only available on the intranet) is intended to replace the daily situation report: signalling report at federal level as a daily overview.* • *Proposal: Reduce the frequency of the crisis unit to twice a week.* o *Then a few points would have to be cancelled and the agenda streamlined.* o *General agreement in the crisis team* o *The days of the week have yet to be determined. Tuesday is unfavourable. Monday and Friday? Monday and Wednesday?*	*Rexroth*
7	**Documents**	

	• *Not discussed*	*All*
8	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** • *Not discussed*	*ZBS1* *FG17*
10	**Clinical management/discharge management** • *Mr Spahn's desire to promote antibodies was reported yesterday.*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *Nothing new since Friday, Lower Saxony has rowed back on its relaxation plans.*	
12	**Surveillance** • *Not discussed*	
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: Friday, 07.05.2021, 11:00 a.m., via Webex*	

End: *12:30 pm*

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 28 May 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
  - *Stefan Scholz*
  - *Maria Waize*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Kai Schulze*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Bettina Ruehe*
- *ZBS1*
  - *Janine Michel*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Esther-Maria Antão*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Iris Hunger*
- *ZIG1*
  - *Luisa Denkel*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 27/05/2021* o *Cases: 168 million cases* o *Deaths: almost 3.5 million* o *Declining trend worldwide compared to the previous week* • *List of top 10 countries by new cases:* o *Declining trend in many countries including India, Iran, Turkey, Russian Federation, France Nepal* o *Rising trend in Argentina, Brazil and Colombia* o *P1 variant strongly represented in Colombia and Argentina* • *Map with 7-day incidence:* o *Overall colouring less dark than in previous weeks* o *13 countries with 7-T-I >200/100,000, e.g. Maldives, Bahrain, Seychelles, Uruguay, Argentina; 36 countries with 7-T-I >100 and 72 countries > 50/100,000* • *WHO Sitrep epicurve: data as of 26/05/2021* o *Proportion of cases and deaths from the African continent small but rising, also compared to previous weeks* o *WHO AFRO points to increase in cases and need for vaccine, so far only little vaccine has been delivered* o *Declining trend in Asia, Europe and Oceania* o *Stagnating trend in America, decline in USA, increase and high number of cases in South America* • *Situation GB* o *Designated as a virus variant area last Friday due to B.1.617.2* o *Increase in cases (almost 70%) for the entire country, 17,700 new cases reported* o *High vaccination coverage (1st dose >70%, full vaccination 46%)* ▪ *Yesterday 13th technical briefing from PHE on variants* ▪ *In recent sequenced cases 58% B.1.617.2* ▪ *Places with the highest 7-T-I also have the highest proportion of this variant* ▪ *Hotspots North West and Bolton* o *New PHE Risk Assessment for VOC B.1.617.2* ▪ *Transferability still red/higher than for B.1.1.7* ▪ *Vaccination now also red: evidence of reduced vaccine efficacy, especially after 1st vaccine dose, after only little reduction observed after two vaccinations* • *High number of new infections in countries with high vaccination rates* o *Bahrain* ▪ *Vaccination rate: >50% 1st dose, 40% 2nd dose* ▪ *Nevertheless, sharp rise in the number of cases* ▪ *Possible explanation due to various factors:*	*ZIG1*

	Relaxation from the beginning of May, breaking of fast in mid-May, indications of use of Sinofarm vaccine with possibly reduced effectiveness ▪ *Booster planned 6 months after 2nd vaccination* ▪ *Now also lockdown* ▪ *Hardly any sequencing, no evidence of variants* o *Seychelles* ▪ *Vaccination rate 1st dose 71%, 2nd dose 63%* ▪ *1/3 of new infections in fully vaccinated people* ▪ *Mainly Sinofarm vaccine used* ▪ *Little/no information on virus variants* o *Both countries have small populations and many (50% or more) Seasonal/guest workers/tourists, vaccination proportion based on citizens only? Possibly outbreaks in non-vaccinated groups? Must be investigated* o *Second vaccination was after 3 weeks, possibly reduced effectiveness?* o *How is the vaccination of recovered people handled? If necessary, an additional vaccination would be useful to ensure greater protection for recovered people* o *Sinofarm is not as good as mRNA vaccines, according to WHO data effectiveness is 70%, no data on effectiveness in >60-year-olds, more information on those affected would be necessary for assessment* • *Discussion* o *Increase B.1.617.2 in GB is worrying* o *Evidence in favour of Escape (UK technical note): Transmissibility not so severely limited by vaccination; only small reduction in effectiveness in fully vaccinated individuals, greater reduction in vaccine protection after single vaccination* o *New variants and vaccination interval/vaccination breakthroughs* ▪ *2nd dose of vaccine is necessary as 1st dose is not effective enough* ▪ *Longer interval → more immune response, but if protection is low after 1st dose, interval should not be be too big* ▪ *Interval extension for mRNA vaccines is currently being discussed in WHO* ▪ *Vaccine breakthroughs cannot yet be assessed,* o *Recovered* ▪ *WHO recommends two vaccine doses due to new variants* ▪ *There is not yet much evidence on this and various studies are underway* ▪ *UK vaccinates convalescents twice* o *Dealing with new variant B.1.617.2 in Germany* ▪ *RKI recommends special handling of target containment, more CoNa, testing of all contacts, etc.* ▪ *Also from ÖGD demand for stricter procedure for B.1.617.2 Detection, e.g. PCR test after quarantine Termination* ▪ *Variant-specific PCR should be carried out for traveller anamnesis, large laboratories are already doing this, but delay in Diagnostics and information transfer*	

	▪ *Detection: B.1.617.2 does not have the deletion in UK, in DEU*	

	90% of SARS-CoV-2 samples with deletion, with positive conventional test, B.1.617 suspicion is high ▪ *AL1 brings this to the diagnostics working group* ▪ *Request from the IGV airport group: PCR testing of contact persons should be included in the Entry Regulation* *PCR testing mandatory or at least optional after entry from virus variant areas* ▪ *Proposal is developed and sent to the BMG again with justification* *ToDo: FG38 (Maria an der Heiden) prepares proposal to extend the Entry Regulation with regard to handling new variants* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 3,669,870 (+7,380), of which 88,187 (+192) deaths,* o *90% B.1.1.7 Variant* o *7-day incidence: 40/100,000 pop.* o *Actual utilisation is reversed* o *Vaccination monitoring: Vaccinated with 1st dose 34,305,216 (41.2%), with complete vaccination 13,053,626 (15.7%)* o *Indicator report* ▪ *Incidence also declining among older and young people* ▪ *Decrease in the proportion of positive samples tested* ▪ *No more districts with such high incidences, number of LK in the green area clearly increasing* ▪ *Decline in deaths but still high death rates in some cases* o *Course of the 7-day incidence in the federal states:* ▪ *Declining trend in all BCs* ▪ *Lowest incidence in MV, 3 BL with <25 MV, SH, HH* ▪ *TH and BW also <100* ▪ *No BL signal for increase to be seen* ▪ *More districts with very low incidences in the north* ▪ *6 CC with >100/100,000, >200 CC <50* o *Mortality surveillance: still slight excess mortality until CW19 compared to previous years, but downward trend* • *Discussion: how can the current rapid decline be explained? Cannot be specifically assigned, interplay of* o *Federal emergency brake: has shown the population a standardised approach* o *Seasonal influence: increase in the number of cases in the southern hemisphere, where autumn begins (seasonality), different information on the seasonality effect on the R value can be found in the literature (10-60%)* o *Widely available tests* ▪ *>40 million tests billed in April* ▪ *Number of tests billed may be massively higher than the number of tests performed* ▪ *According to Cosmo study, >80% would isolate themselves after a positive test* o *If applicable, persons with a particularly high risk of infection were*	*FG32*

	are already all/to a large extent infected and are now immune • *Vaccination cannot explain it alone; according to models, a clear impact of vaccination is not yet realistic, but now protection especially of groups where there were previously high incidences* • *From the UK, where continuous monitoring takes place, there are indications of a significant reduction in contact before vaccination appointments to avoid exposure, possibly similar behaviour here (potentially high number of people with 1 million vaccinations per day)* • *Measures are still needed* • *Other coronaviruses have risen, important to keep an eye on this and discuss explanations*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Mondays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Was adjusted on Wednesday, now downgraded from "very high" to "high"?* • *Was planned if 7-T-I is below 50 (now the case)* • *Criteria (transmissibility, disease severity, deaths) are currently all declining* • *Better to adjust now in order to be able to escalate again in the event of a possible renewed rise* • *To be adapted at the same time as the ControlCOVID modelling is published (see strategy below) in order to communicate both synchronously* *ToDo: Change in the assessment of the situation on Monday*	*Pres/all*
5	**Communication** **BZgA** • *(not reported)* **Press** • *Enquiries regarding recommendations for testing children* ○ *AGI has also expressed a strong need for this* ○ *FAQ is being worked on by the diagnostics working group (95% complete), ready by next Tuesday at the latest* • *Antibodies are not sufficient for the designation of recovered status, is there an FAQ on this? Yes, Ute Rexroth is sending this to the press, FG33 also have an FAQ on "Who is considered protected?" which is currently being updated again* **P1** • *(not reported)*	*Press*
6	**RKI Strategy Questions** **General**	

RKI	*ControlCOVID step-by-step plan* • *Document here* • *Context* o *Step-by-step plan has been published* o *BMG enquiry on the interactions between lifting the NPI and the vaccination campaign* o *No change to the level plan, only insertion of the parameter vaccinated persons (low to high)* o *Reference to original ControlCOVID document* • *Methodology: many factors considered and assumptions made, different intensity levels based on actual cases* • *Results: Modelling of actual utilisation constantly decreasing due to the data situation, small increase shortly after transition from third to second stage (many measures still valid), from second to first, similar course of 7-day incidence and deaths, indicators are interpreted together* • *Discussion* o *Confidence interval* ▪ *Is artificially created by parameters and illustrates the uncertainty* ▪ *Is greater at a point in time in the past (for which data is available) and smaller at present/for the future* ▪ *Interval is removed* o *Opening levels are chosen very carefully and are orientated to ACTUAL occupancy* o *Document clarifies complexity and that opening should be slow and coordinated with vaccinations over weeks* o *Clarification that modelling can only occur if the population adheres to the measures, negligence quickly gets out of hand* o *RKI must not be too cautious/restrictive in order not to lose acceptance and listenership* o *Arrow for measures should go in both directions (closing and opening)* o *Graphics are often used individually after publication, please insert a legend with prerequisites for each graphic so that they cannot be taken out of context* o *End of modelling on 01.09.2021 (not 01.10), if vaccinations are complete, otherwise everything is and remains good afterwards* o *One-off publication or continuous updating?* ▪ *Regular reality checks would be useful* ▪ *Modelling is revised on a weekly basis according to various parameters, may vary depending on the evidence situation* *be updated* ▪ *Change requirements should be routinely analysed every 2 weeks, no updates without cause* o *How to publish* ▪ *Press office: Tweet and press release to press distribution list Monday afternoon*	*FG36* *All*

RKI	▪ *Next week possibly Wednesday BPK* ▪ *Document is being finalised* ▪ *Pres also sends it to Holtherm* **RKI-internal** *Independent Panel for Pandemic Preparedness and Response (IPPPR) Report* • *Slides here* • *Panel was established in June 2020 by WHO DG Tedros, evaluation of the WHO-coordinated international response to COVID-19* • *Mission: evidence-based recommendations for the future* • *Report published in May 2021, 13 members, also analysed broader economic and social impact of the pandemic* • *Main findings* o *Lessons from the past were not/only in exceptional cases learnt and not practised enough* o *International procedures for alerting and warning are too slow, even after PHEIC declaration there was still much "wait and see", has led to a delay in the response* o *WHO does not have enough money and mandate* o *Not enough political attention for health issues, recommendation of a special council that meets regularly for this purpose* o *Inequalities were strongly highlighted, especially greater harm to women, marginalised groups, children and young people, people with pre-existing conditions* • *Positive aspects* o *HCW very good, need more support/protection* o *Successful countries were trained by previous outbreaks (SARS, Ebola) or had sophisticated response plans that could be easily adapted* o *Even rich countries were sometimes in a bad position, or poorer countries handled it well* o *Vaccine development has never been faster, good scientific collaboration* • *Recommendations etc.* o *Systematic application of NPI* o *Fair vaccine distribution, waive intellectual property rights, accelerate production (funding by G7)* o *Longer term: development of a legally binding international treaty similar to the Tobacco Framework Convention to combat the pandemic* o *New international warning system that does not depend on member state agreement* o *Strengthening the WHO legally and financially* o *Funding pot and preparation of medical product development and supply* • *Many countries support platform development, was also discussed in the IHR Review Committee (chaired by Pres)*	*ZIG*

RKI	• *Update from ZIGL* o *There is to be a special WHA on this treaty, which is supported by BMG and Germany* o *Was raised last week on the subject of vaccination (Tim Eckmanns), ZIG-L is still discussing vaccine donations with BMG* o *Minister Spahn is currently meeting President Macron in South Africa* o *Germany has not supported patent waivers, but will possibly in favour of local production, it remains to be seen how BMG will position itself on the vaccine issue*	
7	**Documents** • *(not reported)*	*All*
8	o *At population level, vaccination of 12-16-year-olds would have little effect, so young, mobile adults should be prioritised first* o *In the USA, 2.4 million children have been vaccinated, no data on safety available yet, we still have to wait to learn from experience* • *Recovery, vaccination and when protection exists* o *Serological findings are insufficient for the status of genesis, PCR is necessary* o *Is one dose sufficient for immediate vaccination? Must still be discussed in STIKO, possibly still in consultation with the diagnostics working group regarding test quality* o *Triggering the expectation that full vaccination will be achieved with one dose should only be observed* o *With antibody detection, it is unknown how long ago the infection occurred* o *PEI is an important contact for this, as this is also tested as part of pharmacovigilance* o *Protection status, if recovered and then vaccinated, valid immediately or only 14 days after vaccination? More logical immediately and not 2 weeks later → will be included in FAQ* o *Concern about vaccination of people with a high titre, it comes too strong side effects?* o *Vaccination of persons with PCR and serological evidence was investigated in approval studies, analyses are still ongoing, possibly slightly more reactogenicity, but no serious/dangerous side effects, therefore serostatus testing before vaccination is not recommended* o *Will people who have been vaccinated and are infected 14 days later also be declared immune? Yes, for 6 months, see FAQ (Ute Rexroth sends this to the crisis team)* • *Is booster vaccination planned for everyone in autumn?* o *As long as there is no evidence, there will be no recommendation on this; vaccination breakthroughs must be awaited* o *Vaccine quota & interchangeability not yet completely clear* o *Currently, it is mainly unvaccinated or incompletely vaccinated people who fall ill; studies show no evidence of waning immunity* o *No conclusions can be drawn from individual*	*FG33*

	outbreaks in nursing homes, little data on >80-year-olds o *The effect of the vaccines on severe disease is generally*	
	Good and long-lasting **Vaccines** • *No blood donations after vaccination with mRNA vaccine? Is an issue for AK blood centres*	

9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 391 samples in the last 4 weeks, of which:* ○ *16 SARS-CoV-2 4%, declining* ○ *63 Rhinoviruses* ○ *98 seasonal (endemic) coronaviruses* ○ *22 Parainfluenza virus* ○ *2 RSV* **ZBS1** • *In calendar week 244 samples so far, 72 of them positive for SARS-CoV-2 (30%), all B.1.1.7* • *New study with Charité in preparation to analyse 3x2000 samples, 2000 each on one day*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *Activities with external clinicians* ○ *Infectiology Consultancy Network* ▪ *15-16 Centres* ▪ *Offer is used intensively, especially by colleagues from the inpatient sector* ▪ *Published EpiBull article on this* ▪ *Participation from ÖGD still very low, could be publicised for them (e.g. via EpiLag) in order to Support with complex individual assessments, including for isolation and discharge management* ○ *Web seminars now 2nd round, focus shifted according to current situation, vaccinations now also included* ○ *Research process for therapeutics* ▪ *Adjustments in consultation with clinicians* ▪ *Now medications have reached phase 2 and 3* ▪ *Consultation with PEI and BfArM* • *If you have any questions, please contact IBBS*	*IBBS*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	*FG32*

13	**Transport and border crossing points** *(Fridays only)* • *IGV airport group: concern about English variant and desire for PCR at the end of quarantine for travellers (see above)* • *Request for administrative assistance* ○ *Ministry SH, informed by state office* ▪ *Outbreak in nursing home* ▪ *Many residents vaccinated twice* ▪ *Illnesses and 1 death (unvaccinated), including unvaccinated employees* ▪ *Now 25 patients: 7/43 employees, 55 residents* ▪ *CT values are unusual* ▪ *High fluctuation in the homes, possibly now also residents and staff who have not been vaccinated* ▪ *Medical officer would like RKI support: official request for administrative assistance was communicated verbally, this can be* *may not be complied with* ○ *GA Kassel has learnt of an outbreak of the new variant in reported in a family setting, courses are relatively mild, 5-6 people affected*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *LZ shift plan can no longer be filled well for some positions* • *Dept. 3 is currently developing proposals to shut down certain functions* • *Maintaining your own ability to work must be prioritised over other activities (e.g. requests for administrative assistance)*	*FG38*
15	**Important dates** • *None*	*All*
16	**Other topics** • *From next week 2 crisis team meetings/week, Wed and Fri* • *Next meeting:* **Wednesday, 02.06.2021, 11:00 a.m.**, *via Webex*	

End: 13:12

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 02.06.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antao*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *??*
- *FG34*
  - *Viviane Bremer*
  - *Uwe Koppe*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *IBBS*
  - *Bettina Ruehe*
- *P1*
  - *Christina Leuker*
  - *John Gubernath*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Maud Hennequin*
  - *Susanne Glasmacher*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 3,687,828 (+4,917), thereof 88,774 (+179) Deaths* o *7-day incidence 37/100,000 pop.* ▪ *Incidence at the level of the previous days* ▪ *Incidence in 60-79 year olds: 17 and in 80+ year olds: 14/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 35,531,114 (42.7%),* *with full vaccination 15,009,970 (18.0%)* o *Development of the 7-day incidence in the federal states* ▪ *Decline has slowed, but no increase.* ▪ *BL have come closer together, with Thuringia and Saxony now at the level of the other BL.* o *Geographical distribution in Germany: 7-day incidence* ▪ *Only 4 LK with incidence >100, maximum at 146* ▪ *Incidence lower in the north than in the south* ▪ *Significant decline compared to the previous week* ▪ *There are also isolated districts in which incidences have increased compared to the previous week.* o *7-day incidence by age group* ▪ *Incidences have halved in some cases.* ▪ *Decline in all age groups* ▪ *Lowest incidences among 75-89 year olds* ▪ *Highest incidences among 10-19 year olds, but here too a significant decline since last week.* o *COVID-19 deaths by week of death* ▪ *After plateau, now slightly declining* o *Language regulation from the press office desired: Can the stagnation of the incidence in the last 7 days be categorised in the situation report before queries arise?* ▪ *Decline is not continuing at the moment. ToDo: Will be included in the management report, search for good Formulation. FF V. Bremer* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* o *Test figures and positive rate* ▪ *Number of tests carried out just under 1 million.* ▪ *The number of people testing positive has fallen significantly, with the proportion of positives now at 4%.* ▪ *The trend of recent weeks continues.* o *Capacity utilisation* ▪ *Capacity at the same level*	*FG32 (Diercke)* *Dept.3 (Hamouda)*

	▪ *Positive share decreases.* ○ *Test number recording VOC* ▪ *Still B.1.1.7 just under 90%* ○ *AG-POCT in facilities* ▪ *Trends have intensified, inpatient care is being transferred less.* ▪ *Proportion of positive tests is also falling here.* **ARS data** *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Fewer tests in weeks with public holiday(s), catch-up effects in week 20 between Ascension Day and Whitsun.* ▪ *Significant decline in positive rate last week with more tests performed.* ○ *Number of tests and proportion of positives by organisational unit* ▪ *More testing in other facilities.* ▪ *Positive share decreased in all facilities.* ○ *Number of tests and percentage of positives by age group* ▪ *Number of tests increased significantly last week for children/adolescents between 5-14 years at simultaneous decline in the positive share.* ▪ *Reason: Massive tests with lollipop tests carried out in schools in NRW.* ▪ *Pos. tests per 100,000 inhabitants: decline in all age groups* ○ *Outbreaks in retirement homes and hospitals* ▪ *Sharp decline* ▪ *However, there are still outbreaks (<50) in retirement homes.* ○ *How are pool tests counted in ARS? Number according to the pool size* ○ *An FAQ on lollipop PCR tests is planned for today. These are to be equated with antigen tests. Lollipop antigen tests, on the other hand, are not so recommendable.* ○ *How to extrapolate from ARS data to population is relevant at European level. Will be discussed again internally. Would speak in favour of mandatory reporting of the number of tests performed.* ○ *How much do tests in test centres influence our results?* ▪ *In the last 2-3 months, positive antigen tests were consistently found in 7-8% of reports before the PCR tests.* *Testing on GA reported no major fluctuations.* ▪ *The results from the various RKI systems agree relatively well. It can therefore be assumed that* *that there is no misinterpretation of current developments.* ○ *What can be expected with regard to antigen tests?*	*FG37 (Eckmanns)* *Mielke*

- *Number of antigen tests will probably decrease significantly. If PCR saliva tests are used in schools and daycare centres can be established, antigen tests will also decline here.*

- *The number of outbreaks in nursing homes is still relatively high compared to other nosocomial outbreaks.* — *Wieler*

ToDo: Prepare comparison of COVID outbreaks with other nosocomial outbreaks in nursing homes for next BPK, FF FG37

- **Syndromic surveillance** *(Wednesdays only) (slides here)*
  - *FluWeb* — *FG36 (Buda)*
    - *Slight decline in overall ARE rate*
    - *The ARE rate has risen mainly among schoolchildren.*
    - *ARE are mainly triggered by children, extended weekends play a role here.*
  - *ARE consultations*
    - *Decline in all age groups*
    - *No winter peak this year*
    - *This week approx. 370 consultations per 100,000 inhabitants.*
  - *ICOSARI-KH-Surveillance*
    - *Positive trend continues, with the number of SARI cases also falling among 35-59 year-olds.*
    - *Median age at 61 years for all hospitalised COVID-SARI cases*
    - *Number of COVID-SARI cases with intensive treatment decreasing.*
    - *Share of COVID in all SARI cases decreases to 43%, also decreases in SARI cases in intensive care 63% back.*

  - *Can respiratory symptoms be caused by vaccination and then wrongly counted as part of ARE rates?*
    - *Rather unlikely, as people are primarily asked about coughs and colds, rather than headaches and Pain in the limbs.*
    - *More likely to be confused with allergic reactions*
    - *The temperature curve can also be analysed on its own, but probably played no role.*

- **Virological surveillance, NRZ influenza data** *(Wednesdays only) (slides here)*
  - *CW21: 87 submissions, comparable to submissions in the previous 2 weeks, but a general trend towards a decline is recognisable*
  - *Largest number of entries for 0-4 year olds* — *FG17 (Dürrwald)*
  - *HRV: significant increase in rhinoviruses*
  - *SARS-CoV-2: no detection in week 21*
  - *PIV: Increase in parainfluenza viruses, typical for the season*
  - *Rhinoviruses are strongly represented in all age groups.*

RKI	○ *No influenza virus detected in week 21* ○ *Seasonal coronaviruses:* ▪ *Downward trend* ▪ *Sharp decline in NL63, mainly affecting 5-15 year olds* ▪ *Slight increase in OC43* • **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *Currently, 2,148 patients are being treated, 851 fewer than in the previous week.* ○ *Stress in intensive care medicine* ▪ *ITS occupancy is declining in all BCs.* ▪ *In North-West and North-East, the share of COVID patients in the total number of operational ITS patients is* *beds are already below 12% in some BCs. This is less common in the centre and south.* ○ *Age structure* ▪ *Almost 90% of age data transmitted* ▪ *35.6% under 60 years* ▪ *Decrease in all age groups* ▪ *Also decrease in 30-39 year olds* ▪ *But not among 18-29 year olds (very small numbers)* ○ *Occupancy and load* ▪ *Reduction in occupancy of severe cases* ▪ *Free capacities are increasing.* ▪ *Staff shortages are not reduced as much as ITS occupancy* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Further downward trend in all cloverleaves.* ▪ *Adjustments made during modelling.* ▪ *Not only the red line should be interpreted, but also the grey area. For this purpose, a text written.* ▪ *Positive: longer-term easing expected.* ○ *Fear of rebound in autumn: Should capacities be should they be reduced or retained?* ▪ *Capacities were already there before, they were restructured for COVID. Now back to normal operation.* ▪ *In many hospitals, second-class intensive care beds have been set up with staff trained at short notice.* ▪ *Acceptance of intensive care staff possible* • *LEOSS study (slides here)* ○ *Goals and methods* ▪ *Analysis of severe disease progression in hospitalised COVID patients* ▪ *Study based at Cologne University Hospital* ▪ *Data from 2020* ▪ *Comparison of reported data and aggregated data from LEOSS to analyse representativeness* ○ *Comparison of patients in LEOSS and reported data 2020*	*MF4 (Fischer)* *Wieler* *FG34 (Koppe)*

	▪ *3,562 patients in LEOSS, compared to 168,792 hospitalised patients from the reporting data* ▪ *Proportion of patients in LEOSS is between 5 and 10% of all registered hospitalised patients. Increases towards the end of the year, new data has been requested.* ○ *Results* ▪ *20% with severe course* ▪ *540 in critical stage, most common criteria: Ventilation, paO2<60mmHg, new dialysis* ▪ *182 died without reaching a critical stage.* ▪ *Risk factors: older age, male gender* ▪ *Comorbidities: pulmonary, cardiovascular, diabetes, kidney disease* ▪ *Certain elevated laboratory values are associated with severe disease progression.* ▪ *Severe course more likely with shortness of breath and fever* ○ *Summary* ▪ *Proportion of severe courses and risk factors in line with literature* ▪ *Update data set: Cases up to the end of 2020 are to be included.*	
2	**International** *(Fridays only)* • *Not discussed*	
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *It is not yet clear when Mr Dietrich will give the lecture.* **Press** • *Nothing new* **Science communication** • *Nothing new*	*BZgA* *Press* *P1*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** *(Fridays only)* • *Not discussed*	
8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*

9	**Laboratory diagnostics** *(Fridays only)* • *Not discussed*	*ZBS1 / FG17*
10	**Clinical management/discharge management** • *There have been enquiries from 2 organisations as to whether there are plans to create separate discharge criteria for people who have recovered and tested positive, analogous to those who have been vaccinated and tested positive.* o *It was decided not to recognise them, as only limited data is available. Instead, a case-by-case assessment was proposed.* o *If there are more enquiries, a FAQ could be created.*	*IBBS (Ruehe)*
11	**Measures to protect against infection** *(Fridays only)* • *Not discussed*	*FG37*
12	**Surveillance** *(Fridays only)* • *Not discussed*	
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: Friday, 04.06.2021, 11:00 a.m., via Webex*	

End: *12:05 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 04.06.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Tim Weihrauch*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Bettina Ruehe*
- *ZBS1*
  - *Marcia Grossegesse*
- *P1*
  - *Ines Lein*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide:* o *Data status: WHO, 02/06/2021* o *Cases: 170 million (-16.5%)* o *Deaths:3.5 million (+2.1%)* • *List of top 10 countries by new cases:* o *India, Brazil Argentina, Colombia, USA, Iran, France, Russian Federation, Malaysia, Turkey* • *Map with 7-day incidence:* o *America and Europe with highest number of cases and deaths* • *Epicurve WHO Sitrep:* o *Increase in deaths in Africa* • *Other reports:* o *Summary of the new WHO nomenclature for VOC/VOI: Greek letters instead of pangolin: e.g. B1.617.2 VOC: Delta, B.1.617.1 VOI: Kappa, B.1.617.3 None Classification more* o *Vietnam:* ▪ *7870 cumulative cases, 1459 (+26.5%) in the past 7d* ▪ *21.1% cumulative cases imported (3.3% in the last month)* ▪ *Outbreak clusters mainly in connection with religious gatherings, increase due to stronger Testing expected* ▪ *Vietnamese variant B1.617.2 (Delta) is said to be more transmissive, but no action by ECDC or WHO recommended* *Question: From which countries do imported cases originate? Not known!* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 3.7 million cases (+3000), including 89000 (+86) deaths* o *Only 5000 laboratory reports on 3 June 2021, probably due to Corpus Christi (disclaimer in the situation report: see ToDo point 1 and Agenda).* o *7-day incidence: 30/100,000 pop.* o *Vaccination monitoring: Vaccinated with 1st dose 36.5 million (43.8%%), with complete vaccination 16 million (19.6%)* o *Course of the 7-day incidence in the federal states:* ▪ *Incidences of all BCs fall/show plateau, only 1 BC (Hildburghausen) with 7d incidence >100/100,000 p.e.*	*Romo Ventura* *Michaela Diercke*

	○ *Excess mortality comparable to previous years* • *Corona daycare centre study (slides here)* ○ *ARE data: Reports correspond to the level of previous years* ○ *Daycare centre and school outbreaks Declining at <50 outbreaks/week, trend follows the overall trend in the population, increased proportion of children in daycare centre outbreaks* **Proposal**: *As data is always collected on Mondays and the Monday meeting is now cancelled, present a shortened version with pure outbreak data on Wednesdays in future? Proposal accepted (see ToDo point 2).* **Question1**: *Effect of the current school openings? Answer: Not yet visible.* *Question2: Need for action for autumn in the school setting, especially with regard to VOC (e.g. Delta) and lack of vaccination recommendations for children? Decision after discussion: RKI should draw attention to the problem, especially in the upcoming BMG report on the autumn situation (ID3698) and refer to responsible expert groups, e.g. WHO, Munich guideline group. See also ToDo point 3.* • *Test capacity and testing* ***(Wednesdays only)*** ○ *(not reported)* • *ARS data* ○ *(not reported)* • *Syndromic surveillance* ***(Wednesdays only)*** ○ *(not reported)* • *Virological surveillance, NRZ influenza data* ***(Wednesdays only)*** ○ *(not reported)* • *DIVI Intensive Care Register figures* ***(Wednesdays only)*** ○ *(not reported)* ***ToDo***: 1. *Disclaimer with reference to Corpus Christi (text see agenda) in the situation report and website up to and including Saturday, 5.6.21 (M.Diercke)* 2. *Presentation of the corona daycare centre study on Wednesdays with a focus on outbreaks, embedded in the overall evaluation (Walter Haas, Michaele Diercke)* 3. *BMG document on the autumn situation (ID3698): Submission to the BMG before the summer holidays, include school situation and transmission variants. 1. send draft to the crisis team distribution list by email for comments. 2. discuss draft at the meeting. Lead FG36 (Walter Haas)*	*Walter Haas*
2	**International** ***(Fridays only)*** • *South Africa: Spahn promised CDC-Africa increased support, this will now be intensified within the framework of existing partnerships: seroprevalence study, development of NCD and genomic surveillance at Africa-CDC* • *Montenegro mission completed* • *Monthly web-based exchange on bioanalysis and*	*Johanna Hanefeld*

	Laboratory between India and RKI. Anyone interested can register with Veronica Briesemeister (ZIG4).	
3	**Update digital projects** ***(Mondays only)*** • *EDUS-CWA study (slides here)* ○ *Basic and follow-up survey, coordinated with BMG and professional associations* ○ *Start: 4.3.21, end 7.5.21 (basic survey) or 25.5.21 (follow-up survey)* ○ *26,094 participants in the baseline survey and 15,541 in the follow-up survey* ○ *Initial results were presented and discussed* ○ *Analyses of further data obtained through data donation are planned and RKI internal cooperation partners are welcome!* ○ *Planned publication of the data in the app as part of a regular science blog* *Question: Results show that many of those who received an alert had antigen testing carried out, even though PCR testing was recommended. Please follow up on this aspect!* ***ToDO**: Communication in the app that a PCR test should be carried out in the event of a risk warning and that an antigen test is not sufficient (Schmich)*	*Patrick Schmich/ Tim Weihrauch*
4	**Current risk assessment** • *No adjustment/ resubmission*	*Dept. 3*
5	**Communication** **BZgA** • *Activities: Vaccination communication is being ramped up in line with vaccine availability, approaching families to vaccinate children and adolescents* **Press** • *Maintenance next Tuesday, therefore all documents by 3 pm, otherwise they will not be entered until Wednesday (exception: management report, which can also be sent later)* • *Report on incidences? should go out on 7.6.21. Now new instruction by email that it should be withheld. Crisis team decision: report withheld in accordance with email instructions.* **P1** • *In future, international topics will also be communicated in dialogue with ZIG*	*Martin Dietrich* *Ronja Wenchel* *Ines Lein*

6	**RKI Strategy Questions** **General** • *Presentation of new WHO nomenclature for VOC/VOI (slides here) Crisis team decision: Pangolin nomenclature will be retained for communication with professional organisations. Pangolin nomenclature and WHO nomenclature in brackets will be used for communication with the public. No change for reporting.* **ToDO**: *Publication of a small info (blue box) on the new WHO VOC/VOI nomenclature and the RKI's handling of it in EpiBull (Kröger, Buda).* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** **Vaccines** • *Data on heterologous vaccination regimen from Charité and Spain show at least as good efficacy as Biontech vaccine.* **STIKO** • *STIKO report on the vaccination of children and adolescents in the vote, publication next week:* • *No general vaccination recommendation, only for children with underlying illnesses or relatives who cannot be vaccinated themselves* • *Suggestion from crisis team: Also recommend that parents get vaccinated to protect children (cocoon strategy)* • *Question: Saarland vaccinates partly with Biontech + Astrazeneca: What is the STIKO's view on this? Answer: Not recommended!* • *Proposal from crisis team: Evaluate vaccination breakthroughs by type of vaccine based on nursing home data* **ToDO**: *weekly table in the situation report on vaccination breakthroughs in the context of vaccination effectiveness and, if possible, type of vaccine (Wichmann, Bremer, Diercke).*	*Wichmann*
9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 373 samples in the last 4 weeks, of which:* ○ *9 SARS-CoV-2* ○ *71 Rhinovirus* ○ *23 Parainfluenza virus* ○ *91 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *4 RSV*	*FG17*

	ZBS1 • *In CW ## 200 samples so far, 36 of them positive for SARS-CoV-2 (18%)* • *550 samples from studies, e.g. SeBluCo study* **ToDO:** *As part of the SeBluCo study, the antibody titres of vaccinated versus wild infections are to be retested (Ruth Offergeld).*	*ZBS1*
10	**Clinical management/discharge management** • *(not reported)*	*IBBS*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *(not reported)*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 09.06.2021, 11:00 a.m., via Webex*	

End: 13:10

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 09.06.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmann's*
- *FG 38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
  - *Mareike Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,705,942 (+3,254), thereof 89,491 (+107) Deaths* ○ *7-day incidence 21/100,000 pop.* ▪ *Number of active cases falls* ○ *Vaccination monitoring: Vaccinated with 1st dose 38,245,152 (46.%), with complete vaccination 18,187,186 (21.9%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Significant decline in all federal states to a 7- T incidence <50* ▪ *Different rate of decline due to public holidays/test decline* ▪ *Less steep decline to be expected soon when the public holiday effect no longer applies* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Zweibrücken district (least populous district) with highest 7-T incidence: 79 (corresponds to only 27 cases)* ▪ *Only 13 circles > 50* ▪ *Compared to the previous week: 10,000 fewer cases nationwide* ○ *7-day incidence by age group* ▪ *Decline visible in all age groups* ▪ *The most affected are 10-14 year olds (7-T inc. 42) and 15-19 year olds (7-T inc. 43)* ▪ *75-84 year olds in the single-digit range* ○ *COVID-19 deaths by week of death* ▪ *After plateauing in week 17, slight decline continues* ○ *Comment: Despite > 40% decline, the plateau in the BL overview to be kept in mind* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Number of tests carried out 871,457, of which 27,201 positive, fewer tests due to public holidays* *Bridge day* ▪ *Positive share declines significantly, now at 3.1%.* ▪ *The bell curve of the positive component speaks in favour of a real decline, as does the lower impact of the* *Public holiday in comparison to Whitsun* ○ *Capacity utilisation* ▪ *Capacity unchanged, enquiry about backlogs and delivery bottlenecks has been discontinued* ○ *Test number recording VOC*	*FG32 (Diercke)* *Dept. 3 (Hamouda)*

	▪ *Delta (B1.617.2): Increase from 2 to 3 % (225 to 377 cases) in sequencing* ▪ *Comparatively low proportion in Germany, 40-50% in the UK, will become the predominant variant there* ○ *AG-POCT in facilities* ▪ *Only 10,000 tests reported from 50 (out of an estimated 20,000) testing facilities in which probably about 1.8 million tests were carried out* ○ *Discussion* ▪ *Question M. Mielke: Among others, the highest incidences were reported in age group 15-19, where were these reported? detected? Screening? Visits to the doctor?*	
	ToDo: Reply to M. Mileke from ARS data will be communicated after the meeting	*Eckmanns*
	▪ *Despite decline - still significantly more cases compared to last year* ▪ *Question: If there is no bias, can the increase in delta be regarded as exponential growth at a low level? level?* ▪ *A slight bias cannot be ruled out, but the trend is clear* ▪ *Question: How would a modelling according to the already for B.1.1.7 created, regarding increase for Delta look?* ▪ *M. Meyer-Herrmann fears increase and considers risk downgrading premature* ▪ *Objection: The proportion is also increasing due to the falling total number of cases, including the changed test number recording (some laboratories have now switched over) has played a part in this* ▪ *Slides for the VOC report (here) show: In the last 2 weeks increase of Delta in the Sample, also in all sequencing, number of cases for the other variants fluctuates Total share of VOC and VOI is rising continuously* ▪ *The situation in the UK is worrying, but the UK opened earlier and more drastically* ▪ *An outbreak in a hospital in Finland despite protective measures and vaccination is also worrying*	
	ToDo: Modelling (according to B.1.1.7) should be calculated for Delta	*M. an der Heiden*
	ARS data *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Significant decline in the proportion of positives in most BCs* ▪ *Some BL without decline under observation: SL, RP, BW* ○ *Number of tests and proportion of positives by organisational unit* ▪ *Testing in doctors' surgeries 50% below previous week's level*	*FG37 (Eckmanns)*

	▪ *Hardly any decline in KH* ▪ *Decrease in the proportion of positives at all locations* o *Monthly report from 08/06/2021(entire course of the pandemic)* ▪ *Peak of positive share in 2nd and 3rd wave equally high* o *Number of tests and percentage of positives per month* ▪ *Positive share over the entire course of the pandemic: significant decline in all CCs* o *Number of tests and percentage of positives by age group* ▪ *Number of tests in children decreasing, >80 year olds tested most frequently* ▪ *curves (number of positive tests and proportion of positives): The >80 year olds do not play a role in the 3rd wave.* *role, the 60-80 year olds were less affected, 3.* *Wave weaker due to this and vaccination* o *Outbreaks in retirement homes and hospitals* ▪ *Hardly any KH outbreaks in the last week* ▪ *Outbreaks in AH are also on the decline (around 40)* o *Discussion:* ▪ *Topic from EpiLag: MV asks whether/when, in view of the low proportion of positives, the low proportion of positive* *PCR-confirmed AG tests and the false positive results to be expected with a low incidence, widespread testing should be avoided* ▪ *Was already a topic in the dialogue with BGM, a list of* *Questions designed to question the broad application of the tests* ▪ *Positive side effects: The tests increase awareness, risk behaviour could potentially be identified* ▪ *In France, AG tests are recorded and reported in the national case numbers, where a maximum of 50% of the pos.* *Results to be confirmed by PCR* ▪ *Overall, the RKI's differentiated stance on AG testing is (was) correct* ▪ *Are there settings in which testing should continue? Which ones?* ▪ *Reference to report on AG testing 7/2020 and EPiBull 17/2021, testing until the end of the pandemic where* *Protective measures cannot be fully implemented and there is no sufficient protection through vaccination, schools and day-care centres (preferably lollipop pool tests), on admission to hospital, company testing after company medical risk assessment (e.g. harvest workers)* ▪ *W. Haas as a member of the WHO Technical Advisory Group "Save Schooling": There, the test recommendation* *revised, support by WHO recommendations can support RKI recommendations* ▪ *Support from Dept. 1 is expressly welcomed* ▪ *Question: Pool tests for students too?* ▪ *Students will hopefully be vaccinated soon, self-testing*	*Rexroth* *Mielke*

RKI	*Well feasible, differences in the quality of the tests should be communicated* • **Syndromic surveillance** *(Wednesdays only) (slides here)* o *FluWeb* ▪ *ARE rate at the previous year's level, significantly lower than in previous years* ▪ *ARE overall: Significant increases for 0-4 and 5-14 year olds* o *ARE consultations* ▪ *Slight decline, 350 cons./100,000 p.e.* ▪ *Increase in 0-4 year olds, all other AGs stable or declining* o *ICOSARI-KH-Surveillance* ▪ *Overall trend in hospital admissions declining* ▪ *The number of SARI cases is falling in all AGs* ▪ *Proportion of COVID-SARI cases in hospital admissions below 50%* ▪ *Decline in COVID-SARI cases with intensive treatment* ▪ *Severity of disease in 3rd wave comparable to 2nd wave Shaft* o *Outbreaks at nurseries, after-school care centres, schools* ▪ *Day care centre: 44 breakouts* ▪ *Smaller incidents, around 3 cases/outbreak, proportion of children at 60%, proportion of adults declining* ▪ *Schools : 34 outbreaks/week, especially younger (6-10 year olds) and older pupils affected, medium* *Age less* • **Virological surveillance, NRZ influenza data week 22** *(Wednesdays only) (slides here)* o *103 submissions from 31 practices, currently a constant 100 submissions/week* o *With easing 4/2021 increase in 0-4 year olds, slight decline in week 22* o *Increase in 5-15 year olds* o *Rhinoviruses stable (25-30%), mainly 0-4 and 5-15 year olds* o *Parainfluenza viruses: slight decline* o *RSV: no proof* o *SARS-CoV-2: 2nd week no detection* o *No influenza virus detection* o *Seasonal coronaviruses:* ▪ *NL63: Strong increase, especially 0-4 year olds, also other AGs* *< 60 YEARS* ▪ *OC43 slightly declining* o *Sars-CoV-2: low rate in doctors' surgeries, does not play a role there* *large role* o *Discussion:* ▪ *Can we still speak of community transmission when Sars-CoC-2 is under the Sentinel-detection limit?*	*FG 36 (Haas)* *FG17 (Dürrwald)*

RKI	▪ *This alone is not an argument against CT* ▪ *Outbreaks in schools and kindergartens indicate diffuse events; it cannot yet be assumed that there are that no unnoticed transmissions occur in the population* • **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* ○ *COVID-19 intensive care patients* ▪ *Currently, 1,609 patients are being treated, 539 fewer than in the previous week* ▪ *Steep decline in all BLs* ○ *Stress in intensive care medicine* ▪ *ITS occupancy drops to level 2 (<12%) in all BCs* ▪ *In the northern group SA, NS,MP,BB <5%, in SH <3% (basic level)* ▪ *Level 2 in the centre and south* ○ *Age structure (1535 cases = 90%)* ▪ *0-14 and 15-49 year olds: 36.8%* ▪ *Decline in all AGs, strong among 70-79 year olds, slightly lower among 60-79 year olds* ▪ *Decrease in all age groups* ○ *Occupancy and load* ▪ *Total occupancy, ventilation and ECMO cases declining* ▪ *Nevertheless: number of ECMO only just below the peak of the 2nd wave* ▪ *Proportion of COVID cases falls* ▪ *Free capacities are increasing* ▪ *Availability and regular operation increasingly* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Further downward trend in all cloverleaves* ▪ *Adjustments made to modelling, which takes into account the long layover time of severe cases*	*MF4 (Fischer)*
2	**International** *(Fridays only)* • *Not discussed*	
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Discussion* ○ *Communication challenge: Despite falling incidences, the danger is not yet over* ○ *Perspective: How long should the risk be recognised as a risk in the management report?*	*(Hamouda)*

	be categorised as "high"? Can a different formulation be found in view of further declining case numbers? Regional heterogeneity makes communication difficult o *It is too early for the term "moderate"* o *Press answers incoming questions with an answer (agreed with management): Basic measures must continue to be observed, this is a snapshot, an increase due to increased mobility is possible, the danger is not yet over, despite individual LK with incidence 0* o *Important to communicate: The current situation has arisen under protective measures, number of contacts is still 1/2 compared to pre-pandemic times according to the survey* o *Entry through travelling and e.g. harvesting operations is to be expected* o *Declining willingness to be vaccinated must be prevented* o *In addition to low incidence, the goals should also be disease prevention (if everyone who wants to protect themselves can do so, serious cases can be avoided) and prevention of overburdening the healthcare system* o *RKI can position itself on this independently of politicians who look at incidencesRationale : As long as not everyone has had a chance to be vaccinated, masks and AHA rules are recommended, especially indoors* o *Masks to be made compulsory in schools in SH* o *This is in line with our recommendations: For incidence <35 no mask requirement for younger students, optional for older students*	
	ToDo: Review and, if necessary, adapt this recommendation (also with regard to VOCs)	*FG 36 (Haas)*
	ToDo: the reasons for the ongoing danger and against an early all-clear should be taken from the discussion and prepared for upcoming BPKs over the next 6 weeks (keyword "objective spoilsport")	*Press and Jenny*
	ToDo: Include the prevention paradox in FAQs	*Wenchel*
	ToDo: Proposal for new risk assessment is circulated by U. Rexroth, discussion of when it should be applied, Friday in the crisis team @ Situation Centre: please add to the agenda for Friday	*Rexroth*

5	**Communication** **BZgA** • *New since last week at Infektionsschutz.de: FAQs and information on vaccination* **Press** • *Corona prevalence study shows: 1.8 times as many cases as reported according to IfSG, factor 2 is a good result (low underreporting)* **Science communication** • *Question: Measures are also provided for in the basic level of the ControlCovid paper, why is there no measure-free level?* • *From crisis communication theory: people get used to high numbers, it should be presented pictorially, e.g. "As many people are still dying from Covid every week as in a plane crash"*	*BZgA (Ebrahimzadeh-weather)* *Press (glassmaker)* *P1 (Jenny)*
6	**RKI Strategy Questions** **a) General** ○ *Question from EpiLAg: Does it make sense to report Long Covid?* ▪ *Precise clinical case definition is still pending, no biomarkers, so far only rough categorisation* ▪ *Was also discussed in the newly founded interministerial working group* ▪ *Mandatory reporting should lead to measures, but this is only given to a limited extent here: Need for care exists, SSPE after measles is also reported* ▪ *The DGPI has set up a register for Long Covid* ▪ *To summarise: Clinical registries are the appropriate places for data collection (clin. health services research)* ○ *Numerous enquiries from the ÖGD and primary care physicians about recovery certificates (via AGI, LZ, EpiLag) and small-scale epidemiological infection detection. Proof of infection* ▪ *Everything is still in flux: Who issues certificates, how is the remuneration regulated, etc.?* ▪ *PCR should continue to be a prerequisite for a certificate of recovery, everything else from the RKI's point of view Not sufficiently documented* ○ *Is the RKI in favour of CO2 traffic lights in classrooms?* ▪ *The UBA provides very good information on this, should the FAQ be supplemented accordingly?* ▪ *Endorsement by FG 36* ▪ *RKI also uses CO2 measuring devices as a supplement to other measures* *ToDo: Addition to the FAQ*	*All (Rexroth)* *FG 14 Brunke* *Brunke*

	b) RKI-internal • *Not discussed*	
7	**Documents** *(Fridays only)* • *Not discussed*	
8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *Not discussed*	*ZBS1 / FG17*
10	**Clinical management/discharge management** ○ *Not discussed*	*IBBS*
11	**Measures to protect against infection** *(Fridays only)* • *Not discussed*	*FG37*
12	**Surveillance** *(Fridays only)* • *Not discussed*	
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: Friday, 11 June 2021, 11:00 a.m., via Webex*	

End: *12:48 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 11.06.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Ruth Offergeld*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  -
- *IBBS*
  - *Michaela Niebank*
- *ZBS1*
  - *Livia Schrick*
  - *Marica Grossegesse*
- *P1*
  - ~~*Esther-Maria Antão*~~
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Maud Hennequin*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
  - *Anna Rohde*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides (here)* • *Worldwide:* ○ *Data status: WHO, 10/06/2021* ○ *Cases: 174 million cases (-15.6% compared to the previous week)* ○ *Deaths: 3.7 million deaths (2.2%)* • *List of top 10 countries by new cases:* ○ *India, Brazil, Argentina, Colombia, USA, Russian Federation, Iran, Chile, Malaysia, Philippines* • *Map with 7-day incidence:* ○ *Highest incidences in South America, southern Africa and the Middle East* • *Epicurve WHO Sitrep:* ○ *Worldwide decrease in new reports except in Africa (+24% compared to previous week) and increased deaths in Western Pacific* • *Other reports:* ○ *ECDC Risk Assessment of 10.6.21 with a classification of the countries into 3 categories, depending on the vaccination rate, circulating variants and risk groups: low, moderate and particularly worrying. However, the ECDC does not actively categorise countries.* ○ *Presentation of the delta variant in Denmark: 1st case detected on 2 April 2021 (week 13), total number currently: 119, development deviating from B.1.1.7. Vaccination breakthroughs: 1 (86% vaccinated with Pfizer-BioNTech).* *Question: How should the situation in the UK be assessed? Response/discussion: Delta variant mainly occurs in unvaccinated or incompletely vaccinated people, therefore increase in case numbers probably not due to vaccination breakthroughs, but more likely due to easing of restrictions (e.g. in the town of Bolton). This effect should be communicated. Suggestion: Developments in Switzerland with constantly open schools should also be analysed.* ***ToDo:*** *Presentation of the epidemiological situation in the UK next Wednesday, especially with regard to the spread of delta variants and the increase in case numbers. Information is also to be presented at the next BPK. (Sofie Gillesberg)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: SurvNet transmitted: 3,711,569 (+2,440), of which 89,687 (+102) deaths*	*Sarah Esquevin/ Sofie Gillesberg* *Michaela Diercke*

	○ *7-day incidence: 19/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 39,539,170 (47.5%), with complete vaccination 20,648,461 (24.8%)* ○ *Indicator report* ▪ *All indicators show a decline: decline in 7-d incidence, decline in incidence among over-80s* ○ *Course of the 7-day incidence in the federal states:* ▪ *All CCs are very close to each other: all > 50/100,000 inhabitants, only 12 CCs with incidence >50/ 100,000 inhabitants.* *(Schweinfurt with the highest incidence)* ○ *Number of deaths: comparable to previous years* *Question: Preprint on excess mortality known (mentioned by Karl Lauterbach)?* *Answer: not known.* *(Note in the minutes by the minute-taker: Link to the preprint: https://www.medrxiv.org/content/10.1101/2021.01.27.21250604v3)* *Question: When will the indicator report be published?* *Answer: There is a need for clarification regarding IT security. (Info Ronja Wenchel)* *Discussion: Should the indicator report be made available to the BMG and, in return, should the management report only be produced weekly or, alternatively, a daily, automated, abridged version?* ***ToDO:** internal consensus on how to deal with management reports in future (Dept. 3 Crisis Management, Ute Rexroth)* • *Test capacity and testing **(Wednesdays only)*** ○ *(not reported)* • *ARS data* ○ *(not reported)* • *Syndromic surveillance **(Wednesdays only)*** ○ *(not reported)* • *Virological surveillance, NRZ influenza data **(Wednesdays only)*** ○ *(not reported)* • *DIVI Intensive Care Register figures **(Wednesdays only)*** ○ *(not reported)* • **Update SeBluCo** *(slides here)* ○ *Serosurveillance of Sars-CoV-2 using whole blood samples from blood donors* ○ *Result: 115,085 samples analysed using IgG ELISA Euroimmun, of which 4.5% positive* ○ *Problems with very high batch variability, leading to a high rate of false positives* ○ *Further analyses were then performed with only one batch and one device to minimise the false positive rate* ○ *Discrimination of natural AK to vaccine antibodies was not successful with the previous analysis, but is now to be analysed with another ELISA (Roche NCP ELISA) by mid-July. cooperation partners.*	*Ruth Offergeld*

	○ *Outlook: The continuation of the study is being considered; in particular, future questions need to be clarified. DRK is being considered as a possible partner.* *Question: Anti N- cross reactivity with seasonal CoV?* *Answer: No* ***ToDo:** Continuation of the study expressly desired! The question on the Waning antibody is of particular interest! (Ruth Offergeld)*	
2	**International** ***(Fridays only)*** • *Mission Montenegro is in the follow-up phase* • *Mission Namibia in cooperation with FG38 is proving difficult, as it will probably soon be declared a virus variant area* • *Exchange with Iraq (as part of SEEG mission) on bioinformatics with support from MF2 and P5*	*Johanna Hanefeld*
3	**Update digital projects** ***(Mondays only)*** • *(not reported)*	*FG21*

4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment (document here)* • *Changes to the document regarding VOC designation. Vaccination, prioritisation, healthcare utilisation and travel.* • *In particular, the issue of travel/mobility was discussed intensively and a formulation was sought that is adapted to the current reality of life, but still does not encourage travelling.* *Note from Johanna Hanefeld: The issue of increased mobility in summer will be discussed in the working group test next Tuesday* *Question: Should the international. Should the ECDC categorisation for population groups in Germany be applied and communicated in order to increase vaccination readiness?* *Decision: A standardised assessment is currently more beneficial for everyone and strengthens solidarity, but may make sense at a more advanced stage of the vaccination campaign!* ***ToDO:*** *1. Pick out old formulation for travelling and send to Mrs Rexroth (Hanefeld)* *2. Paper to be circulated today and published on Monday (Rexroth)* *3. Communication "Travelling safely in 6 points" (Ines Lein and ZIG)*	*Dept. 3*
5	**Communication** **BZgA** • *(not reported)* **Press** • *Development of a language regulation on the problem in connection with the incorrect reporting of intensive care beds* • *Note from the crisis team: A publication in the medical journal of the RKI + DIVI on the utilisation of intensive care beds is in progress* ***ToDO:** Please communicate language rules to the crisis team! (Ronja Wenchel)* **P1** • *(not reported)*	*BZgA* *Ronja Wenchel* *P1*

6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • *Order of the Federal Constitutional Court via BMG: Catalogue of questions on the role of children (schools/daycare centres) in the infection process. Deadline: 16.6.21* • *Suggestion: Refer to existing guidelines, e.g. S3 guidelines, for an answer* • ***ToDO:** Divide question catalogue into several units and distribute to suitable OUs/persons (Ute Rexroth)*	*Ute Rexroth*
8	**Vaccination update** ***(Fridays only)*** • *Accompanying communication/ decision aid for paediatric vaccination published* • *Updated information sheet on the authorisation extension for children published* • *Company doctors have also been allowed to vaccinate for 1 week* • *CovPass digital vaccination certificate activated* • *BMG: Start of a 2-year multicentre study to investigate the duration of protection provided by the COVID vaccination* • *Not yet sufficient data on booster vaccination* **Vaccines** • *Other side effects with AstraZeneca: Guillain-Barré syndrome, capillary leak syndrome* **STIKO** • *Updated recommendation published on 10.06.21* • *STIKO still recommends prioritisation of certain groups, this will be evaluated soon, risk assessment for pregnant women* *Question: Charité study shows vaccination breakthroughs in nursing homes one week after the second vaccination. Can booster vaccination be recommended for the very elderly despite a lack of evidence because the study raises suspicion of an inadequate immune response in this group?* *Answer: Regulatory recommendation possible, STIKO recommends evidence-based and complete immunisation is not yet assumed one week after second vaccination.*	*Ole Wichmann*

9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 411 samples in the last 4 weeks, of which:* ○ *5 SARS-CoV-2* ○ *88 Rhinovirus* ○ *30 Parainfluenza virus* ○ *85 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *0 Metapneumovirus* ○ *0 Influenza virus* ○ *2 RSV* **ZBS1** • *In week 23 so far 222 samples, 42 of them positive for SARS-CoV-2 (19%)* • *SEBluCo: 233 samples for PCR and 404 for serology* *Advice from crisis team: If rates remain this low, testing can be discontinued from Saturday.*	*FG17* *Livia Schrick*
10	**Clinical management/discharge management** • *Monoclonal antibodies against SARS-CoV-2 with the name Etesevimab in stock in university hospital pharmacies from week 24, therapeutic combination partner for Bamlanivimab* • ~~*monoclonal antibodies against SARS-CoV-2 called Etesevimab intended for pharmacies*~~ • *English translation of STAKOB therapy instructions created*	~~*IBBS*~~ *ZBS7*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	

13	**Transport and border crossing points** ***(Fridays only)*** • *New entry regulation came into force on 9 June 2021 with exemptions for high-ranking state officials and accredited sporting events* • *Despite the wishes of many GA: No mandatory testing after 14-day quarantine!* *Question: Why is there no screening of travellers at airports?* *Answer: Posters informing travellers about applicable measures and recommendations are displayed at airports, but checks on travellers are carried out by GA on the basis of DEA reports.* *This was followed by a discussion on the various corona regulations of the BL and the possibility of monitoring measures.* *Conclusion: Monitoring of measures is not the task of the RKI. Bielefeld University has a good monitoring concept. Further sources of information: ADAC, Darf-ich-das-App* ***ToDO:*** *Organisation of a short presentation on this topic in the crisis team by an expert from the measures monitoring group at Bielefeld University. (Bremer)*	*Ute Rexroth*
14	**Information from the situation centre** ***(Fridays only)*** • *IFG request for access to crisis unit documents. Legal department says crisis unit should decide! Crisis unit decision: Crisis unit documents including agenda are confidential and classified information!* • *250th crisis team meeting! Virtual toast!*	*Ute Rexroth*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 16 June 2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 18 June 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Wiebke Hellenbrand*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
  - *Alexandra Hofman*
  - *Andreas Hicketier*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Ida Sperle-Heupel (PAE)*
  - *Mirco Sandfort (PAE)*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Anna Rohde*
  - *Regina Singer*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *External speaker (Bielefeld University)*
- *Kayvan Bozorgmore*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide:* ○ *Data status: WHO, 17/06/20021* ○ *Cases: 176 million (-5.9% compared to the previous week)* ○ *Deaths: 3.8 million (case fatality rate 2.2%)* • *List of top 10 countries by new cases:* ○ *India, Brazil, Colombia, Argentina, Russian Federation, USA, Iran, Indonesia, South Africa, United Kingdom* • *Map with 7-day incidence:* ○ *xxx* • *Epicurve WHO Sitrep:* ○ *xxx* • *Other reports:* ○ *Overview of the United Kingdom:* ○ *Increase in 7d incidence by 32% (80/100 inhabitants)* ○ *Deaths unchanged, 43% increase in KKH admissions* ○ *Very different regional incidences* ○ *Vaccination rate: 80% 1st vaccination, 58% 2nd vaccination (PHE 15.6.21)* ○ *96% of all genotyped cases* ○ *Technical Briefing UK: Delta variant has increased portability and a doubling time of 11d* ○ *Roadmap relaxation steps UK: Case numbers increase with relaxation steps* ○ *80% of current hospitalisations unvaccinated or incompletely vaccinated, majority <50 years old* ○ *Increase in case numbers multifactorial (delta variant, easing measures, vaccination rate)* *Question1: How high is the proportion of vaccinated people among the cases? Answer: Figures are not available* *Question2: Our World in Data gives the vaccination rate for at least one vaccination as 60%, where does the discrepancy to the PHE figure of 80% come from?* *Answer: PHE calculates the proportion of those eligible for vaccination (aged 16 and over), while Our-World-in-Data gives the proportion of the total population. Please insert source for PHE denominator here (Stefan Kröger) - NHS, Denominators for COVID-19 Vaccination statistics* ***ToDo**:* 1. *If still considered necessary according to Stefan Kröger: please research database/denominator for PHE vaccination rates in more detail (Regina Singer).* 2. *Supplement situation report with information on imported cases and cases*	*Regina Singer* *Michaela*

	without travel association. *3. Presentation on the situation in the UK may be passed on to ministers of BaWü* *4. National* • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 3,720,031 (+1,076), of which 90,270 (+91) deaths* ○ *7-day incidence: 10/100,000 pop.* ○ *Vaccination monitoring: Vaccinated with 1st dose 41,225,811 (49.6%), with complete vaccination 23,916,490 (28.8%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *All BL show the same course, highest incidence in BaWü with 16/100,000 inhabitants.* ○ *Imported cases (current weekly share: 4%) mainly from Italy, Spain, Turkey, Russia and Afghanistan* ○ *Number of deaths: around the same level as the previous year, small unexplained peak* • *Test capacity and testing (Wednesdays only)* ○ *(not reported)* • *ARS data* ○ *(not reported)* • *Syndromic surveillance (Wednesdays only)* ○ *(not reported)* • *Virological surveillance, NRZ influenza data (Wednesdays only)* ○ *(not reported)* • *DIVI Intensive Care Register figures (Wednesdays only)* ○ *(not reported)*	*Diercke*
2	**International** *(Fridays only)* • *Namibia declared a virus variant area (published today), could make cooperation more difficult* • *Montenegro project continues* • *RKI to meet with Egypt's Minister of Health and Minister of Tourism next week as part of their visit to Germany* • *Request from Bahrain for data exchange (ZBS7 will be involved)*	*Johanna Hanefeld*
3	**Update digital projects** *(Mondays only)* • *The question of the effectiveness of the CWA is addressed using large data sets (telecoms + data donation)* • *Scienceblog published on CWA website* • *Who to contact on questions relating to the further development of the vaccination app?* • *Crisis unit response: Such questions can be clarified at the crisis unit meeting! Division 611 (Mr Sangs) is responsible at the BMG.* • *Question1 (Schmich): Which vaccines are recognised?* • *Answer1 (crisis unit): Only those authorised by the EU. In this context, it was mentioned that currently*	*Patrick Schmich*

	an RKI document is created with recommendations for the recognition of vaccines (Draft HSC Document) • *Question2 (Schmich): Are vaccinations recognised in the context of studies?* • *Answer2 (crisis team): Only with a doctor's certificate of vaccination, e.g. in the vaccination card* • *Question3 (Schmich): Who certifies rapid tests?* • *Answer (crisis team): BfArM grants special authorisations (otherwise only CE certification) and publishes a list of recognised tests*	
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* • *xxx*	*Dept. 3*
5	**Communication** **BZgA** • *New activities:* • *Publication of a FAQ on corona vaccination from the age of 12 and a print guide (family guide) in cooperation with the BMG* • *Information from the crisis team:* • *Joint communication group of the BMG, BZgA and RKI* • *Info sheet from FG33: https://www.rki.de/DE/Content/Infekt/Impfen/ImpfungenAZ/COVID-19/Infoblatt_Impfung_Kinder_und_Jugendliche.html;jsessionid=9C7411EB5DF22F5E62B5593774D48128.internet081* • *FAQs on paediatric vaccination: RKI - Vaccination - COVID-19 and Vaccination: Answers to frequently asked questions (FAQ)* **Press** • *Mask FAQ has been published on the RKI website* • *There is a flyer 'Masks in summer' from FG14* **P1** • *There will be a public session (Closing Session) of the WHO Science Communicator Conference on Friday, 25 June 2021 at 1 pm. Link will be sent to the crisis team mailing list*	*Heide Ebrahim-zadeh-Weather* *Ronja Wenchel* *Mirjam Jenny*

6	**RKI Strategy Questions** **General** • *Paper on prospects for the autumn is sent to the crisis team by email for written comments. There will be no presentation at the Wednesday meeting, as the paper will be sent to the BMG on Wednesday and the discussion with the BMG will take place on Thursday.* **ToDo**: *Send paper (ID3698?) for written comments to the crisis team distribution list (Walter Haas, Ute Rexroth)* **RKI-internal** • *(not reported)*	*Lars Schaade*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **Vaccines** • *xxx* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had 399 samples in the last 4 weeks, of which:* ○ *1 SARS-CoV-2* ○ *102 Rhinovirus* ○ *40 Parainfluenza virus* ○ *72 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *4 RSV* ○ *0 Metapneumovirus* ○ *0 Influenza virus* **ZBS1** • *In week 24 so far 90 samples, 22 of them positive for SARS-CoV-2 (24.4%)*	*Djin-Ye Oh* *Janine Michel*
10	**Clinical management/discharge management** • *(not reported)* • *xxx*	*ZBS7*
11	**Measures to protect against infection** • *Report breakout team Dithmarschen (slides here)*	*Ida Sperle-Heupel*

	• *Investigation of an outbreak in the context of administrative assistance in a nursing home in the district of Dithmarschen* • *First case on 2 May in an unvaccinated employee, last case on 8.6.21, also an unvaccinated employee - PCR testing on 15.6.21 has not yet revealed any further positive cases.* • *29 of 53 residents and 11 of 40 employees tested positive* • *Current outbreak shows similar key figures to other outbreaks in retirement homes, except for a lower vaccination rate among residents* • *Vaccination effectiveness (RR) lower for female residents (49%) than for female employees (66%)* • *Conclusion: Do monitoring measures need to be adapted?* • *Response (crisis team): The measures state that an outbreak investigation must take place as soon as one case has occurred. In this case, this happened after a very long delay.* *Question: Is there any data on the association between age and clinical outcome? - Answer: Not yet analysed* *Question from the crisis team: Since there are several publications on the faster decline of neutralising AK in the very elderly, a booster vaccination of this group in autumn should be aimed for. What is STIKO's opinion on this?* *Answer: Ole Wichmann not present to comment.* • *Monitoring of measures at Bielefeld University (slides here)* o *Start March 2020, currently terminated as no redundancy to INFAS data is to be created.* o *Weekly to fortnightly documentation in a structured Excel file* o *Sources: Government sources, press referring to government sources* o *Use of buzz words to capture changes: Relaxation/ Enforcement* o *Data is checked for plausibility (validation)* o *Presentation of a dashboard to visualise the effect of measures on case numbers (dashboard here)* *Question: Is it possible to calculate the effectiveness of individual measures?* *Answer: It can be approximated by adjusting for other measures or by looking at the overall trajectory and extracting the likely effect of individual measures or looking at isolated combinations of measures* *Can the effects of reporting (e.g. Charité documentation) also be quantified?* *Answer: Such parameters can be included in the dashboard, but are difficult to quantify* *Question: Is there triangulation through other monitoring programmes, e.g. Oxford*	*Kayvan Bozorgmehr and Andreas Kiecketier*

	Answer: Yes, Oxford and INFAS are taken into account • *Comments on the DFG position paper on the agenda on 23.6.21*	*Melanie Brunke/ Marc Thannheiser*
12	**Surveillance** • *Very many enquiries about negative incidences. Reason: data cleansing by health authorities*	*Michaela Diercke*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *500th management report was not celebrated* • *Due to staff shortages, the management report is expected to be cancelled tomorrow, Saturday* **ToDo***: Language regulation for communicating the cancellation of the situation report on the website (Lothar Wieler, Lars Schaade, Ute Rexroth) and publication on the website on Saturday (Ronja Wenchel)*	*Ute Rexroth*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 23 June 2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 23 June 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Stefan Scholz*
  - *FG33 Participants*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Kai Schulze*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *IBBS*
  - *Claudia Schulz-Weidhaas*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/ Topic	contributed by
1	**Current situation**	
	International *(Fridays only)* • *not reported!*	*ZIG1*
	National	*Michaela Diercke*
	• *Case numbers, deaths, trend, slides here* • *SurvNet transmitted: SurvNet transmitted: 3,723,798 (+1,016), of which 90,523 (+51) deaths* • *7-day incidence: 7/100,000 pop.* • *Vaccination monitoring: Vaccinated with 1st dose 42,540,863 (51.2%), with complete vaccination 26,274,154 (31.6%)* • *Course of the 7-day incidence in the federal states:* ○ *Incidences in all CCs declining and at a low level. No LK>50/100,000 EINW.* ○ *Registration figures almost halved compared to the previous week, declining in all age groups* ○ *Decline in the number of deaths*	
	• *Test capacity and testing (slides here)* • *700,000 tests, of which 10,000 (1.44%) SARS-CoV-2* • *Sufficient test capacities available* • *63 out of 122 laboratories have provided information on Delta* • *Antigen tests in nursing homes queried for the last time, EpiBull article in preparation*	*Janna Seifried*
	• *ARS data (slides here)* • *Falling positive rate, but incidence still double that of the same week a year ago* • *Fewer tests, except in KH, where test numbers are stable* • *Almost no new outbreaks* • *Vaccination important, low incidences too*	*Tim Eckmanns*
	• *Syndromic surveillance (slides here)* • *FluWeb: ARE stable* • *445/100,000 INPATIENT CONSULTATIONS Doctor consultations in week 24 due to ARE* • *Proportion of COVID cases to SARI cases <10% for the first time* • *Outbreaks in daycare centres and schools declining (21 in daycare centres, 18 in schools), increasing proportion of children in school daycare centres*	*Walter Haas*
	• *Virological surveillance, NRZ influenza data (slides here)* • *106 submissions (30% rhinoviruses, 0 SARS-CoV-2, 1 RSV, highest proportion of p-influenza viruses, especially in 0-3 and 5-15 year olds)* • *Slight decrease in seasonal coronavirus NL63*	*Ralf Dürrwald*
	• *Delta variant (slides here)*	*Stefan Kröger*

	• *VOC shares: Decrease alpha variant (74%) and increase delta variant (15%) in week 23, affects all age groups* • *9% of delta variants Cases with exposure abroad* • *Modelling VOC (slides here and here)* • *Increase in cases with delta variant from week 21* ***ToDO:*** *Send slides to Mr Schaade and Mr Wieler and include them in the situation report or variant report as a description of the current situation (Matthias an der Heiden); done* • *Figures on the DIVI Intensive Care Register (slides here)* • *812 COVID-ITS* • *ECMO treatment decreases* • *Decrease in ITS occupancy due to COVID patients* • *40.4% ITS patients <60 years* • *More and more BCs are reporting regular ITS operation (green curve)*	*Matthias an der Heiden* *Martina Fischer*
2	**International** ***(Fridays only)*** • *(not reported)* • *Mission Land*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Not discussed*	*Dept. 3*
5	**Communication** **BZgA** • *No news* **Press** • *On Friday BPK* • *Missing management report last Saturday did not lead to any demand* **P1** • *Not reported*	*BZgA* *Press* *P1*
6	**RKI Strategy Questions** **General** • *Preparation for autumn/winter 2021/2022 (document here)* ○ *Modelling of various scenarios for autumn/winter 2021/2022 using the methodology used for the*	*Walter Haas and Kai Schulze*

	ControlCOVID paper was developed. This is a modelling exercise and not a prediction. *This will be used to calculate the influence of measures (e.g. contact behaviour, vaccination rate) and factors (seasonality, vaccination effectiveness, virus variants) on the selected indicators (incidence, ITS burden, hospitalisation).* *A very detailed and lively discussion took place, which* *The aim of the discussion was, among other things, to sound out the (further) RKI strategy, e.g. low incidence strategy versus preventing overburdening of the healthcare system. This discussion could not be finalised within this framework and the wish was expressed from several sides to continue this elsewhere. A consensus was reached on the wording of the document.* ***ToDo:*** *send to the BMG today (Walter Haas, Kai Schulze); ID 3698 done* **RKI-internal** • *Epidemiological fact sheet on SARS-CoV-2 and COVID-19 is being updated, due to capacity reasons the next update will not take place until mid-September*	*Walter Haas*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **Vaccines** • *xxx* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ### samples in the last 4 weeks, of which:* o *## SARS-CoV-2* o *## Rhinovirus* o *## Parainfluenza virus* o *## seasonal (endemic) coronaviruses (predominantly NL-63)* o *## Metapneumovirus* o *## Influenza virus* **ZBS1** • *In calendar week ## so far ## samples, of which ## positive for SARS-CoV-2 (## %)*	*FG17* *ZBS1*

10	**Clinical management/discharge management** • *(not reported)* • *xxx*	*IBBS*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *(not reported)*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 25.06.2021, 11:00, via Webex*	

End: 13:15

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 25.06.2021, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Michaela Niebank*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - ~~*Esther-Maria Antão*~~
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Maud Hennequin*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** ○ *Slides here* ○ *Worldwide:* ○ *Data status: WHO, 24/06/2021* ○ *Cases: 179,241,734 (-2.5% compared to the previous week)* ○ *Deaths: approx. 3.9 million (2.2%)* ○ *List of top 10 countries by new cases:* ○ *Brazil, India, Colombia, Argentina, Russian Federation, Indonesia, South Africa, USA, United Kingdom, Iran; increase in the number of cases in several of these countries* ○ *Map with 7-day incidence:* ○ *High incidences in South America and Africa, WHO Afro cites as reasons for the increase in Africa: non-compliance with distance rules, autumn-winter season, delta variant* ○ *Epicurve WHO Sitrep: /* ○ *Other reports:* ○ *ECDC Threat Assessment for the Delta variant: expected increase in the proportion in Europe to 90% by the end of August. The proportion is already 70% in Lisbon and 90% in Moscow.* ○ *Modelling of the development of case numbers in Europe, taking into account the characteristics of the delta variant (higher transmission rate and more severe course of disease than with alpha) and the continuation or relaxation of non-pharmacological interventions (NPI). If the NPI is continued, no increase in the number of cases is to be expected; with increasing relaxation, the number of cases increases disproportionately in the modelling.* ○ *Risk assessment for the population depending on vaccination status and risk factors* ○ *Goals: Maintain NPI until sufficient vaccine protection is available in the population to avoid community transmission, intensification of genomic surveillance* *ToDo: /* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: 3,725,580 (+774), thereof 90,678 (+62) Deaths* ○ *7-day incidence: 6/100,000 pop.* ○ *Vaccination monitoring: Vaccinated with 1st dose 43,958,788 (52.9%), with complete vaccination 28,383,081 (34.1%)* ○ *Indicator report: all indicators confirm continuing strong downward trend. R-value stable below 1*	*Luisa Denkel* *Michaela Diercke*

RKI	○ *Course of the 7-day incidence in the federal states:* ○ *Plateau, all BL similar, only 2 BL with a 7-d incidence >10 (Saarland, to be monitored)* ○ *Slight north-south gradient* ○ *The proportion of imported cases is 5%. Exposure countries: Spain, Afghanistan and the Russian Federation* ○ *Death figures: At the level of previous years* *Question: Why is there no further decline in the number of cases in Hamburg?* *Answer: Cause not known, but they report the delta variant very frequently, also small BL, where even small numbers of cases can have a strong impact.* ○ *Test capacity and testing* ***(Wednesdays only)*** ○ *(not reported)* ○ *ARS data* ○ *(not reported)* ○ *Syndromic surveillance* ***(Wednesdays only)*** ○ *(not reported)* ○ *Virological surveillance, NRZ influenza data* ***(Wednesdays only)*** ○ *(not reported)* ○ *DIVI Intensive Care Register figures* ***(Wednesdays only)*** ○ *(not reported)* ○ *Outbreak Paderborn VOI B.1.525 (Eta)* ▪ *Outbreak in an 800-bed hospital in Paderborn* ▪ *A total of 16 cases, approx. half patients (some in single rooms) and the other half staff (including pastor, caretaker) and a relative* ▪ *2 cases were identified as Eta variant (African variant)* ▪ *2 of the employees (younger than 60 years) were hospitalised despite being fully vaccinated* ▪ *Majority of those affected fully vaccinated (7 BioNTech, 2 AstraZeneca, 1 Moderna, 5 vaccination status unclear)* ▪ *The source case was an employee of a pick-up and delivery service who had returned from Senegal* ▪ *Much information still incomplete (e.g. vaccination coverage rate in hospitals) and requires additional information.* *Information is currently being awaited as well as sample submission to KL* ○ *Presentation of the groups in the management report* ○ *Designation 0 cases in the last 7 days? Expulsion >35 cases (original political measure value, taken up in ControlCOVID, adjustment of the incidence map?* *Decision of the crisis unit:* ▪ *Continued designation of 0 cases in the last 7 days* ▪ *No expulsion >35 cases, as political*	*Tim Eckmanns*

	Limit value	
2	**International** ***(Fridays only)*** • *not reported*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *not reported*	*FG21*
4	**Current risk assessment** • *Moderate? Community transmission? (document here)* *Discussion:* *Opponents of downgrading the risk level argue that the number of cases is expected to rise in the autumn. A downgrading of the risk level could be seen as signalling the end of the pandemic. However, those in favour of a downgrade fear that without a downgrade, there would no longer be any room for escalation given the current low number of cases.* *Decision: Retention of the current risk assessment, i.e. no downgrading of the risk situation to 'moderate'.* ▪ *Point community transmission, i.e. diffuse event, without traceability to the source case: It was decided, that this point be deleted, as data from syndromic surveillance and feedback from GA indicate that transmission chains can currently be clarified.* ▪ *Due to the currently low proportion of imported cases (5%), travel returnees are not addressed* **ToDo (Rexroth, Seifried):** ▪ *The ECDC will also stop reporting that community transmission is taking place.* ▪ *In risk assessment and outbreaks, more attention should be paid to the Delta variant.*	*Ute Rexroth*
5	**Communication** **BZgA** • *not reported* **Press** • *not reported* **P1** • *1 p.m. WHO session, where Mrs Jenny will report* • *Tweets on travel tips and the importance of the 2nd vaccination this week* • *Further tweet on summer/travel & compliance measures planned for next week*	*BZgA* *Press* *Ines Lein*

6	**RKI Strategy Questions** **General** • *Aerosol paper (here)* ▪ *No support for the paper as it contradicts RKI and UBA recommendations. Acknowledgement only!* ▪ *In this context, the measures to be advocated in schools were discussed, especially for the autumn. It agreement was reached that a multi-component approach is the most promising:* 1. *Medical mouth and nose protection regardless of the incidence! No FFP2 necessary!* 2. *2 weekly tests* (PCR pool testing for capacity reasons only for primary schools or u12 and rapid tests from secondary schools/ü12)* 3. *Vaccination of all adults in the school environment* 4. *entry, i.e. children with symptoms of ARE should not attend school.* 5. *Establish monitoring in schools (no data currently available)* 6. *Ventilation and air conditioning systems are NOT included in this multi-component approach, as responsibility lies with the UBA* **Note: There was no final agreement on PCR pool testing if it is not sufficient for everyone. BMG estimate: 10 million children, i.e. 400,000 PCR pool tests/week are envisaged and feasible as long as the incidence rates are low and not too many pools have to be broken up.* *An EpiBull article on the effectiveness of PCR pool testing for interrupting transmission chains in school settings will be published next week (Info Seifried).* **ToDo:** ▪ *Adaptation of all relevant papers to the discussion, especially with regard to mask wearing: "Masks as part of the multi-component strategy should always be worn regardless of incidence thresholds (no longer mouth-nose cover)". (FG36 (Haas) and other relevant FGs)* ▪ *Aiming for a joint EpiBull article with Martin Kriegel (TU Berlin). (Haas)* ▪ *Review of capacities for PCR pool testing (Seifried)* **RKI-internal** • *Dealing with BMG requests after EWRS queries* **ToDo:** ▪ *Initiative report to the BMG that EWRS is intended as an emergency system and that the RKI has concerns that regular use as a query tool could lead to a reduced willingness to cooperate in the long term.*	*All* *Dept.* *3*

RKI	*(Rexroth)*	
7	**Documents** • *Document on homeless people (here)* *For your information: The document has been agreed internally by the RKI and with stakeholders (GA Frankfurt, homeless people) and will now be sent to the BMG and BL for information and then published*	*Ute Rexroth*
8	**Vaccination update** ***(Fridays only)*** ▪ *Weekly information on vaccination breakthroughs in the situation report* ▪ *Townhall meeting with Spahn: Presentation of the vaccination booklet for all, 3 million copies delivered to pharmacies and approved by* *Influencer advertised, e.g. David Haselhoff.* **Vaccines** ▪ *xxx* **STIKO** ▪ *STIKO has added criteria for proven SARS-CoV-2 infection to "can be confirmed by (...) a validated SARS-CoV-2-antibody serology."* *=> Consequences for definition of recovered status?* ▪ *Presentation of the STIKO decision and proposal for handling by the RKI by Mr Wichmann (slide here)* ▪ *Mr Wichmann's proposal to use the STIKO criteria as the basis for an individual medical decision for* *The decision to consider whether or not vaccination is necessary, and therefore completely separate from the political definition of recovered status as the basis for public health measures, was endorsed and will be communicated in this way.* **ToDo:** ▪ *FAQ Customise (Rexroth)* ▪ *BMG report (Rexroth)* ▪ *Infectivity/quarantine of fully vaccinated individuals after exposure to the delta variant (ID 3834)* **Decision/ ToDo (Rexroth):** *Currently no change. Resubmission if Delta is the dominant variant (share >50%).*	*Ole Wichmann*

9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 442 samples in the last 4 weeks, of which:* ○ *1 SARS-CoV-2* ○ *119 Rhinovirus* ○ *4 RSV* ○ *63 Parainfluenza virus* ○ *80 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *0 Metapneumovirus* ○ *0 Influenza virus* **ZBS1** • *In calendar week ## 100 samples so far, 37 of them positive for SARS-CoV-2 (33%)*	*Djin-Ye Oh* *Janine Michel*
10	**Clinical management/discharge management** • *Therapy overview: few effective therapies against COVID* • *René Gottschalk retires, successor: Annette Jurke from Bochum*	*Michaela Niebank*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *Planned amendment to the IfSG: Hospitalisations should also be reported* *ToDo: Comment on/add to the BMG template instead of editing the relevant decree (Ziegelmann). Please phone the BMG! (Diercke)*	*Michaela Diercke*
13	**Transport and border crossing points** ***(Fridays only)*** • *Amendment of the entry regulation also sought by BMG via amendment of IfSG to extend validity to one year after the end of the epidemic situation* • *Observation from the countries: As soon as a country is declared a high incidence area, the DEA is no longer used, but incomplete replacement notifications are submitted, making tracking impossible* • *KPN in air traffic will probably be suspended (an initiative report on this has already been submitted to the Federal Ministry of Health), even if such a suspension often triggers critical enquiries from the press*	*Ute Rexroth*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics**	

	• *Next meeting: Wednesday, 30 June 2021, 11:00 a.m., via Webex*	

End: 13:10

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 30 June 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *N.n.*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
  - *Katharina Lang*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
  - *Thurid Bahr*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 3,728,141 (+808), thereof 90,875 (+56) Deaths* o *7-day incidence 5.2/100,000 p.e.* o *Vaccination monitoring: Vaccinated with 1st dose 44,886,784 (54.0%), with full vaccination 29,803,258 (35.8%)* o *Development of the 7-day incidence in the federal states* ▪ *Incidence at a low level in all CCs* ▪ *Downward trend continues at the moment, less due to low case numbers* o *Geographical distribution in Germany: 7-day incidence* ▪ *Only 2 districts > 25/100,000 p.e. (Lichtenfels, Heilbronn)* ▪ *50% of the LK < 5/100,000 p.e. cases* ▪ *50 LK with 0 cases* o *7-day incidence in weekly comparison* ▪ *Decrease of 35% compared to the previous week* o *7-day incidence by age group* ▪ *Significant decrease in all age groups* ▪ *Incidence in 10-14 and 15-19 year olds > 10/100,000* ▪ *Incidence in all other age groups < 10/100,000* ▪ *Incidence age group > 60 years: 2/100,000* ▪ *Overall: positive development in the age groups > 40* o *COVID-19 deaths by week of death* ▪ *<1000 deaths in the past 2 weeks* ▪ *<500 deaths/week* ▪ *Continuing downward trend* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* o *Test figures and positive rate* ▪ *Only slight decrease in the number of tests compared to the previous week Fewer tests again (just over 800,000), positive share fell further to just under 1%.* o *Capacity utilisation* ▪ *Capacities still available* o *Test number recording VOC* ▪ *Proportion of VOC > 80 % (in the labs' test figure recording)* ▪ *Share of B.1.617 in all positive tests: 25%* ▪ *No differentiation of B.1.617 subgroups possible due to insufficient information from the laboratories, which However, the number can serve as a proxy for B.1.617.2* ▪ *In 1-2 weeks this will be the predominant variant*	*FG32 (Hamouda, Diercke)* *Abt3 (Hamouda)*

RKI	*be* **ARS data** *(slides here)* o *Number of tests and proportion of positives by BL* ▪ *Further decline in number of tests and positive rate (to 0.8%)* ▪ *Positive share now corresponds to the same period in 2020, with comparatively higher test figures* o *Number of tests and proportion of positives by age group* ▪ *Significant decline in all age groups* ▪ *Highest proportion of positives among 5-14 year olds* o *Number of tests and proportion of positives in the hospital* ▪ *Decline in the number of tests, particularly in outpatient clinics and normal wards* ▪ *Constant test numbers on ICUs* ▪ *Positive shares declining everywhere, highest still in ICUs* o *VOC B.1.617* ▪ *Data from 6 constantly transmitting laboratories: In week 24, the proportion of B.1.617 in all positive samples was* *(N=240) at 40 %* o *Outbreaks in retirement homes and medical facilities* ▪ *Until 28 June: 4 known active outbreaks in nursing homes, 1 outbreak in a medical facility* ▪ *CW 25: no newly reported outbreaks* • **Syndromic surveillance** *(Wednesdays only) (slides here)* o *FluWeb* ▪ *ARE rates in all age groups are rising sharply,* ▪ *Children are particularly affected (0-14 year olds), Adults follow suit* o *ARE consultations* ▪ *Consultation incidence increased in all age groups compared to the previous week, here too* *Children lead the way* ▪ *In week 25: 530 consultations/100,000 p.e., corresponding to an increase from 390,000 to 440,000 consultations* *i. Compared to the previous week* ▪ *This is an indication that the infection control measures in schools are not* *Do not prevent transmission or disease* o *ICOSARI-KH-Surveillance* ▪ *No increase in severe cases* ▪ *Low summer level in line with previous years, as expected* ▪ *Below the comparable level of previous years for 60-70 year olds* ▪ *Increase in 0-4 year olds difficult to assess, possibly due to increase in RSV and subsequent* *Hospitalisations* ▪ *Further decline in the COVID-19 share of SARI-*	*FG 37 (Abu Sin)* *FG36 (Buda)*

RKI	*Cases.* ▪ *Decrease in COVID-19 proportion of SARI cases with intensive treatment* ○ *Outbreaks in nurseries, day care centres* ▪ *Positive trend continues* ▪ *41 new outbreaks in nurseries, small number of cases (3-4)* ○ *Outbreaks in schools* ▪ *37 new outbreaks in schools, number of cases 4-5* ○ *SARI cases with/without COVID-19* ▪ *Share of COVID-19 cases in all SARI cases is falling* ▪ *The number of SARI cases is currently rising across the population* • **Virological surveillance, NRZ influenza data** *(Wednesdays only) (slides here)* ○ *In week 23: 110 submissions from 29 practices* ○ *0-4 year olds most strongly represented* ○ *Rhinoviruses: high level as expected for this time of year* ○ *Parainfluenza viruses: Slight decline at a high level, Children most affected* ○ *SARS-CoV-2: 1 detection (32 years)* ○ *Influenza viruses: No evidence* ○ *Seasonal coronaviruses:* ▪ *NL63: after peak, decline for 3 weeks, older age groups most affected* ▪ *OC43: Increase, exceeded 10%, all age groups involved in the increase, most strongly 35-60 year olds* • **Delta variant in Germany, status and modelling** *(slides here)* ○ *Trend continues* ▪ *Delta increase to 37%, alpha now at 54* ▪ *Crossing point (Delta >Alpha) will probably be exceeded in week 25* ▪ *Ad hoc survey running this week* ○ *Overview of delta share in VOC collection systems* ▪ *Genome sequencing: 36.7%* ▪ *RKI test number recording: 25.5%* ▪ *IfSG data: 34%* ○ *Development of case numbers* ▪ *Sharp drop in alpha, slight increase in delta* ▪ *Alpha: Decrease in 7-day incidences from 76.1 in week 19 to 4.8 in week 24* ▪ *Delta: Increase in 7-day incidences from 2.2 in week 19 to 3.2 in week 24, the specific R value is > 1* ○ *Distribution in Germany (case numbers according to IfSG)* ▪ *Continued concentration on a belt in the west and south-west* ○ *Breakouts - comparison alpha vs. delta* ▪ *Delta: large proportion of outbreaks (N=307) in school,*	*FG17 (Dürrwald)* *FG36 (Kröger)*

RKI	*Daycare centre and workplace, average 2.9 cases/outbreak* ▪ *Alpha: Outbreaks (N=1,751) mainly in private households, average number of cases 2.4/outbreak* ○ *VOC and VOI Development of case numbers* ▪ *VOI share remains unchanged at 1-1.5* • **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *Decline continues* ▪ *619 patients in intensive care* ▪ *Predominantly ECMO and invasive ventilation* ▪ *Death rates continue to fall* ○ *Stress in intensive care medicine* ▪ *11 BL from basic level (share of COVID-19 patients in the total number of operable patients)* *ITS beds <3%)* ▪ *5 BL at level 1 (<5%)* ○ *Age structure* ▪ *Age of 576 patients (86.5%) transmitted* ▪ *43.1% <60 years* ▪ *Increase in 40-49 and 50-59 year olds* ▪ *Decrease in 70-79 and 80+ year olds* ○ *Occupancy and load* ▪ *Total occupancy declining* ▪ *Increasing free capacities* ▪ *Proportion of COVID-19 patients falling* ▪ *Availability increasing* ▪ *Declining capacity utilisation* ▪ *Increasingly regular operation* ▪ *Staff shortage reports continue* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Slow decline forecast (as long-term severe cases currently predominate)* • **Discussion** ○ *Addition of the latest figures (Muna Abu Sin): The switch (Delta>Alpha) has already been reached in week 25 (almost 60% Delta)* ○ *Could the heat map representation be supplemented with the age distribution of the VOC to convey that the current events are taking place in the younger generation?* ○ *Only an extra display is conceivable* *ToDo: Check whether the data (completeness) allows a splitting of the presentation (heatmap, age distribution of the VOC)* ○ *Question (also frequently asked by the ÖGD): From which delta proportion (linked to the incidence) can travel restrictions due to VOCs be lifted? Can a recommendation be made?* *Are virus variant areas useful if Delta in Germany already predominates?*	*MF4 (Fischer)* *All* *Stefan Kröger, Michaela Diercke*

	○ *In 1-2 weeks, Delta will be the leading variant, then there will be no need to designate virus variant areas and related exemptions* ○ *Although favoured by politicians to counter the spread of VOC, focusing on entry is not effective, as the proportion of infections caused by travellers entering the country is only 8%. Dealing with the 90%* *The focus should be on the incidence of infection in Germany* ○ *There is already extensive communication from the RKI side: Notices within the framework of the BPK on compliance with the AHA+L rules, tweets, communication by the BzGA* ○ *Virus variant areas will certainly have to be abandoned soon, what about high incidence areas? Currently low incidences due to seasonality, but risk of increase due to behavioural change/loosening. Importance of vaccinating young adults should be clearly communicated* ○ *Increased transmissibility of Delta must be taken into account: As long as the European Football Championship is running, quarantine recommendations should be maintained (2000 Germans at Wembley)* ○ *Note: Amendment of the Entry Regulation is already in progress on the BMG side, categorisation (virus variant, high incidence and risk areas) is to be adapted, as this may be coordinated at short notice, the RKI should already start considering this now* ○ *EM and relaxation (no mask requirement in BW), simultaneous 14-day quarantine of contact persons is difficult to explain* ○ *Lifting travel restrictions could be a fatal signal (encouragement to travel). The restrictions and quarantine rules are not an effective tool, but discourage travelling* ○ *Even with a delta proportion >50%, no shortening of the quarantine should be recommended due to the increased transmissibility.* ○ *Younger age groups are affected by Delta, which leads to an increase in the number of deaths in these age groups. Could this increase be tabulated in the management report?* ○ *Average age of deceased is relatively constant so far* *ToDo: Presentation of the development of the average age of the deceased over time in the crisis team on Friday 2 July 2021* ○ *A prerequisite for shortening/cancelling quarantine recommendations is a data basis on the effectiveness of vaccination on virus excretion in VOCs* ○ *Note: Between "recovered" (infection is ≤ 6 months back) and "recovered with a vaccination" (= with sufficient immune protection) should be differentiated*	*Hamouda* *Hanefeld* *Wieler* *Michaela Diercke*

	○ *CAVE: STIKO definitions and RKI definitions as a basis for PH measures are not necessarily congruent* ○ *Cancellation of quarantine for recovered persons (infected ≤ 6 months ago) is a risk without data basis* ○ *ECDC has presented data showing good protection against asymptomatic infection after vaccination* ○ *There are data that show that the immune protection after infection corresponds to the protection after one vaccination dose, i.e. is relatively low, this should be considered more closely* ○ *Sooner or later, quarantine must be lifted for fully vaccinated people and people with sufficient immunisation. Sooner or later, quarantine must be lifted for fully vaccinated persons and persons with sufficient immune protection* ○ *Compared to other respiratory diseases, children have a low risk of severe disease progression* ○ *But: High transmissibility, staying in the same room is sufficient* ○ *Recommendations should now be calmly considered and revised so that a proposal can be made at the end of the European Football Championships* ○ *The proportion of VOCs alone cannot be the benchmark; clarification of vaccine efficacy on transmission is necessary* *ToDo: Review/revision of the KoNa document with regard to the delta variant, both in terms of easing and possibly tightening up Finalisation of the draft in the crisis unit on 14.07.2021 (@Situation Centre: please add to the agenda)* ○ *Can the correlation between the reported increase in respiratory diseases (not COVID-19) and the relaxation/behavioural changes be addressed in the situation report?* *ToDo: Draft a text proposal for the situation report with the content that the increase in ARE can be interpreted as an indication of an increase in contacts that enable the transmission of or diseases*	*Buda* *Kröger* *FG36* *Silke Buda*
2	**International** ***(Fridays only)*** • *Surges in COVID-19 incidence in countries with high vaccination coverage: Bahrain, Chile, Germany, Seychelles, the United Kingdom and Uruguay, 1 March - 29 June 2021. (Slides here).* ○ *Period: 2021-03-01 to 2021-06-29* ○ *Mortality rates: Bahrain 10/100,000 p.e., Chile 5/100,000, Seychelles 8/100,000, UK 0.2/100/000 Uruguay 13/100,000* ○ *Fully vaccinated: Uruguay 50%, UK 50%, Chile 50%, Seychelles 70%, Bahrain 60%, Germany 37%* ○ *Infection control measures: No clear*	*ZIG (Bahr)*

	Opening trends, but the "Oxford COVID-19 Government Response Tracker (OxCGRT)" does not map all subnational opening measures ○ *Causes of the increase (from media reports and comments by individual scientists): Combination of several factors* ▪ *Premature loosening in combination with unvaccinated or incompletely vaccinated people* ▪ *Insufficient compliance with hygiene measures, premature carelessness* ▪ *Distribution of VOCs* ○ *In 3 out of 4 countries, Sinovac (according to the WHO also for VOC effective) and Sinopharm, data on these vaccines is insufficient* ○ *Recommendations* ▪ *Risk communication on infection control measures is essential* ▪ *Push vaccination campaigns, consider vaccination as a global concern* ▪ *Genome sequencing remains crucial in view of the rapid spread of VOCs* ○ *Questions/comments* ▪ *Note: Data on vaccination efficacy were obtained with ongoing hygiene measures, i.e. a Effectiveness of 90-95% of mRNA vaccines applies when masks are worn, the infection pressure increases the fewer masks are worn*	*Oh*
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** ○ *Not discussed*	*All*
5	**Communication** **BZgA** • *No contribution* ○ *Question: How can the importance of continued compliance with the AHA+L hygiene rules be communicated?* ○ *Answer: Is considered and taken into account in all tweets* ○ *Low-threshold new format (fact sheets to download or print out with easy-to-understand infographics) on the topics:* ▪ *Vaccination* ▪ *For parents on the vaccination of children from the age of 12 (in progress)* ▪ *For employees in day care centres* ○ *Family guide (BMG) is in progress* ○ *The "Vaccination book for all" was published (BzGA, RKI, BMG)* ○ *It is not easy to explain why, given the current decline in further measures are necessary in order to prevent further*	*BZgA* *(Ebrahimzadeh-Wetter)* *All*

	wave (which is already slowly building up) o *Experience shows that the population only reacts when many severe cases occur, so vaccination must be promoted and it must be avoided that the willingness to vaccinate decreases after the holiday* o *Long-term consequences, Long Covid should be addressed more* o *Suggestion: R-value is considered important and monitored by many, could a separate statement of the R-value for VOC be useful?* *ToDo: Discuss whether a variant-specific R-value can be recognised @ Situation Centre: Please assign task to Stefan Kröger and Matthias an der Heiden* o *Figures from the USA, UK and Israel show that it is difficult to reach more than 60% of fully immunised people* o *Suggestion to BzGA: Can the vaccination campaign be intensified?* o *No special campaign is planned, no order from BMG yet* o *Does the idea of offering incentives (e.g. discounted admission) make sense from a PH perspective?* o *"Money is always an option", example Australia: reduction in day-care centre fees* *contributions was successful as an incentive* o *Note to BzGA or BMG: Access to vaccination should be facilitated, possibly by letter to households?* o *Is the responsibility of the federal states, not the RKI, as the organisation and implementation of vaccination is a matter for the federal states and varies greatly* o *The term "vaccination offer" is misleading and can be interpreted to mean that a vaccination invitation is expected* o *The workplace (reduced home office regulations), school and daycare centre settings should also continue to be specifically addressed* o *RKI influence is limited, broad campaigns are organised by the BMG, which commissions other actors, not the RKI* o *To summarise: The call to intensify communication should be taken away from the discussion* **Press** • *Tweet "How to get through the summer well" was well received* • *Suggestions from this discussion were noted* • *Last regular (thereafter only on an ad hoc basis) BPK on 2 July 2021 with the following topics* o *Distribution of Delta* o *Preparing schools for the autumn* o *Call for vaccination* • *Press spokesperson Kanz (BMG) has asked whether the document "Preparing for the autumn" could be presented to the BPK this week*	*Stefan Kröger, Matthias an der Heiden* *All* *P1 (Leuker)* *Press (epee)*

	○ *This needs to be clarified with the Minister, as according to the current schedule, the paper should be used as a basis for expert discussions in July* ○ *There is already a need for further internal revision (e.g. currently changed vaccination capacities that could not yet be taken into account) before publication, this is not possible until Friday* • *Federal emergency brake ends today, resulting in a need for adjustments to the RKI website* *ToDo: Develop proposals for adapting the website to the termination of the federal emergency brake* ○ *Discussion on the procedure for the renewed vote on the "Preparing for autumn" paper* ○ *There is a desire for a new vote and consideration of comments and reasons for rejection. Specifically, this involves the mention and elaboration of two points: 1. the long-term morbidity of SARS-CoV-2 infections and 2. that this is significant for the desired goal of a low-incidence strategy. This seems relevant due to the expected decoupling of case and intensive care occupancy figures.* ○ *This is not a scientific publication, but a "policy paper". Ff and ultimately the President are responsible for the content* ○ *Comprehensive coordination can only be granted if sufficient time is available* ○	*Epee* *Oh, what a pity*
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** ***(Fridays only)*** • *Organisational and personnel measures for healthcare facilities and nursing homes during the COVID-19 pandemic* ○ *Not discussed today, as the KoNa document is being revised (please see ToDo p. 7) and any resulting new adjustments should be avoided* ○ *The previous adjustment relates to the high vaccination rate and the falling incidence, publication can be postponed for 2 weeks* • *ToDo: Revision of the document "Organisational and personnel measures" coordinated with FG 36/Document on KoNa for healthcare facilities and care homes for the elderly and*	*FG 37* *Abu Sin* *Abu Sin*

	Care facilities during the COVID-19 pandemic" *Presentation for finalisation in the crisis team on 14.07.2021 (see ToDo p. 7)*	
8	**Vaccination update** ***(Fridays only)*** • *Not discussed*	
9	**Laboratory diagnostics** ***(Fridays only)*** • *Not discussed*	*ZBS1 / FG17*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** ***(Fridays only)*** • *Not discussed*	
12	**Surveillance** ***(Fridays only)*** • *Proportion of hospitalisation becomes reportable* • *Regulation according to § 15 IfSG, therefore no approval by the Federal Council necessary* • *Discussion with BMG (M. Diercke) on the topic on Thu 03.07. 2021*	*FG 32 (Diercke)*
13	**Transport and border crossing points** ***(Fridays only)*** • *Not discussed*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Today 520 days situation centre!*	*FG38*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Friday, 02.07.2021, 11:00 a.m., via Webex*	

End: *12:51 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 02.07.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Julia Hermes*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Christian Herzog*
  - *Katharina Lang*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Luisa Denkel*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide:* o *Data status: WHO, 30/06/2021* o *Cases: 182 million (+5% compared to the previous week)* o *Deaths: 3.9 million (2.2% case fatality rate)* • *List of top 10 countries by new cases:* o *Brazil, India, Colombia, Russian Federation 144 deaths per day in Moscow alone, 90% delta), Indonesia, Argentina, United Kingdom (increase in reported cases: +70%, delta 95%), South Africa, Iran, USA* • *Map with 7-day incidence:* o *South America, the Russian Federation and southern Africa show very high incidences* • *Epicurve WHO Sitrep: Compared to the previous week:* o *Africa: Increase in cases (+21.9%) and deaths (+14.6%), as only approx. 1% of the population is vaccinated* o *America: Decrease in cases (-2.7%) and deaths (-9.9%)* o *Asia: increase in cases (+3.9%), decrease in deaths (-9.2%)* o *Europe: increase in cases (+27.5%) and deaths (+7.9%)* o *Oceania: Increase in cases (+52.6%) and deaths (+25.0%)* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 3,729,682 (+649), of which 91,007 (+69) deaths* o *7-day incidence: 5/100,000 pop.* o *Vaccination monitoring: Vaccinated with 1st dose 45,817,029 (55.1%), with complete vaccination 30,986,128 (37.3%)* o *Indicator report: 7-d R value <1, decline everywhere, although not as strong as before* o *Indicator report BL + course of the 7-day incidence of the federal states:* ▪ *No BL shows increase, levelling off at a low level* ▪ *SK Heilbronn is the only district with a 7d incidence rate >25/100,000 pop.* ▪ *Exposure countries: Spain (school trips), Russia, Turkey* *Question: Is there any data to prove that EM leads to more outbreaks?* *Answer: ECDC has implemented intensified surveillance, in this context Bavaria reports 8 cases in connection with stadium visits/public viewing, Scotland reports >1000 cases in this context, WHO Euro brings a renewed increase in the number of cases.*	*ZIG1 (Romo Ventura)* *FG32 (Diercke)*

	Case numbers in connection with the European Championships (also increased private meetings to watch football). • *Test capacity and testing (Wednesdays only)* ○ *(not reported)* • *ARS data* ○ *(not reported)* • *Syndromic surveillance (Wednesdays only)* ○ *(not reported)* • *Virological surveillance, NRZ influenza data (Wednesdays only)* ○ *(not reported)* • *DIVI Intensive Care Register figures (Wednesdays only)* ○ *(not reported)*	
2	**International** *(Fridays only)* • *Namibia: Due to its status as a virus variant area, the requested secondment of experts is currently not possible, therefore current aid is limited to material resources* • *Discussion point: A change in jurisdiction regarding the designation as a virus variant area, high incidence area and risk area is in progress. BMG asks for RKI opinion on this topic.* • *Proposal ZIG1 (Luisa Denkel):* ▪ *European countries delisted with regard to virus variant area, currently concerns UK and Portugal* ▪ *Have non-European countries listed as virus variant areas (India, Nepal)* ▪ *Cancellation of the 'risk area' category and retention of the two categories 'Virus variant area' and 'High incidence area' (the same requirements for entry regulations apply to both categories)* • *Presentation of how it was implemented in the KoNa document (Haas): VOC is no longer considered for quarantine, but there is a continuous assessment of the situation regarding immune escape variants. Vaccinated and recovered people no longer have to go into quarantine regardless of virus variants.* • *Final discussion was postponed until next Wednesday's meeting*	*ZIG (Hanefeld)*
3	**Update digital projects** *(Fridays only)* • *not reported*	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* • *Note: Current risk classification as 'high' is not understood by laypersons, therefore suggestion as to whether a differentiated risk classification should be made depending on vaccination status and, if applicable, risk factors, similar to what ECDC has done.*	*Dept. 3*

	makes. This suggestion will be considered by everyone at next Wednesday's meeting.	
5	**BZgA** • *New activities:* • *Focus on the delta variant as a motivator for vaccination* • *From mid-July, increased communication on compliance with the AHA-L rules will be introduced at airports and service areas.* *Successes* • *Vaccination book for everyone is available in several languages (Free vaccination book: Free vaccination book: "Blick über den Tellerrand" | Apotheken-Umschau)* **Press** • *Social media activities: propagation of masks + AHA-L, information for young people and their parents* • *WHO Communicators Conference was concluded last week. An important aspect was that the successful outreach to minorities can be done through the research findings of their peer group, e.g. outreach to Muslim minorities through the presentation of relevant research findings by Muslim researchers. Conference report will be sent to distribution list as soon as available* • *Enquiry from the 'Centre for vaccinations & vaccines' regarding strategic documents on risk communication, crisis communication, vaccination readiness and vaccination? This question was referred to the crisis team:* • *Answer:* • *National vaccination strategy, crisis communication manual from the BMI, crisis communication from the DZIF, national vaccination plan, COVID-19 vaccination strategy* **P1** • *Cessation of the weekend service for the Internet team, as the weekend situation report will be cancelled with immediate effect* • *There will be a note for the press where the relevant information is available elsewhere: R-value on Github (link to RKI website + instructions for using the Github table) and further information on the RKI dashboard* *Question: Can the situation centre also stop working at weekends? Answer: This was communicated as a goal to the Minister and should also be communicated and aimed for in today's telephone call with the BMG. This would require the International* *Communication on the WE should also be reduced, e.g. by delegating it to the federal states.*	*BZgA (Dietrich)* *Press (Jenny)* *P1 (epee)*

	ToDo: • *Information in the situation report that a situation report will no longer be prepared on the WE from the coming WE (Rexroth).* • *Communication of the targeted vaccination rates: 85% for under*	
	60-year-olds and 90% of over-60s (press)	
6	**RKI Strategy Questions** **General** • *not reported* **RKI-internal** • *Participation in the DEMIS workshop next Tuesday to develop a communication strategy for DEMIS*	*All* *P1 (Jenny)*

7	**Documents** • *Supplement and current categorisation of the RKI recommendations "Preventive measures in schools during the COVID-19 pandemic" from October 2020.* • *Document here* • *There should be a document on the RKI website that links to 3 documents:* • *1st supplementary document* • *S3 guideline* • *Original document from October 2020* *Question: is reference to S3 guideline not sufficient? Why the other two documents?* *Response after discussion: As the S3 guideline represents a consensus of various stakeholders, not all points are addressed in detail, e.g. the wearing of masks. Therefore, the other two documents, which are more specific and more detailed, are useful.* *The wording in the supplementary document regarding the wearing of masks was considered by the crisis unit to be too defensive and restrictive. If there is sufficient evidence, e.g. the American Academy of Pediatrics recommends general mask wearing from 2 years of age (face masks (aap.org), a more stringent formulation should be found here.* **ToDo**: • *Do not link the wording in the document on wearing masks to conditions such as increased mobility or time limits. The wearing of masks should be retained without restriction even in the case of low incidences and understood as the retention of basic measures. Therefore, please 'sharpen' the wording or mirror the discussion back to FG36. (Buda).* • *Send revised version to the crisis management team distribution list (FG36)*	*FG36 (Buda)*

8	**Vaccination update** ***(Fridays only)*** • *1 million vaccinations per day* • *Digital vaccination monitoring is now being implemented by all federal states (Saxony and Berlin have not yet participated)* • *Vaccination acceptance among people with a migration background lower than among people without (50% versus 67%).* • *Publication of an article in EpiBull on the target vaccination rate: In order to mitigate the 4th wave, a vaccination rate of at least 85% of under-60s is necessary. Surveys show that vaccination acceptance would be sufficient for this, but there is still a lack of capacity.* **Vaccines** • *xxx* **STIKO** • *Statement procedure for the heterologous vaccination scheme with AstraZeneca and mRNA as well as for the serological detection of geneses* • *Enquiry BL on the effect of the delta variant on children under 18. What evidence is there for this?* *Crisis unit response: There is data on the age distribution and outbreak distribution of children, some of which can also be viewed in the reports. There is also data on the impact of the variants on children (over time) and data on hospitalisation. It was discussed which data best represents the situation of unvaccinated children and is most suitable for shaping school policy.* **ToDo:** *How can the impact of the current immunisation policy on children best be presented or monitoring implemented based on reporting and surveillance data? Please discuss and develop a proposal (FG32/FG36). [ID 3912]*	*FG33 (Wichmann)*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had 465 samples in the last 4 weeks (50% children <5 years), of which:* ○ *2 SARS-CoV-2* ○ *3 RSV* ○ *139 Rhinovirus* ○ *76 Parainfluenza virus* ○ *65 seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *1 HMPV* **ZBS1** • *In week ## so far 67 samples, 15 of them positive for SARS-CoV-2 (22.4%). Samples from the Paderborn outbreak have arrived.*	*FG17 (Oh)* *ZBS1 (Michel)*

	Participation of the Eta variant was confirmed.	
10	**Clinical management/discharge management** • *Update of the therapy instructions by COVRIIN and STAKOB regarding combination therapy with bamlanivimab and etesevimab, as according to FDA recommendation the combination should no longer be supplied due to virus variants. An opinion is now being sought on this.*	*IBBS (Herzog, Lang)*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	
13	**Transport and border crossing points** ***(Fridays only)*** • *For your information: passengers travelling to China are increasingly getting stuck in transit, as China requires serological proof for entry.*	*FG38 (Rexroth)*
14	**Information from the situation centre** ***(Fridays only)*** • *Moderation of the crisis team is also ensured during the holiday period:* • *10.7.21-24.7.21: Hamouda* • *25.7.21-End of July: Rexroth* • *The current frequency of meetings should also be maintained during the holidays*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 07.07.2021, 11:00 a.m., via Webex*	

End: 12:50 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 07.07.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Matthias an der Heiden*
  - *Claudia Winklmayr*
  - *Andreas Hicketier*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Petra v. Berenberg (Minutes)*
  - *Ulrike Grote*
- *ZBS7*
  - *Christian Herzog*
- *P1*
  - *Ines Lein*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Luisa Denkel*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**TOP brought forward:** • **Coordination of the document "Contact tracing for SARS-CoV-2 infections"** *(Consented document here)* *ToDo: Document to be sent promptly to BMG and via AGI to the federal states for approval and published today, Wednesday, 7 July 2021 by 16:00* *Please send via situation centre* ○ *In principle, the aim is to simplify the rules. A standardised quarantine regulation regarding VOC is to be formulated for fully vaccinated and recovered persons with 1 vaccination as well as recovered persons (within 6 months). Changes therefore only affect two sections of the document:* ○ *Section "2.2 Focussing on situations with high transmission potential (superspreading events, cluster detection) or involving risk groups"* ▪ *Longer discussion on the last sub-item on prioritisation if "including increased transferability,* *Increased proportion of reinfections, increased vaccination breakthroughs, unusual clinical course"* ▪ *VOCs with conspicuous progression should be brought to the fore and prioritised for follow-up by the GÄ* ▪ *Appeal to the attention/independence of the GÄ* ▪ *What useful parameters can be defined for this?* ▪ *Hard criteria only: Unusual clin. course, increased proportion of reinfections, increased* *Transmissibility, possible immune escape* ▪ *Practical approach: Increased vaccination breakthroughs, increased transmission rate* ▪ *These proposals are adopted by consensus:* *"If there are indications of exposure due to newly occurring, SARS-CoV-2 variants of concern (VOC) that would require an adjustment in the management of cases and contacts (including increased transmissibility, increased proportion of reinfections, increased vaccination breakthroughs, unusual clinical course), the responsible health authority should investigate these cases with high priority. Such indications may be, for example, a corresponding travel history or molecular diagnostic evidence, suspected cases or evidence of a VOC."* ○ *Section "3.2.2 Instructions for ordering quarantine"* ▪ *Data situation: Study from Scotland shows an increase compared to Delta with regard to all infections (symptomatic and asymptomatic).*	*FG 36 (Haas)* *All*

RKI	*Decrease in efficacy of Biontec from 92 to 79% and Vaxzevria from 73 to 60%, only for sympt. The figures are similar for symptomatic infections only; data on hospitalisation are of limited use as once and twice vaccinated patients were combined.* ▪ *PH England reports hospitalisation efficacy for Biontec of 95(Delta) vs. 98% (Alpha) and for Vaxzevria 86 (Delta) vs. 92 % (Alpha).* ▪ *Data from Israel (not yet published, so far only PM): Effectiveness of Biontec decreases compared to Delta from 94 to 64% with regard to infection and from 98 to 93% with regard to 'serious illness'.* ▪ *A Canadian study confirms that Delta is not an immune escape variant* ▪ *Decrease in effectiveness could be due to asymptomatic infections, but remains ≥ 60%* ▪ *With this in mind, fully vaccinated, recovered with one vaccination and recovered (within 6 months) contact persons with delta source cases are no longer subject to mandatory quarantine* ▪ *The passage "...after contact with a confirmed case of SARS-CoV-2, should, if possible, cease professional activity...". or stop their private contact with risk groups for 14 days after the last contact with the case" is to be retained* ▪ *Question: Does this also apply to beta and gamma?* ▪ *Firstly, yes, these do not play a role in Germany, so no exceptions are necessary* ▪ *Note: Discrepancy to entry from virus variant areas, as a 14-day period is still required here. quarantine is recommended will lead to enquiries from the BMG and the press* ▪ *Answer: Beta or gamma are rarely known in KoNa in Germany and it should be made clear that that it should not be sought* ▪ *Question: What would this entail for updating the Entry Regulation? Is this a proactive Reference to the BMG?* ▪ *discrepancy would make technical sense if beta or gamma predominate in the designated area, which would have to be clearly formulated to justify the discrepancy* ▪ *It is first decided to adopt the proposed amendments* ▪ *With regard to exceptions (variants with reference to immune escape), a link should be provided to the VOC list in the management report. which is to be maintained and updated for this purpose* *This discussion, including the cancellation of the above resolution, will be continued in the context of the discussion on the national situation (please see pages 8/9)* ○ *Question about international flight CoNa*	*Hanemann, Denkel Kröger*

RKI	▪ *Could this be restricted to flights lasting > 5 hours?* ▪ The workload increases significantly, time gained through progress in de-escalation is lost as a result. lost ▪ Int. coNa is not efficient at population level - is an end conceivable? ▪ *FG 36 asks for some time to think* *ToDo: @ Situation Centre: Put the topic on the agenda for the crisis team meeting on 14.07. Everyone is asked to think about restriction vs. recruitment* **Current situation** **International** ***(Fridays only)*** **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 3,732,584 (+985), thereof 91,110(+48) Deaths* o *7-day incidence 5.1/100,000 p.e.* ▪ *Incidence for one week around 5/100,000 p.e.* o *Vaccination monitoring: Vaccinated with 1st dose 44,886,784 (56.8%),* *with full vaccination 29,803,258 (39.3%)* ▪ *Focus is on the 2nd vaccination date, now faster increase* • *Development of the 7-day incidence in the federal states* ▪ *Downward trend in almost all BL* ▪ *Exception Bremen: Worrying increase at a low level, from 6.0 (30.06.2021) to now 8.6/100,000 P.E.* • *Geographical distribution in Germany: 7-day incidence* ▪ *2/3 of the LK <5/100,000 p.e.* ▪ *1/3 of the LK >5/100,000 p.e.* ▪ *No LK >25/100,000 p.e.* ▪ *Now 37 LK with 0 cases (previous week 50)* ▪ *Large cities: FFM >20/100,000 p.e., all others are significantly lower* • *7-day incidence in weekly comparison* ▪ *The rate of decline is slowing* • *7-day incidence by age group* ▪ *Significant decrease in all age groups* ▪ *Incidence in 15-19 and 20-24 year olds > 10/100,000* ▪ *Incidence in all other age groups < 10/100,000* ▪ *Incidence age group > 60 years: 2/100,000* • *COVID-19 deaths by week of death* ▪ *Continuing downward trend* o *Covid-19 patients in intensive care. treatment* ▪ *509, speed of decline in occupancy increases from*	*FG 38 (Grote)* *All* *FG32 (Hamouda)*

	○ *Deaths and hospitalised persons by age group and reporting week (slides here)* ▪ *Share of age groups in deaths: 80+ year olds predominate, second largest share 60-79 year olds, then 35-59 year olds* ▪ *The number of deaths is falling significantly, with a proportionate increase in the number of very old people 35.60year-olds* ▪ *Share of age groups in hospitalised patients: With low case numbers overall, slight increase in the 35-60 year olds* ▪ *Number of hospitalised people: decline, low numbers, percentage age distribution for 80+ year olds constant, decline among 60-80 year olds, slight increase among 15-34 and 35-60 year olds* ▪ *Average age (MW) decreasing for COVID-19 cases, decreasing for hospitalised patients, decreasing for ITS patients decreasing, constant for deceased* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* • *Test figures and positive rate* ▪ *Continued slight decline in the number of tests compared to the previous week Fewer tests again (just < 700,000), positive share 0.8%* • *Capacity utilisation* ▪ *Capacities of 2.2 million available* • *Test number recording VOC* ▪ *Proportion of B.1,617 (without further differentiation) of all positive tests: 47.9%* **ARS data** *(slides here)* • *Number of tests and proportion of positives by BL* ▪ *Continued decline in number of tests and proportion of positives* ▪ *Flattening in all BLs, Bremen (fluctuations) cannot be assessed due to low data volume* • *Number of tests by age group and testing location* ▪ *0-4 and 5-14 year olds constant number of tests, place of acceptance predominantly "other" (school, Lollitest), in all other AG decline,* ▪ *Doctors' surgeries: decrease, hospitals: constant number of tests "Other": decline* ▪ *Positive share declining everywhere* • *VOC B.1.617* ▪ *No further increase (only 17 isolates this week)* ▪ *Detection of delta mainly in the KH, the very low proportion of delta at "other" test sites is not relevant for responsible for the overall decline* • *Outbreaks in retirement homes and medical facilities* ▪ *No new outbreaks in retirement homes*	*FG37 (Eckmanns)* *FG 36 (Buda)*

	▪ *Very few outbreaks in hospitals* • **Syndromic surveillance** *(Wednesdays only)* *(slides here)*	
	• *FluWeb* ▪ *ARE rates in all age groups are rising sharply,* ▪ *Children are particularly affected (0-14 year olds), adults move in after* ▪ *Increase from 2.4 million in the previous week to 3 million in week 26* • *ARE consultations* ▪ *Increase to 550,000 consultations* ▪ *higher values than in 2018/19 and in other seasons here, too, children are the pioneers* ▪ *In week 25: 530 consultations/100,000 p.e., corresponding to an increase from 390,000 to 440,000 consultations* *i. Compared to the previous week* ▪ *This is an indication that the infection control measures in schools are not* *Do not prevent transmission or disease* • *ICOSARI-KH-Surveillance* ▪ *Slight increase in SARI cases in the 0-14 age group* *No increase in severe cases* ▪ *Decrease in the proportion of COVID-19 SARI cases to 5%* ▪ *Decrease in COVID-19 proportion of SARI cases with intensive treatment to 7%* • *Outbreaks in nurseries, day nurseries* ▪ *Positive trend continues* ▪ *17 new outbreaks in nurseries* • *Outbreaks in schools* ▪ *19 new outbreaks in schools*	

	• **Virological surveillance, NRZ influenza data** *(Wednesdays only)* *(slides here)* • *In week 26: 164 submissions from 41 practices* • *Proportion of 0-4 year olds down slightly* • *Increase among 16-34 year olds* • *Human rhinoviruses dominate, with children being the most affected, followed by parainfluenza viruses, which affect all age groups* • *SARS-CoV-2: 1 detection (11 months), 1 detection in the previous week (32 years)* • *Influenza viruses: No detection* • *Human metapneumoviruses: 1 detection (AG 35-60 year olds)* • *Seasonal coronavirus: decline in NL 63, OC43 drops sharply, both now <5%* • **Delta variant in Germany, status and modelling** *(slides here)* • *From genome sequencing* ▪ *Delta dominates, week 25: 60%, week 26: just under <50%* ▪ *Alpha week 25 33%, week 26: 37%* ▪ *Beta and gamma in very few samples* • *Overview of delta share in VOC collection systems* ▪ *RKI test number collection incl. ad hoc survey: Delta*	*FG17 (Dürrwald)* *FG36*

RKI	*47.9% (CW 26), Alpha 37.7%* ▪ *IfSG data: Delta 55%, Alpha 40%* • *VOC proportions of the genome sequencing sample* ▪ *Turnover delta > alpha is completed* *Pleasingly high proportion of sequencing (20%)* • *Development of case numbers* ▪ *Alpha: continued decline* ▪ *Delta: Increase especially in week 21-23* ▪ *Specific R-values: alpha 0.54, delta 1.04* ▪ *Quotient of delta and alpha: fluctuating picture, smoothed values result in an approximately 60% higher R-* *Value for delta* ▪ *Data is published (management report?) with the note that the data is not available due to low case numbers.* *are unreliable* • *Comparison of hospitalised cases: Alpha vs. delta (MW 22-25)* ▪ *Age group 15-60 years Delta is slightly above Alpha* ▪ *Alpha predominates in all other age groups* • *Vaccination breakthroughs at VOC (for management report)* ▪ *Case numbers currently too low to make a statement about an increased proportion of delta in hospitalised patients.* *vaccination breakthroughs* ▪ *Number of vaccination breakthroughs for VOC currently too low to draw any conclusions* • *VOC table and VOI development of case numbers* ▪ *Suggestion: Omit VOI* ▪ *Considerations for naming the last column "Protection through vaccination": Should be included in the later discussion* *be clarified* • **DIVI Intensive Care Register figures** *(Wednesdays only)* • *Not discussed*	*(Kröger)* *(Hicketier)*

	• **Estimation of excess mortality due to COVID** • *Period until calendar week 20/2020 to calendar week 20/2021* ▪ *Generalised additive model* ▪ *Data: Weekly mortality / influenza cases / Covid-19 deaths per federal state and age group (under 65/ over 65)* • *Excess= difference between estimated all-cause mortality and estimated baseline mortality without COVID-19* • *First wave: All COVID deaths were counted as excess, 2nd wave: 59% of COVID deaths were counted as excess, as overall mortality in spring 2021 was lower than in previous years (seasonality, lack of influenza wave) despite approx. 1000 COVID deaths per week* • *Excess by age group and federal state* ▪ *SH, SL, NW, HH, RP, NS, MV: no significant excess* ▪ *In BY, SA, TH, SN, BB, HE, B, BW: Excess mortality* ▪ *Age group < 65 years: Almost all COVID deaths were classified as excess in the 2nd wave,*	*MF4* *FG34/FG36 (Winklmayr)*

	▪ *Age group ≥ 65 years: around 60% of COVID deaths were categorised as excess*	
	• **Discussion** • *Question: Why is there an increase in ARE with a simultaneous decrease in testing? Answer: Children are often tested at school, so it is assumed that it is often not COVID-19 and not tested. ARE increase shows decreasing risk awareness and fewer contact restrictions* • *Question on VOC: Are the R-value calculations age-stratified? Answer: No, otherwise matrices would have to be specified for the R-value representation, which is too complicated* • *Suggested formulation for the specific R values: "Rough estimates show increased R-values with strong fluctuations"*	*All*
	Here the discussion returns to the VOC/VOI table, which was originally intended to be linked/referred to in the context of the exceptions to the facilitated quarantine rules. Also the quarantine exemptions for immune escape variants are being discussed again	*Shade*
	• *Regarding the VOC/VOI table: the column heading "Protection by vaccination" is inadequate, the status of convalescence is missing, a reference to immune escape variants could be included, but there is different evidence for this, which would have to be reported if necessary* • *Vaccine efficacy can only be defined by clear endpoints: hospitalisation and severe disease* • *Transmissibility is not a sufficient criterion* • *Could an existing list of experts be used? WHO has a VOC list, ECDC as well* • *Delta is listed as an immune escape variant on the ECDC list, which contradicts the opinion of the RKI* • *Is it fundamentally a viable concept to establish special quarantine regulations for certain variants? Similar questions are being asked in the sub-working group on the "Change of strategy of the AGI"* • *New wording proposal for section "3.2.2 Instructions for ordering quarantine":* *"*The emergence and circulation of new SARS-CoV-2 variants of concern (VOC) with clear immune escape properties is being closely monitored by the RKI. As soon as there are any changes to these recommendations, they will be adapted and communicated promptly. Irrespective of this basic procedure, individual cases that are already known to be	*All*

	exposure to an immune escape variant according to current knowledge (currently the virus variants Beta (B.1.351) and Gamma (P.1)), quarantine of fully vaccinated and recovered contact persons is always recommended." • *No link to/reference to a VOC list is provided* • *This proposal is adopted by consensus*	
2	**International** *(Fridays only)* • *Not discussed*	*ZIG*
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Will be prepared for voting by Friday 09 July* *ToDo: @Lagezentrum: Please put on the agenda for Friday*	*All*
5	**Communication** **BZgA** • *No contribution* **Press** • *Question: A subpage of the COVID-19 homepage is to be set up on which all documents relating to the school will be posted. Can the statement on the MPK resolutions (12/2020) be removed as the resolutions and statement are out of date?* • *Answer: The document can be removed without replacement* **P1** • *No contribution*	*BZgA* *Press (Wenchel)* *P1*
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** *(Fridays only)* • **Discussed under agenda item 1 (page 2)**	
8	**Vaccination update** *(Fridays only)* • *Monitoring the impact of immunisation policy on children* ○ *It remains unclear who introduced the topic, Mr Harder (FG 33) has no information about it* ○ *Is processed at various points in the house* ▪ *DIM: How high is the vaccination coverage rate despite the*	*(? ?)*

	lack of	
	STIKO recommendation for children? ▪ *FG 32: Development of incidences in the different age groups* ▪ *FG 36 observes and reports the direct impact of the vaccination policy in figures via monitoring,* *Mr Haas is involved in discussion groups and expert panels on the topic* *ToDo: Coordination between FG 36/FG33/FG32 on how the information can be collected, coordinated and where it can be addressed (e.g. in the management report)* *Mrs Buda agrees to initiate this process*	*FG 36 Buda*
9	**Laboratory diagnostics** *(Fridays only)* • *Not discussed*	*ZBS1 / FG17*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** *(Fridays only)* • *Not discussed*	
12	**Surveillance** *(Fridays only)* • *Not discussed*	*FG 32*
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: Friday, 09.07.2021, 11:00 a.m., via Webex*	

End: *13: 07 h*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 09.07.2021, 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*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Dschin-Je Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Tim Eckmann's*
- *FG 38*
  - *Maria an der Heiden*
- *IBBS*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
  - *Andreas Nitsche*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Britta Reckendrees*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* *(slides here)* • *Worldwide:* ○ *Data status: WHO, 08.07.2021* ○ *Cases: almost 185 million (+5.6% compared to the previous week)* • *List of top 10 countries by new cases:* ○ *Same countries, but changes in order* ○ *Brazil and India in first and second place with a downward trend* ○ *Indonesia and the UK have moved up.* ○ *Strong upward trends in Russia, South Africa and Iran, mostly due to delta variant.* • *Map with 7-day incidence:* ○ *Main events: South America, South Africa, in Europe UK and Spain.* • *Cases and deaths worldwide:* ○ *Most new cases in America* ○ *Highest increase in Europe* • *UEFA EURO 2020 associated COVID-19 cases* ○ *Cases known in 8 countries, approx. 2,700 associated cases* ○ *Increase in cases in several host countries or cities* ○ *Example Finland: doubling of cases with games in St. Petersburg associated* ○ *Example England (REACT study): 4-fold increase and 8-fold increase in London for test positivity; OR of women significantly lower, attributed to changed social behaviour in men during EM.* • *COVID-19/ Spain* ○ *Strong increase + 124%; R eff 7T: 1.67; 58% at least 1 vaccine dose, 43% fully vaccinated* ○ *Sharp increase in 14T incidence in 12-19 and 20-29 year olds: 584 and 640 /100,000 respectively* ○ *Large outbreak after graduation trip (Mallorca): 1,500 students positive, mostly alpha variant* ○ *Breakouts at end-of-semester parties* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,734,468 (+949), of which 91,190 (+49) Deaths* ○ *7-day incidence 5.5/100,000 p.e.* ▪ *3rd consecutive day of rising figures* ○ *Vaccination monitoring: Vaccinated with 1st dose 48,180,450 (57.9%),* *with full vaccination 34,490,355 (41.5%)* ▪ *Twice as many second vaccinations as first vaccinations* ○ *Development of the 7-day incidence in the federal states* ▪ *Very slight upward trend overall* ▪ *Slight upward trend in Bremen*	*ZIG1 (Rohde)* *Dept.3 (Hamouda)*

	▪ *Minimum in SH and MV is 1.4, maximum in Bremen at 9.8 and in Hamburg at 10.3 (Reporting delay)* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Just over 10% of LCs without cases, 209 between 0-5 cases (60%)* ▪ *No LK >25 cases* ▪ *Trend - development over the last 7 days: significantly more districts in which the number of cases is increasing than districts in which it is decreasing.* ▪ *Week-on-week comparison: Number of cases has increased by approx. 5% compared to the previous week.* ○ *Exposure countries of imported cases* ▪ *Spain in the lead with around 250 imported cases* ▪ *Followed by Russia, Turkey and Portugal* ○ *Indicator report* ▪ *R-value is just over 1* ○ *Indicator report for the federal states* ▪ *R-value in some BL above 1* ○ *Death rates in Germany* ▪ *542 deaths in the last 14 days, currently no excess mortality* • **Test capacity and testing** *(Wednesdays only)* • **Syndromic surveillance** *(Wednesdays only)* • **Virological surveillance** *(Wednesdays only)* • **DIVI Intensive Care Register figures** *(Wednesdays only)* ○ *(not reported)*	
2	**International** *(Fridays only)* • *Namibia* ○ *The first aid supplies have arrived in Namibia.* ○ *Support for sequencing by RKI and Borstel Research Centre* ○ *Emergency medical teams had already been organised. Neither these nor intensive care physicians could be sent to Namibia, as no exceptions to the quarantine regulations are possible.* ○ *The new model entry regulation is considering reintroducing exemptions for humanitarian aid workers.* ○ *ZIG has asked the BMG to be able to see the draft of the entry regulation at an early stage. A draft is not yet available, but will be shared shortly.* • *Rwanda: Request for exchange on sequencing* ○ *Virtual exchange with ZBS7 colleagues has taken place.* • *Iraq: Iraqi government request for sequencing exchange* ○ *Took place yesterday afternoon, support from MF* • *Requests for support are currently focussed primarily on the development of variants* ○ *RKI expertise in the field of sequencing in great demand.*	*ZIG (Hanefeld)*

	• *On which data of which variants is the categorisation into virus variant areas based? Has this possibly changed?* ○ *Better sequencing data will probably be available next week. Then the assumption that Delta and not Gamma and Beta are widespread in Namibia could be confirmed. Delta is no longer a reason for the designation of a virus variant area.* ○ *The problem is that countries with dangerous virus variants in particular are likely to request humanitarian aid.* • *Government of Namibia will request vaccine doses from Germany.* ○ *Cabinet decision to increase the supply of vaccines, primarily AstraZeneca.* ○ *Problematic in southern Africa, as there is a lot of vaccination scepticism towards AstraZeneca.* • *How can the RKI support partner countries with immunisation? Public positioning on international justice possible?* ○ *Objectively discussed again and again by ZIG with BMG. The policy line is not only determined by our department.* ○ *German government wants to strengthen local production, production of vaccines in South Africa.* ○ *Research on the pandemic and social inequality is planned in ZIG (Equity in pandemics), one aspect of which will be the distribution and production of vaccines.* ○ *ZIG can also provide support in the area of vaccination communication and evidence for vaccination recommendations. The needs here are very high.* ○ *Who should receive vaccines? Is the aim to vaccinate all children > 12 years of age or should the vaccine first be made available to risk groups in other countries?* ○ *Discussed in connection with vaccine equity. Does it make sense to immunise children when most of the world does not yet have a vaccine?* ○ *Mrs Hanefeld will write an evidence-based article on this in the Epid. Bull.*	
3	**Update digital projects** ***(Fridays only)*** • *Not discussed*	*FG21*
4	**Current risk assessment** • *Discussion/reconciliation of the current risk assessment see revision (here)* ○ *Goal: Low number of newly infected people and high proportion of fully vaccinated people.* ○ *Avoidance of long-term consequences was added without further explanation (currently little knowledge about long-term morbidity). Reason for addition: increasing personal responsibility, personal protection through vaccination* ○ *Number of cases stagnates, number of serious illnesses is*	*FG36 (Haas) / All*

RKI	*declining or at a low level.* ○ *In the case of clusters, daycare centres, schools and professional environments were cancelled and reduced to private households and leisure time.* ○ *Recommendation of barrier-free and outreach vaccination programmes was added.* ○ *Dynamics of the distribution of the variants: Order has been maintained.* ○ *An increase in the delta variant must be expected due to the easy transferability, easing of contact restrictions and travelling activities.* ○ *If fully vaccinated, all vaccines provide protection according to current knowledge. Slightly reduced protective effect with Delta.* ○ *The risk to the health of the population that has not been vaccinated or has only been vaccinated once is still considered to be high.* ○ *It is estimated to be moderate in fully immunised people, with people with chronic diseases and vulnerable population groups being particularly affected.* ○ *A distinction must be made between vaccinated and non-vaccinated people in terms of risk. People who have recovered are not differentiated from the rest of the population.* ○ *Beware of vaccine breakthroughs, continue to follow AHA-L rules.* ○ *Aerosols play a role particularly indoors and outdoors in close contact.* ○ *Text on masks has been moved behind the paragraph on aerosols.* ○ *In the event of respiratory symptoms, people should stay at home until SARS-Cov-2 has been ruled out as the cause.* ○ *In addition, the vaccination offer should be utilised and the vaccination should be completed with a second vaccination.* ○ *The disclaimer should refer to the changed assessment for vaccinated persons.* *ToDo: Send risk assessment to BMG in change mode, to be published on homepage next week. FF Maria an der Heiden* • *Question about the Corona-Warn-App: Do the risk assessment parameters for Delta have to be changed?* ○ *From the point of view of contact management: no, no need for change*	*Scheida*

5	**Communication** **BZgA** • *Content and FAQs are adapted with regard to the delta variant and new STIKO recommendation communicated.* • *Twitter: Don't forget to cancel vaccination appointments for multiple appointments* **Press** • *Appearance of the COVID website will change next week, table of contents will be added.* **Science communication** • *Flyer on corona etiquette developed for low incidences (here)* o *Points 2 and 4 are new.* o *Point 2* ▪ *Tested: Image should be changed: Swab must be inserted more horizontally, glove must be inserted* *Testing.* ▪ *Vaccination is the only primary prevention and is therefore ranked first under point 2.* ▪ **In fixed groups instead of "enough" 2x a week in "at least" Change test 2x per week.* o *Point 3,* ▪ *Signs of a cold: Thermometer only indicates fever. Another symptom should be selected, e.g. Handkerchief + red neck.* ▪ *Missing presentation at the family doctor and test by strangers or self-test. -> Too much information for one Flyer.* o *Point 4:* ▪ *Looks like people are standing in front of the house, change picture.* ▪ *** in the restaurant before the daily test at "Distance" inserted.* o *Font size is very small, maybe enlarge?*	*BZgA (Recken-drees)* *Press (Wenchel)* *P1 (Leuker)* *All*
6	**RKI Strategy Questions** **a) General** • *Reference to herd immunity in vaccination communication does not make sense. (Vaccinating children to protect unwilling adults) Appeal to own protection, protection of family members and friends and only in third place altruistic argumentation.* o *It is unclear which approach is best, will be discussed next Wednesday with preparation.* • *Protection of care homes, vaccination rates of carers in care homes are relatively low. Topic for BZgA: anyone who has contact with vulnerable groups is particularly encouraged to be immunised.* **b) RKI-internal**	*Buda / All*
7	**Documents** *(Fridays only)*	

	• *Revised KoNa paper for retirement homes and care facilities (here)* ○ *Quarantine for delta variant is cancelled again. AHA rules remain important.* ○ *Significant change in point 4: Contact person management in medical care:* ▪ *No quarantine is necessary for contact with Alpha and Delta; if possible, contact with unvaccinated risk groups should be restricted.* ▪ *Only contact with beta or gamma requires quarantine (even for fully vaccinated and recovered people) required.* ○ *It should be borne in mind that if the variants are named, the paper must be updated regularly as soon as new information arises. Therefore, the definition of escape variants should be used sparingly. The term immune escape variant should be avoided wherever possible.* ○ *A link to a central document would be possible.* ○ *Committees that make these definitions should be presented to the crisis team.* ○ *Many enquiries about what the definitions are based on. Endpoints are serious illnesses.* ○ *The word immune escape variant is deleted. The term should later also be removed from contact person management until there is more international evidence.*	*FG36 (Eckmanns)*
8	**Vaccination update** ***(Fridays only)*** • *New STIKO recommendation was published yesterday.* ○ *Serology will not be considered for the time being. STIKO could be convinced of this. Would be too complicated for recovered patients in the current situation.* ○ *Recommendation of cross-vaccination regardless of age if first vaccination with AstraZeneca has taken place.* • *Paediatric vaccination has once again moved to the forefront.* ○ *Moderna will soon be authorised for 12-17 year olds.* ○ *Myocarditis occurred mainly after the 2nd dose. Current data are required.* • *Modelling is generated with and without vaccination of adolescents.* ○ *An attempt is being made to quantify the protection of adults by vaccinating children.* • *Adjustment of the presentation of vaccination breakthroughs in the management report* ○ *Table with hospitalised cases and delta variant completed.* • *Vaccination communication of the BMG steering group was forwarded to FG36.* ○ *The opportunity to comment should be utilised.* • *Do cross-vaccinations/booster vaccinations make sense for older people?*	*FG33 (Wichmann)*

	○ *Vaccination response not so sustainable. Ask STIKO whether old people can be given a booster vaccination.* ○ *Status: Working group is working on it, Biontech will apply for authorisation.* ○ *England is already doing this as a precautionary measure without waiting for evidence in order to avoid a further lockdown.* ○ *Evidence in favour of cross-vaccination is purely laboratory evidence. Up to 30% of very old people go into autumn without good protection.* ○ *The decision is made on the basis of immunological data.* ○ *If large proportions are vaccinated, vaccination breakthroughs will be visible.* ○ *Data with clinical endpoints should be awaited, efficacy in relation to time after vaccination.* • *Is it modelled what impact it would have on child infections if all adults were vaccinated? (Protect children by vaccinating adults)* ○ *If adolescents were vaccinated, children under 12 could also be protected.* ○ *Adult vaccination rates are varied in the modelling.* • *Note on the strategy in the UK: Done is now to be run in the summer. On Monday there will be a TC with the UK on their considerations, official papers will come soon.*	*Wieler*
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Virological Sentinel had 465 samples in the last 4 weeks, of which:* ○ *2 for SARS-CoV-2* ○ *168 for rhinovirus* ○ *68 for seasonal coronaviruses (NL-63 and OC43)* ○ *36 for parainfluenza virus (predominantly type 3)* ○ *3 for RSV* ○ *1 for metapneumovirus* **ZBS1** • *In week 27 so far 81 samples, 26% of which tested positive for SARS-CoV-2.*	*FG17 (Oh)* *ZBS1 (Michel)*
10	**Clinical management/discharge management** • *Not discussed*	*IBBS*
11	**Measures to protect against infection** ***(Fridays only)*** • *Not discussed*	*FG37*
12	**Surveillance** ***(Fridays only)*** • *Not discussed*	

13	**Transport and border crossing points** ***(Fridays only)*** • *Focusing criterion FlugKoNa for flights >5h* ○ *Inclusion of a focussing criterion in the contact person management paper, section 2: focussing on flights > 5h possible, as then taking meals, more movement on the plane* ○ *Criterion does not have to be applied, but can be.* ○ *Management agrees, must be agreed with BMG. Mr Sangs was present at TK with IGV-named airports and had no objections.* *ToDo: Change paper: omit the term immune escape variant and include focussing criterion, FF Maria an der Heiden*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Position Int. communication: Deprioritisation of tasks* ○ *Last Saturday, 19 people were on duty, which is not possible in the long term.* ○ *Mr Spahn's stipulation: Everything that the ÖGD brings to our attention should be forwarded abroad. Contact persons who have been identified in Germany will be forwarded abroad.* ○ *What is brought to us from abroad can be severely restricted.* ○ *Yesterday's first step: enquiries from abroad will only be processed if they come from a virus variant area.* ○ *Prioritisation criteria should be applied for international contacts. To be clarified with BMG.* ○ *Focus only on travellers from virus variant areas, or contact with beta or gamma variant.*	*FG38 (an der Heiden)*
15	**Important dates** • *Mrs Merkel will visit the RKI at short notice next Tuesday at 11am. Security issues need to be clarified. A visit to the museum, 2 lectures on the strategic orientation of the centre and on vaccination strategy as well as a press conference are planned.*	*All*
16	**Other topics** • *Next meeting: Wednesday, 14 July 2021, 11:00 a.m., via Webex*	

End: *13:23*

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 14.07.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
  - *Ariane Halm (protocol)*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Esther-Maria Antão*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • **Case numbers, deaths, trend**, *slides here* o *SurvNet transmitted: 3,738,683 (+1,548), thereof 91,287 (+28) Deaths, significantly more cases than the day before* o *7-day incidence: 7.1/100,000 inhabitants, slight increase* o *Vaccination monitoring: Vaccinated with 1st dose 49,007,589 (58.9%), with Complete vaccination 36,350,481 (43.7%), number of daily vaccinations declining (total ~735,000 yesterday)* o *Course of the 7-day incidence in the federal states: continuously rising at a low level for a week, in large cities, e.g. Bremen significant increase, also HH, BE rising, eastern German BL at a low level* o *Geographical distribution* ▪ *Number of districts with 0 cases decreases (yesterday 34)* ▪ *40% are between 0-5 cases/100,0000* ▪ *50% at 5-25/100,000* ▪ *For the first time, three districts with >25/100,000 are spread across the country (Bad Tölz, Trier, Neumünster)* ▪ *Düsseldorf is in the lead among the major cities, with most of them standing between 10-20/100,000, with only Dresden lagging behind at 3 below the 7-T-I of 5/100,000* ▪ *Comparison with the previous week: numerous districts show an increase by a factor of more than 2, the absolute figures are still low, but a considerable increase can be seen in many districts, e.g. in Augsburg from 11 → 46/100,000* o *Overall increase of 30% compared to the previous week* o *Age distribution: in the age groups (AG) 20-24 and 25-30, incidences around 19 (just under 20) are visible, last year there was this increase in week 32, now earlier (week 27)* o *Number of deaths continues to fall, with an average of 220-230 deaths reported per week (with a time delay)* o *DIVI IST treatments: Decline slows down* o *Exposure countries of imported cases:* ▪ *Countries with >25 mentions in the last 14 days* ▪ *Spain 345, Russia 76, Turkey 53, NL 34, Portugal 33, Greece 28, Croatia 27* o *Chart Share of imported cases* ▪ *orange = proportion of exposure abroad/all cases* ▪ *blue Proportion of those with information on exposure abroad* ▪ *The truth is probably somewhere in between → Proportion has increased and is around 10-20%* ▪ *Significant increase in imported cases from Spain over the last 3-4 weeks*	*AL3*

RKI	○ *Indicator report:* ▪ *Incidence, R-value, positive percentage slowly increasing* ▪ *Decreasing number of tests* ▪ *Number of LK with low incidence falling* ▪ *Slight increase in mobility* ▪ *Incidence in >80-year-olds relatively stable* ○ *Question: Is vaccination quota data also available at district level? No, not consistently, as individual CCs have only recently been connected to the electronic system, which means that only a reduced data set is available; intensive discussions are currently underway with the DIM team on how this data can be recorded* • **Test capacity and testing** ***(Wednesdays only)***, *slides here* ○ *Number of tests carried out has fallen by 16-17%* ○ *588,000 tests carried out in CW27* ○ *Number of positive tests 6,500 (1.1%), positive rate increasing compared to the previous week* ○ *Fewer tests but more testing of those who have something* ○ *Capacities virtually unchanged* ○ *VOC detection by laboratories (via Voxco)* ▪ *Number of laboratories reporting has decreased* ▪ *75% of all PCR tests performed are covered* ▪ *20% still alpha variant* ▪ *Beta and gamma low* ▪ *Delta now the predominant variant with almost 2/3* • **ARS dates** ***(Wednesdays only)***, *slides here* ○ *Fewer tests, more positive results* ○ *BL: Increase in positive share visible in HH and HB, decreasing in TH, SL* ○ *Age groups divided by location (medical practices, hospitals, other):* ▪ *No increase and positive share remains constant* ▪ *fewer tests in the hospital* ▪ *Largest increase in doctors' surgeries, especially among 5-14 and 15-34 year olds, slight increase also among >80 year olds* ○ *By AG and month* ▪ *Testing across all age groups is declining, especially among 5-14 year olds* ▪ *Positive rate slightly increasing among 15-34, hardly any among younger people although fewer are tested* ○ *Tests for Delta variant* ▪ *slight increase from week 25 to 26* ▪ *In calendar week 27, the share is 84% (but always slightly higher in ARS than in other recording systems)* ▪ *>90% to be expected in a few weeks* ○ *Outbreaks in retirement/nursing homes and hospitals* ▪ *No nursing home outbreaks in CW24, unfortunately outbreaks are now being reported again* ▪ *Also slight increase in outbreaks in KH*	*AL3* *FG37*

	○ *Question: Is there any evidence that cases with the delta variant have a milder course of the disease?* ○ *No, no data/knowledge is available on this, in the last PHE report this is also somewhat misleading: in a table the case fatality rate for Delta appears lower than for Alpha, but with the important remark that these results are not comparable as they refer to different time periods and age groups*	
	• **Syndromic surveillance until week 27** ***(Wednesdays only)***, *Slides here* ○ *FluWeb* ▪ *ARE rate in population similar to last week* ▪ *In AG 0-4 and 5-14 declining (no continuation of the trend), NW has holidays which can (partly) explain this* ▪ *Increase in 15-34-year-olds since CW24, contact behaviour in these (all) AGs is no longer such that transmission is prevented, this is a good early indicator and should be used for communication* ▪ *The time advantage of the vaccination may be lost as a result* ○ *ARE consultations* ▪ *often runs a week behind GrippeWeb* ▪ *Further increase, especially in adults, NW values decreasing also due to holiday influence, which also affects testing has an effect* ▪ *BL: an overall increase visible in most, stable in BW, BE, NI, decreasing in NW, increase in most for Infants* ○ *ICOSARI-KH-Surveillance* ▪ *SARI figures down slightly overall* ▪ *Small number of cases (around 10) and not easy to evaluate* ○ *SARI cases with/without COVID-19* ▪ *Share of COVID-19 in SARI 3%, overall decline* ▪ *Very small increase in intensive care treatments to 7% (but here only sample from Sentinel)* ○ *Corona daycare centre study* ▪ *Outbreaks in nurseries: further decline since April, including late notifications of 39 new outbreaks, in the No change is (yet) apparent in the reporting data* ▪ *Outbreaks in schools: 19 new outbreaks, continued relatively positive development, but also increasing holiday density in Germany (37%)*	*FG36*
	• *Discussion: AG increase now (20-29-year-olds) is similar to that of 2020, only earlier; on the one hand, emphasising that young people are suffering from the measures, on the other hand, they are also being reproached, how could communication or action be taken without reproach if the trend continues in the same way as last year? Modelling if necessary?* ○ *Target group-specific communication* ▪ *Who should be addressed in particular?* ▪ *Primarily young people, they behave differently*	*Pres/all*

	▪ *It must be cool to get vaccinated* ▪ *Vaccination of this group is also an important issue in connection with the coming autumn* ○ *Vaccination of convalescents/vaccination interval* ▪ *Strategy Vaccinating convalescents only once is difficult* ▪ *Infection may be poorly documented, the important thing is to be vaccinated (possible previous illness could be be deprioritised)* ▪ *STIKO has recommended a vaccination interval after recovery, subject to foreseeable exposure to a Immune escape variant shortened to a possible 4 weeks, this must be communicated much more strongly* ▪ *However, an interval of 6 months is still mentioned* ▪ *The term "escape variant" should actually no longer be used, better formulation and clearer Communication is desirable* ▪ *Instead of antibody tests, two vaccinations should be offered → FG33 forwards this to STIKO* ○ *Outreach vaccination* ▪ *Is increasingly being implemented and communicated in the media* ▪ *Some medical officers (e.g. Cologne and Spandau) report that they have time to do other things than KoNa again, incl. vaccinations* ▪ *In some problem areas, active outreach vaccination programmes are already being offered* ▪ *An unconventional approach makes sense and now seems to be well accepted by the medical profession* ▪ *Vaccination figures may also fall due to the holiday period* ▪ *Outreach vaccination programmes should be promoted in all WGs and services made even more accessible, Surveys continue to show high willingness to vaccinate* ○ *Company vaccination campaign (see also under Communication)* ▪ *A large group of medium-sized companies want to organise a vaccination campaign and have asked for texts on the subject. (simple messages in simple language) to actively call for vaccinations* ▪ *P1 transmits material to Präs for forwarding* *ToDo: Remove Corona Kita study from the agenda template, this is included in the FG36 presentation of syndromic surveillance* *→ Please implement the LZ and position of the crisis team protocol* • **Virological surveillance, NRZ influenza data week 27** ***(Wednesdays only)***, slides here ○ *147 submissions from 42 medical practices (1 more than the previous week)* ○ *unusually high ARE activity for the summer period, especially as some doctors' surgeries are already on summer holiday* ○ *76% positive virus detection* ○ *Still most numerous entries for AG for 0-4 year olds* ○ *Virus circulation (except Corona)* ▪ *Highest proportion of rhinoviruses, distributed across all AGs*	*FG17*

	▪ *Second highest proportion of parainfluenza viruses, which have replaced seasonal coronaviruses, mainly affected are younger (<35), most strongly 0-4-year-olds* ▪ *No proof of RSV* ▪ *SARS-CoV-2 no detection in week 27, 1 detection in each of the previous two weeks* ▪ *Seasonal coronavirus: NL63 wave appears to be over, measures have led to strong change in the infection incidence in 2020/21, wave was 3 times higher than normally recorded*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Linguistic adaptation of the risk assessment for two aspects, document here* • **1. protective effect of vaccination in delta compared to alpha**, *aspects that could possibly be mapped separately:* o *Slightly reduced protective effect compared to alpha in delta, but only in relation to mild courses* o *Protective effect after only one vaccination only one third compared to the delta variant* • *Does it really make sense to go into the first dose?* • *People should be vaccinated twice, there should be no indication of skipping the 2nd dose* • *In principle, positive formulations are preferable, "with complete vaccination just as good protection against severe progression of delta infections"* • **2. public health assessment of the risk to the health of the population in Germany** • *ECDC differentiates assessment cumbersomely according to various vaccination and previous illness categories, is not adopted for this, differentiation not helpful, simplification is desirable* • *Should the overall assessment of the population be divided into vaccinated and unvaccinated?* • *Risk is generally lower for fully vaccinated people* • *However, if there is a large wave, it will affect everyone, the situation will be better for vaccinated people (only moderately affected), vaccinated people with risk factors and vulnerable groups (socio-economically) would be particularly at risk* • *Possible division into groups* o *Overall hazard high*	*All*

	○ *Moderate for fully vaccinated people* ○ *Certain groups are particularly at risk in both vaccinated and unvaccinated people* • *Individual vs. public health* ○ *Individuals may not understand why there is still a moderate risk despite vaccination* ○ *If my risk is minimised, I will get vaccinated* ○ *RKI risk assessment is carried out from a public health perspective for the population, considering the population in the current situation including vaccination coverage, the onset of the wave, VOC, etc., this does not mean that individuals do not have a low risk* ○ *STIKO should assess the individual risk* • *Conclusion* ○ *Individual, easily understandable sentences with one fact each* ○ *Positive formulations, if possible* ○ *FG36 (Walter Haas) and FG33 (Thomas Harder) revise the sections* *ToDo: Finalisation of risk assessment first by FG33 on vaccine-related statement, then to FG36 to revise second paragraph regarding hazard*	
5	**Communication** **BZgA** • *Aspects with regard to increasing the vaccination rate among younger people and the high importance of outreach vaccination and the need for communication on this are taken on board* • *Is a major activity planned at population level by BZgA or BMG?* ○ *BMG has a "sleeves up" campaign, whether this will be focussed on younger groups is unknown* ○ *BZGA itself does not organise a large-scale campaign, but works with the BMG's communication measures* ○ *Monitoring of data from COSMO, COVIMO and corresponding adaptation of BZgA communication, nothing else is currently planned* • *Target group younger people & vaccination* ○ *E.g. Influencer Vaccination Challenge on YouTube* ○ *BZgA explores possibilities for this* ○ *FG33 Natalie Grams has made successful videos with BMG, perhaps networking is possible here to develop material for younger target groups* ○ *Many aspects of the topic could be approached with more humour (e.g. addressing the fear of vaccination after-effects)* ○ *For example, @elhotzo discussed his vaccination reaction when he was vaccinated* • *Company vaccination campaign* ○ *Companies want to help ensure that more people vaccinated by inviting customers to their shops to be vaccinated.*	*BZgA* *Press* *P1*

RKI	*Motivate vaccination* o *You want to organise a campaign at your own expense, but you want to do it properly, so contact the RKI to obtain suitable and correct material* o *BZgA searches for suitable material and sends it to Ronja Wenchel* **Press** • *In RKI documents, there is a contradiction regarding severe courses of disease with the delta variant; in conversation with Mrs Merkel, it was said that there is currently no evidence in one direction or the other, in the VOC/management report this sounds different* • *In general, these references should be removed, press contact the responsible OEs*	
6	**RKI Strategy Questions** **General** • **Retirement homes** • *What can be done to prevent or reduce the impact on retirement homes if the number of cases is likely to rise in autumn?* • *FG37 has developed a flyer with P1, also a comprehensive paper that is longer and hardly read, flyer is now being updated and revised, also regarding vaccination* • *There are about 14,000 retirement homes in Germany, how can we access them, via GA? Other possibilities?* • *According to §23a, institutions may enquire about the vaccination and serostatus of employees, but not for residents* • *Exchange with BMG (Ziegelmann, Sangs) is planned* • *Outbreaks in retirement homes were investigated by FG33/FG37* o *Often only around 80% of residents are vaccinated; where relatives have guardianship, for example, vaccination is not always permitted or is not possible* o *Relatives are also often not (sufficiently) immunised* o *There were also outbreaks among the staff, which may have brought in* o *~50-60% of staff are vaccinated, but data is not officially available and only available from population-based surveys* o *There have also been deaths and more severe cases among vaccinated people, which can be explained by the fact that vaccination does not offer 100% protection* o *A small proportion of residents are inadequately protected despite vaccination, ZBS1 ZBS3 look at this again (from Osnabrück outbreak)* o *It is important to analyse this well and use it as an appeal to staff and residents and their families* o *Sensitisation by company doctors does not seem realistic; they were not present during the hospital outbreak investigations* • *3. vaccination for older people* o *Will STIKO recommend 3rd vaccination?*	*FG37/all*

	○ *The STIKO is currently focussing on immunodeficient groups; this is probably the first group for which a 3rd vaccination is recommended* ○ *It is still somewhat unclear whether this is already covered by the current authorisation* ○ *In the case of elderly patients with multiple morbidities, it should be investigated whether vaccination should be carried out; the consent of the family may be required* ○ *In old and very old people, there may be less protection not only due to waning immunity, but also due to insufficient immune reaction and response, there is also the question of what dose older people are exposed to, this could be done there and given to visitors* ○ *STIKO should also investigate this in order to serve the epidemiological situation* **RKI-internal** • *(not reported)*	
7	**Documents** *(Fridays only)* • *(not reported)*	*All*
8	**Vaccination update** *(Fridays only)* • *(not reported)*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *(not reported)*	*FG17/ZBS1*
10	**Clinical management/discharge management** • *(not reported)*	*IBBS*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*FG14*
12	**Surveillance** *(Fridays only)* • *(not reported)*	*FG32*
13	**Transport and border crossing points** *(Fridays only)* • *The recommendations on contact person management for international contact persons are to be amended and focussed if the BMG does not raise any objections to date* • *Reaction in the EpiLag was favourable, there was no reaction from the infection protection working group*	*FG38*
14	**Information from the situation centre** *(Fridays only)*	*FG38*

	• *(not reported)*	
15	**Important dates** • *None named*	*All*
16	**Other topics** • *Monitoring hospital admissions* ○ *Additional indicator to be regularly included at the front of the daily report starting next week* ○ *AL3 and FG32 (Claudia Sievers) are already preparing this, feedback will be provided tomorrow* • *Next meeting: Friday, 16 July 2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 16 July 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Djin-Ye Oh*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
- *ZBS7*
  - *Christian Herzog*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Christina Leuker*
  - *John Gubernath*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide:* • *Data status: WHO, 15/07/2021* • *Cases: approx. 188 million (+14% compared to the previous week)* • *Deaths: approx. 4 million (2.2% case fatality rate)* • *List of top 10 countries by new cases:* • *Indonesia, Brazil, India, United Kingdom, USA (highest increase), Russian Federation, Colombia, Iran, Spain, South Africa* • *Map with 7-day incidence:* • *Highest incidences on the South American continent, southern Africa, NL, UK, Mediterranean region, Asia and Russia* • *Epicurve WHO Sitrep:* • *25% increase in cases in the Eastern Mediterranean and 20% increase in Europe. 50% increase in deaths in Africa* • *Other reports:* • *Netherlands:* • *Very high 7d incidence of 337.6/100,00 inhabitants.* • *Increase in cases by 414% in the last 7d despite good vaccination rate (40.7% fully vaccinated)* • *Case numbers increased after widespread opening on 26.6.21 with an incidence of 28.6/100,000 inhabitants, where all measures were lifted except for maintaining a distance of at least 1.5m* • *Sharp increase in cases from 2.7.21* • *Superspreading event with 2-day festival on 3+4.7.21. 18-24 age group most affected* • *Hospitalisations are no longer falling* • *Portugal:* • *7d incidence: 199.4/100,00 pop.* • *Increase in cases by 25% in the last 7d despite good vaccination rate (42.8% fully vaccinated)* • *Increase in cases from the end of May, especially among <50-year-olds* • *Hospitalisations on the rise since the beginning of June* • *Israel:* • *7d incidence: 41.9//100,00 pop.* • *Increase in cases by 26% in the last 7d despite good vaccination rate (60.1% fully vaccinated)* • *Outbreaks mainly affect the 10-19 age group in school settings (39.6%)* • *Slight increase in hospitalisations* • *UK/USA: slight increase in hospitalisations* *Question: Was the wearing of masks maintained during the lockdown?*	*ZIG1 (Rohde)*

RKI	*Answer: Not exactly known, but most likely not. Comments:* 1. *Info from WHO VOC Israel: 50% of hospitalised people are vaccinated, 8% of infected people are vaccinated.* 2. *Mr Wieler would like to see figures/data to communicate in interviews that young people are also hospitalised and have severe courses.* **National** • *Case numbers, deaths, trend, slides here* • *SurvNet transmitted: SurvNet transmitted: 3,741,781 (+700), of which 91,337 (+18) deaths* • *7-day incidence: 8.6/100,000 inhabitants.* • *Vaccination monitoring: Vaccinated with 1st dose 49,468,488 (59.5%),* *with full vaccination 37,713,915 (45.3%)* • *Course of the 7-day incidence in the federal states:* o *Increase in most BLs, especially in Berlin.* o o *Looking at large cities, Düsseldorf leads with a 7d incidence of 29/100,000 inhabitants, followed by Frankfurt am Main, Cologne, Munich and Stuttgart* o *Number of CCs without cases is falling, currently 22 CCs. The number of CCs with a 7d incidence of <5 is also falling.* o *Increasing number of LK with a 7d incidence >25 (currently 9)* o *Currently, the districts of Birkenfeld and Trier lead with a 7d incidence of 43/ 100,00 inhabitants.* o *Sharp increase in the number of cases compared to the previous week in some districts* • *Imported cases in the last 14d: By far the most cases (just under 500) were registered from Spain.* • *Indicator report: All indicators point to an increase in the number of cases, in all CCs except Saaland R>1, no increase in mortality* • *Note: Indicator report still cannot be published because it has not yet been approved by IT security.* *Question: What is the reason for the rising incidences or for the large disparity between new and old BL? Is contact tracing being practised?* *Answer: Delta variant still not very present in eastern Germany, contact tracing proves to be difficult as there is little willingness to co-operate on the part of those questioned.* *Comment: Important to communicate that AHA+L also apply to vaccinated people, but without questioning effectiveness.* • *Test capacity and testing* ***(Wednesdays only)***	*Hamouda*

	• *(not reported)*	

RKI	• *ARS data* • *(not reported)* • *Syndromic surveillance* ***(Wednesdays only)*** • *(not reported)* • *Virological surveillance, NRZ influenza data* ***(Wednesdays only)*** • *(not reported)* • *DIVI Intensive Care Register figures* ***(Wednesdays only)*** • *(not reported)* • *Imported COVID-19 cases from Spain:* • *Spain at the top of the list of exporting countries* • *Outbreak in Lloret de Mar: 106 COVID cases. Repatriation to Germany in buses via France, as local quarantine capacities are exhausted* • *Spain will soon be declared a high incidence area* • *Suggestion: Send slides (here) to the BMG to clarify the situation?* • *Answer Ms Hanefeld: addresses the situation at the BMG and distributes travel advice, which was prepared in cooperation with P1*	*Maria an der Heiden*
2	**International** ***(Fridays only)*** • *Rwanda: Genome sequencing exchange* • *Rwanda and Namibia: Deployment of Emergency Medical Teams* • *Iraq: Exchange on laboratory and sequencing, SEEG mission to northern Iraq* • *New* **entry regulation** *comes into force on 28.7.21, which will include the following changes:* *a) Entry into virus variant areas for humanitarian aid permitted.* *b) The 'risk area' category is no longer applicable, leaving only the two categories 'virus variant area' and 'high incidence area'* **c)** *General obligation to provide proof for all travellers entering the country, regardless of the transport route* • *WHO Emergency Committee Statement contains 9 recommendations, including* *1. Compliance with evidence-based non-pharmacological measures* *2. WHO target: 10% immunisation coverage in all countries worldwide* *3. Moderation in entry restrictions* *4. Community Engagement* *Link here: https://www.who.int/news/item/15-07-2021-statement-on-the-eighth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic*	*ZIG (Hanefeld)* *Maria an der Heiden*

3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Discussion of the updated risk assessment document here* • *Deletion of the following sentence until corresponding published data are available: "In addition, data are available that indicate potentially more severe disease progression."* • *Haas proposal to reword the comment field rejected*	*Dept. 3*
5	**Communication** **BZgA** • *New activities:* • *Communication of the assessment that willingness to be vaccinated is not really decreasing, but that with increasing numbers of vaccinated people, the proportion of vaccinated people is increasing.* *'Vaccination refusers' among the unvaccinated on the rise* • *Vaccination communication is being ramped up. A TV advert is in the works, which will be broadcast from 23 July 2021 or on YouTube before then.* • *Material customisation to a digital package for universities and colleges* 1. *Comment Wieler: Please make this material available to him, as he is giving a presentation at the German Rectors' Conference and has a telephone call with the Conference of Ministers of Education and Cultural Affairs.* *2nd proposal: GPs should offer regular immunisation consultations in order to reduce barriers to vaccination. Thomas Harder (FG33) agreed to take on this task.* **Press** • *Question: Is it possible to formulate the current situation more clearly in the situation report in order to better convey the crisis unit's concern about the current situation, which became clear during the meeting?* **P1** • *not reported* • *ToDO* *Formulate the current situation more clearly in the management report (Maria an der Heiden, Claudia Sievers)*	*BZgA (Dietrich)* *Press (Wenchel)* *P1*

6	**RKI Strategy Questions** **General** • *Impact of immunisation policy on children - Document The paper (developed by FG32, FG33 and FG36) counts other factors besides vaccination policy that also play a role. It then lists the data sources used to analyse the above-mentioned question.* *Age classification: <12 years>=, With vaccination: 12-17 years* *Note: Please organise the age classification for the entire house. Answer: This will be taken into account.* *Question: Is there a way to register long-COVID cases, e.g. via mandatory reporting?* *Answer: There is a consortium, in which FG33 and Abt,2 are also represented, which deals with the quantification of long COVID cases. The approach goes beyond the registry data, as this also allows control groups to be taken into account, as symptoms are sometimes unspecific.* ***ToDo**:* *Consider Long-COVID (Buda in cooperation with Division 2)* **RKI-internal** • *not reported*	*FG36 (Buda)*
7	**Documents** • *Daily management report: new format and the use of hospitalisation as a key figure* • *Management report is generated completely automatically and appears Mon-Fri* • *Only the 7d-R value is given, from Monday onwards the proportion of hospitalised persons (COVID hospitalisations must be reported)* • *7d-Incidence of hospitalisations is divided into the age groups total and over 60 years* • *In addition, a weekly situation report is published on Thursdays with the data from Tuesday and Wednesday* • *It includes the current classification, VOC report, test count recording, clinical and syndromic surveillance, mortality surveillance, vaccination monitoring, vaccination breakthroughs, outbreaks in daycare centres/schools, exposure abroad* *ToDo:* *Request to Ms Sievers: Send the layout for the hospitalisations to Mr Wieler, who will forward it to Minister Spahn*	*Sievers*

8	**Vaccination update** ***(Fridays only)*** *Vaccine doses: 1 million vaccine doses were administered on Wednesday Vaccine breakthroughs/vaccine effectiveness show no abnormalities Addressing influencer scene via Natalie Grams* **Vaccines** • *Timeline for the development of paediatric vaccines* • *12-17-year-olds: BioNtech/Pfizer: already approved, Moderna: results expected in 2022, Novavax: Phase III results expected in 2023* • *Younger than 12:* *6-12-year-olds: AstraZeneca Phase II/III study results expected in autumn 2022* *0.5-11 years: Biontech/Pfizer: Q2 2022 and Moderna in 2023* **STIKO** • *Vaccination recommendation for 3rd vaccination for immunodeficient patients* • *Advice from the STIKO on vaccination recommendations for 12-17-year-olds* • *FAQ: Addition of 4 weeks for recovered patients has been cancelled and will also be submitted to the STIKO* *Question: Is there a STIKO recommendation for pregnant and breastfeeding women? Answer: Is in progress!* *Question: Will there also be a recommendation for booster vaccination for the very old and immunosenescents?* *Answer: Not currently prioritised, but aspect of booster vaccination for immunosenescents will be forwarded to STIKO* *Question: Is a protein vaccine being developed for children?* *Answer: No!*	*FG33 (Harder)*
9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 565 samples in the last 4 weeks, of which:* ○ *3 SARS-CoV-2* ○ *238 Rhinovirus* ○ *141 Parainfluenza virus* ○ *254 54* ○ *seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *3 Metapneumovirus* ○ *50% of the samples came from children younger than 5 years of age* *were old* **ZBS1** • *In week 28 so far 88 samples, 34 of them positive for SARS-CoV-2*	*FG17* *ZBS1*

	(38,6%)	
10	**Clinical management/discharge management** • *STAKOP therapy instructions: AK monotherapy no longer recommended due to the delta variant* • *In response to popular demand, an English-language version of the therapy instructions will be published*	*IBBS (Herzog)*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *Question: §10 para. 2 no. 1. of the COVID-19 Protection Measures Exemption Ordinance - SchAusnahmV: "Can the SARS-CoV-2 variants Beta and Gamma be exempted from this regulation?"* • *Draft response: no exemption of vaccinated or recovered persons from the obligation to isolate themselves due to contact with a person infected with a variant of the SARS-CoV-2 coronavirus with properties of concern defined by the Robert Koch Institute that is not yet widespread in Germany.* • *Rationale: Beta and gamma have a low prevalence in Germany and the potential for immune evasion*	*Sievers*
13	**Transport and border crossing points** ***(Fridays only)*** • *EinreiseV: see point Internationales*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Changes to international contact person management are communicated to ÖGD*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 21 July 2021, 11:00 a.m., via Webex*	

End: 13:00

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 21 July 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *MF4*
  - *Martina Fischer*
- *IBBS*
  - *Christian Herzog*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • **Case numbers, deaths, trend**, *(slides here)* ○ *New overview slide from the automated management report, with additional key figure: Hospitalisation* ○ *SurvNet transmitted: 3,748,613 (+2,203) cases, including 91,416 (+19) deaths, over 2000 new reports for the first time in a long time* ○ *7-day incidence: 11.4/100,000 p.e., further increase* ○ *Hospitalisation: Compared to yesterday +222 persons, incidence total population: 0.31/100,000 p.e., incidence age group* *≥ 60 years: 0.99/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 49,931,406 (60%), with complete vaccination 38,843,476 (46.7%), number of daily vaccinations continues to decline (total ~360,000 yesterday), 50% complete vaccination not yet reached* ○ *Course of the 7-day incidence in the federal states* *Increase in all BCs, steep increase in B (21.8/100,000 p.e.), also significant in HH and SL, eastern BCs remain stable at a low level, lowest in MV and SA (3.0/100,000 p.e.)* ○ *Geographical distribution* ▪ *Number of districts with 0 cases decreasing, mostly eastern BL* ▪ *2/3 of all LK: 5-25/100,000 p.e.* ▪ *18 LK > 25/100,000 EW* ▪ *1 LK > 50/100,000 p.e. (Birkenfeld: 63)* ▪ *Incidences in Berlin districts: Friedrichshain/Kreuzberg 40, Marzahn/Hellersdorf 35, Charlottenburg/Wilmersdorf 28/100,000 P.E.* ○ *Trend development of the 7-day incidence: clear upward trend (factor >2), increase in individual districts by up to a factor of 22, but low starting point, therefore no large figures overall yet* ○ *Comparison with the previous week: 46% increase in incidence* ○ *Heatmap (by age group and reporting week): rising incidence among 15-30 year olds (doubling among 15-19 year olds, increase among 25-29 year olds)* *The development is similar to last year, but now in week 28, 2020 only in week 34, not good prospects* ○ *Number of deaths continues to fall, 350 in the last 2 weeks, on average 170/week* ○ *Exposure countries of imported cases:* ▪ *Imports are playing an increasing but still subordinate role overall* ▪ *ESP leads with > 660 cases, followed by NLD, HRV,*	*AL3 (Hamouda)*

RKI	*GRC, TUR, RUS, AUT, ITA* ○ *Share of imported cases in all cases/all cases with data* ▪ *of all cases: 11%* *of all cases with data: 20%* *(The truth is probably somewhere in between, at 10-20%)* ○ *Exposure countries* ▪ *Significant increase in imported cases from ESP, slight increase in RUS, spectrum reflects the favoured countries.* *Holiday destinations (including FRA, POR)* ○ *Indicator report:* ▪ *To be emphasised: "Burden" indicator (of the districts): LK with rising incidence are increasing* ▪ *7-day R-value is >1 in all BL (BB 0.95)* ▪ *Unfavourable overall picture* • **Test capacity and testing** *(Wednesdays only)* *(slides here)* ○ *Number stable compared to previous week* ○ *592,221 tests carried out in CW28* ○ *Slight increase in positive share: from 1.1% to 1.6* ○ *Capacities virtually unchanged, capacity utilisation <30%,* • **Discussion** ○ *The trend shown on the heat map is worrying, further increase to be feared due to end of holidays/returnees* ○ *Question: Why low figures in eastern BCs? Answer: Presumably due to the lower proportion of delta in these BCs, probably a temporary effect that causes these BCs to lag somewhat behind in the incidence increase* ○ *The major cities are leading the way: FFM with 33/100,000 PE, Düsseldorf 33, Cologne 23, the other major cities between 10 and 20, Dresden and Leipzig <10/100,000 PE* ○ *Suggestion: Heatmap should be extended by one week and could thus depict an entire year, is a very meaningful, easy-to-understand representation, should be presented more prominently, e.g. on the website* ○ *There is another parallel to last year: back then, too, the big cities led the way in the increase in incidence, and this should be communicated urgently, emphasising the urgency of vaccination and compliance with basic hygiene measures to prevent a recurrence* ○ *Question. What significance does the incidence still have?* ○ *In addition to incidence, the RKI has always analysed numerous indicators and key figures* ○ *Incidence indicates changed risk perception and changed risk behaviour; in young adults, transmission occurs as a result (e.g. when travelling abroad and in large cities); when the pressure to infect increases on vaccinated vulnerable people, infections increase there* ○ *The increase in transfers is not due to the delta variant,*	*FG37* *All* *Wieler*

	but on behaviour, which is why communication should also emphasise the correct behaviour to avoid transmission: Compliance with basic hygiene measures and wearing masks ○ *Recently, there has been an increase in outbreaks during language trips and school trips, many children and young people return as infected persons or as contact persons, as quarantine on site is difficult - could the problem be addressed in the situation report?* ○ *Moving away from incidence as an indicator is also being discussed in the switch to the coordination of risk, high incidence and virus variant areas, where it is helpful to point out these special risk groups in mobility* ○ *Rising incidence is an indicator of an increase in infected people and thus increasing pressure on vaccinated people, as vaccination effectiveness is not 100%, in the UK the number of hospitalised people is rising, this will also be the case here* ○ *In the discussion on Monday at the BMG (with J. Spahn), this was interestingly discussed in a similar way*	*FG 38* *ZIG*
	• **ARS dates** ***(Wednesdays only)*** *(slides here)* ○ *Fewer tests in hospitals, hardly any decline in doctors' surgeries and other test locations* ○ *Increase in positive percentage, still <5%, most significant increase in doctors' surgeries and other locations* ○ *Positive share increases especially among 5-14 and 15-34 year olds* ○ *Number of tests roughly stable in all age groups* ○ *Presentation over the entire period (2/20202-07/2021)* ▪ *Number of tests for 0-4 and 5-14 year olds fell sharply in January, while the proportion of positive tests rose for* *only a slight decrease in positive tests/100,000EW in this age group* ▪ *This means that the children were not tested enough in Jan/Feb, and this should be pointed out in the communication.* *that more testing should be done, the capacities are available* ○ *Tests for Delta variant* ▪ *slight increase from week 25 to 26* ▪ *In week 28, the proportion is 85% (264 detections)* ▪ *Share of B 1,351 (beta) at 6.8% almost as high as alpha at 7.5%* ○ *Outbreaks in retirement/nursing homes and hospitals* ▪ *Outbreaks continue to be reported in AH* ▪ *Significant increase in outbreaks in KH*	*FG 37 (Eckmanns)*
	• **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *Situation remains good* ▪ *360 patients in intensive care (1300 clinics)* ▪ *Low occupancy level* ▪ *Slow decline due to long lying (ECMO,*	*MF4 (Fischer)*

	invasive ventilation) ○ *Burden on the federal states* ▪ *Almost all CCs are below the 3% mark (base level of the Control COVID paper)* ▪ *Exception Berlin: Probably caused by Charité, where predominantly very severe cases are treated.* *Cases supplied* ○ *Age structure* ▪ *34% of patients belong to the 60-69 age group* ▪ *Shift towards younger age groups* ▪ *From May to now, decline among 70-79 and 80+ year olds, increase among 50-59 and 60-69 year olds* ▪ *Now also increase in 40-49 year olds* ○ *Forecasts of COVID-19 cases requiring intensive care* ▪ *A low occupancy level is still forecast* • **Syndromic surveillance until week 27** ***(Wednesdays only)*** *(slides here)* ○ *FluWeb* ▪ *ARE rate in week 28 stable compared to previous week (3,500/100,000EW)* ▪ *Increase due to easing of restrictions did not continue with the start of children's holidays* ▪ *Increase in >35-year-olds, also in >60-year-olds* ▪ *Risk awareness is falling* ○ *ARE consultations* ▪ *number has fallen slightly, but is still above the 2018/19 and 2019/20 levels, could be a catch-up effect* *be* ▪ *In week 28, 760 consultations /100,000 population, with a decrease in children and an increase in 15-34 year olds* ○ *ICOSARI-KH-Surveillance* ▪ *SARI figures below the level of previous years* ▪ *Slight decrease among older people, slight increase among 0-4 year olds* ○ *SARI cases with/without COVID-19* ▪ *Share of COVID-19 in SARI in inpatient treatment: increase at a very low level* ▪ *Share of COVID-19 in SARI intensive care cases: Increase at a very low level* ▪ *Shares remain well below 10%* ○ *Corona daycare centre study* ▪ *Outbreaks in nurseries: further decline, 10 outbreaks reported or subsequently reported* ▪ *In schools: 31 outbreaks, development is being monitored* • **Virological surveillance, NRZ influenza data week 27** ***(Wednesdays only)*** *(slides here)* ○ *126 submissions from 33 medical practices (1 more than the previous week), slight decrease here as some practices are on holiday* ○ *Age distribution*	*FG 36 (Buda)* *FG17 (Dürrwald)*

	○ *50% of submissions from 0-4 year olds, all other AGs are distributed across the remaining 50%, lowest proportion >60 year olds, largest proportion 5-15 year olds* ○ *80% positive virus detection* ○ *Virus circulation (except Corona)* ▪ *Strong increase in HRV and PIV, no HRV detection in >60-year-olds, RSV at a low, seasonally normal level, 1 detection in 0-4-year-olds* ▪ *1 Sars-CoV-2 detection: 33 years, fully vaccinated, high Ct value (39) but symptomatic, therefore virus replication - this constellation is to be expected more frequently in the future (doctors ask how to deal with it)* ▪ *Seasonal coronaviruses: no NL63 detection, OC 43 < 5% (predominantly in > 60-year-olds)* • **Delta variant in Germany (***no films***)** ○ *Delta share in week 27: 83%* ○ *Alpha share 12%* ○ *In contrast to ARS data: no detection of B1.351 (beta) in week 26/27* ○ *Slight increase in P1* ○ *Proportion of above VOC >98%* ○ *Delta has taken the lead, P1 rises* ○ *Federal states: slight P1 increase (RP, SL) at the borders with Luxembourg, P1 outbreak there as part of the bank holidays, previously delta as the most common variant, this could regulate itself back again, explains the slight increase in RP and SL* • **Discussion** ○ *Note on pool screening: was critically assessed by C. Drosten, only makes sense for low incidences, tends not to be realisable in the area* ○ *Pooled PCR testing used across the board in NRW with good results, demonstrating feasibility* ○ *BL put forward various counter-arguments, with the focus on costs* ○ *There is an incidence limit above which too many pools would have to be dissolved, could probably be calculated* ○ *Presentation by Michael Müller (ALM): Calculation shows that around 800,000 tests/week would be required for all daycare centre and school groups, which would be affordable* ○ *Discussion of this for retirement homes has only just begun* ○ *It should be communicated that there is also a health risk for younger people (on average 1-2 PIMS cases/year in Germany, now 380 have been observed)* ○ *Testing is definitely feasible, it is a question of cost, financing is a matter for the federal states, unfortunately the federal states calculate with cent amounts here* ○ *Time required in schools is high for antigen tests (2 school hours/week), for lollipop pool PCR tests 2x10 hours is sufficient*	*FG36 (Kröger)* *All*

	minutes ○ *Vote against: Capacities are only sufficient for pool screening at day-care centres and primary schools, not for older pupils (but vaccinations would be possible here if necessary)* ○ *Discussions with Minister Spahn should prove that expert advice is being utilised, slides will be placed on the BMG website (how effective for the press and public?), this forum should be used to communicate clear messages via simple and clear slides, the presentation on the feasibility of pool screening could also appear there* ○ *Interim question: A new entry regulation will be published on 28 July. Only high incidence and virus variant areas will be designated. For this purpose, many factors are taken into account and various data sources are brought together. Definition of virus variant area to be narrowed (limited to VOC with actual risk). Is it proportionate to designate a VV area with a beta share of 10% and 90% delta? (Example: countries in southern Africa with beta = 15%, countries in southern America are also under economic pressure as a result). If these were to become high incidence areas, a 14-day quarantine would not be ordered - possibly in contradiction to the KoNa recommendations. What is the position on this?* ○ *Provided that the local infection situation is taken into account, this is generally considered to be a feasible approach, as the 14-day quarantine recommendation in the KoNa document only applies to contact with a <u>proven</u> delta source case, not to V.a., and therefore does not contradict this recommendation.* ○ *Pool screening: What are the specific successes in NRW? Could similar results be achieved by testing all symptomatic pupils?* ○ *In NRW, GA data is collected to identify follow-up cases; hardly any follow-up cases were identified within the facilities, so transfers were avoided* ○ *Pooling method is improved, by inserting all swabs into one solution tube a dilution effect is avoided, very early detection (already from 100 copies) possible* ○ *School with defined groups is an ideal pool setting, testing only when symptoms appear is too late* ○ *The most common answer given by doctors to "how the case became known" is currently "series test/screening"* ○ *New topic: BMG morning situation and GM conference express the desire for an up-to-date set of indicators for the targeted adoption of measures in autumn/winter (adaptation to Delta).* ○ *An autumn/winter strategy change was also discussed in the WGI, a sub-working group was also formed, where the opinions of the BCs were heterogeneous, difficulty in achieving broad acceptance for coordinated measures in the BCs* ○ *The paper "Preparing for autumn" is published, with BMG*	*Wieler* *Hanefeld* *Hamouda*

	coordinated, soon on the RKI website, the indicator set could become a task for FG 36 ○ *Contradiction: the desire for indicators and clear thresholds is understandable, but cannot be fulfilled; incidence is the fastest of all indicators, hospitalisation follows later. A new step-by-step plan with defined thresholds cannot be defined at present due to the many unknown variables involved. Adaptation to the respective, currently unpredictable situation is required* ○ *General approval, if necessary the current step-by-step plan should be offered, revised and adapted* ○ *Question: If pool testing proves to be so successful, does this contradict our previous recommendation for testing symptomatic patients? Answer: Both complement each other (depending on the setting, among other things)* • **Presentation of two studies from Canada and Scotland comparing the disease severity of Alpha and Delta** *(slides here)* ○ *Scotland: Sheikh et al, Lancet 2021. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01358-1/fulltext* ▪ *Period 01.04. - 06-06.2021* ▪ *Healthcare records of 99% of the Scottish population* ▪ *Definition Delta: S-gene positive samples* ▪ *19,543 SARS-CoV-2 infections, 7,723 S-gene positive* ▪ *377 hospitalisations (within 14 days of test)* ▪ *Adjusted (age, gender, time and comorbidities) result: Double Hospitalisation risk with delta (also stated as hospitalisation rate /100 person-years: 36.2 (alpha) vs. 62.4 (delta)* ○ *Canada: Fisman & Tuite medRxiv preprint doi: https://doi.org/10.1101/2021.07.05.21260050* ▪ *Period 07.02. - 22.06.2021* ▪ *Retrospective cohort of all SARS-CoV-2 cases in the province of Ontario* ▪ *211,197 SARS-CoV-2 infections, ~43,100 non-VOC, ~162,500 N501Y-VOC, ~5,600 Delta* ▪ *11,000 hospitalised, 2,300 ITS, 1,800 death* ▪ *Adjusted odds for hospitalisation: Delta/Alpha 1.5 for IST: Delta/Alpha 2 for death: Delta/Alpha 1.6* ○ *Summary: VOC infections are associated with an increased risk of hosp/ITS/death in both studies, with non-VOC<Alpha<Delta* ○ *Vaccination data was not taken into account* ○ *Should the risk be communicated more clearly?* • **Discussion**	

	○ *First author with conflict of interest (AstraZeneca)?* ○ *Data difficult to assess: With a high incidence, high viral loads lead to more severe courses of the disease. Studies from Germany with controlled data collection would be desirable* ○ *Possible publication bias, topic is currently of great interest* ○ *In Germany we see a shift from delta to younger age groups, for hospitalisations in younger age groups delta is slightly higher than alpha, for hospitalisations in older age groups alpha is slightly more frequent than delta, extremely difficult assessment due to different phases, we compare different waves with different presence/dominance of individual variants* ○ *Different phases and different collectives are compared, making it difficult to assess the data quality of the studies, can be interpreted as an indication that there is not yet a sufficient data basis* ○ *Question: Are there any studies that show a lower disease burden for Delta? Probably not, so you shouldn't be too careful in your communication* ○ *The reference to more severe diseases caused by delta used to be part of the risk assessment, but is currently not included* ○ *PH-England has not yet published a clear statement in this regard*	
2	**International** ***(Fridays only)*** • *(not discussed)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not discussed)*	*FG21*
4	**Current risk assessment** • *(not discussed)*	*All*
5	**Communication** **BZgA** • *A new leaflet has been published: Decision support for COVID vaccination of 12-17 year olds : https://www.infektionsschutz.de/coronavirus/schutzimpfung/Impfreihenfolge-und-ablauf.html#c15770* • *The BZgA is currently receiving many enquiries from the public: Do people who have recovered from a vaccination need a 14-day interval to be fully vaccinated? According to the current recommendation, recovered people can be vaccinated after 4 weeks, but this is not yet included in the apps.*	*BZgA (Ebrahimzadeh-Wetter)*

	updated. • *After a single vaccination, those who have recovered do not need to wait 14 days for full protection if they are vaccinated within 6 months of infection; they are protected by the infection and vaccination does not result in interrupted protection* • *The technical adjustment is currently being processed and will take place after a short transition period (the app is currently unable to differentiate between a single J&J vaccination with a 14-day waiting period and a single vaccination after recovery without a waiting period)* **Press** • *"Preparing for autumn/winter" paper is about to be finally released* • *Heatmap is tweeted* • *Reference is made to the "Preparing for autumn/winter" paper* • *The importance of behaviour for transmission and the disease risks for younger people are also addressed* • *Note: In addition to the current hygiene recommendations in the flyer (AHA+L and masks only for non-vaccinated people), an MNS should be recommended for everyone for autumn/winter, as external and self-protection in addition to vaccination*	*Press (Wenchel)* *P1 (Leuker)* *Buda*
6	**RKI Strategy Questions** **General** • **(***not discussed***)** **RKI-internal** • *(not discussed)*	*all*
7	**Documents** *(Fridays only)* • *(not discussed)*	*All*
8	**Vaccination update** *(Fridays only)* • *(not discussed)*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *(not discussed)*	*FG17/ZBS1*
10	**Clinical management/discharge management** • *(not discussed)*	*IBBS*
11	**Measures to protect against infection** *(Fridays only)* • *(not discussed)*	*FG14*

12	**Surveillance** ***(Fridays only)*** • *(not discussed)*	*FG32*
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** • *Thursday 22.07.2021 UAS Pandemic of the Health Committee of the Bundestag* • *Participation: Osamah Hamouda*	*All*
16	**Other topics** • *(none)* • *Next meeting: Friday, 23 July 2021, 11:00 a.m., via Webex*	

End: 12:48

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 23.07.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
  - *Nadine Litzba*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
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- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Maria an der Heiden*
- *ZBS7*
  - *Christian Herzog*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Anna Rohde*
- *BZgA*
  - *Martin Dietrich*
- *MF3*
  - *Nancy Erickson (protocol)*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Data status: WHO, 22/07/2021, slides here* • *191,773,590 cases (+ 8.3 % compared to the previous week)* • *4,127,963 deaths (2.2 %)* • *List of top 10 countries by new cases:* o *1st place - UK: current incidence of approx. 486/100,000 inhabitants, continuing to rise, currently by 36% compared to the previous week* o *2nd place - Indonesia: currently stagnating incidence* o *3rd place - USA: 54.2% increase in incidence compared to the previous week* o *Rising incidences also in Iran (+ 19.7 %)* o *In Spain, lower increase (+ 4.8 %) in incidence than in previous weeks, is likely to be declared a high-risk area despite comparatively high vaccination coverage* • *7-day incidence per 100,000 inhabitants almost unchanged worldwide* • *Cases and deaths worldwide (WHO SitRep, 20/07/2021):* o *Global case numbers currently continuing to rise* o *Trend of the last 5 weeks continues* o *Case numbers in the last 7 days are distributed relatively evenly, strongest increase in Europe with 21% and Western Pacific with 30%* o *Highest number of deaths in the last 7 days in American countries (currently 39%)* • *COVID-19/ Netherlands / Hospitalisation / Age* o *Hospital admissions by age group (AG) and time: increasing trend in general hospital admissions in all AGs except < 20 years of age year-olds, highest increase in the AG of the very old* o *ITS admissions by age group and time: again slowly increasing, especially in the 40-49 and 30-39 age groups (not in the very old age group), to be further observed* • *COVID-19/ Portugal / Hospitalisation / Age* o *Highest proportion of general hospital admissions (GW - General Wards) in the WG of > 80-year-olds (22.4 %), highest proportion of ITS admissions, however, in the WG of 40-49-year-olds (30.4 %)* o *cases among vaccinated people (EWRS):* ▪ *3,805,467 fully vaccinated in Portugal (14 d)* ▪ *Including 8,007 cases (0.21 %)* ▪ *Including 81 hospitalised cases* • *COVID-19/ UK / hospitalisation /age* o *Data source Office for National Statistics and PHE - Technical briefing not yet published today* o *Infections: Dominance of school year 12 to 24 years*	*ZIG1 (Rohde)*

	○ *Hospital admissions: Dominance of >85-year-olds* ○ *Deaths: Dominance of older AG* ○ *Note: Data basis from UK ONS until 11 July.* • *Delta variant / disease severity* ○ *WHO assessment adjusted: increased risk of hospitalisation reported in current SitRep, based on two publications (Preprint Canada, current Technical Briefing)* • *Monday Circuit with state chancelleries and cabinet/BW → Key message: despite high vaccination rates, not only high incidence but high hospitalisation rates are also to be feared (see currently UK, NL, Spain - countries with high vaccination rates; hospitalisation rates are also rising in Denmark)* • *Figures for Libya (high incidence with comparatively low incidence in neighbouring countries): 7 tests/1,000 inhabitants daily and 33% positive rate. Tunisia daily 20 tests/1,000 inhabitants and 22% positive rate (data as of 12 July 2021), see WHO dashboard* **National** • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: 3,752,592 (+2,089), thereof 91,492 (+34) Deaths* ○ *7-day incidence: 13.2/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 50,262,310 (60.4 %), with full vaccination 39,896,523 (48 %)* • *Course of the 7-day incidence in the federal states:* ○ *Scale up to an incidence of 25, yet it is clear how incidence increases in western BCs while stagnating in eastern BCs* ○ *Saarland: in addition to delta variant, P1 (gamma) also strongly represented, should be observed, note: P1 is attributed to Lux (singular event due to an outbreak with P1 due to public holiday, no displacement of the delta variant)* ○ *https://www.bib.bund.de/DE/Fakten/Fakt/B77-Population-density-counties.html* • *Geographical distribution of 7-day incidence by district (LK)* ○ *Number of CCs without reported cases declining* ○ *Here, too, higher case numbers are visible in western BuLä (population density, industry), especially Solingen (inc.: 67.8) and Kaiserslautern (57.0)* • *Trend - Development of the 7-day incidence* ○ *Increase by >factor 2 in Magenta, larger increase compared to the previous week also here, for example in Solingen (from 19 to 108 cases)* • *Weekly comparison of the 7-day incidence* ○ *Currently > 10,000 cases, increase of approx. 42 % compared to the previous week* • *Exposure countries of imported cases* ○ *Import figures for the last 14 days: mainly from Spain*	*Dept. 3 (Hamouda)*

RKI	*(with an increasing trend, currently 737 imported cases), NL, Turkey, Greece, Croatia* • *Indicator report for the federal states: already communicated* • *Weekly death rates in Germany* ○ *Further decline, currently in line with the usual mortality of previous years* ○ *Note: Reporting period no longer includes 2020* • *7-day incidence per AG by federal state (heat map): in Berlin, incidence among 20-25-year-olds already in the 60s, also in HH and NRW significantly higher incidence among young adults than the national average, in federal states with low case numbers such as Saxony, Saxony-Anhalt, Thuringia or Brandenburg incidence among young adults lower than the national average* • *7-day hospitalisation incidence per AG (heat map): first draft analogous to the 7-day incidence: in the second wave mainly very old people affected, in the third wave intercepted by vaccination, currently very low* • *7-day hospitalisation incidence per AG (heat map) by federal state: lower hospitalisation rates recorded in Bremen, HH, Lower Saxony, but these states show the lowest completeness of hospitalisation data (cave: distortion therefore cannot be ruled out), should increase in completeness due to new reporting regulations* • *Discussion: can the fourth wave already be defined as having begun?* ○ *Approval in principle* ○ *However, should be communicated with restrictions if necessary ("at the beginning"), but: delay to be observed (time of infection until notification / notification delay, with current doubling rate in practice much higher than reported)* ○ *Communicate the old objective of "flattening the curve", also with a view to development in the UK* **Modelling** • *Not reported*	
2	**International** ***(Fridays only)*** **New entry regulation** • *Published yesterday* • *Among other things, the second part was commented on in detail* • *Simplification of the system / elimination of risk areas has not been accepted* • *Rather, it is an extension of the previous entry regulation* • *Three-lane division (high-risk, high-incidence and virus variant area) has been retained* • *Delisting of countries in South Africa as virus variant areas planned for next week due to the large-scale*	*ZIG (Hanefeld)*

	Spread of the delta variant (epidemiological increase attributable to the spread of the delta variant) • *Delisting also relevant for humanitarian missions due to quarantine periods: requests for assistance from Namibia still being processed and a mission in Rwanda under discussion* • *In South America, political pressure is growing due to travel restrictions as a result of designation as a risk variant area (spread of the gamma variant)* • *Note in EinreiseVO that the RKI indicates on the website which virus variants have immune escape potential* ○ *Exchange with BMG has taken place, BMG would like a statement on whether beta and gamma variant Immune Escape-* *Have potential* ○ *Evidence situation is constantly changing, designation would involve a great deal of effort and controversy* ○ *It is not the task of the RKI to identify vaccine effects or escape variants for vaccines or to make its own assessment of which vaccine is effective against which variant* ○ *Assignment to be discussed in a smaller group with FG17 and FG33 (proposal to discuss a proposal with Mr Wichmann on Monday)* ○ *ECDC table: Column "Evidence for impact on immunity" in the variant table* ○ *The press office has already received the first enquiries from citizens as to where this data can be found*	
3	**Update digital projects** ***(Fridays only)*** • *Synergies between projects such as CWA and CovPass are expanding* • *Volume of current projects (e.g. CWA, CovPass, SORMAS, DEMIS) too high* • *DEA: Commissioning of the Jülich Company by BMG on compatibility issues, leads to many hurdles (data authorisations questionable, etc.)* • *Implementation of the handling of geneses in CovPass and mapping of variants in CWA associated with challenges* • *Issuance of vaccination certificates by pharmacies halted due to two incidents of fraudulent issuance of certificates, clarification completed so far, but time of resumption of issuance unclear →* *CovPass issued by IBM, hurdles in the Co-operation* • *Digital vaccination certificates already often required for digital entry registration (vaccination certificate photo upload not forgery-proof, therefore some health authorities only accept the QR code)* • *The certificates and the CWA / IT structures must also be adapted for the imminent vaccination by approx. 400 health authorities* • *DEMIS and other digital projects are slowly becoming the focus of public attention, expectations are rising, external support for implementation* • *Health authorities and digital projects = key functions of the future*	*FG21 (Schmich)*

	• *Mr Wieler had asked department heads to present the new, already decided structure of MFI to all FG heads - two subdivisions: FG IT and a FG for the management of digital projects, with Mr Wieler, Mr Hamouda and Mr Schmich joining forces briefly to pool resources*	
4	**Current risk assessment** • *Not reported*	
5	**Communication** **BZgA** • *Publication of the TV advert on vaccination: initially today on digital channels and private broadcasters, possibly also on public broadcasters as a political signal* • *https://www.youtube.com/watch?v=tC0wkfwVUS0* • *360° agile communication concept (15/ 30 /60 sec for various formats, geo-based on social media for distribution)* • *Wednesday: Appointment with migration officer on vaccination acceptance* *Provision of digital packages for the countries with formats specifically tailored to these groups of people (language, level of detail, media platforms: differentiated consideration required) → Dissemination at national level* • *Central aspects: Trust and risk perception* • *End of school holidays: central information offers for schools are being prepared independently of the country-specific concepts* • *Documentation of those affected (especially from younger population groups) could be circulated again and tailored to population groups with a migration background in order to promote risk awareness* **Press** • *Not reported or see agenda item 6, RKI-internal* **P1** • *Not reported*	*BZgA (Dietrich)* *Press (Wenchel)* *P1 (Lein)*
6	• *RKI shows the number of asymptomatic and symptomatic COVID-19 cases with a completed vaccination series and a minimum interval of 14 days between the onset of illness or diagnosis after the last vaccination (weekly report p.18 first line Covid-19 cases with complete vaccination - including all asymptomatic cases, symptomatic cases/vaccination breakthroughs are shown in the line below)* • *Age-specific implementation of incidences not feasible (insufficient data, too many variables)* • *Speed of spread, severity of the burden on the healthcare system and limits of KP tracking as*	*FG38 (Hamouda)*

	Parameters of the burden on health authorities → Basis for local authorities to decide on local measures • *Hospitalisation of AG > 60 years more sensitive indicator despite vaccination of these AG in particular and shift in incidence and hospitalisation rates towards younger AG* • *According to the modelling, this AG is still the AG that would be hospitalised most frequently if the incidence increases; a lower value for hospitalisation overall must be taken into account, so this indicator is still useful and therefore possibly more sensitive; in addition, both (total population incidence and incidence AG 60 +) are shown in the management report* • *Addendum: Infections after vaccination in the UK: Percent positive after complete vaccination at AZ 0.1 % and at Biontech 0.1 %; analysis of data December 2020 - end of May 2021 (delta dominant) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19infectionsurveytechnicalarticleanalysisofpositivityaftervaccination/june2021* **RKI-internal** *Enquiries to specialist areas from the press/specialist public - how can these be reduced?* • *FG33: Use of standard letters for certain request types* • *Circulating the standard letters makes little sense, as they quickly become outdated and are available in large numbers* • *IBBS:* ▪ *Therapy enquiries → Establishment of "Counselling network" (enquiries have fallen considerably, regularly up to 300 participants);* ▪ *Exchange with specialist organisations → in weekly conference calls;* ▪ *Individual case enquiries → "Practice reports by clinicians for clinicians" in addition to overview reports* • *Press and legal department: standardised responses should be used at an early stage* • *Responses to individual medical or statistical enquiries cannot be implemented, plus many research requests disguised as IFG enquiries → via L back to the situation centre and press* • *Enquiries received by individual OUs can be forwarded to the press if necessary.* *be returned with the request for a friendly cancellation* • *Please remember that every image that is sent out leads to further requests, e.g. for raw data (many images can be found with reference to the dashboard)* • *If possible, more references should be made to the dashboard overall* • *Discussion of the conformity of the internal RKI hygiene concept with the external concept to be held separately or next*	

	Wednesday (e.g. AHA plus L rule; MNS in closed rooms with the exclusive presence of vaccinated persons).	

	not required)	
7	**Documents** ***(Fridays only)*** • *Not reported*	*All*
8	**Vaccination update** ***(Fridays only)*** • *STIKO consultation on the vaccination of 12-17-year-olds took place on Wednesday, again on the following Wednesday on modelling its possible impact on the course of the pandemic* • *Approval of Moderna for 12-17 year olds expected today or Monday, second approval after BioNTech/Pfizer* • *Closer observation of the vaccination breakthroughs at Jansen, currently unremarkable and no indications of waning, contact PEI and feedback in case of change* • *Note: Waning of immunity in modelling may need to be taken into account, as neutralising AK provide more protection against transmission than T cells; STIKO modelling, however, based on evidence from clinical studies, therefore no waning taken into account yet*	*FG33 (Harder)*
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Wednesday reported in detail, currently mainly rhinoviruses and parainfluenza viruses in the sentinel* **ZBS1** • *Of 149 cases, 77 positive (approx. 52 %), all positive samples indicate the presence of the delta variant* • *So far 323 samples of vaccine breakthroughs, since the beginning/mid-June almost exclusively the delta variant has been present here*	*FG17 (Oh)* *ZBS1 (Michel)*
10	**Clinical management/discharge management** ***(Fridays only)*** • *Not reported*	*IBBS (Herzog)*
11	**Measures to protect against infection** ***(Fridays only)*** • *Not reported*	*All*
12	**Surveillance** ***(Fridays only)*** • *Not reported*	*FG32*

13	**Transport and border crossing points** ***(Fridays only)*** • *Disinfection of aircraft according to IATA directive (ZIKA experience, disinfection after 7 days, entry not possible without disinfection certificate), discussion scheduled*	*FG38 (an der Heiden)*
14	**Information from the situation centre** ***(Fridays only)*** • *International communication still very busy despite prioritisation efforts* • *Yesterday's weekly report was very well received, widely quoted, many reports on new strategy*	*FG38 (an der Heiden)* *Press (Wenchel)*
15	**Important dates** • *None*	*All*
16	**Other topics** • *Next meeting: Wednesday, 28 July 2021, 11:00 a.m., via Webex*	

End: 13:19

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 28 July 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Janna Seifried*
  - *Nadine Litzba*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
  -
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
- *MF4*
  - *Martina Fischer*
- *ZBS7*
  - *Michaela Niebank*
- *P1*
  - *John Gubernath*
- *P4*
  - *Susi Gottwald*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Christoph Peter*

Protocol:
Maren Imhoff, ZfKD/FG38

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • **Case numbers, deaths, trend**, *(slides here)* ○ *SurvNet transmitted: 3,761,169 (+2,768) cases, thereof 91,586 (+21) Deaths* ○ *Increase has slowed down (see weekly comparison)* ○ *7-day R-value = 1.07* ○ *Course of the 7-day incidence in the federal states: Breakdown of old/new BCs: increase in new BCs at a low level; BCs with highest incidences: HH, BE, HB, SL* ○ *Geographical distribution of 7-day incidence: Proportion of districts with low incidence decreases; approx. 10 % > 25/100,000; 2 districts (LK Lüneburg, SK Solingen) > 50/100.000* ○ *Trend development of the 7-day incidence: Incidence increase compared to previous week, in some cases by a factor of 5 and higher (Mecklenburgische Seenplatte district: factor of 21.0; Miltenberg district: factor of 8.3); districts with significant incidence increase distributed across the entire federal territory; coast with significant relative increase, absolute case numbers low* ○ *Weekly comparison of the 7-day incidence: Increase of 21% (current week: 15/100,000, previous week: 12.4/100,000); increase has slowed down* ○ *Deaths during the last 14 days by county: Deaths remain at a low level, approx. 150/week* ○ *7-day incidence of COVID-19 cases by age group and reporting week (heat map): significant increase in age groups 15-30 years, highest 7TI in AG 20-24 (45/100,000) and AG 15-19 (40/100,000); in 2021 Significantly shorter phase with lower incidence than 2020 (in week 30/2020 in all AG 7TI < 10)* ○ *7-day incidence of hospitalised COVID-19 cases by SC: 7TI very low overall; small absolute changes in the number of cases cause incidence jumps* ○ *7-day incidence of hospitalised COVID-19 cases, June-July 2021: 7TI in all age groups < 1/100,000* ○ *Exposure countries of imported cases: In the last 14 days, an increasing number of cases with exposure abroad; proportion of cases with information on the place of exposure: 20 % (total proportion: 10 %); countries with the most mentions: ES (n=762), TR (220), GR (155), HR (153)* • **Test capacity and testing** *(Wednesdays only)* *(slides here)*	*AL3 (Hamouda)*

	○ *Number of tests -2 % compared to the previous week* ○ *Positive share increased:* ○ *Test capacity unchanged* ○ *Comparison with previous year: in 2020, the positive rate was < 1% over a period of 13 weeks, in 2021 it was < 1% for a much shorter period of 2 (??) weeks* ○ *VOC content: 95 %, delta > 90 %* **Discussion** ○ *Increase in the gamma variant in neighbouring regions to Luxembourg: can be attributed to circumscribed outbreak events in connection with the bank holidays, delta seems to be reasserting itself here (information from EpiLag)* ○ *Impact of the flood disaster: difficult to assess* ○ *The decisive factor for transmissions is not the location, but the behaviour*	
	• **ARS dates** *(Wednesdays only) (slides here)* ○ *Positive shares have doubled since CW26 (CW29: 1.5 %)* ○ *Significant decline in testing in test centres/GÄ in recent weeks (category "Other")* ○ *People in the AG > 80 years are predominantly tested in hospitals, they are the most frequently tested AG and the AG with the lowest proportion of positives* ○ *Increase in positive share in AG 15-34 year-olds (CW29: just under 10/100,000)* ○ *Delta share > 50 % since week 26, almost 90 % in week 29 Outbreaks in retirement/nursing homes and hospitals: slight increase compared to the previous week (medical facilities: 8; nursing homes: 3)* **Discussion** ○ *Is the vaccination status of those affected by outbreaks in care homes known? - Can be submitted later; nothing is currently known about increased vaccination breakthroughs in care homes*	*FG37 (Abu Sin)*
	• **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* ○ *COVID-19 intensive care patients* ▪ *28.07.21: 363 COVID-19 patients on ITS* ▪ *Occupancy levels remain low, but a trend reversal is emerging* ▪ *Light ventilation cases increasing proportionately* ○ *Share of COVID-19 patients in the total number Operable ITS beds: predominantly < 3 %, conspicuous increase in HH* ○ *Age structure: shift to younger AG, increase in absolute numbers in AG 30-39 yrs and AG 18-29 yrs; proportionally AG 60-69 yrs (approx. 32 %) and AG 50-59 yrs (approx. 22 %) most affected* ○ *Forecasts of COVID-19 cases requiring intensive care (SPoCK): it a (slight) increase in the occupancy level is expected.*	*MF4 (Fischer)*

	forecast, especially in Cloverleaf North and Cloverleaf South-West **Discussion** ○ *Is anything known about whether people with milder illnesses are now being treated earlier on the ICU? - The increase in ITS cases among younger people is often due to the fact that they "skip" the normal ward and are treated immediately in ITS.* • **Syndromic surveillance** ***(Wednesdays only)*** *(slides here)* ○ *FluWeb:* *ARE rate in CW29 stable compared to previous week (previous week: approx. 3,500/100,000; current week: approx. 3,200/100,000), increase of previous weeks has not continued* ○ *ARE consultations:* *Increase has not continued, in CW29 approx. 780 consultations/100,000; in WG 5-14 yrs. significantly more consultations compared to the same period last year (approx. CW25/26) (2020: approx. 1,000/100,000; 2021: approx. 1.500/100.000)* ○ *ICOSARI-KH-Surveillance:* *SARI figures at a low level with the exception of AG 0-4 yrs; responsible pathogen(s) in AG 0-4 yrs unclear* ○ *SARI cases with/without COVID-19 until week 29:* *Share of COVID-19 in SARI in stat. treatment increases (8%); proportion of COVID-19 in SARI-ITS cases at 20% in week 29* ○ *Outbreaks in daycare centres:* *Since mid-June < 15 outbreaks/week* ○ *Outbreaks in schools:* *Many subsequent transmissions; currently few outbreaks; increasingly affected age group: 11-14 yrs.* **Discussion** ○ *Regional distribution of SARI cases known? can be determined via postcode of place of residence, please note when interpreting: very small absolute numbers overall* • **Virological surveillance, NRZ influenza data** ***(Wednesdays only)*** *(slides here)* ○ *Holiday period makes itself felt: 97 submissions in week 29 (33 fewer than in the previous week, -19 fewer medical practices sending in submissions)* ○ *77% positive virus detection (-3%), no SARS-CoV-2, no influenza viruses; several multiple infections detected, distributed across different age groups* ○ *PIV in CW29: PIV accounts for the highest proportion of detections for the first time (just under 50 %); exclusively PIV-3* ○ *Lack of basic immunity* ○ *Age distribution KW29: in AG 16-34 y. HRV detected in > 60 % of submissions, PIV in < 10 %* ○ *Seasonal coronaviruses: "biggest train is through", OC43 and*	*FG36 (Buda)* *FG17 (Dürrwald)*

	NL63		

	<5 % in each case • **Discussion** ○ *Some stakeholders have expressed the need to communicate the data available at the RKI and the situation picture in a more transparent and targeted manner to political decision-makers and other external parties (including journalists, state authorities), for example in the form of a series of webinars. Background: One of the complaints is the frequent focus in political discussions and media reporting on just one indicator for assessing the situation. Objections: The capacities required for a webinar series are not available (organisation, invitation, moderation, etc.). Experience has shown that such offers/assistance are exploited and have negative consequences ("If the little finger is handed out, the arm is dislocated."). The RKI explains and categorises, but must also accept that not everyone can be reached/convinced.* ○ *The proposal to invite selected journalists to the crisis team meeting is rejected with reference to the protection of employees and journalistic interests (often not: factual information).*	
2	**International** ***(Fridays only)*** • *(not discussed)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not discussed)*	*FG21*
4	**Current risk assessment** • *The slight increase in the number of cases is not yet reflected in the current version (as of 16 July 2021) ("After an increase in cases in the first quarter of 2021 and a significant decline in 7-day incidences and case numbers in Germany since the end of April in all age groups, the number of cases has stagnated.").* *Document with adapted wording ("...the number of cases is slowly rising again.") is available here.*	*FG38 (Rexroth)*
5	**Communication** **BZgA** • *Corona vaccination information sheet has been published in various languages: https://www.infektionsschutz.de/coronavirus/materialienmedien/information-in-other-languages.html >> Fact sheets >> The*	*BZgA (Peter)*

	Corona vaccination - safe and effective! (accessible PDF) **Press, P1** • *Enquiries about risk areas: RKI refers to AA, AA refers to RKI, this causes confusion - can the RKI communicate more offensively that it does not decide on the designation of risk areas?* • *Tweet coming soon with visualisation of vaccination rates by age group* **Coronavirus entry regulation from 21.07.21** • *many enquiries about changes to § 4 (amendment ordinance here), according to which the RKI determines and announces the "sufficient effectiveness" of vaccines against virus variants; this determination is decisive for the entry regulations for fully vaccinated travellers from virus variant areas* • **Discussion** o *Responsibility: Determining efficacy is not the task of the RKI; shifting responsibility to the RKI is not acceptable; the question of efficacy directly affects AM law, pharmaceutical manufacturer must prove efficacy, is a prerequisite for authorisation; this must be communicated to the BMG with the involvement of the legal department and the regulation must be amended* o *Expert judgement: Determining variant-specific efficacy on the basis of study data is difficult to impossible (threshold of "sufficient" efficacy? relevant endpoints?)* o *Announcement on the website at www.rki.de/covid-19-risikogebiete that RKI has not made a determination within the meaning of the regulation; exact language is still being discussed (?)* *TODO: Report to BMG (FF: FG33, integration of legal department); language regulation for website and enquiries (FF: press?)*	*Press (Wenchel)* *P1 (Gubernath)* *FG38 (Rexroth)*

6	**RKI Strategy Questions** **General** • *Discussion on the document of the AGI UAG "Strategy Change" (not all participants are familiar with the document): E-mail from BMG/Korr with work order to AGI to prepare a document on the "Strategy change" (i.e. away from incidence as the sole indicator for measures); RKI-ControlCOVID paper is mentioned in the e-mail as a good basis, therefore no direct work order is seen for the RKI to coordinate or harmonise the strategy change document; RKI participates by providing technical advice (leading indicators: 7-day incidence/100,000, 7-day hospitalisation incidence, proportion of COVID-19 ITS cases to total number of operational ITS bed capacity, see ControlCOVID paper); Current draft of the strategy change document is not available to the RKI; mandate of the BMG and objections of the RKI will be fixed in writing; original paper will be attached to the decree report; report deadline ends on 30 July; final drawing in the house by 29 July, 18:30; today (28 July) 17:00 renewed discussion round in AGI UAG* **RKI-internal** • *(not discussed)*	*AL3 (Hamouda)/ all*
7	**Documents** *(Fridays only)* • *(not discussed)*	*All*
8	**Vaccination update** *(Fridays only)* • *(not discussed)*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *(not discussed)*	*FG17/ZBS1*
10	**Clinical management/discharge management** • *(not discussed)*	*ZBS7*
11	**Measures to protect against infection** *(Fridays only)* • *(not discussed)*	*FG14*
12	**Surveillance** *(Fridays only)* • *(not discussed)*	*FG32*
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** • *(none)*	*All*
16	**Other topics** • *(none)* • *Next meeting: Friday, 30 July 2021, 11:00 a.m., via Webex*	

End: 13:05

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 30.07.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar H. Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
  - *Nadine Litzba*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Ulrike Grote*
- *MF1*
  - *Stephan Fuchs*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Marica Grossegesse*
- *ZBS7*
  - *Christian Herzog*
- *ZIG1*
  - *Eugenia Romo Ventura*
  - *Angela Fehr*
- *ZIG4*
  - *Heinz Ellerbrok*
- *BZgA*
  - *Martin Dietrich*

Protocol:
Nadine Litzba, Dept. 3

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* *(slides here)* • *Top 10 countries by number of new COVID-19 cases: Almost 196 million cases, increase of 2.6%, lower growth compared to last week's 8% increase; deaths > 4 million, CFR 2.14%, also lower than last week* *Increase in 6 countries, decline in 5 countries, UK (- 37%) compared to previous week* • *7-day incidence per 100,000 inhabitants worldwide* *Highest 7TI in America, especially Central America, Central Asia, Southern Europe and Southern Africa* *WHO AFRO reported a 3rd wave for African continent at the end of June, since the beginning of the week the number of cases has been declining, cases mainly in South Africa, Namibia, Botswana, Zimbabwe; reasons for increase were population fatigue regarding NPI, delta detected in 21 African countries, best data from Namibia and South Africa, delta dominant variant in Namibia, beta now share of 5%, South Africa also large share of delta, beta 22%.* • *Number of cases and deaths worldwide, WHO SitRep:* *Older data than slide 1, highest 7TI in America and Europe, highest increase in deaths in North and South America and Southeast Asia* **National** • **Case numbers, deaths, trend**, *(slides here)* ○ *SurvNet transmitted: 3,766,765 (+2,454) cases, thereof 91,637 (+30) Deaths* *Continuous increase in 7TI, very slight increase in the number of hospitalised compared to the previous week* *DIVI intensive care register low level, slight decrease, number of vaccinations continues to increase, >50% with full vaccination programme.* *Vaccination* ○ *Trend in 7-day incidence in the federal states: average 7TI at 17, tripling, increase in all BL,* *more or less strong, mainly northern BL affected, HH and Berlin highest 7TI, SH was otherwise always low, now also high 7TI* ○ *Enquiry about increase in 7TI and flooding in RP and NW:* *RM from RP that no increase in 7TI in connection with flood areas is visible* ○ *Geographical distribution of 7-day incidence:* *LK Ahrweiler relatively high 7TI, but according to the LK the cases that have occurred are not related to flood areas, highest 7TI (>50/100,000 p.e.) in Wolfsburg, Lüneburg and Berchtesgadener Land* ○ *Distribution of VOC in Germany, 29. KW:* *Delta dominant variant, note: Legend of fig. to*	*ZIG1 (Romo Ventura)* *FG32 (Diercke)*

	various. Dominates different ○ *Death rates in Germany:* *Level of previous years, continued low number of deaths* **Discussion** ○ *Is there a link between the number of deaths and the number of deaths in the ITS? No direct reference possible as possibly not reported at the same time, ITS figures from DIVI* ○ *Could we recognise an outbreak in the disaster areas? GA asks the cases about the possible location of infection, other LK would be listed if necessary. But recording not systematic, mentioned in EpiLag and herd identifier assigned.* • **Modelling** ***(Fridays only)*** ○ *Not discussed*	
2	**International** ***(Fridays only)*** • *Project application for ad hoc support for Namibia granted until 31 December, € 790,000* • *Project application to support the Africa CDC: Top-up application for ongoing project, Staff Exchange to support the response, 10.08.2021 - 12.2022*	*ZIG (Ellerbrok)*
3	**Update digital projects** ***(Fridays only)*** • **CWA** ○ *Version 2.6 available since Wednesday:* *CWA can now display local 7TI for up to 5 circuits* *You can check whether the certificate is valid for the selected country at the time of travelling* *CWA can display test locations that are connected to CWA, edition function also available* ○ *Evaluation of the CWA: The 2nd part of the scientific evaluation has been completed. Core result: 80% of users were surprised by the CWA warning, indication of benefit, evaluation report has been finalised and can be shared.* *ToDo: FG21 shares the evaluation report with the crisis management team distributor* ○ *CovPass app: 80 million vaccination certificates issued, pharmacies are now slowly being reconnected* ○ *DEA: 10 million applications* • **Presentation of the project with the company Netcheck** ○ *Current estimates of the effective reproduction number of SARS-CoV-2 based on mass contact data from the company Netcheck* ○ *Cooperation with Netcheck, company collects movement profiles, GPS-based, maps contact networks, contacts within 8 square metres for at least 2 minutes, more accurate than CWA can do via Bluetooth protocol.* ○ *Contact index is determined from this and early warning system*	*FG21 (Scheida)* *MF1 (Fuchs)*

RKI	*also depicts the friendship paradox.* ○ *Contact index agrees well with the course of the R-value from 17 days ago* ○ *Contact index had to be adjusted for stronger transmission of the delta variant, additional effect of inoculation built in and test strategy, UV index did not have much influence, currently contact index still has raw version,* *Adjustment not yet finalised* ○ *But early warning system failed last weekend, very high contact index: CSD was initially thought to have had an effect, but football matches at the weekend (e.g. in Kaiserlautern) and bad weather had a greater influence. It is unclear whether this will be reflected in the R-value over the next few days. The contact index has been falling again since Tuesday.* ○ *Netcheck also works closely with Mr Brockmann.* ○ *Data collection through various mobile phone apps as an opt-in option (e.g. car navigation app). Consent to the transfer of temporal and spatial data. Data from 1.4 million Germans is currently being used, presumably young to middle-aged (20-50-year-olds). But MF1 does not know which apps these are - therefore difficult to evaluate further at present: football matches seem to be mapped very well, possibly more football fans have the app.* ○ *Opt-in procedure generally not representative* ○ *Data protection: Data may not be shared in full resolution, but spatial representation is possible, e.g. in the form of maps (which football stadium).* ○ *MF1 contacts Max von Kleist for calibration with sequence data/incidence estimator* ○ *Background paper from Netcheck: https://www.pnas.org/content/118/31/e2026731118/tab-article-info* ○ *Contact to Dept. 3 also desired by Netcheck. CWA also interested in contact* *ToDo: Dept.3 checks who from Dept.3 will be available for the project with Netcheck.*	

4	**Current risk assessment** • *The risk assessment is to be adjusted to the current situation. Risk assessment unchanged.* • *Changes (see also here):* ○ *"Overall, the number of cases worldwide is decreasing" is deleted* ○ *"...the number of cases has stagnated in all age groups since the end of April." to "...between the end of April and the beginning/middle of July, the number of cases is now rising again in all age groups." changed* ○ *Reference to travelling in case of accumulations included* ○ *Note on vaccine availability and vaccination prioritisation deleted, added: "Since sufficient vaccine is available, vaccination prioritisation could be lifted...".* ○ *For VOC, reference to countries is deleted. In other RKI texts mostly 2 names: WHO name and Pangolin name, therefore both here as well.* ○ *Text on severe courses of delta adds: "International studies indicate that VOC B.1.617.2 (delta), which is now dominant in Germany, can lead to more severe courses of the disease with more hospitalisations and more frequent deaths."* ○ *The last sentence on the resource burden on the healthcare system was adapted: "Since the available vaccines offer good protection against the development of COVID-19 disease (especially severe disease), it can be assumed that increasing vaccination rates will also reduce the burden on the healthcare system."* ○ *Some editorial changes*	
5	**Communication** **BZgA** • *"Hello Again" TV advert running* • *School pack sent out today - digital information pack for schools, as school starts in the first BL* • *Start of semester: similar digital information package to be prepared for universities* • *Discussions on next studies: Aspect of migration: information needs and information channels should be taken into account in next studies* • *Please continue to advertise AHA+L measures; TV adverts show mass events without masks. A communicative line would be important! The CDC also emphasises that all AHA measures are also available for vaccinated people.* • *BZgA considers AHA + L still important, but contradiction in storylines: Vaccination spur should not be dampened. Hence the BZgA's decision to split both strands. AHA + L should then be promoted again* • *(further discussion under general RKI strategy questions)* **Press, P1**	*BZgA (Dietrich)* *FG36* *Press (Wenchel)/P*

RKI	• *People are always shown wearing a mask unless they are being tested.* • *Threat for VOC postponed to Fri. as data will not be published until Thu. in the weekly report* • *Vaccination rate monitoring: graphs by age group for the first time this week*	*1 (flax)*
6	**RKI Strategy Questions** **General** • *Communication AHA+L rules, CDC paper (see here):* o *Not wearing masks should not be an incentive for vaccination, as AHA+L must remain in place for longer.* o *Communication strategy: Propagating the AHA + L rules should happen now, because the transfers are already taking place* o *BZgA: Important note. TV advert is in circulation, but mask wearing was not intended as the main motive for vaccination* o *BZgA is also in favour of AHA+L continuing to apply* o *BZgA takes the point to the steering committee and a communication strategy is being considered to specifically include the AHA+L rules.* o *Wear and tear of AHA+L present, other line may have to be developed.* o *CDC data: mRNA vaccination only provides limited protection against asymptomatic infection, higher transmissibility even in vaccinated people, protective effect average values and individual protection differ* o *Vaccine breakthroughs not surprising. What do we want to prevent? What do we want to achieve? Do we want to allow transmission, especially to prevent serious cases?* o *Efficiency is and remains population-based. We have 3 pillars, all 3 of which must remain in place, complementing each other, not replacing each other: Vaccinations, basic measures, TTI. Mass events must be avoided and not everything must be relaxed.* **RKI-internal** • *Update strategy paper and incidence calculations:* o *Strategy paper sent to AGI distributors and BMG yesterday, Sent to crisis team, not yet the final status* o *It was accepted by the Group that the RKI does not wish to be named as an author, but only as an advisory organisation.* o *AHA+L remains: Agreement that basic measures must apply* o *But vaccination rate should be taken into account, indices should be added* o *There were discussions in the group that only household members should be quarantined, but this will most likely not be possible. But it is unclear how contact tracing is still to be guaranteed.*	*FG36/All* *FG38/AL3/ All*

	○ *A change of strategy from containment to protection was propagated. This shows that the overall concept was not understood, namely that all rails are needed (with different prioritisations depending on the load on the system)* ○ *Higher tolerable limit values only correct at first (intuitive) glance: Indicator incidence is attenuated and the same values represent a higher transmission incidence: Increase in incidence thresholds leads to high infection pressure on unvaccinated susceptible population, especially children under 12 yrs and elderly. It is unclear how high the tolerable infection pressure is.* ○ *Difficulty in drawing conclusions about measures in schools etc. from a population-wide incidence. Is it possible to work with incidences in age groups (under 12, 12-60, over 60)? There was also discussion in the group about age-diff. However, the paper is to be translated into regulations at state level, which makes it difficult.* ○ *In paper now 3 indicators: Transmission, severity and burden. In RKI sense that hospitalisation and intensive care bed occupancy are also considered. Proposal that 2 values must be elevated to trigger next level. However, burden as an indicator may be difficult for some districts with maximum care hospitals.* ○ *Heat map and dynamics of the event are also important parameters to be considered; should be presented in a differentiated way.* ○ *Influenza must also be considered: In normal influenza season, slight overload with additional COVID cases.* ○ *Question whether threshold values in ControlCOVID paper need to be adjusted?* ○ *RM from politics: Adaptation expected, if incidence values remain the same, acceptance will not be there.* ○ *Perhaps sticking to limit values, but changing the measures for the limit values? E.g. not closing the retail trade at level 2, but avoiding mass events in any case.* ○ *An adjustment of the threshold values and measures in the ControlCOVID paper should be prepared. Publication should be postponed to a later date if necessary.* ○ *The discussion will continue next week.* • *Coronavirus entry regulation of 21.07.21:* ○ *Sentence for determining the sufficient effectiveness of the vaccines against the virus variants remains in the entry regulation.* ○ *There are many enquiries about this, but it is unclear how we will deal with them.* ○ *Enquiry to BMG decree mailbox and reply from Mr Sangs that the designation by the RKI remains in place* ○ *However, it is not a task of the RKI, is intended to be*	*FG38/Press*

	The report should be formulated more formally. *ToDo: FG33 and AL3 will prepare a decree report by the beginning of next week.* • *Antibody studies:* ○ *Fears that many illnesses will again occur in autumn due to limited vaccination protection for the very elderly.* ○ *Study on AK prevalence in HCW, especially in retirement and nursing homes? Also to raise awareness of the problem* ○ *AK is not a good protective correlate, but may be good to discuss in well-designed studies.* ○ *STIKO deals with the topic and also looks at international studies (see also Vaccination update).*	*AL1/FG33*
7	**Documents** *(Fridays only)* • *(not discussed)*	*All*
8	• *Recommendations on boosters are complex (various basic immunisations, immunodeficient, elderly, etc.), also discussed in WHO/SAGE COVID-19 Vaccination Working Group, so far only recommended for Sinovac/Sinopharm, demanded primarily by politicians and Pfizer, insufficient data available so far, Israel is an exception with booster recommendation, possibly due to very narrow vaccination schedule* • *Next week publication of the monthly surveys of vaccination acceptance: For the first time, discrepancy between survey instrument and DIM, possibly due to vaccinations in companies, much not reported here and rather underreporting in the DIM system, i.e. possibly underreporting of the number of vaccinated persons aged 18 to 60.* • *Further discussion points on booster vaccinations:* 1. *Israeli booster recommendation for over 60s before autumn is based on new study data. These show a drop in protection against serious illness from 97 to 81% in the > 60 age group.* 2. *This data should be taken very seriously, it fits with immune senescence (= weakened immune function with increasing age)* 3. *The Israeli vaccination campaign was one of the first and most effective vaccination campaigns in the world; only mRNA vaccines were used. The previously mentioned tight vaccination schedule (dosing interval of 3 weeks) was also used for many nursing home residents in Germany, especially at the beginning of the year* 4. *In Germany, people >60 are frequently vaccinated with Astra Zeneca, a vaccine whose effectiveness per se is already lower than that of mRNA vaccines.* 5. *There is therefore cause for concern that a substantial proportion of people over 60 will also be inadequately protected against serious illness in Germany.* - • *Modelling results will be published shortly to illustrate what has been achieved so far: Prevention of up to 40,000 deaths*	*FG33 (Wichmann)* *FG17*

	The paper should also mention the effect of the NPI, as the measures together have led to the prevention of deaths. *ToDo: Ole Wichmann passes this information on to the group of authors*	*FG36/FG38*
9	**Laboratory diagnostics** *(Fridays only)* • *(not discussed)*	*FG17/ZBS1*
10	**Clinical management/discharge management** • *(not discussed)* *ToDo: Topic for next meeting: Evaluation of the current recommendation of 10-day isolation with data on prolonged virus excretion of Delta up to 13 days*	*ZBS7* *FG36 (Haas)*
11	**Measures to protect against infection** *(Fridays only)* • *(not discussed)*	*FG14*
12	**Surveillance** *(Fridays only)* • *(not discussed)*	*FG32*
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** • *VC with Holtherm and Karagiannidis on hospitalisation/ITS occupancy ratio (TN: Wieler, MF4, FG33, FG36)*	*All*
16	**Other topics** • *(none)* • *Next meeting: Wednesday, 04.08.2021, 11:00 a.m., via Webex*	

End: 13:15

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 04.08.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Janna Seifried*
  - *Nadine Litzba*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *John Gubernath*
- *Press*
  - *Ronja Wenchel*
- *ZBS7*
  - *Michaela Niebank*
  - *Katharina Lang*
- *ZIG1*
  - *Angela Fehr*
  - *Regina Singer*
- *BZgA*
  - *Christoph Peter*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,777,446 (+3,571), thereof 91,704 (+25) Deaths* ○ *7-day incidence 18.5/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 51,423,707 (61.8%), with full vaccination 43,708,441 (52.6%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Slight increase in incidence* ▪ *Hamburg, Berlin, SH and NRW have relatively high incidences.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *In the districts of Ahrweiler and Berchtesgadener Land, the incidences are almost 50, which is not due to outbreaks. among helpers.* ▪ *The trend shows more increases than decreases.* ▪ *Compared to the previous week, the map has become slightly darker.* ○ *Deaths during the last 14 days by district* ▪ *Within the last 14 days, 291 deaths were reported.* ▪ *Many LK with 0 deaths.* ▪ *Some districts stand out: Greiz district, Hohenlohe district, Ludwigslust-Parchim district.* ○ *7-day incidence by age group* ▪ *Significantly faster increase in incidences than last summer.* ○ *7-day incidence of hospitalised cases by district* ▪ *Low incidences, some LK are somewhat conspicuous.* ○ *Course of the 7-day incidence of hospitalised patients according to Age group* ▪ *Low overall. Most hospitalised people are in the 80+ age group.* ○ *Exposure countries of imported cases* ▪ *A lot of arrows have been added to the graphic.* ▪ *The most frequently named holiday destinations were: Spain, Turkey, Netherlands, Croatia, Greece.* ○ *Exposure abroad* ▪ *Share decreases slightly.* ○ *Development trend* ▪ *Only positive development in the 7-day R value, which is decreasing slightly.* ○ *Why is the indicator report not published?* ▪ *Will be passed on to the BL.*	*FG32 (Rexroth)*

	▪ *Problem: different reporting date than in the management report, therefore the R-value is different.* ▪ *R-value from management report to be taken.* *ToDo: Check when the indicator report can be published, as pdf is sufficient.* ○ *Why is the R-value moving downwards?* ▪ *Case numbers rise less sharply than in the previous weeks. With small case numbers and a sharp increase* *R-value reacts very strongly. Dynamics have decreased slightly.*	
	• **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Further decrease in test numbers* ▪ *positive share rose to 2.96.* ○ *Capacity utilisation* ▪ *Capacities are still available. Utilisation at < 30%.* ▪ *In summer 2020, the positive share was 13 weeks <1%, only 2 weeks this year.*	*Dept.3 (Seifried)*
	ARS data *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Decrease in the number of tests, proportion of positives increased, e.g. in NRW.* ○ *Number of tests and percentage of positives by age group* ▪ *Decrease in the number of people tested in all WGs, even among >80 year olds, who nevertheless continue to be tested most frequently become.* ▪ *In all AGs, the increase in the proportion of positives is strongest among 15-34 and 5-14 year olds.* ○ *Number of tests and percentage of positives by testing location and age group* ▪ *Constant proportion of tests in doctors' surgeries, proportion of positives is highest.* ▪ *Slight increase in the proportion of positives at a low level in KH as well.* ▪ *In other places of decline, decrease in the number of tests, increase in the proportion of positives.* ▪ *Increase in positive shares in older AGs as well.* ○ *Outbreaks in care and medical facilities* ▪ *In CW30 11 active outbreaks in retirement and nursing homes.* ▪ *8 active outbreaks in medical facilities.* ▪ *Whether outbreaks occur more frequently among vaccinated people cannot be deduced from this data.*	*FG37 (Abu Sin)*
	• **Syndromic surveillance** *(Wednesdays only)* *(slides here)* ○ *FluWeb* ▪ *ARE rate in the range of previous years.* ▪ *Decline in children*	*FG36 (Tolksdorf)*

RKI	○ *ARE consultations* ▪ *Remained stable overall, increase in 0-4 year olds.* ▪ *rate among children higher than in previous seasons.* ○ *ICOSARI-KH-Surveillance* ▪ *Very slight increase in children in line with the number of cases from previous years.* ▪ *Lower number of cases among older people than in previous years.* ▪ *Share of COVID in SARI cases: slight increase has not continued.* ▪ *Share of COVID in SARI cases with intensive care: increase from last week does not continue, also fluctuations at this time of year last year.* ○ *Outbreaks at nurseries, after-school care centres, schools* ▪ *13 new outbreaks, fewer than 15 outbreaks per week since mid-June.* ▪ *53 new school cancellations despite high holiday density, many late registrations for week 29.* ▪ *Mainly 11-14 year olds involved.* • **Virological surveillance, NRZ influenza data** *(Wednesdays only) (slides here)* ○ *114 submissions from 28 practices in week 30, a slight increase on the previous week. There has been little change in the age distribution.* ○ *80% positive virus detections (+3%), no influenza virus detections, no SARS-CoV-2, no HMPV.* ○ *Rhinoviruses:* ▪ *most common, just under > 40%* ▪ *spread across all AGs* ○ *Parainfluenza viruses:* ▪ *Decline, has nothing to say yet* ▪ *all PIV-3* ▪ *Children particularly affected* ○ *RSV:* ▪ *slight increase* ▪ *Reports from some regions that RSV is already clearly circulating, usually this is only at the end of the year was the case.* ○ *SARS-CoV-2:* ▪ *No evidence for 2 weeks in a row* ○ *Seasonal coronaviruses:* ▪ *NL63: no detection in week 30* ▪ *OC43: slight increase* ▪ *229E: only sporadically* ▪ *HKuV1: not detected* • **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* ○ *COVID-19 intensive care patients* ▪ *387 are currently being treated, 24 more than in the previous week.* ▪ *Severity: The proportion of mild ventilation cases*	*FG17 (Dürrwald)* *MF4 (Fischer)*

RKI	*is increasing.* ▪ *At a low level in all BCs, only Hamburg and Berlin in level 1, the rest below. Hamburg has stabilised again after the rise.* o *Age structure* ▪ *Data from 92% of all reported cases* ▪ *Shift to young AG, 46% are < 60 years.* ▪ *Increase in 80+, 30-39 and 40-49 year olds* ▪ *Relatively stable among 50-79 year olds* o *Prognosis of COVID-19 patients requiring intensive care* ▪ *Stagnation or marginal increases are forecast.* • *Has the case fatality rate changed over the months?* o *Will be considered on Friday.* • *Reason for decrease in testing and increase in positives?* o *This may be due to the increasing number of vaccinated people who are no longer being tested.* o *Younger people and those who have been vaccinated are probably less likely to go to the doctor if they have mild symptoms.* o *There is a lack of understanding among the population that you should get tested if you have symptoms, even if you have been vaccinated.* o *Antigen tests are available this year, and symptomatic patients may be more likely to visit a test centre than a doctor.* o *Shift through broad-based testing centres with antigen tests, interesting to consider when the free rapid tests expire.* o *Difficult to interpret due to the travelling time.* o *Massive testing of travellers returning last year.* o *Presumably also less willingness of doctors to test.* o *ARE rate is currently low.* o *Testing is routine for hospital admissions. This is why the number of tests is still high and the positive rate is low.* o *Laboratories reduce capacities. It should be recommended that capacities be used instead for particularly vulnerable groups in care and educational institutions.* o *Doctors should carry out extensive low-threshold testing, testing of healthcare workers should be maintained.* o *These recommendations would be a good topic for the next press conference. It is unclear when a press conference is planned, but probably not before the general election.* o *It should be considered whether the RKI should then carry out another PK itself.* *ToDo: Press BMG to find out whether further PKs are planned.* *ToDo: Coordinate tweet with Ms Seifried on this topic. Should be discussed beforehand in the diagnostics working group.* o *Proposal: Use of test centres for PCR testing.* *Antigen tests may be carried out by laypersons, PCR is a medical matter, test centres would have to cooperate with laboratories.*	

	work together. ○ *The division was discussed in the Epid.Bull. has been commented on. What should be carried out in a professional setting and what can be carried out by amateurs?* ○ *What information from diagnostics and what data sources are needed to answer this question?*	
2	**International** ***(Fridays only)*** • *(not reported)*	
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *(not reported)*	*All*
5	**Communication** **BZgA** • *Nothing new* **Press** • *Praise from Deutschlandfunk for weekly report* ○ *Messages can be disseminated well in the weekly report. Message is better perceived than in daily reports.* ○ *This format (one detailed report per week) should be maintained until the end of the pandemic.* • *Many enquiries about entry requirements: Are there efforts to standardise regulations at European level and to recognise heterologous vaccinations?* ○ *There is still no consensus on heterologous vaccinations.* • *We are often asked for data on the vaccination status of deceased and hospitalised people. Are we able and willing to provide this data?* ○ *Could these either be mentioned in the weekly report or explained why this is not useful?* ○ *Explanation of vaccination breakthroughs requested* ○ *There is a language regulation for deaths. ToDo: In the weekly report, state the reason why it is difficult to show the relevant figures; Mr Harder will clarify this with Mr Michaelis and Mr Wichmann.* • *Mr Steingart will be interviewing Mr Wieler on Monday. This should be well prepared.* • *Vaccination: A new report on the COVIMO survey will be published soon. For the first time, there will be a large discrepancy between the DIM and COVIMO data.* ○ *Where does that come from? Is the proportion overestimated in the survey? COVIMO is the basis for forecasts.* ○ *Does the DIM data underestimate the proportion of vaccinated people? Company doctors are only partially connected to DIM.*	*BZgA (Peter)* *Press (Wenchel)* *Wieler*

	Johnson and Johnson vaccine falsifies the statistics. • *Discrepancy must be explained, good language is necessary when COVIMO report is published.* *ToDo: Clarification of the discrepancy, search for validation options. FF FG33* **Science communication** • *VOC and parts of the weekly report are included in communication.* • *Further topics: Children and adolescents, Vaccination*	*P1 (Gubernath)*
6	**RKI Strategy Questions** **a) General** • *Masks for vaccinated people indoors* o *2 Problems when vaccinated people do not wear masks: risk groups are neglected and it is not easy to determine whether someone has been vaccinated or not.* o *The wording should be adapted: In principle, everyone should wear masks indoors, unless everyone is vaccinated and no risk groups are present.* o *All papers are to be adjusted accordingly.* o *Professional opinion should go hand in hand with good communication.* *ToDo: All check papers and adjust wording.* o *Request to BZgA to include this in all materials. Mr Peter accepts the request. FG14 is available to the BZgA as a contact partner.* • *Indicators: Mandate of the Federal Chancellery* o *Mr Schaade has advertised lollipop pool PCR tests. 1/3 of the countries view these critically, the rest have already introduced them or are planning to do so.* o *From the group of test coordinators: Pool testing is being scrutinised due to costs. Testing is not covered by the federal government, must be financed from state funds.* o *Kultusministerkonferenz: Funds are not available.* o *If figures rise in the autumn, test capacity could reach its limits again.* o *Ms Seifried is in active dialogue with laboratories and associations. These would be able to increase capacities with planning security.* o *RKI task: suggest, justify, introduce in forums ToDo:* *Topic to be put on a speaking note for interview with Mr Wieler.* o *Based on a study, the Working Group on Infection Protection would like to replace quarantine with daily testing with antigen tests.* o *Order from the Federal Chancellery: Quarantine recommendations for school areas to be changed, quarantine only 2 rows of seats in front and behind.* ▪ *Due to Delta, the current regulations will be retained.* ▪ *It would make sense to use the study carried out for Alpha for*	*All / FG33 + FG36* *VPresident*

	Delta in school and daycare centres. ▪ *This was an outbreak investigation initiated by the GA.* o *Contact person management was formulated in a very differentiated manner, currently no need for adjustment.* *ToDo: Include in AGI, in outbreak situations, tests should be carried out on Delta, RKI is happy to provide support.* o *The modification of the indicators was sent to the BMG and the Chancellery yesterday. However, the Chancellery wants a single indicator, the hospitalisation incidence. This could represent the cut-off for measures in future.* o *Can RKI provide this data? Categorisation necessary that an indicator is not optimal* • *Information on GMK resolutions and request from AGI on KP management* o *Request for a revision of the contact person management from AGI.* o *It is reported that ÖGD cannot cope with a 4th wave. People have many contacts again. The ÖGD must also refocus on its other tasks.* o *Countries would like to give up containment. It is a question of principle and resources.* o *The RKI is sticking to its position, and has communicated this. RKI cannot make a convenience recommendation.* o *Prioritisation criteria have already been set at the moment. No changes for the time being, wait and see how things develop.* o *Results from the NRW Ministry of Education: nationwide pool testing in schools and daycare centres, no transfers to educational institutions.* o *Indicates that if measures are implemented, infections are recognised early with PCR testing. Therefore very low spread, shows effectiveness of pool testing.* o *Suggestion: Experience should be published. The interpretation should not be that delta is not more infectious than alpha, but that PCR testing can be used to recognise infections at an early stage.* **b) RKI-internal** • *Info on the entry regulation: Vaccination effectiveness for variants* o *If there is a FAQ on this, it should be revised regularly. So far only one sentence in the FAQ.* o *Table for P1 (gamma) is to be published on the travel page. Can the RKI make changes independently?* o *BMG is sovereign, send complete page.* o *Instead of "not sufficiently effective or...", the wording "insufficient data available to make the determination" should be used.* o *Only 7 studies in total, of which only 1 study with Biontech and Moderna with very small case numbers.* *ToDo: To be proposed to BMG, FF Mrs Rexroth*	*FG38 / All*

	• *Request from the Chancellery: How many people are there in Germany who cannot be vaccinated for medical reasons or who do not form a sufficient immune response. Is an estimate possible?* ○ *Children under 12 should be counted. The question will not be answered until next week, when the STIKO recommendation is available.* *ToDo: FG33 consults with office, reply via BMG to Chancellery*	
7	**Documents** *(Fridays only)* • *Not discussed*	
8	**Vaccination update** *(Fridays only)* • *(not reported)*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *(not reported)*	
10	**Clinical management/discharge management** • *Nothing to report* • *Is there any data on prolonged virus excretion in Delta?* *ToDo: Mrs Lang will take the question to the specialist department.* *ToDo: Perhaps ZBS1 could take a look at this. Clarify whether a retrospective analysis of clinical samples is possible.*	*ZBS7 (Long)*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*FG37*
12	**Surveillance** *(Fridays only)* • *(not reported)*	
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Friday, 06.08.2021, 11:00 a.m., via Webex*	

End: *12:36 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 04.08.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Janna Seifried*
  - *Nadine Litzba*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG 33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Walter Haas*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Ute Rexroth*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *John Gubernath*
- *Press*
  - *Ronja Wenchel*
- *ZBS7*
  - *Michaela Niebank*
  - *Katharina Lang*
- *ZIG1*
  - *Angela Fehr*
  - *Regina Singer*
- *BZgA*
  - *Christoph Peter*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,777,446 (+3,571), thereof 91,704 (+25) Deaths* ○ *7-day incidence 18.5/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 51,423,707 (61.8%), with full vaccination 43,708,441 (52.6%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Slight increase in incidence* ▪ *Hamburg, Berlin, SH and NRW have relatively high incidences.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *In the districts of Ahrweiler and Berchtesgadener Land, the incidences are almost 50, which is not due to outbreaks. among helpers.* ▪ *The trend shows more increases than decreases.* ▪ *Compared to the previous week, the map has become slightly darker.* ○ *Deaths during the last 14 days by district* ▪ *Within the last 14 days, 291 deaths were reported.* ▪ *Many LK with 0 deaths.* ▪ *Some districts stand out: Greiz district, Hohenlohe district, Ludwigslust-Parchim district.* ○ *7-day incidence by age group* ▪ *Significantly faster increase in incidences than last summer.* ○ *7-day incidence of hospitalised cases by district* ▪ *Low incidences, some LK are somewhat conspicuous.* ○ *Course of the 7-day incidence of hospitalised patients by Age group* ▪ *Low overall. Most hospitalised people are in the 80+ age group.* ○ *Exposure countries of imported cases* ▪ *A lot of arrows have been added to the graphic.* ▪ *The most frequently named holiday destinations were: Spain, Turkey, Netherlands, Croatia, Greece.* ○ *Exposure abroad* ▪ *Share decreases slightly.* ○ *Development trend* ▪ *Only positive development in the 7-day R value, which is decreasing slightly.* ○ *Why is the indicator report not published?* ▪ *Will be passed on to the BL.*	*FG32 (Rexroth)*

	▪ *Problem: different reporting date than in the management report, therefore the R-value is different.* ▪ *R-value from management report to be taken.* *ToDo: Check when the indicator report can be published, as pdf is sufficient.* ○ *Why is the R-value moving downwards?* ▪ *Case numbers rise less sharply than in the previous weeks. With small case numbers and a sharp increase* *R-value reacts very strongly. Dynamics have decreased slightly.*	
	• **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Further decrease in test numbers* ▪ *positive share rose to 2.96.* ○ *Capacity utilisation* ▪ *Capacities are still available. Utilisation at < 30%.* ▪ *In summer 2020, the positive share was 13 weeks <1%, only 2 weeks this year.*	*Dept.3 (Seifried)*
	ARS data *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Decrease in the number of tests, proportion of positives increased, e.g. in NRW.* ○ *Number of tests and percentage of positives by age group* ▪ *Decrease in the number of people tested in all WGs, even among >80 year olds, who nevertheless continue to be tested most frequently become.* ▪ *In all AGs, the increase in the proportion of positives is strongest among 15-34 and 5-14 year olds.* ○ *Number of tests and percentage of positives by testing location and age group* ▪ *Constant proportion of tests in doctors' surgeries, proportion of positives is highest.* ▪ *Slight increase in the proportion of positives at a low level in KH as well.* ▪ *In other places of decline, decrease in the number of tests, increase in the proportion of positives.* ▪ *Increase in positive shares in older AGs as well.* ○ *Outbreaks in care and medical facilities* ▪ *In CW30 11 active outbreaks in retirement and nursing homes.* ▪ *8 active outbreaks in medical facilities.* ▪ *Whether outbreaks occur more frequently among vaccinated people cannot be deduced from this data.*	*FG37 (Abu Sin)*
	• **Syndromic surveillance** *(Wednesdays only) (slides here)* ○ *FluWeb* ▪ *ARE rate in the range of previous years.* ▪ *Decline in children*	*FG36 (Tolksdorf)*

RKI	○ *ARE consultations* ▪ *Remained stable overall, increase in 0-4 year olds.* ▪ *rate among children higher than in previous seasons.* ○ *ICOSARI-KH-Surveillance* ▪ *Very slight increase in children in line with the number of cases from previous years.* ▪ *Lower number of cases among older people than in previous years.* ▪ *Share of COVID in SARI cases: slight increase has not continued.* ▪ *Proportion of COVID cases in SARI cases with intensive care: increase from last week does not continue, also fluctuations at this time of year last year.* ○ *Outbreaks at nurseries, after-school care centres, schools* ▪ *13 new outbreaks, fewer than 15 outbreaks per week since mid-June.* ▪ *53 new school cancellations despite high holiday density, many late registrations for week 29.* ▪ *Mainly 11-14 year olds involved.* • **Virological surveillance, NRZ influenza data** *(Wednesdays only) (slides here)* ○ *114 submissions from 28 practices in week 30, a slight increase on the previous week. There has been little change in the age distribution.* ○ *80% positive virus detections (+3%), no influenza virus detections, no SARS-CoV-2, no HMPV.* ○ *Rhinoviruses:* ▪ *most common, just > 40%* ▪ *spread across all AGs* ○ *Parainfluenza viruses:* ▪ *Decline, has nothing to say yet* ▪ *all PIV-3* ▪ *Children particularly affected* ○ *RSV:* ▪ *slight increase* ▪ *Reports from some regions that RSV is already clearly circulating, usually this is only at the end of the year was the case.* ○ *SARS-CoV-2:* ▪ *No evidence for 2 weeks in a row* ○ *Seasonal coronaviruses:* ▪ *NL63: no detection in week 30* ▪ *OC43: slight increase* ▪ *229E: only sporadically* ▪ *HKuV1: not detected* • **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* ○ *COVID-19 intensive care patients* ▪ *387 are currently being treated, 24 more than in the previous week.* ▪ *Severity: The proportion of mild ventilation cases*	*FG17 (Dürrwald)* *MF4 (Fischer)*

RKI	*is increasing.* ▪ *At a low level in all BCs, only Hamburg and Berlin in level 1, the rest below. Hamburg has stabilised again after the rise.* o *Age structure* ▪ *Data from 92% of all reported cases* ▪ *Shift to young AG, 46% are < 60 years.* ▪ *Increase in 80+, 30-39 and 40-49 year olds* ▪ *Relatively stable among 50-79 year olds* o *Prognosis of COVID-19 patients requiring intensive care* ▪ *Stagnation or marginal increases are forecast.* • *Has the case fatality rate changed over the months?* o *Will be considered on Friday.* • *Reason for decrease in testing and increase in positives?* o *This may be due to the increasing number of vaccinated people who are no longer being tested.* o *Younger people and those who have been vaccinated are probably less likely to go to the doctor if they have mild symptoms.* o *There is a lack of understanding among the population that you should get tested if you have symptoms, even if you have been vaccinated.* o *Antigen tests are available this year, and symptomatic patients may be more likely to visit a test centre than a doctor.* o *Shift through broad-based testing centres with antigen tests, interesting to consider when the free rapid tests expire.* o *Difficult to interpret due to the travelling time.* o *Massive testing of travellers returning last year.* o *Presumably also less willingness of doctors to test.* o *ARE rate is currently low.* o *Testing is routine for hospital admissions. This is why the number of tests is still high and the positive rate is low.* o *Laboratories reduce capacities. It should be recommended that capacities are used instead for particularly vulnerable groups in care and educational institutions.* o *Doctors should carry out extensive low-threshold testing, testing of healthcare workers should be maintained.* o *These recommendations would be a good topic for the next press conference. It is unclear when a press conference is planned, but probably not before the general election.* o *It should be considered whether the RKI should then carry out another PK itself.* *ToDo: Press BMG to find out whether further PKs are planned.* *ToDo: Coordinate tweet with Ms Seifried on this topic. Should be discussed beforehand in the diagnostics working group.* o *Proposal: Use of test centres for PCR testing. Antigen tests may be carried out by laypersons, PCR is a medical matter, test centres would have to cooperate with laboratories.*	

	work together. ○ *The division was discussed in the Epid.Bull. has been commented on. What should be done in a professional setting and what can be done by laypersons?* ○ *What information from diagnostics and what data sources are needed to answer this question?*	
2	**International** *(Fridays only)* • *(not reported)*	
3	**Update digital projects** *(Fridays only)* • *(not reported)*	*FG21*
4	**Current risk assessment** • *(not reported)*	*All*
5	**Communication** **BZgA** • *Nothing new* **Press** • *Praise from Deutschlandfunk for weekly report* ○ *Messages can be disseminated well in the weekly report. Message is better perceived than in daily reports.* ○ *This format (one detailed report per week) should be maintained until the end of the pandemic.* • *Many enquiries about entry requirements: Are there efforts to standardise regulations at European level and to recognise heterologous vaccinations?* ○ *There is still no consensus on heterologous vaccinations.* • *We are often asked for data on the vaccination status of deceased and hospitalised people. Are we able and willing to provide this data?* ○ *Could these either be mentioned in the weekly report or explained why this is not useful?* ○ *Explanation of vaccination breakthroughs requested* ○ *There is a language regulation for deaths. ToDo: In the weekly report, state the reason why it is difficult to show the relevant figures; Mr Harder will clarify this with Mr Michaelis and Mr Wichmann.* • *Mr Steingart will be interviewing Mr Wieler on Monday. This should be well prepared.* • *Vaccination: A new report on the COVIMO survey will be published soon. For the first time, there will be a large discrepancy between the DIM and COVIMO data.* ○ *Where does that come from? Is the proportion overestimated in the survey? COVIMO is the basis for forecasts.* ○ *Does the DIM data underestimate the proportion of vaccinated people? Company doctors are only partially connected to DIM.*	*BZgA (Peter)* *Press (Wenchel)* *Wieler*

	Vaccine from Johnson and Johnson falsifies the statistics. • *Discrepancy must be explained, good language regulation is necessary when COVIMO report is published.* *ToDo: Clarification of the discrepancy, search for validation options. FF FG33* **Science communication** • *VOC and parts of the weekly report are included in communication.* • *Further topics: Children and adolescents, Vaccination*	*P1 (Gubernath)*
6	**RKI Strategy Questions** **a) General** • *Masks for vaccinated people indoors* o *2 Problems when vaccinated people do not wear masks: risk groups are neglected and it is not easy to determine whether someone has been vaccinated or not.* o *The wording should be adapted: In principle, everyone should wear masks indoors, unless everyone is vaccinated and no risk groups are present.* o *All papers are to be adjusted accordingly.* o *Professional opinion should go hand in hand with good communication.* *ToDo: All check papers and adjust wording.* o *Request to BZgA to include this in all materials. Mr Peter accepts the request.* • *Indicators: Mandate of the Federal Chancellery* o *Mr Schaade has advertised lollipop pool PCR tests. 1/3 of the countries view these critically, the rest have already introduced them or are planning to do so.* o *From the group of test coordinators: Pool testing is being scrutinised due to costs. Testing is not covered by the federal government, must be financed from state funds.* o *Kultusministerkonferenz: Funds are not available.* o *If figures rise in the autumn, test capacity could reach its limits again.* o *Ms Seifried is in active dialogue with laboratories and associations. These would be able to increase capacities with planning security.* o *RKI task: suggest, justify, introduce in forums ToDo: Topic to be put on a speaking note for interview with Mr Wieler.* o *Based on a study, the Working Group on Infection Protection would like to replace quarantine with daily testing with antigen tests.* o *Order from the Federal Chancellery: Quarantine recommendations for school areas to be changed, quarantine only 2 rows of seats in front and behind.* ▪ *Due to Delta, the current regulations will be retained.* ▪ *It would make sense to use the study carried out for Alpha for Delta in school and daycare centres.*	*All / FG33 + FG36* *VPresident*

	▪ *This was an outbreak investigation initiated by the GA.* o *Contact person management was formulated in a very differentiated manner, currently no need for adjustment.* *ToDo: Include in AGI, in outbreak situations, tests should be carried out on Delta, RKI is happy to provide support.* o *The modification of the indicators was sent to the BMG and the Chancellery yesterday. However, the Chancellery wants a single indicator, the hospitalisation incidence. This could represent the cut-off for measures in future.* o *Can RKI provide this data? Categorisation necessary that an indicator is not optimal* • *Information on GMK resolutions and request from AGI on KP management* o *Request for a revision of the contact person management from AGI.* o *It is reported that ÖGD cannot cope with a 4th wave. People have many contacts again. The ÖGD must also refocus on its other tasks.* o *Countries would like to give up containment. It is a question of principle and resources.* o *The RKI is sticking to its position, and has communicated this. RKI cannot make a convenience recommendation.* o *Prioritisation criteria have already been set at the moment. No changes for the time being, wait and see how things develop.* o *Results from the NRW Ministry of Education: nationwide pool testing in schools and daycare centres, no transfers to educational institutions.* o *Indicates that when measures are implemented, infections are recognised early with PCR testing. Therefore very low spread, shows effectiveness of pool testing.* o *Suggestion: Experience should be published. The interpretation should not be that delta is not more infectious than alpha, but that PCR testing can be used to recognise infections at an early stage.* **b) RKI-internal** • *Info on the entry regulation: Vaccination effectiveness for variants* o *If there is a FAQ on this, it should be revised regularly. So far only one sentence in the FAQ.* o *Table for P1 (gamma) is to be published on the travel page. Can the RKI make changes independently?* o *BMG is sovereign, send complete page.* o *Instead of "not sufficiently effective or...", the wording "insufficient data available to make the determination" should be used.* o *Only 7 studies in total, of which only 1 study with Biontech and Moderna with very small case numbers.* *ToDo: To be proposed to BMG, FF Mrs Rexroth* • *Request from the Chancellery: How many people are there in Germany,*	*FG38 / All*

	who cannot be vaccinated for medical reasons or who do not develop a sufficient immune response. Is an estimate possible? o *Children under 12 should be counted. The question will not be answered until next week, when the STIKO recommendation is available.* *ToDo: FG33 consults with office, reply via BMG to Chancellery*	
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13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Friday, 06.08.2021, 11:00 a.m., via Webex*	

End: *12:36 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 06.08.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Janna Seifried*
  - *Nadine Litzba*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG36*
  - *Walter Haas*
  - *Barbara Hauer*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *ZBS7*
  - *Christian Herzog*
- *ZBS1*
  - *Livia Schrick*
- *P1*
  - *Ines Lein*
- *Press*
  - *Maud Hennequin*
- *ZIG1*
  - *Angela Fehr*
  - *Regina Singer*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** *(slides here)* • *Worldwide:* ○ *Data status: WHO, 06/08/2021* ○ *Cases: 220 million exceeded (+6.3% compared to the previous week), CFR 2.1%* • *List of top 10 countries by new cases:* ○ *1st place USA, increase of almost 50%, mainly southern states affected: Georgia, Louisiana, Florida* ○ *4th place Brazil, decline* ○ *5th place Iran, strong increase (20%) Brazil and India in 1st and 2nd place with declining trend* ○ *7th place Turkey, new in the top ten, increase of 53%, R-value 1.46, CFR low (presumably underreporting)* ○ *10th place Thailand, increase of 20%* • *Number of cases and deaths worldwide (WHO SitRep):* ○ *Further 3% increase in new cases worldwide* ○ *Deaths: Decrease of 8%* ○ *Eastern Mediterranean and Western Pacific regions with increases >30%* ○ *Europe: new cases -9%, deaths -2%* ○ *Countries with strong increase in June and current decrease: Netherlands, UK, Spain, Portugal, Malta, Cyprus* • *COVID-19/Netherlands* ○ *Decrease in cases: -44%* ○ *End of 06/2021 wide-ranging openings* ○ *Beginning of 07/2021 Increase in case numbers, including festival with >1000 associated cases in the NL, 10.07.2021Reduction of openings, from 17.07.2021 decreasing case numbers* ○ *Number of hospitalisations low, 80+ year olds and 90+ year olds most affected* • *COVID-19/ UK* ○ *Current decrease in new cases by 21* ○ *Low number of new cases after Step 1 and Step 2 of the roadmap (8 March and 12 April respectively), increase in new cases after Step 3 (17 May), with many younger people (schoolchildren) affected, including European Football Championship events during this period* ○ *Since 28.06. also increase in hospitalisations, but lower compared to winter, hospitalisations and deaths mainly affect 70+ year olds* • *Summary* ○ *Strong fall increases due to a combination of loosening/superspreading events/delta spreading Variant* ○ *High proportion of cases in younger unvaccinated population* ○ *Hospitalisation rate lower compared to previous waves* ○ *Proportion of vaccinated people in UK, NL and SP roughly the same (approx. 60%)*	*ZIG1 (Singer)*

	○ *Possible reasons for the decline in numbers: Seasonal effect, high seroprevalence (90%) measured in UK in July, EM ended, tightening of measures in NL and Spain* • *Discussion* ○ *Decline in UK is relative, still high incidences >250/100,000 EW* ○ *Question: Were the opening measures scientifically monitored, were there test concepts? What role do the school holidays play?* ○ *Important information: Despite high vaccination rates among older people, increasing hospitalisation in older age groups, possibly due to rising infection pressure?* ○ *Information from the fortnightly call with UK, FR, NL and SP:* ○ *UK: The reason for dating Step 4 to 19 July was the closure of all schools and universities on that day (until 7 September 2021). Modelling there gave hope that a 4th wave could be avoided in this way* ○ *Opening in NL was linked to compulsory testing and vaccination status, but these rules were not adhered to* ○ *Did an increase in the number of children hospitalised in the UK also lead to an increase in the number of children hospitalised?* ○ *4000 hospitalisations of children during the entire pandemic, including 1000 in the last week - a clear increase*	*Wieler*
	ToDo: Draft a report to the BMG, lead ZIG1, systematic review of all circumstances and conditions of opening in the above-mentioned countries, effects on incidence and hospitalisation, deadline: In the course of next week	*ZIG 1*
	National • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,784,433 (+3,448), thereof 91,754 (+24) Deaths* ○ *7-day incidence 20.4/100,000 p.e.* ▪ *Continued steady rise* ○ *Hospitalisation incidence significantly <1, no increase in severe courses* ○ *Vaccination monitoring: Vaccinated with 1st dose 51,643,732 (62.1%),* *with full vaccination 44,567,060 (53.6%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Homogeneous picture of all BLs in July* ▪ *Currently highest incidences in the north: HH, BE, SH >30/100,000 p.e., end of holidays there* ▪ *TH, SN, SA with the lowest incidences* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *4 LK without cases (although two of them with technical transmission problems)* ▪ *Number of LK <25/100,000 p.e. is increasing* ▪ *8 LK > 50/100,000 EW* ▪ *HH, BE (e.g. Kreuzberg), Cologne more strongly affected*	*FG 32 (Diercke)*

	▪ *Regions in the south and south-east less affected* ○ *Distribution of VOCs in Germany 30. KW* ▪ *Delta in almost all BCs over 90%, nationwide at 95%, hardly any cases with other variants* ○ *Percentage of case-fatality in comparison to incidence* ▪ *Highest at the beginning of the pandemic (few diagnostic options, only more severe cases were diagnosed).* *recognised), in the 2nd wave at max. 5%, in the 3rd wave the FVA decreases (vaccination protection noticeable in old people's homes etc.)* ○ *Death rates in Germany (Destatis)* ▪ *Currently no excess mortality in Germany* • *Discussion* ○ *Question: Munich shows low incidences on the map of Germany in contrast to other urban centres, is that correct?* ○ *Table of the epidemiolog. Situation in large cities is shown: Munich is in 8th place out of 12 with an incidence of 23.1/100,000 inhabitants (1st place Düsseldorf with 42.8)* • **Test capacity and testing** *(Wednesdays only)* • **Syndromic surveillance** *(Wednesdays only)* • **Virological surveillance** *(Wednesdays only)* • **DIVI Intensive Care Register figures** *(Wednesdays only)* ○ *(not reported)*	*Diercke*
2	**International** *(Fridays only)* • *Current activities: Laboratory training in Namibia and Montenegro*	*ZIG 1 (Fehr)*
3	**Update digital projects** *(Fridays only)* • *CWA* ○ *32 million downloads so far* ○ *490,000 positive test results were shared* ○ *Currently in the foreground: Evaluation report, was tweeted* ○ *Heatmap with an indication of an increase in the number of cases in younger age groups was posted* ○ *Planned together with P1: Request to inform contact persons or to keep a contact diary* • *DEA* ○ *10 million registrations have been received* • *CovPass app* ○ *30 million downloads* • *CovPassCheck app* ○ *Low download figures* ○ *Organisers need to be made more aware of the fact that security only exists after scanning the QR code and PA check*	*FG21 (Scheida)*

	• *Digital vaccination certificate* ○ *Issuing via pharmacies possible again (at least there is no information to the contrary)* ○ *So far 85 (?)million certificates have been issued* ○ *Question: are these only completed vaccinations?* *ToDo: Detailed breakdown of the figures for the digital vaccination certificate, lead of FG 21, cooperation with FG 33*	*FG21 Scheida, FG33 Harder*
4	**Current risk assessment** • *Not discussed*	*FG36*

5	**Communication** **BZgA** • *School digital package has been sent* • *Further digital package for communication at universities is in progress, as the universities have started preparing for the semester* • *Question/Note: Are the digital products, in particular CWA, also mentioned here?* • *Information materials for people with a migration background have been completed* • *The topic of "mask wearing" was included in the steering committee and will be included in the future choice of motif depending on the evidence situation; the current advert focuses on vaccination motivation as an objective* • *→ Offer from Melanie Brunke (FG14) for bilateral professional exchange on the topic of MNS* • *Question about the declining vaccination numbers (kink): Could a saturation process in terms of a logistic function play a role here (the proportion of those unwilling to vaccinate among the unvaccinated increases with the number vaccinated)? And has a saturation model (or biomathematical regression model) been included in the modelling of the expected vaccination rate of 85%?* ○ *The data from the COVIMO study show a continuous drop in vaccinated doses to approx. 400,000/day, could be due to holidays/travel time, modelling (sufficient vaccine and dates available) shows that this rate is achievable* ○ *What can a saturation function show beyond the supply/demand ratio?* ○ *Media portray vaccination campaign as not working - would be a way to recognise where you are in the expected course and when/where you should intervene/adjust* ○ *Objection: Very theoretical approach, communication of the impending 4th wave to the population is more effective and should take centre stage, predictions not possible due to constantly changing conditions*	*BZgA (Dietrich)* *Brunke*

RKI	*ToDo: Mr Harder establishes contact between Mr Dietrich (BZgA) and Mr Scholz and Ms Waize (RKI, health economic expertise, modelling) in order to explore the possibilities of this approach* • *Question: Is there any data on the effect of outreach vaccination programmes?* ○ *BZgA is working on instructions for the organisation of outreach vaccination offers, to support those who want to organise vaccination campaigns, concept is being developed, should support this actually municipal task (e.g. state sports association in Saarland)* ○ *The DIM figures do not show outreach services; the COVIMO data may contain information on which services were used for vaccination* • *Question: Are there written invitations from mayors? A personalised approach would motivate some people* ○ *BZgA cannot address mayors, is also not part of the digital package, but is happy to point this out in future discussions* ○ **Press** • *New heatmap has been tweeted* • *Tweet about testing is in preparation* • *Reference was made to today's advance online publication in the Epidemiological Bulletin "Vaccination against COVID-19 in Germany shows high efficacy against SARS-CoV-2 infections, disease burden and deaths (analysis of vaccination effects in the period January to July 2021)* • *Tweet on the expected STIKO recommendation on the vaccination of children and adolescents is in preparation* **P1** • *Reference to today's publication in the Epidemiological Bulletin has been placed* • *Two graphics on the subject of "Flatten the curve" are shown* • *Call to get vaccinated to protect children in the neighbourhood has been published* • *A tweet about keeping a contact diary was published last week*	*FG 33 (Harder)* *Dietrich* *Harder* *Dietrich* *(Hennequin)* *(Lein)*
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	

7	**Documents** ***(Fridays only)*** • *"Guidance for health authorities to assess and evaluate the risk of SARS-CoV-2 infection indoors in school settings" (document here)* ○ *Reason for the document: Discussion on dealing with contact persons at the meeting of the S3 guideline group,* ○ *RKI favoured the most generic approach possible (referring to the KoNa paper), paediatricians are in favour of leaving children at school and testing them for symptoms, on the basis of previous recommendations, doctors often send entire classes into quarantine* ○ *The document is intended as a supplementary guide to the existing recommendations to assist in decision-making* ○ *At the same time, the aspects that are relevant for the decision-making process are presented once again* ○ *Note after presentation of the document: Formulation "Protective mask" should be avoided, better to refer to it uniformly as MNS* ○ *Recommended as a footnote: Note that FFP-2 masks make no difference in the assessment of the contact situation* ○ *Wearing an MNS "reduces the risk of infection" instead of "protects against infection"* ○ *Objection: Scope for decision-making for medical practitioners is basically good, but according to the AGI discussion, there is a desire for blanket, standardised, simple, fast and legally secure specifications* ○ *It is not possible to make a general judgement, assessment can only be made individually and on site and must be justified there* ○ *The document emphasises that no blanket decision is possible. Attitude: No classes should be closed to avoid non-COVID consequences, but outbreaks will still occur and must be responded to individually* ○ *Some doctors already react in a very differentiated way and do not need a blanket recommendation* ○ *Facility-specific risk assessment should be recommended in advance (GÄ can contact the schools in advance)* ○ *What does "are predominantly factors present" mean? The table leaves this open, difficult for GÄ* ○ *A score/checklist with weighting would be over-operationalisation, requires scientific recording and monitoring, is complex* ○ *Better to emphasise primary prevention: Vaccination of adults protects children, do not send symptomatic children to school* ○ *Question: Assuming that ALL adults in the neighbourhood are vaccinated, would it be possible to vaccinate everyone in the event of an outbreak?*	*FG36 (Hauer)* *All*

RKI	*measures?* o *This is countered by long COVID courses, cognitive deficits detected after infection, vulnerable people in the children's environment with limited immune protection* o *This is supported by the fact that the STIKO still does not rate the benefit of vaccination higher than the risk of the disease* o *The quarantine recommendations will probably not be applied permanently in primary schools in the current strictness* o *What is the procedure for influenza outbreaks?* o *COVID-19 is not like influenza, knowledge of consequences in children is limited, measures should be maintained to keep schools open, child health should be considered on a par with adult health* o *The (psychosocial) consequences and resulting deficits in children due to repeated school closures must be considered at the same time as the consequences of the disease* o *Note: Pool PCR tests should be propagated in the document, algorithms for dealing with outbreaks/quarantine could be developed from relative viral load in the sample etc.* o *Including the test concept in this document would lead to fragmentation, but fits better into the "Basic assessment of safe/unsafe schools"* o *Chairwoman of the KMK has pointed out that pool testing cannot be paid for and that cohorting is failing due to a lack of staff* o *Damage caused by psychosocial consequences is high, but it is difficult to argue against this due to the lower burden of disease in children* • *Conclusion: The document can be published as it stands; a suitable date will be set next week (after the discussion with the federal states in the AGI, in which the BMG will also be informed). Technical input is still accepted, without a new vote*	

8	**Vaccination update** *(Fridays only)* • *Online publication on the discrepancy between the DIM and COVIMO* *Figures in preparation* ○ *Four potential sources are named: COVIMO overestimates vaccination rate due to selection bias, only people with sufficient knowledge of German are surveyed, company doctors are not correctly mapped, J&J vaccinations are not correctly mapped in the DIM* ○ *The truth probably lies between the two data sources* ○ *Today's publication in EpiBull on the success of the vaccination campaign so far describes that around 70,000 cases have been reported,* *77,000 inpatient cases, around 19,600 intensive care cases and more than 38,000 deaths were prevented* ○ *Conveys a good vaccination motivation to the outside world* • *The STIKO meeting on paediatric and adolescent vaccination is taking place today, results will not be communicated until after it has finished* ○ *Does it address the fact that the decision should not be influenced by public and political pressure, or should be made in response to it?* ○ *Yes, was introduced by Prof Mertens* • *Important for the discussion on booster vaccination: First publication with evidence of clinical waning published (continuation of a pivotal trial) https://doi.org/10.1101/2021.07.28.21261159, Every 8 weeks the efficacy of Biontec/Pfizer decreases by about 6%, but overall good efficacy of 85%* ○ *Will there be a natural boost to vaccination as infections continue to circulate?* ○ *Is possible, but cannot be deduced from this study* ○ *Did increasing infection pressure lead to a decrease in effect?* ○ *Incidence in the study area was rather low, but the effect was nevertheless observed* • *Since yesterday, the STIKO office mailbox has been flooded with lateral thinking emails* ○ *→ Ute Rexroth offers support, there were similar problems in the situation centre, automatic shifting can be be set up.*	*FG33 (Harder)*

9	**Laboratory diagnostics** ***(Fridays only)***	
	FG17	*FG17 (Beers)*
	• *Virological Sentinel had 42 positive samples in the last week, of which:* ○ *¾ of children* ○ *Some for rhinovirus* ○ *Some for seasonal coronaviruses (NL-63 and OC43)* ○ *21 for parainfluenza virus (type 3)* ○ *No Sars-CoV-2 detection, no influenza detection*	
	ZBS1	*ZBS1 (Schrick)*
	• *In week 30 so far 141 samples, 48% of which tested positive for SARS-CoV-2.*	
	Report from AG-Diagnostics	*(Abt1) Mielke*
	• *Advice for practices: Vaccinated patients are often tested more reluctantly, this should be counteracted, the threshold for testing should be the same for vaccinated and unvaccinated patients with symptoms* ○ *Note: Please remember the flow chart for testing and update it if necessary* • *Update on testing of employees in retirement and nursing homes planned, as not all employees there are vaccinated, the testing strategy should be maintained, data is currently being compiled, led by FG 37, accompanied by FH14 and AG-Diagnostics* • *Question: This recommendation is clear for immunocompromised people and other vulnerable groups. But should vaccinated people be tested before going to a restaurant, for example?* • *Data are currently being collected, the question of the negative predictive value of a negative test in vaccinated people is complex, evidence must be sought, the evidence situation is not clear* • *Vaccination rate, testing, masking and vaccination effect play a role, technically complex* • *More can be reported next week after discussion in the diagnostics working group* • *Current position: Vaccinated staff in retirement and nursing homes should be part of the testing strategy, testing before visiting a restaurant not necessary for vaccinated people* • *Reference to publication: Transmission of Sars-CoV-2 from a fully vaccinated HCW to a partner* • *Individual cases are always possible*	

10	**Clinical management/discharge management** • *Presentation of a flow chart for general practitioners on the therapeutic use of monoclonal AK* ○ *To be circulated next week after consultation with STAKOB and FG COVRIIN* ○ *MAK are not yet sufficiently applied* • *What is the setting for MAK (PEP ?) in the area of vulnerable groups?* ○ *There are no recommendations from ZBS7/RKI on this yet* ○ *Question will be taken away and answered next time answers*	*ZBS7 (Herzog)*
11	**Measures to protect against infection** ***(Fridays only)*** • *Not discussed*	*FG37*
12	**Surveillance** ***(Fridays only)*** • *Not discussed*	
13	**Transport and border crossing points** ***(Fridays only)*** • *KoNA is becoming increasingly difficult* ○ *Generosity when changing seats* ○ *Inaccurate list management* ○ *Very labour-intensive: 10 people/day* • *The abolition of risk areas required the adaptation of numerous documents; only high-risk areas (from an incidence of 200, in third countries also possible from an incidence of 100) and virus variant areas are now designated*	*FG38 (Rexroth)*
14	**Information from the situation centre** ***(Fridays only)*** • *Response to decree still demanding* ○ *The RKI is continuing to insist on this in a friendly and persistent manner.* *pointed out that employees are not addressed directly*	*FG38 (Rexroth)*
15	**Important dates** • *None announced*	*All*
16	**Other topics** • *Next meeting: Wednesday, 11 August 2021, 11:00 a.m., via Webex*	

End: *13:01*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 11.08.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Nadine Litzba*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *FG 38*
  - *Ute Rexroth*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS7*
  - *Katharina Lang*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Christoph Peter*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,799,425 (+4,996), thereof 91,817 (+14) Deaths* ○ *7-day incidence 25.1/100,000 pop.* ○ *Vaccination monitoring: Vaccinated with 1st dose 52,108,008 (62.7%), with full vaccination 46,227,957 (55.6%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Further continuous increase, increased infection activity* ▪ *Relatively heterogeneous picture, not equally distributed across Germany* ▪ *Rising sharply in Hamburg, possible reasons: Travellers returning, school has started again.* ▪ *High incidences also in SH and BE* ▪ *In other BLs, the situation is still relatively calm.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Number of LK with incidence >50 continues to rise.* ▪ *North and NRW heavily burdened* ▪ *Highest incidence in Flensburg* ▪ *Cities particularly affected* ○ *7-day incidence by age group* ▪ *Incidences are rising in all AGs.* ▪ *Incidences are highest among 15-19 and 20-24 year olds.* ○ *Trend in 7-day incidence of hospitalised patients by age group* ▪ *Very slight increase* ▪ *Germany-wide still below 1* ○ *Exposure countries* ▪ *infection abroad in approx. 20% of all cases reported* ▪ *Typical holiday destinations (Spain, Turkey, Netherlands, Croatia, Greece) + Russian Federation were mentioned most frequently.* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Positive share increased further to almost 4%.* ▪ *Significant increase with relative constancy in the number of tests.* ○ *Capacity utilisation* ▪ *Last summer longer phase with low positive rate: 13 weeks <1% vs. 2 weeks < 1%.* **ARS data** *(slides here)*	*FG32 (Diercke)* *Dept.3 (Rexroth)* *FG37*

RKI	○ *Number of tests and percentage of positives* ▪ *Proportion of positives increases, number of tests decreases.* ▪ *Direct comparison with the same period last year: fewer PCR tests are currently being carried out. than a year ago (< 300,000).* ▪ *The proportion of positives rises most sharply among 5-14 year olds, while the curve for 60+ year olds corresponds to the trend in the Previous year.* ▪ *The number of tests carried out in hospitals was roughly the same as last year, while in other facilities similar to last year.* ▪ *Significantly fewer tests were carried out in doctors' surgeries: only half as many tests as last year. Year.* ○ *Number of tests and percentage of positives by age group* ▪ *The most tests were carried out on >80 year olds, the least on 5-14 year olds.* ▪ *The proportion of positives is highest among 5-14 year olds and second highest among 15-34 year olds.* ▪ *The number of positive tests per 100,000 inhabitants is highest among 15-34 year olds.* ▪ *This increase is surprising, as many BLs are still on school holidays.* ○ *Outbreaks in care and medical facilities* ▪ *Not yet a strong increase, but outbreaks are tending to increase.* • **Syndromic surveillance** *(Wednesdays only) (slides here)* ○ *FluWeb* ▪ *ARE rate has remained stable compared to the previous week.* ▪ *Decrease or slight decrease in children (0-14 years) and adults (35-59 years).* ○ *ARE consultations* ▪ *The consultation index for children has fallen slightly.* ▪ *About half of the BL decrease in ARE rates in children.* ○ *ICOSARI-KH-Surveillance* ▪ *Overall stable values in recent weeks.* ▪ *Very slight increase, but not in the oldest age groups, where the case numbers tend to be lower than in previous seasons.* ▪ *Proportion of COVID among SARI cases: after plateau (7 weeks < 10%) in week 31 already over 10% again.* ▪ *COVID cases in intensive care are comparable to last year.* ○ *Outbreaks at nurseries, after-school care centres, schools* ▪ *27 new outbreaks in nurseries/day-care centres, but numbers remain low.* ▪ *Number of outbreaks in schools relatively low, only 2 outbreaks in week 31.*	*(Eckmanns)* *FG36 (Tolksdorf)*

RKI	• **Virological surveillance, NRZ influenza data** *(Wednesdays only) (slides here)* ○ *83 submissions (-31) from 25 practices in week 31* ○ *Lowest submission rate this year.* ○ *73% positive virus detections (-7% compared to the previous week), decrease in rhinovirus detections, no influenza virus, no HMPV* ○ *Rhinoviruses: decline especially in 35-60 year olds* ○ *Parainfluenza viruses: most frequently detected, especially in children and adolescents* ○ *RSV: slight increase only in 0-4 year olds, stronger increase to be expected* ○ *SARS-CoV-2: one positive detection yesterday* ○ *Seasonal coronaviruses:* ▪ *NL63: 2nd week in a row not detected* ▪ *OC43: active sporadically active across several age groups*	*FG17 (Dürrwald)*
	• **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* ○ *COVID-19 intensive care patients* ▪ *448 treated, 61 more than last week* ▪ *Light ventilation cases are increasing, invasive ventilation cases are slowly increasing again.* ○ *Share of COVID patients in the total number of ITS beds* ▪ *Particularly striking: NRW, increase from 24 to 122 patients* ▪ *Steeper climbs in Saarland and RP* ○ *Share of patients in total number of intensive care beds at District level* ▪ *Political interest in data at district level* ▪ *These are the locations of the hospitals, not the patients' places of residence. Although there is a high correlation between* *Patient place of residence and location, but only statements for supply clusters (of importance for rescue centres) possible.* ○ *Age structure* ▪ *Of 92% of all reported cases transmitted* ▪ *Shift to the younger age groups.* ▪ *The percentage of employees aged 60-69 is decreasing, while younger employees are increasing.* ▪ *Absolute increases among 30-59 and 80+ year olds* ▪ *60-79 year olds stable* ○ *Prognosis of COVID-19 patients requiring intensive care* ▪ *Increases forecast primarily in North, South-West and West, moderate stagnation overall.*	*MF4 (Fischer)* *Shade*
	• **VOC/Delta variant** *(Wednesdays only) (slides here)* ○ *Overview of VOC in collection systems* ▪ *The trend at Genomseq. has continued. Delta is just under 98%, alpha only just under 2%.* ▪ *There is actually only one variant left, which is the*	*FG36 (Kröger)*

	dominates events. ▪ *Same development in test number recording and IfSG data* o *Distribution of all VOC and VOI* ▪ *Diversity of virus variants decreases rapidly, only 7 variants detected in week 30.* o *Proportion of genome sequencing* ▪ *Is at > 20%, in week 29 at just under 30%* • *Trend reversal can be seen. Should be made clear in the weekly report, factually not alarmist.* o *It is not schools, but leisure behaviour during the holidays that is driving the pandemic. Parents with school-age children should therefore be fully immunised if possible.* • *Frequently asked questions about the proportion of vaccination breakthroughs in intensive care units. Does this emerge from DIVI data?* o *DIVI would like to record this, according to the Intensive Care Register Ordinance, vaccination status is not provided for. However, the BMG has already asked this question and will soon be amending the ordinance.* o *Data on vaccination breakthroughs are published in the weekly report. Data comes from the reporting system. Detailed analyses will be published next week.* o *The definition of vaccine breakthroughs is relatively complicated. Difficult to analyse, cannot be recorded in the necessary depth in the intensive care register.* o *The DIVI register could be used to find out which of the COVID patients admitted to the ICU have been vaccinated. This is slightly different information than for vaccination breakthroughs.* o *The notification system is used to report when a patient is admitted to the intensive care unit. This notification content is included in the regulation. It is currently unclear how complete the data is. Communication should be strengthened.* o *Firstly, the publication from the reporting data next week will be awaited. After publication, a dialogue can be entered into with the BMG as to whether a recording in the DIVI is desired.* o *Reporting to DIVI does not replace reporting within the framework of the reporting system (legal obligation).* o *It may therefore be better to avoid double counting so that compliance does not suffer.* • *The fact that more tests should be carried out in doctors' surgeries should be widely communicated.* o *There will be a tweet tomorrow.* o *Figure on medical practices will be included in the situation report tomorrow. Call to practices to test more.*	*Shade* *Press* *Fischer* *Diercke* *Eckmanns*

	• *How is it that Alpha was replaced by Delta?* ○ *Competition principle: which virus is faster?*	

	○ *Expression of an epidemic potency, more virulent variant, better able to persist, prevails.* ○ *Prevalence of a pathogen in the population that is most significant in terms of transmission. Proportion in the population of very old people is declining. The variant that is prevalent in the population that is most active is spreading.* • *Influenza decree until next week: What can we expect next autumn, how can this be classified?* ○ *FG17 cannot assess whether an increased incidence of influenza is to be expected this year.* ○ *This can certainly be expected in one of the next seasons. It is difficult to say when.* ○ *Influenza vaccinations should not be neglected.* ○ *Is there enough influenza vaccine available? ToDo: Determine the number for the next crisis team meeting.*	*Mielke*
2	**International** *(Fridays only)* • *Not discussed*	
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *postponed to Friday*	*All*
5	**Communication** **BZgA** • *Planning topic page on Long Covid, to be published this week.* • *Much of this is taken from the RKI FAQ.* **Press** • *Half a million followers were exceeded on Twitter.* • *Planned to accompany weekly reports with a tweet.* • *The crisis team will discuss the main message every Wednesday.* • *Extension of the school paper is ready for publication.* ○ *Should this be tweeted? no new recommendation* ○ *If "in addition to the existing quarantine recommendation" is written, then yes.* **Science communication** • *Tweets are retweeted at the weekend. Heatmap seems to make sense.* • *Discuss press internally again. A tweet every week could cause the message to wear thin.*	*BZgA (Peter)* *Press (Wenchel)* *PI (Lein)*
6	○ *Question: Will the containment concept be retained, and if so, what modifications are possible under Delta?* ○ *Abandoning containment would be a political decision. There is no technical reason to change the measures.*	*All shades*

RKI	*change.* o *The federal states have spoken out in favour of dropping KoNa. The Federal Government's current position is that KoNa should be maintained. Must be decided locally by the GA, taking resources into account.* o *Cannot be conclusively discussed at the moment. Quarantine period of 5 days + testing would be sensible if this can be technically justified.* o *The RKI should not be too rigid, will be discussed again.* **b) RKI-internal** • *"Immunisation rate" in the population* o *Question from Mr Kubicki about the immunisation rate of the population: The answer was based on vaccinations + recovered persons and the results of the SeBluCo study. Is there any modelling on this? According to the latest results from SeBluCo, the antibody rate is very low.* o *Should the RKI look into the issue further? According to the BMG, this is an issue that should be investigated.* o *It would make sense to carry out another wave of SeBluCo.* o *Data from the 2nd wave of the RKI-SOEP will be available at the end of the year (representative status).* o *Would a mathematical extrapolation make sense by then?* o *A conservative calculation should show that there is still no population immunity.* o *Seroprevalences are determined on the basis of studies. For those who have recovered, the time of infection is unknown and it is not clear whether they are still protected. Only figures on complete vaccination are really reliable.* o *What is the added value of modelling if no statements can be made about the protective potency of the antibodies?* o *If we assume that all recovered people are immune and that they are underreported by a factor of 3, we would arrive at around 12 million recovered people. The proportion of recovered people who have been vaccinated cannot be factored out. Some of the unreported cases are probably also vaccinated.* o *Must be calculated conservatively.* *ToDo: Discuss with FG33 whether modelling makes sense.* o *Limitations of the interpretation are available. In FG33, the uncertainties of antibody detection are currently being compiled (decree by 18 August). Dept. 1 has prepared a text for FG33.*	*Rexroth*

		Bremen *Ziese*
7	**Documents** ***(Fridays only)*** • *Not discussed*	
8	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** ***(Fridays only)*** • *Not discussed*	
10	**Clinical management/discharge management** • *Not discussed*	*ZBS7*
11	**Measures to protect against infection** ***(Fridays only)*** • *Not discussed*	*FG37*
12	**Surveillance** ***(Fridays only)*** • *Outbreaks in the healthcare sector (slide 5-7 here)* o *Number of cases in healthcare outbreaks* ▪ *Initially many more cases in nursing homes.* ▪ *After the start of vaccination, the number of outbreaks in nursing homes falls sharply, both curves are now in parallel.* o *Differences in correlation between case numbers in the population and number of outbreaks in the healthcare system* ▪ *Divided into 1st wave, 2nd wave, vaccination before Easter, vaccination after Easter* ▪ *Very strong correlation at the beginning.* ▪ *In the 2nd wave, the increase is no longer as steep due to better infection control measures.* ▪ *3rd phase: after vaccination there is no longer any correlation.* ▪ *After Easter there is again a small connection to*	*FG37 (Eckmanns)*

	see. ○ *Correlation with vaccination rates* ▪ *The more people are vaccinated, the more outbreaks decrease.* ▪ *Number of outbreak cases does not fall to 0.* ○ *Publication planned with FG33* ○ *Conclusions: Further caution is required in nursing homes.* ○ *FG37 is in intensive dialogue with BMG: Mask + AHA is still part of it, as well as vaccinations for residents and staff. Staff may be questioned (Mr Sangs).* ○ *Argument in favour of further testing in care homes* ○ *Why is Kurve rising again?* ▪ *Declining vaccine effectiveness? Possibly related to Delta, to be interpreted very carefully.* ○ *Flyer on the protection of residents in care homes is being revised again. Sensible test strategy still to be integrated.* • *For information: Child health survey planned* ○ *It is planned to add a child survey for 2-17 year olds to the current GEDA study.* ○ *Still in the conception phase, financing options are being sought.*	*Abt2 (Ziese)*
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: Friday, 13 August 2021, 11:00 a.m., via Webex*	

End*:12:55 pm*

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 13 August 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Ute Rexroth*
  - *Nadine Litzba*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *ZBS1*
  - *Livia Schrick*
- *ZBS7*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Heinz Ellerbrok*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *List of top 10 countries by new cases:* ○ *Same countries as last week* ○ *Increase in case numbers in USA, Iran, Thailand, UK* • *Map with 7-day incidence:* ○ *High incidences on all continents/in all WHO countries Regions* ○ *Increase particularly in the West Pacific region and the Americas* ○ *Proportion of cases worldwide highest in America and Europe* ○ *Number of deaths rising, especially in West Pacific, Europe* • *USA* ○ *Case numbers currently very high and rising, the delta variant predominates, especially in southern states* ○ *Incidences among 0-17-year-olds currently lower than in the last winter wave (Nov 2020 - Feb 2021), but hospitalisation rate higher than during the winter wave for this AG* ○ *No details on smaller age groups (only 0-17)* ○ *Vaccination rates in the US are not as high, and highly dependent on demographic groups* ○ *Even if the AG-specific incidence is low, the hospitalisation incidence among children is rather high, which could be due to the delta variant* **National** • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 3,810,641 (+5,578), of which 91,853 (+19) deaths* ○ *7-day incidence: 30.1/100,000 inhabitants, rising slowly* ○ *Hospitalisation incidence at just under 1/100,000, in the RKI-the first limit value is 3* ○ *10% of the districts (39) have a 7-T-I >50/100,000* ○ *Vaccination monitoring: Vaccinated with 1st dose 52,240,943 (62.8%), with complete vaccination 46,653,588 (56.1%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Further steep rise in HH, data transmission from there takes place in the morning (i.e. rather previous day's figures)* ▪ *In NW and almost all other BL also rise to see, no steep rise ST, SN, TH* • *R-value trend: today 1.3, at the beginning of August there was a decline approaching 1, now rising again, this is also expected over the next few days* • *Geographical situation: higher incidences in the north, west and south, here again districts with very high 7-T-I* • *Mortality figures: no excess mortality is currently visible*	*ZIG1* *FG32*

	• *Hospitalisation incidence: lowest and only slightly increased in 5-14 year olds, only very slight (inconspicuous) increase in 0-4 year olds* • *Discussion of geographical distribution* ○ *Incidence always higher in cities* ○ *5 eastern BL (except Berlin) currently lowest incidences* ○ *Reversal of events in the 3rd wave* ○ *SN: lowest vaccination rate and very low incidence* ○ *SH: Why is the incidence here currently so high, how could this be explained?* ▪ *Hypotheses: Total infestation, tourism movements/ holidays, end of holidays* ▪ *SH has been relatively little affected so far, acceptance of the measures may have fallen* ▪ *Overlapping of many aspects is possible, this should be analysed more closely, will be included in the reporting data group* ○ *Feedback from SH on incidence level cites three reasons* ▪ *School holidays/ holiday trips* ▪ *Start of school* ▪ *Special situation in special environments* ▪ *Colleagues report that there are signs of a slowdown in the rise*	
2	**International** *(Fridays only)* • *Last weekend, a joint mission with SEEG in northern Iraq was completed; ZBS1 and ZIG4 supported this mission, which involved the typing of VOCs* • *This week's mission to strengthen laboratory capacities in Montenegro* • *A mission to Namibia begins today to continue strengthening regional laboratory capacities, including staff training*	*ZIG*
3	**Update digital projects** *(Mondays only)* • *Slide here* • *CWA* ○ *Will continue to be advertised* ○ *32 million downloads, 490,000 positive results shared* ○ *New version will be released next week* ○ *Further step in the agreement with Luca on interoperability* ○ *Heatmap was posted very successfully 3 times (Twitter)* ○ *CWA Twitter account* ▪ *Reaches many people and is an important platform* ▪ *Not only related to CWA, also possibility to make RKI reports more visible (>70,000 views)* ▪ *18,000 followers in 2 months* ▪ *Advantage of retweets through large accounts* ▪ *The mood in the community is positive, few negative voices* • *CovPass app: 14 million downloads*	*FG21*

	• *DEA* ○ *~45,000 registrations per day* ○ *Adaptation to travel regulations has been implemented, communication on this will resume next week*	
4	**Current risk assessment** • *Document here* • *Adjustment of the risk assessment, e.g. in view of the rapid increase in the number of cases (30% per week)* • *Death figures remain low, but increase in intensive care hospital stays* • *Chains of infection are increasingly less traceable* • *There are still outbreaks in retirement and nursing homes* • *Adaptation of the wording for the variants* • *Reference to the insufficient vaccination rate* • *Reformulation of vaccination protection by current vaccines in the sense of "good protection even against severe disease (>90%)"* • *Important protection through general mask wearing*	*Dept. 3*
5	**Communication** **BZgA** • *Nothing to report* **Press** • *Yesterday's weekly report was accompanied by a tweet for testing and was positively received, approach will be continued* • *RKI social media team receives more negative comments on Twitter than the CWA team* **P1** • *Nothing to report*	*BZgA* *Press* *P1*
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*

7	**Documents** • *Update of two FAQs and FFP2* • *FAQ about FFP2 here* ○ *Deletion of ambiguous passage on the sealing seat* • *FAQ about masks here* • *Adaptation of the passage on transmission in public indoor spaces in relation to the meeting of persons of unknown status* ○ *Vaccinated people who are infected despite vaccination (vaccine breakthroughs at approx. 79%) excrete Delta almost as much as unvaccinated people, not all vaccinated people who are exposed excrete Delta, only those who suffer infection, only vaccine breakthroughs, was also presented by PHE in this way* ○ *STIKO recommends 1 dose for recovered persons, unless they are immunodeficient persons who are unlikely to respond well to the vaccination* ○ *Workplace is considered a public space, but risk assessment is (more) possible here* • *New wording and other minor adjustments were agreed*	*FG14/all*
8	**Vaccination update** ***(Fridays only)*** • *Vaccination rates* ○ *Handling many press enquiries and queries about vaccination rates* ○ *COVIMO survey shows higher vaccination rates with 1st dose* ○ *The next survey is being prepared* • *Dealing with vaccinated persons/measures* ○ *Is the protective effect of the vaccination sufficient in terms of severity and scope so that more generous measures can be taken?* ○ *Is a question of indicators* ○ *Important specific question e.g. should vaccinated people who have contact with delta variant not be quarantined? Vaccinated people have a much lower risk of contracting the disease, but may occasionally have a high viral load* ○ *If a residual risk is accepted in vaccinated people, measures should also be taken more generously elsewhere (e.g. school classes in quarantine)* ○ *Viral load comes from virological data, epidemiological data is still pending, from KKH's point of view there is concern that vaccinated people may meet medically vulnerable people after delta contact, how is this dealt with, are they tested even if vaccinated or not?* ○ *When working in a hospital/in this setting, (generally more) testing should be carried out* ○ *Can vaccinated/vaccinated people (in relation to Delta) enter the stadium, club, etc. without a test?* ○ *FG33 should please evaluate this on the basis of the available data by Wednesday 24 August.* *ToDo: FG33 Evaluation of existing data regarding measures*	*FG33*

with delta contact in vaccinated/vaccinated persons

- *Vaccination booster*
  - *If side effects of the 3rd vaccination are not a cause for concern, vaccination sooner rather than later to reduce transmission*
- *Quantity of influenza vaccines ordered [ID4122]*
  - *Not enough vaccine was available last year*
  - *Contact with PEI, to whom order quantities are reported*
  - *25 million vaccine doses, of which 10 million high-dose vaccine, which is mainly indicated for >60-year-olds, approx. 20 million >60-year-olds → too little vaccine*
  - *Federal reserve is planned, but its size is unknown*
  - *Vaccination campaign will be intensified, this is to start in autumn and also call for COVID-19 vaccination, BZgA is involved*
  - *Until then, co-administration may also be envisaged (a time gap is currently recommended)*

Vaccines

- *RCT Biontech on waning immunity, slides still available here*
  - *Observation period of 6 months, data close at the end of March, i.e. before delta circulation*
  - *Overall effectiveness of 92% in ≥ and < 65-year-olds, including risk groups*
  - *Results suggest no differences by age or risk group*
  - *Stratification by time: 6% decrease in vaccination protection every 2 months, still 84% at 6 months*
  - *Protection against severe COVID-19 with delta variant was high with two vaccinations at Biontech*
  - *Protection through natural infection is ~73%, lower than with vaccination*
- *USA Cohort study*
  - *20,000 TN vaccinated with Biontech, 20,000 with Moderna*
  - *Evaluation of protection against infection*
  - *Dominance in June-July was Delta*
  - *Protection against infection was lower with Biontech than with Moderna, and generally lower than with Alpha, prevention of infection at 50% (Biontech) or 75% (Moderna)*
  - *Moderna has a higher dosage, possibly higher protection due to higher titres*
  - *Protection against hospitalisation was very high for both, 75-80 (according to other data around 90%)*
  - *Slight waning can be observed, this initially concerns protection against infection*
  - *Moderna appears to be slightly superior in terms of maintaining protection against infection - also fits with Israeli data, UK data was higher (79%)*
  - *No data on waning immunity with heterologous vaccination schedule (Astra and then mRNA vaccine), generally this seems to work well, in the UK and Israel this was*

	Scheme rather an exception ○ *More questionable is the handling of people vaccinated once with Jansen* ○ *No studies yet on waning and clinical efficacy with hard endpoints* ○ *Can we still say "if vaccinated, no testing, e.g. for restaurant visits"? Given the current data situation, yes* **STIKO** • *New commenting procedure opens on Monday* ○ *Vaccination of adolescents, as some vaccines are authorised from the age of 12, will be discussed in conclusion* ○ *Booster vaccination, many questions from the BL due to GMK decision, much still needs to be clarified (which groups, which vaccine, from 80 years?, in old people's and nursing homes?, time interval)* ○ *Evidence has not yet been analysed, indication should be clear and meaningful (e.g. not based on imminent expiry of vaccine)*	
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had 51 samples* • *2 further SARS detections from 3 BL (no link suspected)* ○ *Rhinoviruses and 0 influenza viruses* • *Influenza update southern hemisphere* ○ *It mainly circulates B Victoria* ○ *Generally more influenza than in the previous year* ○ *Analyses by WHO are still pending* ○ *Influenza does not appear to be so suppressed that the data cannot be interpreted, these are in the 3-digit range and allow conclusions to be drawn* **ZBS1** ○ *222 samples, of which 54% positive* ○ *In addition, 541 samples via BECOSS study (Corona School Study Berlin)* ▪ *Detection of transmission routes in the school context* ▪ *3 times are planned for sampling* ▪ *Lead management by Charité*	*FG17* *ZBS1*

10	**Clinical management/discharge management** • *Delta variant (VL, shedding) [answer to question from crisis unit 04/08/2021, ID4089]* • *Do the recommendations need to be adjusted depending on how long relevant excretion of delta is documented?* • *According to available data, the virus initially has a higher viral load but generally no higher excretion compared to conventional variants* • *Recommendations are left as they are, there is no reason to deviate from the 14 days as a discharge criterion*	*ZBS7*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	
13	**Transport and border crossing points** ***(Fridays only)*** • *Reported last week, nothing new this week*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Decrees continue to be accepted by various persons from the BMG (and not exclusively the dedicated email address) in the RKI-LZ*	*FG38*
15	**Important dates** • *None*	*All*
16	**Other topics** • *Next meeting: Wednesday, 18 August 2021, 11:00 a.m., via Webex*	

End: 12:47

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 18 August 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Nadine Litzba*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
  - *Petra v. Berenberg (Minutes)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *John Gubernath*
  - *Esther-Maria Antão*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,835,375 (+8,324) cases, of which 91,921(+22) deaths* ○ *7-day incidence 40.8/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 52,803,002 (63.5%), with full vaccination 48,109,314 (57.8%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Incidence continues to rise* ▪ *Like last week, very different values in the BL* ▪ *Very high figures in HH, BE, NW, SH* ▪ *Rise in HH and BE has slowed down, steep rise in NW, stabilisation in SH (was included in EpiLag-Telco confirmed)* ▪ *Slow increases are emerging in the geographically central area: TH, SN, BB* ▪ *Regional differences probably due to different school holidays/testing strategy, in HH and BE (already end of holidays) mainly 5-14 year olds are affected by the increase* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Number of LK with incidence >50 continues to rise.* ▪ *The main focus is in NW, but individual districts in BY and BW are now also affected,* ▪ *Flensburg continues to lead the field with 116/100,000 inhabitants, followed by Berlin/Neukölln, Wuppertal and Bonn* ○ *7-day incidence by age group* ▪ *Increase in incidences in all AGs* ▪ *Furthermore, the incidence rates are highest among 15-19 and 20-24 year olds* ○ *Trend in 7-day incidence of hospitalised patients by age group* ▪ *Increase in all age groups* ▪ *With +80 year olds now > 2/100,000 inhabitants.* ▪ *Sharp increase in 0-4 year olds to now >1* ○ *Exposure countries* ▪ *Not discussed* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Positive share has risen sharply to >6%* ▪ *Testing is not low-threshold enough, especially in doctors' surgeries*	*FG32 (Diercke)* *Rexroth*

	○ *Capacity utilisation* ▪ *Capacities are available, under 30% capacity utilisation* **ARS data** *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Positive share continues to rise* ▪ *Comparison of the BL: Postive share in HH now > 15%, NRW 10%, increase also in RP, slight increase in the eastern BL* ▪ *In doctors' surgeries, the proportion of positives jumped to >10%* ▪ *Now 50,000 tests, in the same period in 2020 there were 100,000 tests* ▪ *Over the course of the entire pandemic, the highest positive rate to date was 15%, currently at 10%* ▪ *More testing should be done* ○ *Number of tests and percentage of positives by age group* ▪ *In the +80 age group, testing is most common, with the lowest proportion of positives. seems to take place in doctors' surgeries, as PCR is not reimbursed in nursing homes* ▪ *The lowest number of tests and the highest percentage of positives are found among 5-14 year olds, Possibly due to POCT testing at schools, which then only come to PCR confirmation* ▪ *The percentage of positives by age group and week is highest among 5-14 year olds, followed by 15-34year-old* ▪ *The number of positive tests/100,000 inhabitants is highest among 15-34 year olds, followed by the 5- to 10-year-olds. 15year-old* ○ *Number of VOC->detections (without B.1.1.7)* ▪ *Increase from B.1.351 (beta) to more than 50 detections (8%)* ▪ *B.1.617 (Delta) outweighs by far* ○ *Outbreaks in care and medical facilities* ▪ *Increase at a low level*	*FG37 (Eckmanns)*
	• **Syndromic surveillance** *(Wednesdays only) (slides here)* ○ *FluWeb* ▪ *Decline in the ARE rate compared to the previous week* ▪ *Total number now < 2 million (previous week 2.2 million)* ▪ *Main decline among children (5-14), but also decline among 15-34 and 35-59 year olds, stable among >60year-olds* ▪ *Increase in 0-4 year olds* ○ *ARE consultations* ▪ *Decrease in the rate to 545/100,000 inhabitants (450,000 consultations)* ▪ *Holiday density remains high* ○ *ICOSARI-KH-Surveillance* ▪ *Level corresponds to that of previous years* ▪ *Increase among 35-59 year olds*	*FG36 (Buda)*

	▪ *15-34 year olds are at the upper end of the expected summer level* ▪ *Proportion of COVID among SARI hospitalisations: Increase to 20% of all hospitalisations, for ITS even to 27%* ▪ *SARI cases with/without COVID-19: 2nd consecutive week increase in SARI cases with COVID diagnosis, especially among 35-59 year olds* ○ *Outbreaks at nurseries, after-school care centres, schools* ▪ *20 new outbreaks in kindergartens/after-school care centres, relatively quiet in this area* ▪ *32 new outbreaks in schools, relatively low, still high holiday density* • **Virological surveillance, NRZ influenza data** *(Wednesdays only) (slides here)* ○ *92 entries from 25 practices in 13 BL* ○ *75% of <15 year olds* ○ *Virus detection in 65 samples (71%)* ○ *In week 32 1 Sars-CoV-2 detection (baby)* ○ *No evidence of influenza* ○ *Rhinoviruses: 30% of the samples* ○ *PIF 3: 30% of the samples* ○ *RSV: Some evidence (possibly start of a wave)* ○ *Endemic coronaviruses: OC43 sporadic, no detection of NL 63* • **DIVI Intensive Care Register figures** *(Wednesdays only) (slides here)* ○ *COVID-19 intensive care patients* ▪ *597 people treated, 149 more than last week* ▪ *Rise is many BL* ▪ *Increase in all treatment groups* ▪ *Significant increase in first-time admissions: 20 per day at the end of July, now 35-40 per day* ○ *Share of COVID patients in the total number of ITS beds* ▪ *Particularly noticeable increases: HH, HB, BE, NRW, RP* ▪ *Share in 12 BL < 3%, in 4 BL > 3% (HH 5%)* ○ *Share of patients in total number of intensive care beds at District level* ▪ *Rise spreads from the west* ○ *Age structure* ▪ *Of 91% of all reported cases transmitted* ▪ *52.7% of those treated from the group of <60 years old (last week 48%)* ▪ *The median age has jumped into the 50-59 age group for the first time* ▪ *The AG of 60-80 year olds is decreasing in percentage terms* ▪ *Relatively steep increase among 40-49 year olds and >80year-olds* ▪ *0-29 year olds constantly low* ○ *Prognoses of COVID-19 patients requiring intensive care* ▪ *Increase forecast for Germany as a whole*	*FG17 (Beers)* *MF4 (Fischer)*

RKI	▪ *Clearer for North, West and Southwest, but also upward trend for South and East* • **VOC/Delta variant** ***(Wednesdays only)*** *(slides here)* o *Overview of VOC in collection systems* ▪ *Trend in genome sequencing has continued. Delta is 98.5%, alpha only 1.2%, gamma 0.1 %, in contrast to ARS data no evidence of beta* ▪ *RKI test count recording and IfSG data also show similar figures* *ToDo: Comparison with ARS data and clarification: Beta variants should be reported, why is there a discrepancy here?* o *Distribution of all VOC and VOI* ▪ *13 delta sublines (AY.1-13) of pangolin were defined (by occurrence, not by characteristics)* ▪ *Delta and subvariants dominate* ▪ *Variety of variants continues to decrease: only 2 non-VOC/VOI variants* ▪ *B1.621: by ECDC as VOI, previously listed by WHO as "Alerts for Further Monitoring", since January in DE 74 Evidence, max. 3/week, last week no evidence* o *Proportion of genome sequencing* ▪ *In global comparison (12.62%) quite good (4.69%)* • **Discussion** o *The figures show impressively how far ahead the RKI is in terms of the indicators. Last year, the positivity rate correlated well with ITS occupancy, is it the same this year, possibly earlier due to a higher entry rate due to lower hygiene measures when travelling?* o *Are 80+ year olds, whose numbers are increasing in intensive care units, characterised by certain characteristics?* o *DIVI: No details from DIVI data, only age, no information on the reason for admission. It would be interesting to compare the DIVI figures with the reporting data, where there should be 40 ITS cases/day* o *M. Diercke shows table for the weekly report in advance: In the last 4 weeks, 1,555 cases with complete vaccination were reported in >60-year-olds, >1000 of these were symptomatic, 148 (14%) were hospitalised, 12 of 148 in ITS, 14 died* o *Out of a total of 3000 reported cases, around 1/3 were therefore categorised as vaccine breakthroughs* o *Question: Would it be useful to show what proportion of the unvaccinated were hospitalised in order to show that the vaccination has an influence on the course of the disease?* *ToDo: After coordinating the wording with FG 33 (Harder), the*	*FG36 (Kröger)* *Kröger/ Eckmanns* *Fisherman* *Diercke*

	Information on the hospitalisation of unvaccinated persons should be included in the text of the table ○ *How could an appeal be made to increase the number of tests in doctors' surgeries? Good press response so far via public notice (tweet), would an approach to the professional organisation (letter to the KBV/A. Gassen) have any further effect?* ○ *Suggestion: The topic could initially be addressed at speaker level (via the weekly report); the involvement of Mr Gassen could also be addressed at this level if necessary.* *ToDo: Draft text by M. Mielke, coordination with L. Schaade* ○ *Report from EpiLag-Telko on outbreak in Hesse (high attack rate)* ▪ *Retirement home in LK Bergstraße* ▪ *90% of residents and 75% of staff fully immunised* ▪ *14 residents fell ill, 2 died* ▪ *4 of 86 employees tested positive, PCR confirmations are still pending* ▪ *Mainly very old people affected by the disease* ▪ *GA requests administrative assistance, proceedings are underway, detailed investigation of the outbreak is planned* ▪ *Further reporting to follow*	*Diercke* *Shade* *Mielke* *Mielke/ Schaade* *Rexroth/ Siffczyk*
2	**International** *(Fridays only)* • *Not discussed*	
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **BZgA** • *An information sheet on Long COVID and an information sheet for young people on vaccination are in preparation* • *Information sheet for parents on the vaccination of children is available and will be published depending on the publication of the STIKO recommendation.* • *Publication of the STIKO recommendation is planned for this week, Friday at the latest* **Press** • *What messages are important for tomorrow's weekly report tweet? Suggestion: Increase in case numbers on ITS and indication that the 4th wave is picking up speed*	*BZgA (Ebrahimzadeh-Wetter)* *Harder* *Wenchel*

	• *Both should be thematised*	*Press*
	ToDo: Contact the press with Silke Buda and Martina Fischer (please via function mailbox) regarding data and graphics on these topics	
	P1 • *A flyer with arguments in favour of PCR pool testing is planned in cooperation with Testzahlerfassung, capacities for this are available (model calculation), costs do not exceed the costs for antigen testing, implementation is feasible (with motivation and will)* • *Information and tips are still welcome*	*P1 (Gubernath)*
	Discussion • *How can testing of fully vaccinated people be encouraged without reducing confidence in the effectiveness of the vaccine?* • *There is already a test recommendation for symptomatic vaccinated people* • *Important impetus, but: A test recommendation for asymptomatic vaccinated people would entail an adaptation of the KoNa paper, and access to certain settings is not currently subject to vaccination plus testing* • *Shouldn't at least vaccinated contact persons who don't have to go into quarantine be tested?* • *Is it necessary to adapt the KoNa recommendations regarding Delta (quarantine times)?* • *Note from WG Diagnostics: Based on current data, no evidence for shortening quarantine or changing the discharge criteria, data so far show no relevant difference between alpha and delta in this regard*	*Kroeger*
	ToDo: Consider to what extent a revision of the KoNa document regarding the testing of vaccinated contact persons is necessary	*FG 36 (Buda)*
	• *Proposal to extend the order to the reporting data group* • *However, incubation periods are difficult to determine from the reporting data, as only the onset of the disease is recorded, but not the date of contact with the source case* • *Could a subgroup with a known contact date be filtered out?*	*FG 32 (Diercke)*
	ToDo: Clarification of the extent to which information on the incubation period can be obtained from the reporting data	
	• *Question for the modelling group: Are there any contact data (not mobility data) that show differences in contacts for holiday and school periods?* • *A "contact index" is used, it shows the number of contacts even in small-scale cells, but without information as to whether the people know each other, it is unclear whether valid statements can be made from this*	*Gottwald*

	• *Mobility values differ in holiday and school periods; here, too, it is not known whether mobility takes place to strangers or people who know each other* • *Question: What is the RKI's position on convalescent status?* • *The definition according to the exemption regulation (COVID-19-SchAusnahmV) applies and this should be communicated as often as possible:* *"A recovered person is an asymptomatic person [...] in possession of proof of previous infection with the SARS-CoV-2 coronavirus in German, English, French, Italian or Spanish in embodied or digital form, if the underlying test was carried out by laboratory diagnostics using nucleic acid detection (PCR, PoC-PCR or other methods of nucleic acid amplification technology) and was carried out at least 28 days and a maximum of six months ago"* • *Time dependency should continue to be emphasised, data are available for this, anamnestic indications and AK evidence are not sufficient* • *The current STIKO recommendation allows vaccination as early as 4 weeks after the end of symptoms, but recommends "usually 6 months after infection". In the long term, the recovered status should be abolished by vaccinating earlier* • *This would also encourage a doctor's visit/PCR test when symptomatic to gain the benefit of full immunisation through a prompt one-off vaccination* *ToDo: Include the topic "Recommendation of a shorter time interval between infection and single vaccination" in the STIKO discussion (on occasion, without deadline)*	*FG 33 (Harder)*
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** ***(Fridays only)*** • *Not discussed*	
8	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
9	**Laboratory diagnostics** ***(Fridays only)*** • *Not discussed*	
10	**Clinical management/discharge management** • *Not discussed*	*ZBS7*
11	**Measures to protect against infection** ***(Fridays only)***	

	• *Not discussed*	*FG37*
12	**Surveillance** ***(Fridays only)*** • *Not discussed*	*FG37*
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** • *None noted*	*All*
16	**Other topics** • *Next meeting: Friday, 20 August 2021, 11:00 a.m., via Webex*	

End: *12:09 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 20 August 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Nadine Litzba*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Janine Reiche*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Ulrike Grote*
  - *Claudia Siffcyk*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Michaela Niebank*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Ines Lein*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG1*
  - *Luisa Denkel*
- *BMG*
  - *Niklas Kramer*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** • *Slides here* • *List of top 10 countries by new cases:* o *Mostly the same countries as last week; Malaysia now in the top 10 instead of Turkey* o *Increase in case numbers in USA, Iran, Thailand, UK* • *Case and death figures, worldwide:* o *High incidences on all continents/in all WHO countries Regions* o *Number of cases stagnates, but increase in the Western Pacific (+14%) and Americas (+8%) regions* o *Number of deaths stagnates, but increase in Western Pacific (+3%) and Eastern Mediterranean (15%)* • *Decision in the switch to the risk areas 19.08.2021: Virus variant areas (gamma) Brazil and Uruguay delisted from next Sunday, 0 a.m.* • *COVID-19 / New Zealand:* o *One confirmed case of the delta variant on 17/08/2021; now increasing outbreak. As of 19 August 2021, 21 subsequent cases have been confirmed and further cases are expected, >2,400 KP. At least 1 case has no connection to the index case.* o *A nationwide lockdown until at least 24.08.2021, 23:59 has been imposed* o *Furthermore, the Auckland region and The Coromandel are in lockdown for 7 days* o *There is also a link to the emerging cases in Australia* • *COVID-19 / Israel:* o *Increase in cases with delta variant since the end of June, accompanied by an increase in hospital admissions (as of 19 August 2021: 603 severe and 103 critical COVID-19 cases)* o *The so-called "Green Pass" (3G) and an extension of compulsory testing to 3-11 year olds were (re)introduced* o *The cost of the test must be borne by people who have not been vaccinated* o *The increase in the number of cases is attributed to several reasons, including an increase in the delta variant, a reduction in vaccine effectiveness and a decline in willingness to vaccinate.* • *Booster vaccination:* o *Israel: A booster vaccination is given to persons >50 years of age, persons with underlying diseases and healthcare personnel* o *USA: CDC Advisory Committee on Immunisation Practices announces booster vaccinations from 20.09.2021 for all persons, 8 months after administration of the 2nd dose of the vaccine (healthcare workers, residents of*	*ZIG 1 (Denkel)*

	care facilities, older people) Discussion: ○ *It is impressive how high the test rates are. Germany has a lower PCR test rate compared to other countries. Cave: some countries also include antigen tests in the data, Germany only reports PCR tests.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,853,055 (+9,280) cases, thereof 91,956 (+13) Deaths* ○ *7-day incidence 48.8/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 53,066,487 (63.8%),* *with full vaccination 48,652,173 (58.5%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Incidence continues to rise* ▪ *Rise in HH, BE and SH has slowed, steep rise in NW, SL. Overall west-east gradient.* ▪ *Regional differences probably due to different school holidays/testing strategy* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Number of LK with incidence >50 continues to rise (+28)* ▪ *Number of LK with incidence >100 continues to rise (+11)* ○ *Course of the 7-day incidence of hospitalised patients by Age group* ▪ *For >60 year olds 1.45/100,000 inhabitants.* ▪ *A total of 1.3/1000,000 inhabitants.* ○ *New report "COVID-19 trends at a glance" is now online and is now always published on Thursday* ▪ *Data supports the weekly report and can be used interactively* ▪ *Additions to the dashboard* ▪ *Stratification by BL and age groups possible* ○ *No excess mortality can currently be observed* *Discussion:* ○ *It is noted that the report under the heading "Disease severity", not all indicators provide direct information on the severity of the disease, but rather represent the burden on the healthcare system (especially ITS utilisation).* *To Do:* ○ *Feedback regarding the indicators will continue to be collected by FG32 and a revision or use of other terms will be considered.* **Information on the outbreak in Hesse:**	*FG32 (Diercke)*

	• *20/08/2021 Meeting with the participation of the Land Agency, GA, FG 33, FG 36 and FG 37* • *Currently: 19/86 residents have tested positive; 5/80 employees have also tested positive. The majority of residents were already vaccinated at the beginning of January. 20% of those infected fell seriously ill and 2 of those infected have died so far, 1 person is in a critical condition. condition. The delta variant has been detected several times. Tests are now being carried out every 5 days. All residential areas of the facility are affected. Wednesday, 11.08.2021 is considered a possible starting point. On this day, a doctor diagnosed pneumonia in 3 residents. The AG tests carried out were negative, therefore a SARS-CoV-2 infection ruled out. An infection was only detected when a resident was admitted to hospital on 15/08/2021. Appropriate measures were initiated and implemented well. Samples are to be forwarded to the RKI. On-site deployment is not necessary; support from the RKI has been offered. A third vaccination will be initiated soon and also offered to employees. Testing should take place more frequently (every 2-3 days). Samples can be sent to the RKI to analyse possible mutations.* *Discussion:* o *It is pointed out that the course of this outbreak is not surprising and that an increase in vaccination breakthroughs should not be surprising either.* o *The potential of a vaccination booster / 3rd vaccination as an outbreak intervention is also being discussed. The programme is considered useful in such settings and could also be included in the recommendations for outbreaks* o *However, the determination of AK among the residents could lead to a gain in knowledge as part of a study. However, given the current staffing levels and acute situation, as well as legal requirements (ethics vote), this was not considered appropriate or feasible in the current situation. It can still be considered whether a general recommendation for the determination of AK is feasible in comparable outbreaks* **Revision of ControlCOVID strategy (21.07.21)** • *Current status 20/08/2021* • *Slides for the presentation* **here** • *Chapter 6 presents an updated step-by-step concept* o *The three leading indicators (7-day incidence, 7-day hospitalisation incidence, % COVID-IST cases) and*	*FG 38 (Siffcyk)* *Buda*

	corresponding limit values are presented in the respective level (basic, 1, 2). For upgrading, the respective criteria / values must be observed over 3 consecutive days for at least two of the three leading indicators. Important: Basic measures (e.g. CWA, AHA rules) apply at every level and in every setting o *Options for measures in different settings and levels are listed in Figure 2. Consideration of the 3-G Control integrated in almost all levels and settings* o *High-risk settings (e.g. retirement and care homes) may require additional measures (e.g. NAT tests despite full vaccination)* o *Adoption of the plan: Not every infection can be prevented, but the prevention of severe disease progression and the reduction of infection in people at high risk of severe disease progression can be achieved* **Additional notes:** o *Leading indicators should not be considered at country or city district level, as the hospitalisation rate or ITS occupancy rate, for example, depends on the location of the hospitals. However, an analysis at federal state level is considered useful.* o *If the 3G rules cannot be guaranteed, people should be protected by further measures (e.g. ventilation, reducing the number of people, etc.). Even if the 3G rules are observed, people should only meet with a negative test result if the infection pressure increases.* o *The basis of the STIKO recommendations on vaccinations for children and adolescents (modelling) will be integrated into the text. These can be found in the as yet unpublished appendix.* *Discussion:* o *It is noted that a 7-day hospitalisation incidence threshold of 2 may not be sufficiently sensitive for an escalation of measures.* o *The assessment of measures in care facilities should be more detailed, as carers themselves may also be increasingly affected by the disease at the moment. Raising awareness of the topic in order to point out sensible testing regimes is considered important.* o *In an extensive discussion on measures and escalation levels in bars & clubs and when singing in groups indoors, the participants agreed to adapt the measures in level 2. It was* *- against the background of the higher incidence of infection in*	

	In these settings, it was pointed out that closure should be considered as the final escalation. The measure was therefore adapted accordingly in stage 2. o *Further aspects were then discussed. The resulting changes or changes to be implemented are listed under "To Do".* o *The objective of the strategic plan is briefly repeated and it is pointed out that this can be found in paragraph 3 of the introduction.* o *The important role of the ÖGD is pointed out and it is emphasised that containment and CoNa continue to be important elements in infection protection.* o *It is made clear in the discussion that the increase in the number of cases is due to certain types of behaviour in certain groups of people (e.g. travel, major events, celebrations), while others are less relevant (e.g. retail, daycare centres).* o *It is emphasised that decisions and recommendations should always be value-neutral and evidence-based. The ÖGD relies heavily on the recommendations of the RKI and also uses these for external justification* *To Do for FG36:* o *Although the Corona Warn App (CWA) is listed as a basic measure in the strategic plan, it could also be included in the table of measures in settings (e.g. by bullet point). Reference should also be made here to the app's check-in function.* o *Among the general recommendations, please note that patients should get tested and stay at home even without typical COVID-19 symptoms.* o *The "travelling" aspect should be further developed and made more visible.* o *Please point out or explain in the introduction that the potential for infection varies in different settings. This also results in the "Harshness" of the chosen measures.* o *Critically examine KoNa management paper for revision and encourage ÖGD to prioritise and examine further support options.* o *Next steps: FG36 finalises the document. Mr Schaade then sends it to the BMG.* **Vaccination effectiveness in the weekly report:** • *Increased enquiries from politicians and the media about vaccination breakthroughs in hospitalised patients or patients in ITS.* • *Number of vaccination breakthroughs has increased in recent weeks, although the proportion of vaccination breakthroughs may currently be underestimated* • *Final coordination with FG 33 has taken place. The updated*	*FG 32 & 33 (Diercke)*

	Weekly report will be published in the afternoon (20/08/2021) with a section on infectivity *To Do:* ○ *Comparison of data from DIVI register and RKI; exchange initiated*	
2	**International** • *A support mission to Uzbekistan begins on Sunday. Mainly with the participation of Charité, but also a ZIG 1 employee. The mission supports the COVID-19 situation on site.* • *In Namibia, PCR diagnostics were established in a laboratory in Walvis Bay. Here, employees were active on ZIG 1 and ZIG 4.* • *In Montenegro, the Whole Genome Sequencing method was established with the support of ZIG4. Initial analyses all detected the delta variant.*	*ZIG (Think)*
3	**Update digital projects** • *Slides here* • *Increased use of and interest in digital tools / apps. Downloads continue to rise and the use of DEA is also increasing (currently 90k registrations per day).* • *A new version of the CWA is now available and a podcast is being organised to clarify questions and explain new functions (e.g. warning shortly before the certificate expires) (participants from FG32, FG23 and SAP)*	*FG21 (Scheida)*
4	**Current risk assessment** • *Not discussed*	*All*
5	**Communication** **Press** • *The weekly report was accompanied by a weather report on occupancy in the intensive care units* • *The new trend report was announced* **P1** • *No report*	*Press office* *P1 (Lein)*
6	**RKI Strategy Questions** **a) General** • *Not discussed* **b) RKI-internal** • *Not discussed*	*All*
7	**Documents** • *No report*	

8	**Vaccination update** • *STIKO recommendation on paediatric and adolescent vaccination has been published (here)* • *A recommendation on booster vaccination is being developed. There are currently more publications / data on the efficacy - with the delta variant dominating - of the existing vaccines. This appears to be declining, but protection is still provided (e.g. Comirnaty at approx. 80%)* • *BMG plans vaccination campaign week in September. Concept has already been drawn up and submitted to the Corona Cabinet.*	*FG33 (Wichmann)*
9	**Laboratory diagnostics** **FG17** • *Virological surveillance of influenza had received and analysed 69 samples (as of week 33)* • *Of which:* o *1 SARS-CoV positive; female 10 years old* o *0 Detection of influenza* o *3 Proof of RSV* o *2 HMPV* o *7 Evidence on OC434* o *18 detections of parainfluenza* o *21 detections of rhinovirus* **ZBS1** • *353 samples, 136 of which were positive (38.5%)* • *The number of samples is increasing and the doctors have been informed that they will no longer be routinely analysed for variants* **Comment AL1:** *KV have been contacted: An information letter is to be sent to doctors in private practice on the subject of autumn/winter and testing of vaccinated people.*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *The BMG is trying to disseminate information on the use of monoclonal AK*	*Niebank*
11	**Measures to protect against infection** • *No report*	*FG37*
12	**Surveillance** • *No report*	*FG37*
13	**Transport and border crossing points** • *The major airports (BER, FFM) are currently dealing with flights from Afghanistan. Tests are being carried out in Frankfurt, but other factors (e.g. medical care, mental health) are also being considered.*	*FG38 (an der Heiden)*

14	**Information from the situation centre** • *Workload remains high; IC continues to have difficulties filling shifts (still holiday period in the company)* • *Large number of enquiries on similar topics from the BMG for FG32, FG33 & FG36; enquiries from the BMG are often uncoordinated*	*FG38 (Rexroth)*
15	**Important dates** • *None noted*	*All*
16	**Other topics** • *Next meeting: Wednesday, 25 August 2021, 11:00 a.m., via Webex*	

End: 12:58 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 25 August 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  -
  - *Barbara Biere*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
  - *Andreas Hicketier*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation**	
	International *(Fridays only)* • *not reported*	*ZIG1*
	National	*FG32 (Diercke)*
	• *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 3,889,173 (+11,561), of which 92,061 (+39) deaths* o *7-day incidence: 61.3/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 53,530,526 (64.4%), with complete vaccination 49,408,003 (59.4%)* o *Course of the 7-day incidence in the federal states:* ▪ *Strong increase in NRW, and increases in Saarland, SH, Bremen, falling in Hamburg, Meck-Pom, Brandenburg and Berlin* ▪ *Geographical distribution: Highest incidence in SK Leverkusen (228.4/ 100,000 p.e.), higher incidences in the West and South Germany* ▪ *Progression by age: Highest incidence currently in the 10-24 age group* ▪ *Incidence by hospitalisation: a) Geographically: younger groups affected in the south (10-19 and 20-29 years), in NRW also affected working age groups b) by age group: increase in hospitalisation rate in the over-80s and 35-49 and 15-34 age groups.*	*Dept. 3 (Hamouda)*
	• *Test capacity and tests, slides here (Wednesdays only)* o *2.2 million test capacity, 680000 were carried out.* o *Increase in the number of PCR tests and the positive rate (now at 7.9%)*	
	• *ARS data, slides here* o *Country-specific data on the number of tests carried out and the positive rate* o *Indication that an increase in the positive rate is not meaningful if there is a significant decrease in the number of tests, e.g. in Berlin* o *In NRW, there has been a significant increase in the positive rate with significantly higher test rates, with schoolchildren in particular being tested more frequently (note from crisis team: there were 3% positive PCR pool tests in NRW, which could explain the increased test rate)* o *15% positive rate in doctors' surgeries, over 80s are rarely tested in doctors' surgeries, but rather in retirement homes* o *Slight increase in outbreaks in retirement homes and hospitals*	*FG37 (Eckmanns)* *FG36 (Buda)*
	• *Syndromic surveillance, slides here (Wednesdays only)* o *2.4 million ARE cases, affects all age groups*	

RKI	○ *480000 visits to the doctor due to ARE* ○ *SARI: continuous increase in the 35-59 age group* ○ *18% COVID for SARI and 31% COVID for intensive care cases* ○ *Daycare centre outbreaks: 50% affect children* ○ *School breakouts: Schleswig-Holstein transmits the most breakouts* • *Virological surveillance, NRZ influenza data (Wednesdays only)* • *Slides here* ○ *108 submissions with a positive rate of 71%, 4% of which SARS, 30% rhinoviruses and 7% RSV* ○ *Relatively many multiple infections: 11 double infections and 1 triple infection = 11% (last season's average: 3%)* • *Figures on the DIVI Intensive Care Register, slides here (Wednesdays only)* ○ *Increase in COVID intensive care patients to 807, almost all federal states affected by the increase, e.g. Hamburg* ○ *50-59-year-olds have the highest proportion* ○ *Forecasts point to high capacity utilisation* • *VOC report, slides here* ○ *99.9% Delta variant* ○ *15 sublines of Delta were defined, depending on distribution aspects* • *Incidence according to vaccination status* ○ *Highest incidence in population without full vaccination (53.1 /100,000 p.e.)* ○ *Highest number of hospitalisations, ITS cases and deaths also in population without full vaccination* ***ToDo*** *1. special evaluation for EpiBull or other format (1 time) monthly): Stratification by vaccination status for 4th wave (Thomas Harder, Andreas Hicketier)* *2 A closer look at the age groups of the children: Result in the mailing list and on Friday for discussion (Diercke)* *3. determine why repeatedly very high incidence in the LK Rosenheim. Ask LGL Bayern for information (Rexroth)*	*FG 17 (Beers)* *FG38 (Rexroth)* *FG36 (Kröger)*
2	**International** *(Fridays only)* • *(not reported)* ○	*ZIG*
3	**Update digital projects** *(Fridays only)* •	*FG21*

4	**Current risk assessment** ***ToDo:*** *Circulate revision at the beginning of the week and on Wednesday to the crisis team (Rexroth)*	*Dept. 3*
5	**Communication** **BZgA** • *No contribution* **Press** • *Requested topics for communication. Result: Continue to emphasise the importance of incidence, as it precedes hospitalisation, using a heat map and a graphic on rising incidence* **P1** • *Discussion1: As some opinion leaders are currently declaring the pandemic to be over in view of the sufficient supply of vaccines, it should be made clear that 40% of the population is still unvaccinated and therefore vulnerable and that a high hospitalisation rate is therefore to be expected if all measures are discontinued. The group of unvaccinated people will be described in more detail with the help of a diagram.* • *Discussion2: As there are those who are in favour of vaccinating children because most of them have a mild course of the disease, a paper should outline the long-term effects the disease can have on children. It should also be communicated that a vaccine will very probably be available for the youngest age groups in a few months' time, so that the current restrictions will only need to be continued for a few months or an end is foreseeable.* • *The following link on the situation of children in the USA was shared by the crisis team: https://edition.cnn.com/2021/08/07/health/children-covid-19-protection/index.html* ***ToDO*** *1. Graphical representation:* *a) the composition of the unvaccinated population (3.3 million primary vaccination failures, non-vaccinable: individuals, proportion of children under 12, etc.)* *b) Case mortality, complication rate by age group among the unvaccinated* *Message of the graphic:* *Still large group of unvaccinated people leads to high hospitalisation rate & get vaccinated if possible!* *Realisation: Leuker (lead) in cooperation with Eckmanns, Mielke, Harder, Buda*	*BZgA (Ebrahimzadeh-weather)* *Press (epee)* *P1 (Leuker)*

	2. editorial/ opinion piece, approx. 2-3 A4 pages on the Burden of Disease of SARS-CoV-2 in children as discussed in the crisis team. Implementation as quickly as possible, as no longer relevant in a few months' time *Lead: J. Seifried, involvement of FG36, Dept.2, Eckmanns and Oh*	
6	**RKI Strategy Questions** **General** • *Focussing of contact tracing, as countries are already making their own adjustments due to capacity bottlenecks* **ToDO**: *1. revision of the KoNa paper (Buda, Kröger: already agreed, there is probably already a deadline)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **Vaccines STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* ○ *## SARS-CoV-2* ○ *## Rhinovirus* ○ *## Parainfluenza virus* ○ *## seasonal (endemic) coronaviruses (predominantly NL-63)* ○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1** • *In calendar week ## so far ## samples, of which ## positive for SARS-CoV-2 (## %)*	*FG17* *ZBS1*

10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)***	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** •	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 27 August 2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 27 August 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
- *FG21*
  - *Wolfgang Scheida*
- *FG 33*
  - *Ole Wichmann*
  - *Thomas Harder*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
- *P1*
  - *Esther-Maria Antao*
  - *John Gubernath*
- *P4*
  - *Pascal Klamser*
- *P5*
  - *Max von Kleist*
- *Press*
  - *Jamela Seedat*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *List of top 10 countries by new cases:* o *USA is still in 1st place.* o *Increase in case numbers in USA, UK, Japan, Malaysia* o *New on the list is Japan with a very dynamic infection rate* ▪ *almost all regions in state of emergency since yesterday* ▪ *Test positivity rate of 19%* ▪ *Almost 50% of cases between 20 and 30 years old* ▪ *Contamination of Moderna vaccine: had to withdraw >1 million doses from circulation* • *Case and death figures, worldwide:* o *Global stagnation in case numbers, but increase in the Western Pacific (+20%) and Americas (+8%) regions* o *Further increase in deaths in Europe (+11%) and the Americas (+10%)* • *7-day incidence worldwide* o *Overall decline in the incidence of infection in Africa* • *7-day change in case numbers worldwide* o *Increase in the number of cases in West African countries, including Ebola, Marburg fever and cholera outbreaks.* o *In Europe: Increase in the number of cases in the Balkan countries and Norway.* • *Overview of virus variants, worldwide* o *3 new countries that have reported Alpha and 7 new countries that have reported Delta.* • *Is there a reason for the rise in the United Kingdom?* o *Increase in Scotland: end of holidays 2 weeks ago, highest numbers ever in Scotland, end of holidays in England in a week's time* o *No clear hygiene concepts in schools, effects of mobility during holidays* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 3,913,828 (+12,029), thereof 92,096 (+14) Deaths* o *7-day incidence 70/100,000 pop.* o *Vaccination monitoring: Vaccinated with 1st dose 53,719,354 (64.6%),* *with full vaccination 49,659,889 (59.7%)* o *Development of the 7-day incidence in the federal states* ▪ *Highest in NRW, lowest in Saxony-Anhalt* o *Geographical distribution in Germany: 7-day incidence* ▪ *52 LK with incidence > 100 (13%), 182 LK with incidence*	*ZIG 1 (Gillesberg Raiser)* *FG32 (Hamouda)*

RKI	*between 50 and 100* ▪ *Highest incidence in Wuppertal, a total of 4 districts with incidence just under or over 200* ▪ *Highest incidences in major cities in Düsseldorf, Dortmund, Cologne, Essen; only Dresden and Leipzig have the highest incidences in the still an incidence < 50.* o *7-day hospitalisation incidence by federal state* ▪ *Unsteady course of the curve* o *7-day hospitalisation incidence by age group* ▪ *In the 2nd wave, very old people were heavily affected.* ▪ *Hospitalisation incidence among the very old rises again slightly.* o *Trend in 7-day incidence of hospitalised patients by age group* ▪ *Highest among > 80 year olds, followed by 40-49 and 30-39 year olds.* o *Number of hospitalised by reporting week* ▪ *Highest among 40-49 year olds, followed by 30-39 and 50-59 year olds.* ▪ *Looking only at the younger AGs, the number of 30-39 year olds is the highest.* o *Death rates* ▪ *No significant development at the moment.* • *Most hospital cases in absolute numbers are currently to be found among 30-49 year olds. Should this be communicated with the aim of increasing the willingness to be vaccinated?* o *Herd immunity as an argument is saturated, instead vaccination as self-protection.* o *However, the absolute figures are not very large.* o *At CC level: individual CCs have significant incidences with small absolute numbers. Interpretation of the hospitalisation incidence is not trivial.* o *It should be shown promptly that an increase in the 7-day incidence leads to an increase in the incidence of hospitalisation.* o *For some regions, e.g. in NRW, it could be shown to what extent the incidences correspond. Regions should be selected that also want this.* o *This connection can be seen clearly in Hamburg. There is also interest in an evaluation there.* *ToDo: Relationship between 7-day incidence and hospitalisation incidence over time in Hamburg, FF Ms Rexroth by the middle of next week* • *Ministerial enquiry on 2G/3G and modelling: intensive care bed occupancy with the corresponding vaccination rates.* • *Simulation of 2G versus 3G with rapid test, modelling by Mr Karagiannidis* o *Assessment: Vaccine effectiveness against asymptomatic infections is slightly lower than in the model.* o *The fact that infections are only not recognised in 30% of rapid tests is a very optimistic estimate. It is to be feared,*	*Shade* *Shade*

	that cheaper and lower quality tests will be favoured, especially with the abolition of free testing. o *A sensitivity of 60% for antigen tests has been published. It should be noted that antigen tests have different sensitivities (30-80%), for the sake of simplicity 60% is assumed.* o *Incidence missing in graph, adherence to measures.* • *Please provide an easy-to-understand assessment: Is 2G safer than 3G with regard to the objective of protecting others at events?* o *Aim simple calculation that is easy to understand.* o *The actual effect of 2G is not greater external protection, but greater self-protection.* o *External protective effect of vaccination and testing probably in the similar range, at approx. 60-70%. 2G will be superior due to protection against serious diseases.* o *One can expect different effectiveness of vaccination and different rates of non-detection of infections by antigen tests.* o *The distance rule does not apply to 2G, this would also have to be calculated. The distance rule does not have to be omitted for 2G and is not recommended by the RKI.* o *Is 2G versus 3G a suitable escalation measure for rising incidences?* ▪ *Yes, because of self-protection. With 2G, people are protected from serious illnesses.* ▪ *But that would then be a restriction of freedom and therefore a legal issue.* ▪ *It is unclear whether people who have only been tested pose a greater risk in terms of external protection.* *is assumed. It is unclear whether this can be substantiated with the current data situation.* o *Which concept is more likely to prevent infection within a major event?* ▪ *2G probably not much more effective than 3G; protection against transmission of 85% in vaccinated and recovered people.* ▪ *Depends on the goals. Prevention of serious illnesses is more likely if no* *susceptibles are at an event. This is a very paternalistic approach and only justified if KH could be overloaded again.* o *Without defining the objectives, the question cannot be answered.* ▪ *I. Infection protection target -> can be calculated* ▪ *II Objective Protection against serious illness -> can be described qualitatively* o *In the longer term, various endpoints could be calculated using a Markov model.* *ToDo: Answering the political question: Is 2G safer than 3G? Effects on risk of infection and severe cases.* *Different aspects: External protection, self-protection and dissemination, FF Mr von Kleist, Mr Wichmann, Mr Harder until this evening*	

RKI	• *Modelling* ***(Fridays only)*** ○ *Assessment of contact behaviour between strangers or acquaintances* ▪ *Is higher than ever before in the pandemic.* ▪ *Data comes from contact network of Netcheck (app that estimates network quality), is derived from GPS data* *calculated, 1.2 million users* ▪ *How many contacts does a user have per day, distribution of the number of contacts -> Contact Index* ▪ *Contact Index precedes R-value by approx. 17 days.* ▪ *Contact behaviour was relatively constant during the pandemic and is now rising sharply again.* ▪ *Variants and vaccinations dominate the R value.* ○ *Comparison with mobility change: movement patterns in the Comparison with normal mobility* ▪ *Depicts intra-national mobility.* ▪ *Currently much higher in the north-east (not densely populated regions) due to the holiday season; in other regions* *Return to normal mobility.* ▪ *Contact pattern is complementary information.* ○ *Can this be used to monitor contacts?* ▪ *Data is sent regularly. Idea to include this in the monitoring.* ▪ *Objective measure for contact patterns.* ▪ *Mass events have a strong impact, which is why contact behaviour is more important than before the pandemic.* *pandemic is much lower.* ▪ *Looks very plausible from the point of view of Grippe-Web.* ▪ *Exciting, but should be used with caution in relation to infection events, as it also depends on quality* *of the contacts.* ○ *Data from the Corona-Warn-App* ▪ *As the last wave subsided, the number of warnings increased significantly. Was interpreted as follows: Situation* *is relaxing and people are socialising more again.* ▪ *In lockdown: fewer warnings overall and fewer per person.* ▪ *It makes sense to look at this data together.*	*P4 (Klamser)* *Scheida*
2	**International** ***(Fridays only)*** • *Support mission in Uzbekistan continues.* • *Mission in Namibia was completed yesterday. The laboratory was put into operation.* • *Follow-up mission is being prepared for Montenegro.* • *Requests for help from Guatemala are very much in the clinical area of medication, RKI probably cannot provide support.*	*ZIG (Hanefeld)*

3	**Update digital projects** *(slides here)* ***(Fridays only)*** • **CWA** ○ *Currently approx. 1 million downloads per month, 32.8 million in total* ○ *Podcast on the Corona-Warn App will be published on Monday* ○ *Twitter Corona-Warn-App:* ▪ *500,000 shared results* ▪ *Heatmap with link to the weekly report: 90,000 views* ▪ *Survey: 95% use the Warn app from the start; 65% are interested in news, 17% in background information.* • **CovPass app** ○ *16.7 million downloads* ○ *CovPassCheck app: 327,648 downloads* • **DEA** ○ *>100,000 registrations per day* ○ *> 12 million registrations since the beginning*	*FG21 (Scheida)*
4	**Current risk assessment** • *Next week*	*All*
5	**Communication** **BZgA** • *(not reported)* **Press** • *3 issues of the Epid.Bull. this week* **Science communication** • *Hospitalisation in the middle age group is to be communicated together with incidence rates next week. Communication together with incidences is better than together with vaccinations because of the relatively small numbers. (see also national situation)* • *Lollite testing is being prepared.* • *Covid-19 vaccination for Twitter account is being prepared.* • *When integrating graphic designers, care should be taken to ensure that graphics are also prepared for social media at the same time.*	*BZgA* *Press (Seedat)* *P1 (Gubernath)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *(not reported)*	*All*
7	**Documents** ***(Fridays only)*** • *(not reported)*	
8	**Vaccination update** *(slides here)* ***(Fridays only)*** • *Vaccine effectiveness Delta, interim results from Living systematic review*	*FG33 (Harder)*

	○ *16 studies from the UK, USA, Qatar, France, Singapore, Canada* ○ *analyse Comirnaty, Spikevax and Vaxzevria* ○ *4 groups of studies* ▪ *Direct comparison: Alpha vs. delta (sequenced)* ▪ *Indirect comparison: Alpha vs. delta (temporal-geographical dominance)* ▪ *Delta only (without comparison)* ▪ *Delta to >1 ZP after vaccination (waning)* ○ *Direct comparison: categorised by infection, Symptomatic infection and hospitalisation* ▪ *With alpha, the effectiveness is relatively constant; with delta, the effectiveness increases.* ▪ *No differences between alpha and delta for hospitalisation.* ○ *Indirect comparison* ▪ *Similar trends: lower effectiveness in preventing infections compared to the Hospitalisation.* ▪ *Spikevax is more effective than Comirnaty.* ○ *Vaccine effectiveness Delta* ▪ *Asymptomatic infection: significantly worse with Comirnaty than Spikevax (study from Qatar) possibly to be assessed as an outlier)* ▪ *Highly effective against serious infections.* ○ *Vaccine effectiveness over time: 2 studies* ▪ *Drop in effectiveness from 93% to 53% within 4 months (population-based)* ▪ *Or from 85% to 73% over 5 months (with HCW)* • *Summary* ○ *VE against severe infection (hospitalisation) unchanged >90%* ○ *VE against infection: 55-85%* ○ *VE against asymptomatic infection: 60-80%* ○ *Tendency: VE Spikevax > Comirnaty > Vaxzevria (infection)* ○ *Waning: currently unclear data situation* *ToDo: Prompt publication, e.g. as an update to the already published article, FF Mr Harder* • *What was compared against what, design of the study?* ○ *All studies are based on PCR tests; only 3 studies with statements on Ct values: Ct values in vaccinated and unvaccinated persons are approximately the same.*	

9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *No update* **ZBS1** • *366 samples, 155 of which were positive for SARS-CoV-2 (42.4%)* • *Document for informing doctors about differential diagnostics and advertising the test is being prepared.* • *Intensive involvement of pharmacies to improve the quality of antigen tests is being promoted.*	*FG17* *ZBS1 (Mielke*
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*FG37*
12	**Surveillance** *(Fridays only)* • *New population figures were imported.*	*FG38*
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *International communication still requires a lot of personnel, even at weekends. Containment scouts are called back into the field.* • *Feedback from various sides: Contact person management can't go on like this, some schools and daycare centres are doing away with it.* • *With rising incidences and hospitalisation rates, there is no technical basis for deviating from the overall strategy.* • *Prioritisation is being sharpened again, quarantine in daycare centres and schools is currently being discussed.* • *Incidences will continue to rise, how will this be communicated? Point this out in the next risk assessment.* • *Autumn/winter paper is outdated, the new version is with the BMG. Minister would like to speak to the RKI management before publication and has not yet given a date for this. So far, 2G is not included in the paper.*	*FG38* *Buda*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Wednesday, 01.09.2021, 11:00 a.m., via Webex*	

End: *13:07*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 01.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
  - *Viktoria Schönfeld*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Barbara Hauer*
  - *Julia Schilling*
  - *Kristin Tolksdorf*
  - *Uwe Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Marieke Degen*
  - *Jamela Seedat*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *not reported* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 3,956,387 (+13,531), of which 92,223 (+23) deaths* o *7-day incidence: 75.7/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 54,297,654 (65.3%), with complete vaccination 50,431,730 (60.6%)* o *Course of the 7-day incidence in the federal states:* ▪ *Varying trend: decline in NRW, increase in Bremen, Saarland, plateau at a high level (50/100,000 Eiw.) in Schleswig-Holstein, low in Brandenburg, Meck- Pom, Saxony, Saxony-Anhalt.* ▪ *Geographical distribution: highest incidences in NRW, Hamburg, Berlin, Hesse, Ba-Wü, Bavaria,* ▪ *By district: SK Wuppertal (266.2), SK Rosenheim (199.7) the highest incidences* ▪ *Heatmap: Highest incidence in reporting week 34 among 10- 14 and 15-19 year olds, but all child age groups and also an increase in older people, which is why more severe courses are to be expected* ▪ *Hospitalisation rate: increase in all age groups, highest proportion of hospitalisations in the 35-49 year olds* ▪ *Imported cases: 22%, countries of origin: Turkey, Kosovo, Croatia, Spain, North Macedonia, Greece, Italy, France, Morocco, Bulgaria* *Question: Are low incidences in Saxony due to a high number of recovered patients?* *Answer: No data are available and no serological studies are known.* *Suggestion: Comparative data of 7d incidences with the hospitalisation incidence should be looked at. A map of Germany showing the 7d hospitalisation incidence of COVID-19 cases from Dept. 3 management was shown.* ***ToDO to Friday**:* *Comparative presentation of the 7d incidence and the 7d hospitalisation incidence of the federal states as a geographical distribution and as a heat map (Diercke, Buda, Hamouda)* • **Test capacity and testing** ***(Wednesdays only)*** *Slides here* o *833,000 tests in week 34, positive percentage (PA): 8.35, i.e.*	*ZIG1* *FG32 (Diercke)* *Hamouda and Seifried*

	continued to rise, but the increase is no longer as strong. ○ *Test numbers in NRW have risen sharply, so PA is falling there, in BL, where test numbers are stable, PA continues to rise, e.g. Thuringia and Saxony* ○ *Distribution of PA at laboratory level gives a very heterogeneous picture* • **ARS data** *slides here* ○ *More tests were carried out, particularly in NRW, where the proportion of positives is declining; Berlin and Bremen were excluded from the data.* ○ *Test figures have doubled in the 5-14 age group, mainly due to lollipop testing in NRW* ○ *The proportion of positives among 5-14 year olds is falling, as the number of tests per 100,000 inhabitants is rising* ○ *Some of the tests take 24 hours in the laboratory before processing* ○ *Slight increase in nursing home and hospital outbreaks* • **Syndromic surveillance** *(Wednesdays only) Slides here* ○ *FluWeb: Increase in children* ○ *Consultation incidence increases in all age groups* ○ *Age group 35-59 are above the seasonal level of respiratory infections* ○ *Share of COVID in SARI has increased (32%) and is just under 50% COVID at ICOSARI* ○ *Most affected are 35-59 and 60-79 year olds* ○ *Compared to last year, the increase in COVID-SARI cases has been seen earlier* • **Virological surveillance**, *NRZ influenza data (Wednesdays only)* • *Slides here* ○ *104 submissions with a positive rate of 61%. Proportion of SARS- CoV-2 at 7%, 0% influenza, low proportion of endemic coronaviruses and HMPV (1 case), mainly rhinoviruses and parainfluenza viruses, RSV: 5%* • **DIVI Intensive Care Register figures** *(Wednesdays only) Slides here* ○ *1128 COVID19 intensive care cases (+321)* ○ *ITS occupancy has doubled within the last 2 weeks* ○ *Strong increase in new admissions, 492 in the last 7d, ECMO cases on the rise* ○ *BL: strong increase in the north-west and south, lower in Hamburg and eastern BL* ○ *Age structure: 65.1% <60 years, strong increase in 40-69 year olds, in the last 2 weeks also increases in 30-39 year olds and 70-79 year olds* ○ *20-day forecast: strong forecast increase* • **VOC report** *slides here* ○ *Delta share increased slightly to 99.4%, other VOCs hardly play a role* ○ *Proportion of genome sequences is 5-10%* ○ *Delta MOC (mutations of concern) are observed, 100*	*Eckmanns* *Buda* *Brunke* *Fisherman* *Kroeger*

	Cases since April ○ *Delta C.1.2 Variant since CW23: 1 case in Germany, mainly in South Africa, increase there (from 0.2 in May to 2% in August)* ○ *New variant: B1.621: proportion in Germany is 0.3% Note from crisis management team: There is a tool for deriving a variant-specific PCR from Mr Hölzer*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *Not reported*	*FG21*
4	**Current risk assessment** • *Postponed to Friday!*	*Dept. 3*
5	**Communication** **BZgA** • *no comment* **Press** • *Tweets on ITS increase, heatmap, possibly stratification vaccinated/unvaccinated (otherwise next week)* **P1** • *not reported*	*BZgA n.a.* *Press (epee)* *P1*
6	**RKI Strategy Questions** *General* ○ *Incidences - separated into vaccinated and unvaccinated?* ○ *Presentation of the data here* ○ *Data basis: Denominator: symptomatic hospitalised persons with information on vaccination status* ○ *Result: Incidence of unvaccinated symptomatic, hospitalised cases per 1 million inhabitants is 10 times higher than the corresponding incidence of vaccinated cases, both in those over and under 60 years of age* ○ *Limitation: All hospitalisations were included regardless of the cause, high proportion of missing vaccination data (16%), outstanding follow-up reports* *Discussion: Table in the weekly report has a different data basis, namely all hospitalisations, regardless of Vaccination information. Calculations should be standardised.*	*Schönfeld, Harder*

RKI	***ToDo:*** *Comparison of the differences between the two bases for calculating the hospitalisation rate and decision in favour of one variant in consultation with FG32 and FG36 (Schönfeld, Harder)* ○ *Since 2 G is significantly more effective than 3 G, will this influence our recommendations?* *Discussion: Differentiation legally possible, as Berlin court has decided to open dance clubs for 2G. BMG crisis management team also considers such a distinction to be legally secure.* ***ToDO*** *Revise stage concept with regard to the recommendation option for 2G (Rexroth)* *RKI-internal* ○ *(not reported)*	*Shade*
7	**Documents** • *Contact person management:* ▪ *Dealing with children (Kona, schools, see below) Document here Presentation of a paper on CPM in schools as a basis for discussion. Discussion table in the document:* *Calculation using COVID19 Calculator, no adjustment for children or for the delta variant* *After discussion and agreement that no separate recommendation should be made for schools, but a standardised recommendation:* *Quarantine for contact persons: 10d without testing or alternatively a reduction to 5-7d by testing using PCR or a high-quality antigen test. If tested: quarantine should only be ended if a negative result is available.* ▪ *General adjustment KPM, same document.* ▪ *Of the points mentioned in the document, it was put up for discussion whether vaccinated people should continue to be recommended to use a* *Self-monitoring and testing on day 5 after exposure.* ▪ *Some were in favour of this, especially as there was virological data showing a similarly high viral load in vaccinated people as in vaccinated patients.* *in non-vaccinated people. Others, however, said that epidemiological data on transmissibility by vaccinated people was lacking.* ▪ *Decision on the recommendation for dealing with vaccinated CP: Vaccinated CP who have contact with vulnerable groups of people* *In the case of people who have been exposed to the virus, e.g. in hospitals, nursing homes or home care, self-monitoring and testing 5d after exposure is recommended.*	*Kröger, Buda*

8	**Vaccination update** *(Fridays only)* • *(not reported)* **Vaccines STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** **Not reported** **ZBS** **Not reported**	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** *(Fridays only)* • *not reported*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 03.09.2021, 11:00 a.m., via Webex*	

End: 13:20

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 03.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
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- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Genie Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Barbara Hauer*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Maria an der Heiden*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
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  - *Romy Kerber*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *List of top 10 countries by new cases:* ○ *More than 212 million cases, declining trend compared to the previous week (-7%)* ○ *Declining or stagnating trend in most countries* ○ *Increase in case numbers in USA, India (+27%), Turkey, Philippines (+13%)* • *COVID-19 Western Pacific:* ○ *Only region with an increase* ○ *Japan:* ▪ *Trend declining again* ▪ *Has been newly designated as a high-risk area.* ▪ *33 out of 47 prefectures have declared a state of emergency.* ▪ *45% fully immunised* ○ *New Zealand:* ▪ *Lockdown in the Auckland area extended until 30 September, but only 736 cases in total.* ▪ *Vaccination activities not yet well advanced, 26% fully vaccinated* ○ *Australia:* ▪ *24% fully immunised* • *COVID-19 Norway:* ○ *7-day incidence: 152%, sharp increase of more than 40%* ○ *Mid-August end of school holidays, 35% of new infections in 10-19 year olds, 25% in 20-29 year olds* ○ *Testing activity in schools and daycare centres has been increased.* ○ *Almost 58% fully immunised.* ○ *Wearing masks is no longer recommended for <12 year olds.* ○ *Children and young adults should no longer go into quarantine; in the case of cases at school and among friends, only household members should be quarantined.* • *Overview of virus variants, worldwide:* ○ *Delta variant continues to spread.* • *New virus variants* ○ *V.1.621 ("mu")* ▪ *Has been labelled a new variant of interest by WHO.* ▪ *Preliminary data on reduced neutralisation activity by serum from recovered/vaccinated individuals* ○ *New variant from South Africa: C.1.2* ▪ *Under monitoring by ECDC* ▪ *Evidence of increased transmissibility and immune escape, no data on disease severity yet* ▪ *No major increase in South Africa so far* • *Summary*	*ZIG 1 (Denkel)*

	○ *Slight downward trend worldwide* ○ *From Sunday, the Balkan countries: Albania, Azerbaijan and Serbia will also become high-risk areas.* ○ *Reasons: Delta variant, relaxation of measures, more travelling and social activities* ○ *WHO Euro: De-escalation of alpha variant planned.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 3,984,353 (+14,251), thereof 92,301 (+45) Deaths* ○ *7-day incidence 80.2/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 54,422,241 (65.4%), with full vaccination 50,600,451 (60.9%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Further slight increase, seems to be levelling off* ▪ *In NRW, the rise has not continued for several days* ▪ *Incidence rates remain low in eastern BL* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Almost ¼ of the districts with an incidence > 100 / 100,000 inhabitants.* ▪ *Heavy load on the western BL* ○ *Death rates* ▪ *No excess mortality* ○ *Reporting delay: hospitalisation incidence by reporting date/ Hospitalisation date* ▪ *Should fixed (without subsequent reports) or updated values (with subsequent reports) be reported? become?* ▪ *Reporting date or hospitalisation date?* ▪ *There is a time delay between the notification date and the hospitalisation date.* ▪ *Low completeness of the hospitalisation date* ▪ *When displaying with late notifications, the link between notification date and hospitalisation date is good visible.* ○ *Delay from reporting date to hospitalisation date* ▪ *Reporting date is available for all cases.* ▪ *Hospitalisation date is only available for 46% on the reporting date, for 79% for late reports.* ○ *Completeness of hospitalisation incidence by reporting/hospitalisation date* ▪ *After the reporting date, approx. 80-85% of cases are in the system after 1 week and 95% after 3 weeks.* ▪ *After the hospitalisation date, only 70% of cases are in the system after 1 week. We therefore argue in favour of Reporting date.* ○ *Regional comparison* ▪ *Hospitalisation incidence is subject to much greater fluctuations at district level than 7-day incidence.* ○ *Ratio of 7-day and hospitalisation incidence by BL*	*FG32 (Diercke)*

RKI	▪ *Very different depending on the BL, but closer together when viewed retrospectively.* ▪ *Curves are similar, but not for all BLs. Hamburg and Berlin, for example, do not match up well.* ▪ *NRW: Children were tested at the start of school. This has driven up the incidence of hospitalisation* *It is not surprising that this is not followed by a higher risk. The highest risk is still in older age groups.* *ToDo: Stratification by age group, FF Diercke* o *Stay with the reporting date, as it is more timely and complete.* • *In favour of a multifactorial approach to a set of indicators.* • *Proposal to look at 14-day incidence to avoid reporting delays was voiced.* o *Take another look at FG32 today.* o *Countries could also look at corrected data from the last 14 days.* o *In the rising phase, this would weaken the rising trend.* o *RKI should minimise its focus on setting benchmarks based on political measures.* • *Modelling: Status Corona data donation (slides here)* ***(Fridays only)*** o *Q3 2021: Surveys become available in data donation app* ▪ *Version 3.0 Integration of surveys* ▪ *Coordination with BfDi to expand the data donation to include the option of asking questions* ▪ *Target:* • *Better characterisation of the sample* • *Merging vital data and explanatory data* ▪ *Pentest from specialised company available.* o *Nowcast from wearable data* ▪ *Nowcast of incidences on a weekly basis* ▪ *Current fever detections provide a good estimate of the current course of the pandemic.* ▪ *Turning points of individual waves are reliably estimated.* ▪ *Methodology is being refined, work is being done on predicting incidences.* o *Influences on the average time of sleep* ▪ *Sleep as an important health indicator* ▪ *Sleep times vary from west to east, between rural/urban regions and weekdays* ▪ *Expansion of the fever monitor to include sleep in the next step, as deviations are due to acute illnesses can point out.* ▪ *But secondary effects of the pandemic are also visible in sleep data.* o *Infrastructure is to be placed on a longer-term basis.*	*Shade* *P4 (Hinrichs)*

	○ *Why does the fever curve deviate from incidences from summer onwards?* ▪ *There are many hypotheses, e.g. vaccination reaction, that could fit, difficult to judge without feedback.* ▪ *That's why it's important to ask people about vital data.* ○ *Does age play a role in sleep?* ▪ *This analysis has not yet been finalised.* • *Update outbreak LK Bergstraße* ○ *A request for administrative assistance was made by Hesse to investigate the outbreak in LK Bergstraße in a nursing home for the elderly, where most of the patients were vaccinated.* ○ *In the meantime 28/86 people (44%) infected; 6 deceased (7%; including 1 person in connection with booster vaccination). The booster vaccinations were otherwise well tolerated.* ○ *10 out of 88 employees infected (11%)* ○ *Measures: Serial testing (PCR every 3 days), booster Vaccinations* ○ *presumably subsides.*	*FG38 Siffczyk*
2	**International** ***(Fridays only)*** • *Further mission planned in Montenegro at the end of September together with Charite.* • *Further SEEG missions are planned: the next one at the end of September to Uzbekistan.* • *Cyrus König (FG38) goes on an 8-week GOARN mission to COVID-19 response in Cambodia on 11 September.* • *Requests for help are shifting towards longer-term support and vaccines.* • *Following the G20 conference: a major point of the summit was the development of pharmaceutical capacities in developing and emerging countries, there is movement in this direction.* • *Enquiries from many European countries about returning to schools, desire for exchange.* • *Exchange WHO chief scientists yesterday:* ○ *Systematic review on COVID and children was presented.* ○ *Evidence and study design is weak in children. All use different age limits.* ○ *No further systematic reviews on long covid and delta in children for the time being* ○ *Efforts to use the same age classifications across studies.*	*ZIG (Hanefeld)*

3	**Update digital projects** *(slides here)* ***(Fridays only)*** • **CWA** ○ *33 million downloads exceeded on Monday* ○ *From 8 September, version 2.9 will be available with the feature: Warning about substitutes.* ○ *This means that if a person has been to an event and has tested positive but does not have a coronavirus warning app, they can contact the organiser, who will then warn the other participants.* ○ *Twitter: Event registration has been tweeted with information on how feature works.* ○ *Call: what is the best thing about CWA? Decentralised, open source and data economy were mentioned most frequently.* • **CovPass app** ○ *Still huge interest, 18 million downloads* • **DEA** ○ *Continued high volume, up to 80,000 registrations per day.*	*FG21 (Scheida)*
4	**Current risk assessment** • *Only minor changes (here)* • *Reliably protects against severe disease progression: should "reliable" still be written here?* ○ *Instead of "reliable", "very good" is used for vaccination prevention.* • *Goals: Other topics such as the avoidance of long-term consequences have moved to the centre of attention. Should these objectives be strengthened somewhat in this or the next version?* ○ *Problem: not known how often long-term effects occur. Waiting for hard data, no standardised definitions in studies.* ○ *Question whether the risk assessment is the right place for this, as it should be scarce.* ○ *Avoiding long-term consequences is the goal, no matter how often this occurs.* • *For accumulations, only private households and leisure are currently mentioned, should other settings also be mentioned here?* ○ *Infections are brought into private households from outside. Prevention of infection in other settings outside the household.* ○ *Not naming them contributes to certain settings being considered safe.* • *Despite progressive vaccination coverage, there are also outbreaks in nursing homes among vaccinated people, should this be mentioned here?* • *There is still a need for discussion about settings; the reference to long-term consequences is sufficient.* *ToDo: Suggested wording for settings is still being collected, FF Rexroth*	*FG38 (Rexroth)* *Wichmann* *Wieler* *Oh* *Abu Sin*

5	**Communication** **BZgA** • *Information sheet on the vaccination of children and adolescents goes online next week + Tweet* • *Please ask the RKI press office to retweet this* **Press** • *Next Wednesday there will be another federal press conference with Mr Spahn, Mr Wieler and 2 business representatives. Vaccination is in the foreground.* • *Mr Wieler needs information on the difference in disease burden between vaccinated and non-vaccinated people.* **Science communication** • *The current draft for 2G - 3G graphics has been circulated.* • *A flyer on lollipop tests will be presented to the crisis team next Wednesday.* • *Automated English management report* o *It was discontinued a few months ago. After the short version of the German management report, the English version is now also automated. Does not cause any additional work.* o *Will be published next week.*	*BZgA (Ebrahimzadeh-Wetter)* *Wieler* *P1 (Gubernath)* *Bremen*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *(not reported)*	*All*
7	**Documents** *(Fridays only)* • *Update of the "Recommendations on contact persons Tracking"; assistance for GÄ: school setting* o *Comprises several components, the task was to develop a harmonised concept together with countries.* • *Contact person management (here)* o *General information: Measures can be adapted according to the risk assessment of the health authorities.* o *Where can be deprioritised if the risk of transmission is low and risk groups are not endangered?* o *Goals: Only containment of outbreaks, protection of risk groups, interruption of infection chains. Somewhat more focussed without completely abandoning containment.* o *Technical information on backward and forward determination added.* o *Focussing on situations with high transfer potential.* o *De-prioritisation of exposure situations with a low risk of transmission, e.g. flights of less than 5 hours* o *Use of digital tools for larger events* o *Risk assessment by the responsible health authority: Exposure indoors or outdoors must be taken into account.*	*FG36 (Buda)*

RKI	○ *Definition of close contacts: Stay in the near field for more than 10 minutes without adequate protection; conversation with case, regardless of duration; simultaneous stay in the same room for more than 10 minutes* ○ *Adjustments for exemplary constellations for close contacts* ○ *The definition of close contacts should not generally be changed for school classes. These are settings in which severe cases are rather unlikely.* ○ *Duration of quarantine: Change the duration from 14 to 10 days, mention the rationale behind it and which framework conditions must be in place.* ○ *3 quarantine options: 10 days without test, 5-7 days with PCR test* *Test, 7 days with rapid antigen test* ○ *No more chain quarantine for household contacts, but at least compliance with a 10-day quarantine.* ○ *It is generally recommended that people in quarantine should preferably be tested with PCR.* ○ *Testing twice a week during quarantine has been cancelled.* ○ *Extra paragraph on dealing with vaccinated and recovered contact persons, these are exempt from quarantine.* ○ *If symptoms occur, vaccinated and recovered people should also self-isolate.* ○ *A test is recommended for fully immunised contact persons who have contact with vulnerable people in order to prevent transmission.* ○ *The recommendations should remain scientific. Does anyone on the crisis team believe that containment is superfluous and should be discontinued completely?* ▪ *The fact that cases or close household contacts should go into quarantine is not supported by the ÖGD either. is called into question. The question is what effort needs to be made in the search for further contacts.* ▪ *Containment remains the goal for preventing severe disease progression.* ○ *The heading of point 2 is Prioritisation criteria. Point 2.1 should be called prioritisation instead of focussing.* ○ *Vaccination should be explicitly mentioned in the framework conditions for changing the duration of quarantine from 14 to 10 days.* ○ *Quarantine options: Non-separation of PCR and antigen tests was discussed. However, as a PCR test has a different quality, the separation was retained.* ○ *Indoor spaces vs. outdoor spaces is addressed in several places and will be included in the change history.* ○ *Flowchart will be adjusted as soon as document is ready.* ○ *GAs have lost personnel support from other administrative areas, while at the same time*	*Wieler* *Shade*

	more events with more people. Therefore, weigh up where the greatest risk exists. ▪ *Can be justified due to changed framework conditions, cannot be argument of RKI be.* • *Assistance for health authorities (here)* o *reformulation to be able to proceed more pragmatically if desired.* o *Containment in school settings: in the foreseeable future there will be a vaccination programme for children under the age of 12, so it is justified to maintain measures in school settings.* o *Reference was made to serial testing and PCR lollipop tests.* o *Classification by age of pupils for influencing factors should be cancelled.* o *Does the categorisation according to Ct value for infectivity of the source case make sense?* ▪ *The significance of a fixed Ct value has been commented on several times. PCR detects infection Quantification does not play a role in the initial findings. The value could perhaps be included in individual cases, but not in a table.* ▪ *A high Ct value is observed at the end or beginning of an infection. It can therefore not The Ct value of the previous day cannot be assessed. Also difficult to compare between laboratories.* ▪ *Classification of infectivity of the source case based on the Ct value is not meaningful in the table. Row is deleted.* o *Document will be finalised and sent to AGI next Tuesday for information, BMG is also on the distribution list.* o *Is table congruent with contact person management paper?* ▪ *Should be checked again.*	*FG36 (Hauer)* *Mielke* *Seifried*
8	**Vaccination update** ***(Fridays only)*** • *Vaccination Action Week takes place from 13-19 September across all departments.* • *Analyses of vaccination breakthroughs have been updated for the weekly report. Effectiveness was specified in more detail.* • *Graphic hospitalisation incidence in vaccinated vs. unvaccinated patients is being finalised and will be published today.* o *The plan is to publish once a month.* • *Is data on the graphic provided at the same time as the publication? Experience has shown that there are always many requests for this.* o *Difficult for today, in the course of next week.* *ToDo: Provide the data for the graphic, FF FG33* o *The exact definition of numerator and denominator is given in the text.* • *STIKO meeting next week. Topics: Vaccination during pregnancy/breastfeeding, procedure for immunodeficient patients*	*FG33 (Wichmann)* *Press (epee)*

	• *Many discussions nationally and internationally on booster vaccination, different opinions, is very politically influenced. ECDC-Report sees no urgency for booster vaccinations, better to increase immunisation offers in developing countries.* • *Involved in study with Münster University: contact behaviour in the population over the months and when wearing masks. Should the results be presented to the crisis team?* ○ *No external presentations in the crisis team, preferably as an extra appointment.*	
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Nothing new* **ZBS1** • *379 samples, of which 198 tested positive for SARS-CoV-2 (52%)* • *FYI: Mitte is discontinuing KoNa, only have 22 of the original 100+ people available for tracking.*	*ZBS1 (Michel)*
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*FG14*
12	**Surveillance** ***(Fridays only)*** • *(not reported)*	*FG32*
13	**Transport and border crossing points** ***(Fridays only)*** • *The BMG has sent a draft administrative agreement on the Pact for the Public Health Service (point 4) to the federal states that have IHR-named border crossing points. It authorises 50 million euros in material resources, but no personnel costs. This is unsatisfactory for the federal states. Attempts must now be made to utilise personnel positions from point 1 of the pact for the ÖGD.*	*FG38 (an der Heiden)*

14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Wednesday, 08.09.2021, 11:00 a.m., via Webex*	

End: *13:06*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 08.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder?*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 4,030,681 (+13,565) cases, thereof 92,448 (+35) Deaths* o *7-day incidence 82.7/100,000 p.e.* o *Vaccination monitoring: Vaccinated with 1st dose 54,890,847(66.0%), with complete vaccination 51,207,077 (61.6%)* o *Development of the 7-day incidence in the federal states* ▪ *Overall incidence rather stable at 83/100,000 p.e.* ▪ *Inhomogeneous picture in the BL* ▪ *NW plateau, HB and HE rises, TH significant rise* ▪ *Overall slowdown in the federal trend (from increases and decreases)* ▪ *Increases expected in BY and BW with the end of the holidays* o *Geographical distribution in Germany: 7-day incidence* ▪ *East/west and north/south divide visible* ▪ *Highest incidences in NW, increase in Bremen* ▪ *In BY and BW many districts with incidences > 100/100,000 p.e.* ▪ *28 LK < 25/100,000 EW* ▪ *¼ of all LK < 50/100,000 p.e.* ▪ *¼ of all LK > 100/100,000 p.e.* o *7-day incidence by age group* ▪ *Incidence rates continue to rise in all age groups, including older people, should be closely monitored.* *should be observed, as severe courses are possible* ▪ *In week 35 incidence in 10-14 year olds > 200/100,000 p.e.* o *Course of the 7-day incidence of hospitalised patients according to* *Age group* ▪ *Increase in all age groups* ▪ *Incidence now highest among +80 year olds, followed by 35-59 year olds* ▪ *In absolute terms, 35-59 year olds lead the way, followed by 15-34 year olds and 60-79 year olds* o *Number of COVID-19 deaths by week of death* ▪ *Presentation for the weekly report* ▪ *After low death rates in summer, now increase, but lower than in the 3rd wave* ▪ *Largest increase among > 80-year-olds* o *Exposure countries* ▪ *Number of cases with exposure abroad fell from 30% to 17- 20%* ▪ *Most frequently exposed countries: Turkey and the Balkans*	*FG32 (Diercke)*

RKI	• **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Increase in tests in week 35 to > 930,000 tests* ▪ *Increase in positive share to 8.7 %, increase flattens out somewhat, comparable with end of May 2021 and November 2020* ○ *Capacity utilisation* ▪ *Capacities have increased slightly* ▪ *Utilisation in almost all BL ≤ 50%, in NS, SL and SA just > 50%* ▪ *Positive rate increases in all BCs this indicates an increase in the number of cases in all BCs*	*Hamouda*
	ARS data *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Slight increase in the total number of tests, proportion of positives stable at 7.9* ▪ *Year-on-year comparison 2020/2021: number of tests halved in BY, significantly fewer tests in TH* ▪ *Figures from BE and HB cannot be used, as one major laboratory is currently not reporting or does not have a PCR* *carries out tests* ▪ *Development of the positive share in a year-on-year comparison 2020/2021: stable values in 2020 at this time, 2021* *Increases in all BCs, significant and continuous in RP and HE, more irregular in other BCs* ▪ *The time delay between sampling and testing has slowly increased somewhat in recent weeks,* *Time delay > 1 day has become more frequent* ○ *Age-stratified testing and percentage of positives by age group* ▪ *In a year-on-year comparison with 2020, significant increase in tests for 5-14 year olds, significant decrease for* *15-34 year olds, similar figures for 0-4 year olds* ▪ *Highest positive share among 15-34 year olds* ○ *State and age-stratified analyses* ▪ *No increase in test figures in BW* ▪ *In HE and RP, increases in test numbers among 5-14, 15-34 and 35-45 year olds* ▪ *In BW, the positive share of 5-14 year olds is 30%, in Hesse 40% for 5-14 year olds* ▪ *Possibly partly caused by upstream antigen tests* ▪ *In RP flattening of the proportion of positives (more tests)* ○ *Testings and positive portions according to acceptance location* ▪ *Increase in doctors' surgeries to around 100,000 tests, but significantly lower level than 2020 (200,000 tests)* ▪ *Number of tests in KH corresponds to the number of tests in 2020* ▪ *In other places, as expected, increase with End of holiday*	*Eckmanns* *FG36 (Buda)*

	▪ *Strong increase in doctors' surgeries is due to 5-14 year olds* ▪ *The proportion of positives in medical practices is currently stable at 15%* ○ *Outbreaks in care and medical facilities* ▪ *Increase in both settings* ▪ *Currently 43 outbreaks in care homes* ▪ • **VOC/Delta variant** *(Wednesdays only) (slides here)* ○ *Overview of VOC in collection systems* ▪ *For genome sequencing, the delta proportion is 99.7 %, over 99% in all survey systems* ▪ *Alpha in all survey systems ≤ 0.2%* ▪ *No VOI evidence, also B.1.621 (My) not detected in Germany* ▪ *C.1.2 was associated with a certain amount of media hype, was also not increasingly detected in South Africa* • **Syndromic surveillance** *(Wednesdays only) (slides here)* ○ *FluWeb* ▪ *Increase in ARE rate compared to previous week in all age groups* ▪ *Rates are within the range of previous years (current hygiene measures have no impact) on it)* ○ *ARE consultations* ▪ *Increase in all age groups, most pronounced among 15-59 year olds* ▪ *BL very different, example NW with continuous increase in children since 3 weeks (end of holiday)* ○ *ICOSARI-KH-Surveillance* ▪ *SARI case numbers stable overall* ▪ *Increase in the 0-4 and 60-79 age groups* ▪ *35-59 year-olds still above previous year's level, older people at or below previous year's level, 0-4 year-olds at the Upper limit of the previous year's level* ▪ *Proportion of COVID among SARI hospitalisations: Stable compared to the previous week* ▪ *Number of SARI cases in intensive care is declining slightly* ▪ *One third of all hospitalisations are COVD-19 cases, half of all patients in intensive care are COVD-19 cases. COVID-19 cases* ▪ *Among hospitalised COVID-SARI cases, 35-59-year-olds predominate, also among cases in Intensive treatment* ○ *Outbreaks at nurseries, after-school care centres, schools* ▪ *Rise since mid-August, but still at a low level* ▪ *52 new outbreaks (incl. late registrations)* • **Virological surveillance, NRZ influenza data** *(only*	*FG17 (Kröger)* *FG 36 (Buda)*

RKI	***Wednesdays)*** *(slides here)* ○ *126 entries from 39 practices in 14 BL* ○ *Positive rate 64%* ○ *Most frequently 0-4 year olds, followed by 15-34 year olds* ○ *2 Sars-CoV-2 detection (54 years, 3 years, both unvaccinated), Rise does not continue* ○ *No evidence of influenza* ○ *Rhinoviruses: normal seasonal level* ○ *Parainfluenza viruses: < 20% (decline)* ○ *PIF: decrease, HMPV: increase in activity, RSV: increase (10%)* ○ *Endemic coronaviruses: OC43 flat increase, some detections of 229E, hardly any NL 63* • **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *1380 patients treated in 1300 hospitals, including 8 children* ▪ *Increase +252 cases (increase previous week: +321 cases), all treatment groups affected* ▪ *New admissions increase (+675 in the last 7 days, previous week +492)* ▪ *Increase in north-west especially HH and NS, in north-east BE, centre HE and NW, south all BL (BW, BY, RP, SL)* ▪ *7 BL < 3% (=basic level), 9 BL > 3%* ○ *Share of COVID-19 patients in the total number of patients Intensive care beds at district level* ▪ *Rise spreads from the west* ▪ *Number of new COVID-19 admissions to the ITS (7-day total, based on the hospital site, is high, especially in urban centres (Berlin, Hanover, Hamburg, Munich)* ○ *Age structure* ▪ *Of 96% (1297) of all reported cases transmitted* ▪ *54.2% < 60 years old* ▪ *Increase in the 70-79 and +80 age groups* ▪ *Absolute number increases in all age groups, most strongly among 30-79 year olds, proportionate increase in 70-79 year olds and 40-49 year olds* ○ *Children* ▪ *Increase is visible with low numbers overall* ▪ *Frequently "Treatment unknown" (either no information or treatment does not match the specified treatment) schemes)* ▪ *Utilisation of neonatal and paediatric intensive care units (NICU, PICU): no bottlenecks, free capacity Capacities in PICU are slightly larger than in NICU*	*FG17 (Dürrwald)* *MF 4 (Fischer)*

	○ *Prognoses of COVID-19 patients requiring intensive care* ▪ *Rise for Germany as a whole slightly flatter than forecast in the previous week* ▪ *Regional differences: forecast for East easier increase, for south-west strong increase, for west lower increase, for North and South continuous increase like previous week*	
	• **Discussion** ○ *The terms "prevalence" (for the proportion of COVID-19 patients in the total number of intensive care beds at district level) and "incidence" (number of new COVID-19 admissions to the ICU) should be avoided, as incidence always relates to a period and a group (e.g. /7 days/100,000 population)* ○ *Explanation that the figures (7-day total) refer to the hospital location, in contrast to the reporting data, should be included* ***ToDo:*** *Change □□□□□→ Changes have already been made in the stored slides*	*All*
	○ *Lollipop tests in NRW in 2021 to a certain extent equalise the testing on entry in 2020, evaluations are eagerly awaited* ○ *Worryingly high proportion of positives in BW and HE among 5- to 14-year-olds: Can the proportion be represented with upstream antigen tests?* ***ToDo:*** *Ask Ms Diercke to check by the crisis management meeting on Friday whether the proportion of those pre-tested with antigen tests can be shown from the registration data* ○ *Question from Michaela Diercke: What data should the RKI analyse and present in accordance with § 28 ? (in relation to available intensive care capacities)?* ○ *The most general indicator is the proportion of COVID-19 patients in all ICU beds (more detail would also be possible: e.g. proportion of intensively ventilated COVID-19 cases in all intensively ventilated patients)* ○ *Answer: The most general indicator should be reported* ***ToDo:*** *Bilateral exchange Fischer/Diercke on data status and further details*	*Diercke*

	○ *The 2G-3G discussion is pushing other (basic) hygiene measures into the background, their relevance should be communicated, BL counteracts such approaches by reducing measures, an appeal for caution is appropriate* ○ *The relevance of the basic hygiene measures and the importance of the 2G or 3G rules as additional measures should be emphasised in the weekly report and in the phased plan, which is still in progress, and also communicated on Twitter* ***ToDo:*** *Emphasise the relevance of the basic hygiene measures and the importance of the 2G or 3G rules as additional measures in the weekly report*	*Diercke/ Fischer*
	○ *Note: At the UA pandemic meeting, DGPI (Tennenbaum) pointed out that there is no cause for concern regarding capacities, figures at regional level on hospital and ITS capacities are still to be provided* ○ *Countries record their capacities differently, presentation in the form of standardised figures is difficult, but required by law* ○ *Janna Seifried shows presentation "Evaluation of the Lolli tests for pool PCR testing of pupils in NRW - data status week 34/35" (slides here)* ▪ *800,000 results from all laboratories in NW that carry out pool testing* ▪ *Cumulative 0.6% positive results* ▪ *>80% of the results reach affected persons by 6:00 a.m. at the latest on the day following the sample collection* ▪ *Pool size predominantly 20 participants* ▪ *50% of the capacity utilisation of the laboratories carrying out the tests is taken up by the lollipop tests* ▪ *Through 100,000 pool tests/week >300,000 children were tested (possibly more, with unknown pool size 1 was assumed)* ▪ *Positive share now declining after increase in CW 32/33*	*FG 34 /Situation report* *Scheidt-Nave* *Seifried*
2	**International** ***(Fridays only)*** • *Not discussed*	
3	**Update digital projects** ***(Fridays only)*** • *Not discussed*	*FG21*

4	**Current risk assessment** • *Vote on the draft (document here)* ○ *Instead of "case numbers are rising", case numbers "have risen" to keep the further course open* ○ *Vaccination protects "very well" is accepted* ○ *Formulation of the environments: "Larger outbreaks were reported at events, e.g. dancing, singing and other celebrations, especially at large events and indoors" (to cover all variations of indoor and outdoor events of different sizes)* ○ *Mention of CWA: CWA is part of secondary prevention, infection hygiene measures are primary prevention, these should be separated or at least not included in the same list.* ○ *CWA is mentioned in the general introduction, and an additional note on CWA is formulated at the end of the Infection Protection Measures section "The use of the Corona-Warn-App and its check-in function, which is primarily designed for indoor use, can lead to rapid, direct warning of affected persons in the event of exposure."*	*FG 38* *Rexroth All*
	○ *Note that AHA rules also apply to vaccinated people (Glasmacher, Oh) is included* ***ToDo:*** *Document is circulated before publication*	*Rexroth*
5	**Communication** **BZgA** • *No contribution* **Press** • *First BPK with Mr Wieler and Minister Spahn again with focus on vaccination appeal* • *Tweeted in parallel, with the contents of the speaking note* • *Tweet on the weekly report: Should contain two messages:* *- Basic measures also important for vaccinated people* *- still open* ○ *In terms of communication, it could make sense in the long term to move away from the focus on "increasing the vaccination rate" towards "measures that are still relevant for vaccinated people"* ○ *Emphasise the argument of self-protection when vaccinating* ○ *It is often assumed that vaccinated people cannot fall ill - advice on this could be repeated* ○ *"Stay at home" for symptomatic people could be repeated* ○ *Annual comparison 2020/2021, third and fourth wave, is too extensive for a Twitter message, better suited for the weekly report* ○ *Testing of vaccinated patients must be carefully formulated: "with symptoms" and "with expected close contact to risk groups" (HCW)*	*BZgA (Ebrahimzadeh-Wetter)* *Press (epee)*

	ToDo: *Final selection will be circulated before Mrs Degen is dismissed* *Selection* • *Numerous enquiries from data journalists* ○ *How are the hospitalisation incidences presented? Already coordinated with MF4, everything prepared, GitHub to start with daily updates of the trend report at the same time, realistic start: next week* ○ *Raw data behind vaccination breakthroughs Please also refer to the tables in the weekly report* • *When will the updated KoNa paper be published?* ○ *We have received many enquiries from schools* ○ *How is the shortening scientifically justified?* ○ *Publication planned this week, justification is formulated in the paper* **P1** • *From previous discussion noted: "When should*	*Epee* *Diercke* *P1 (Leuker)*
	Have vaccinated people tested" • *Several flyers are in the works:* *- for hospitalisation/vaccination,* *- 2G/3G - What am I getting into?* *- Flyer for care facilities* • *Flyer on pool tests (here)* ○ *Result of enquiry by the BMG* ○ *Target group: Länder, test coordinators, education ministers, also of interest to parents/teachers if applicable* ○ *Should be coordinated with the countries before publication* ***ToDo:*** *Ms Korr should be asked to take the topic to the test coordinators' meeting on Friday 11 September* ***ToDo:*** *Information of the countries about AGI by U. Rexroth* • *Question about the CWA: What procedure should be suggested for a red warning?* ○ *Previously: Consultation of registered doctor or general practitioner, further decisions there, no automatic mechanism (regarding quarantine or testing) provided for* ***ToDo:*** *Questions about the procedure for red warnings (also for vaccinated persons) to be raised again elsewhere*	*Leuker* *Rexroth* *FG 21 (Scheida)* *Scheida*

6	○ *Cost issue: If it is not reimbursed, no one can pay for regular PCR tests* ○ *In the short term, more rigour and thus pressure on the unvaccinated makes sense; in the long term, the measures for the vaccinated must be tightened again: Testing for vaccinated people too* ○ *2G and testing make sense in the long term* ○ *Countries take a different approach: no masks for vaccinated people, must persuade unvaccinated people (greatest disease burden) to be vaccinated* ○ *Brief digression on the legal definition of recovered status (COVID-19 Protection Measures Exemption Ordinance): From day 28 to day 180 after diagnosis (PCR)* ○ *Testing of vaccinated persons currently only where compliance with the basic measures is not guaranteed* ○ *Strategic goal? On the one hand, we consider only PCR to be sufficiently safe, but the capacities here are not sufficient; on the other hand, should tests become the focus because politicians are moving away from basic measures? Tests subject to a charge will not be realised, testing via doctors' surgeries just as undesirable?* ○ *2G +testing is currently not a political priority* ○ *Conclusion: Implementation difficult, logistical and organisational challenges* *Strategic issues (capacity, reimbursement), contexts should be defined (situations in which AHA+L cannot be used)*	*All shades*

RKI	*is guaranteed/dealing with vulnerable groups), discussion must be continued* • *Paper "An uncontrolled incidence of SARS-CoV-2 infection among children is not an acceptable option"* o *Objective: "Editorial/opinion piece" or scientific "Burden of Disease paper"?* o *In the coming wave, the infection pressure on children will increase, exposure is inevitable, there is both the right to protection and the right to education, closing the centres cannot be the only answer* o *What is to be expected in terms of deaths/severe courses/late effects? With high absolute numbers, even small proportions are significant* o *FG 25 agrees with FG 33, should become a fact-based paper, was also an urgent topic in the Pandemic UA, should be coordinated with external experts (including the DGPI) who are monitoring the situation closely* o *RKI is the highest authority for infection protection, should speak out in favour of it* o *Data evidence hardly possible before winter* o *In contrast to other countries, German paediatricians do not seem to take a clear position in favour of infection protection (see FAZ publication on ending all protective measures), consensus is therefore difficult, the paper should now appear as an opinion paper, as the current decisions could have far-reaching consequences* o *List important aspects to be considered when making decisions, summarise facts as far as possible, emphasise uncertainties, shorten* o *However, RKI should not be seen exclusively as an infection preventer, children must be protected, but this does not necessarily mean closure* o *It is uncertain whether the complexity can be solidly presented from a technical perspective* o *Could be interpreted as approval of the FAZ paper, for example, if the RKI does not comment,* o *Summary: A statement should be made, uncertainties, questions to be clarified, important aspects and known facts should be formulated before irreversible decisions are made. A decision can then be made as to who can be brought on board (professional societies), then Mr Wieler, for example, could take over authorship together with the chairmen of the DGPI or the Medical Association* **b) RKI-internal** • *Not discussed*	*(Seifried)* *Scheidt-Nave* *Oh* *Mielke*

		Shade
7	**Documents** *(Fridays only)* • *Notes on contact tracing* o *Already approved by AGI* o *Notes for GÄ on schools are linked in it* o *Reason for shortening: Minor wording change, "tolerated" is deleted, Proportionality emphasised* o *3.1.1 MNS/FFP2 as sufficient protection even in close contact remains reserved for healthcare workers, is not extended to other occupational groups* o *As an example of situations with high aerosol production, "fitness studios" is inserted instead of sport* o *Publication Thursday, 09 September, the current infographic will be removed, the updated infographic will be added later on Friday or Monday*	*FG 36 (Kröger)*
8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *Not discussed*	
10	**Clinical management/discharge management** • *Not discussed*	*ZBS7*
11	**Measures to protect against infection** *(Fridays only)* • *Not discussed*	*FG37*
12	**Surveillance** *(Fridays only)* • *Not discussed*	*FG37*
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** • *None noted*	*All*
16	**Other topics** • *Next meeting: Friday, 10.09.2021, 11:00 a.m., via Webex*	

End: *13:51*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 10.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Michaela Niebank*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *John Gubernath*
- *Press*
  - *Susanne Glasmacher*
  - *Jamela Seedat*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Eugenia Romo Ventura*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** • *Slides here* • *Worldwide, data status: WHO, 09/09/2021* ○ *Cases: 222,406,582 (-7% compared to the previous week)* ○ *Deaths: 4,592,934 deaths (CFR: 2.1%)* • *List of top 10 countries by new cases:* ○ *Predominantly falling trend* ○ *UK (+15%), Turkey (+11.3%) and the Philippines (+7.4%) continue to grow* ○ *USA & India still high figures* • *Epicurve WHO Sitrep:* ○ *Number of cases stagnating/slightly declining globally, declining or stagnating in all regions, but rising in the Americas (+19%)* ○ *Number of deaths decreased in all regions, but increased in: America (+17%), Europe (+20%)* • *COVID-19 America:* ○ *The Americas region reported a significant increase in the number of cases and deaths last week.* ○ *26.8 % of the 7T cases were children* ○ *Government wants to promote vaccinations with new regulations* ○ *Lifting of restrictions in most countries* ○ *27% of healthcare workers were not vaccinated* • *Overview of virus variants, worldwide:* ○ *Alpha: 194 countries; Beta: 141 countries; Gamma: 92 countries;* *Delta: 174 countries* ○ *Map of the VV areas of Europe in the slides; Delta dominates in all EU countries* **National** • *Case numbers, deaths, trend, slides here* • *SurvNet transmitted: 4,059,081 (+12,969), of which 92,553 (+55) deaths* • *7-day incidence: 83.8/100,000 p.e.* • *Vaccination monitoring: Vaccinated with 1st dose 55,144,235 (66.3%), with* *complete vaccination 51,465,242 (61.9%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Overall incidence rather stable* ▪ *NW, HB and HE continue to have the highest incidences, especially in Bremerhaven (Bremen) significant increase* ▪ *East/west and north/south divide still visible* ▪ *LK with 7TI >25/100,000 p.e.: 383/412 (-4)*	*ZIG1 (Romo Ventura)* *FG32 (Diercke)*

	▪ *LK with 7TI >50/100,000 p.e.: 307/412 (+6)*	

RKI	▪ *LK with 7TI >100/100,000 p.e.: 113/412 (-3)* ○ *Course of the 7-day incidence of hospitalised patients* ▪ *Slight delay in reporting.* ▪ *Bremen with an expected HI of over 7* ▪ *SL, NW, HE and BY all >2* ▪ *Distribution at district level similar to 7TI (east-west, north-south); often already at low case numbers* *high HI* ○ *Number of COVID-19 deaths by week of death* ▪ *Currently observable rising trend* ▪ *No excess mortality observed* ○ *Exposure countries* ▪ *Number of cases with exposure abroad fell from 30% to 17- 20%* ▪ *Most frequently exposed countries: Turkey and the Balkans* ○ *Share of COVID-19 with and without AG detection* ▪ *Task for the presentation from the last session (see slides)* ▪ *proportion among 15-34 year olds is high (12%), but not so high as to have a strong influence on the could be explained by rising registration figures* **Discussion:** • *Question: When can the corresponding indicators (7T HI) be provided in accordance with legal requirements?* • *Answer: This is currently being prepared so that the indicators are reported on a daily basis. This can already be guaranteed from next week. The function of stratification by BL and age is still being worked on and will hopefully also be available from next week. The indicators are reported at state level and not at district level. The RKI is not expected to report at district level (currently at least at state level). The BMG also requests daily reporting of the 7-day hospitalisation incidence by federal state.* • *There is currently no need to adjust existing limit values.* • *There has not yet been an invitation to an outbreak investigation into the outbreak in a club in Münster. Despite existing 2G regulations, there has been an increase in infections.*	*Schaade* *Diercke* *Rexroth*
2	**International** • *Mission to Montenegro with Department 3 to initiate a telemedicine bridge with Charité.* • *Another mission to Uzbekistan planned.* • *Activities continue in Namibia, where the third wave has subsided. However, the first signs of a 4th wave are already emerging. Plans to provide further support and build up resources to mitigate this are being examined.*	*ZIG (Hanefeld)*

3	**Update digital projects** • *Slides here* • *CWA:* ○ *33.5 million downloads* ○ *>1400 warning persons, 519,000 shared positive results* ○ *Version 2.9. released on 08/09/2021; new function "Deputy warning"; people without a CWQ can warn participants in an event* ○ *Good response in social media (tweets <180k views, 8000 interactions, >1000 likes, 200 retweets)* ○ *Great media response (Zeit, Spiegel, Heise, Chip, CB, Regios etc.)* • *CovPass app:* ○ *18.4 million downloads* ○ *109.63 DCC (vaccination / recovery / test certificates)* • *DEA:* ○ *Approx. 70,000 registrations per day* ○ *>13.3 million registrations since 11/2020* ○ *New release 09.09.2021 online; including sign language film, optimisation of links (FAQ)* • *Interest in events in Münster, as the CWA was also used there*	*FG21 (Scheida)*
4	**Current risk assessment** • *(not reported)*	*Dept. 3*
5	**Communication** **BZgA** • *3 new leaflets: 1st + 2nd vaccination of children and adolescents, for parents and children, 3rd Long COVID* • *BZgA fact sheets on coronavirus vaccination for children and adolescents aged 12 and over at infektionsschutz.de: https://rki.webex.com/rki-en/url.php?frompanel=false&gourl=https%3A%2F%2Fwww.infektionsschutz.de%2Fcoronavirus%2Fmaterialsmedia%2Fcorona-vaccination.html* • *BZgA fact sheet on Long COVID: https://www.infektionsschutz.de/coronavirus/basisinformationen/long-covid-langzeitfolgen-von-covid-19.html* **Press:** • *Publications in EpiBull:* ○ *Online pre-publication of this on therapy with monoclonal antibodies from UKE Hamburg* ○ *Article planned for next week with results of the seroprevalence study* ○ *Article on vaccine effectiveness against the delta variant is expected to be published on Tuesday (in*	*BZgA (Ebrahimzadeh-weather)* *Press (Glasmacher & Seedat)*

	advance	
	online) o *Article on the STIKO recommendation for pregnant women, also planned online in advance for next week* • *Press release on STIKO recommendation issued today* **P1** • *Note that DS input on vaccination communication (social cards "Hospitalisations and vaccinations") can still be incorporated until Monday (13.09.2021)*	*P1(Gubernath)*

6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *On Thursday, prior to the publication of the update to the contact tracing management paper, a ministerial instruction was issued to supplement it. This included the consideration of the AG tests for free testing even after 5 days. The RKI added the necessity of serial testing following the free test so that the safety level is achieved and thus implemented. The new passage caused irritation on the part of the federal states. It is unusual for the BMG to exert such influence on RKI documents. The minister's authority to issue directives in RKI technical documents is currently being legally scrutinised by L1. The current assessment of the RKI management is that the recommendations are issued by the RKI in the role of a federal authority and that a ministerial instruction to supplement this recommendation must be complied with, as the BMG has technical supervision over the RKI and, as an institute, cannot invoke scientific freedom. In this respect, the scientific independence of the RKI from politics is limited.*	*All* *Hamouda*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination** **update STIKO** • *Recommendation on the vaccination of pregnant women and breastfeeding mothers was issued and has already been submitted to the expert organisations and federal states for comment. A press release was also issued and a briefing organised via the Science Lab.* • *The discussion regarding vaccination of people with immunodeficiency and co-administration of COVID-19 and influenza vaccines is ongoing* • *DIM data now also shows booster vaccinations* • *A recommendation regarding a booster vaccination has not yet been made. Evidence is being reviewed (vaccination interval, who should be vaccinated, etc.). A recommendation is not expected before the end of the*	*FG33 (Wichmann)*
	month can be expected.	

	Discussion:	
	• *Question: There is a shortage of vaccines, particularly in countries of the global South, resulting in a low immunisation rate. Technical support is already available, but to what extent is this coupled with initiatives to provide vaccines?*	*Haas*
	• *Answer ZIG: It is good to have this discussion. According to the language regulations, Germany is currently providing support through the COVAX initiative. However, enquiries also come directly from countries, especially regarding the implementation of vaccinations and campaign development, but also the handling of vaccine hesitancy or rumours (an issue in many countries despite limited availability, e.g. sub-Saharan Africa, often also health care workers). RKI already provides support in these areas (ZIG 2). BR has positioned itself to expand production capacities in other countries (especially the Global South). This could be supported operationally or scientifically by the RKI. If requests for assistance are received (e.g. from the Federal Foreign Office), these should continue to be carefully considered and critically discussed. The available resources should be utilised as effectively as possible.*	*Hanefeld*
	• *Question: Why is there a delay in recommending the vaccination of elderly people? Clinically and virologically this should already be justified)? A recommendation should be issued as soon as possible.*	*Oh*
	• *Answer: The available evidence was forwarded to the STIKO. A final recommendation could not yet be given. According to the WHO statement, there are 3 indications for a booster vaccination: (1) The waning of an originally good immunity over time; (2) Reduced effectiveness due to a new variant; (3) Primarily no good effectiveness in special risk groups (e.g. immunodeficiency). In the older population it is likely to be (2) & (3). Outbreaks in appropriate settings are not unexpected, but the evidence is not clear and must be considered critically. The benefits and risks must be carefully weighed up. Side effects can be potentially serious in this age group.*	*Wichmann*
	• *Comment: Vaccine breakthroughs often occur relatively soon after vaccination. In these cases, this could also speak in favour of primary vaccination failure. It would be worth considering whether the basic immunisation could also consist of three vaccinations in this age group.*	*Shade*
	• *Question: What level of protection is assumed for very old people - or that can realistically be achieved?*	*Haas*
	• *Answer: There will be a publication on this next week in EpiBull. A meta-analysis of 6 observational studies showed an efficacy of the vaccination (in DELTA) of 91% for hospitalisations, 75% for*	*Wichmann*

	symptomatic infections and 63% for asymptomatic infections. There is very little evidence over time (real-world evidence). A decrease in efficacy could be assumed with limited evidence, but especially in mild disease courses. *A booster vaccination could also be necessary in the older have an effect on the population.*	
9	**Laboratory diagnostics**	
	FG17	*FG17 (Oh)*
	• *Virological Sentinel had 552 submissions in the last 4 weeks, of which:* • *15 SARS-CoV-2* • *164 Rhinovirus* • *99 Parainfluenza virus* • *36 seasonal (endemic) coronaviruses* • *30 RSV*	
	ZBS1	*ZBS1 (Michel)*
	• *So far this week 293 submissions, 140 of them positive for SARS-CoV-2 (47.8%); if typed then DELTA*	
	Legal situation	
	• *The Corona Test Regulation is currently being renewed. A statement has been prepared. Essentially, it is about changing the funding of citizen tests. Funding will now only be provided for special groups of people who are fully susceptible to infection. The term "vulnerable groups" is used in the new regulation. A more suitable term could be used and should be sought. The corresponding document will be shared.*	*Mielke*
	ToDo: Forward the relevant documents to the group	
	Discussion:	*Mielke*
	• *Question: Is there an opinion or technical consideration on the abolition of funding and is this in the interests of the RKI or the projects being pursued?*	*Kroeger*
	• *Response: In Mr Mielke's statement, it is pointed out that access to testing must be made possible with appropriate quality - also against the background of the current 3G regulation. A solution through the free market is not considered to be leading away or necessary. This decision goes back to the last conference of ministers and the Chancellor. Whether this is a suitable means of promoting vaccination participation remains questionable.*	*Mielke*
	• *Comment: Observation from vaccination surveillance - people who feel pressurised to be vaccinated are less likely to be vaccinated.*	*Wichmann*
	• *Comment: A further discussion on the effect of this new regulation should take place soon. Over time, it will become clearer whether vaccinated and recovered people will also have to be tested and what significance the tests will have in the future, primarily with the aim of containing the spread of infections.*	*Seifried, Kröger*

	Therefore, the end of cost coverage of citizens' tests is not necessarily expedient or even premature. • *One of the RKI's aims is still to contain the incidence of infection. The aim of politics is currently to keep the hospital burden within limits. The exact positioning of the RKI should be discussed.*	
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *This week, funds were approved for a feasibility study on wastewater surveillance. EU funding will be applied for during the transitional period.*	*FG 32 (Diercke)*
13	**Transport and border crossing points** • *No report*	*FG38*
14	**Information from the situation centre** • *The decree report should then be sent by the situation centre or management to the individual reporters (bcc) so that they can follow the process directly and see the final product without the BMG employees having to send queries directly to them.*	*FG38 (Rexroth)*
15	**Important dates** • *(None noted)*	*All*
16	**Other topics** • *Next meeting: Wednesday, 15.09.2021, 11:00 a.m., via Webex*	

End: 13:01

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 15.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Michaela Niebank*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation:** **National** • **Case numbers, deaths, trend**, *slides here* o *SurvNet transmitted: SurvNet transmitted: 4,101,931 (+12,455), of which 92,769 (+83) deaths* o *7-day incidence: 77.9/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 55,465,975 (66.7%), with complete vaccination 51,902,433 (62.4%)* o *Course of the 7-day incidence in the federal states:* ▪ *Slight trend change in the BL distribution. Still the observed gradient but now also an increase in the eastern federal states* ▪ *Number of districts with 7-TI > 25/100,000 p.e. 384/421 (-5)* ▪ *Number of districts with 7-TI > 50/100,000 p.e. 294/421 (-9)* ▪ *Number of districts with 7-TI > 100/100,000 p.e. 87/421 (-15)* ▪ *higher incidence among younger people, although in regions with a very high incidence among younger people people, the very old are also more affected* ▪ *7-TI > 80/100,000 p.e. in areas where high incidence rates have already been observed in the past; Very high values in Arweiler and Berchtesgaden (7-TI > 500/100,000 p.e.)* o *Trend in 7-day incidence of hospitalised patients by age group:* ▪ *The incidence of hospitalisation increases with age, with people > 80 years of age most affected* ▪ *Rising trend throughout Germany* ▪ *Hospitalised in total 1.88 / 100,000 p.e.* ▪ *Hospitalised over 60 years 2.77 / 100,000 p.e.* o *Number of COVID-19 deaths by week of death:* ▪ *Flattening trend at present* ▪ *Largest proportion of > 80-year-olds* o *Likely countries of exposure:* ▪ *Turkey and countries in the Balkans remain the most frequently named countries of exposure* • **Test capacity and testing**, *slides here* o *Test figures and positive rate* ▪ *Increase in testing in week 36 to > 990,000 tests (approx. +5% compared to the previous week)* ▪ *Decrease in the positive rate to 8%* o *Capacity utilisation* ▪ *Capacities still available (slightly increased in the last 2 weeks), however distribution of the Capacity utilisation in the laboratories varies greatly from state to state*	*Dept. 3 (Hamouda)* *Hamouda*

RKI	• **ARS data**, *slides here* ○ *Number of tests and percentage of positives* ▪ *Slight decrease in the total number of tests, proportion of positive tests also decreases* ▪ *Trend observable in all CCs, despite increased testing in some CCs (e.g. NI)* ▪ *Fewer tests compared to the previous year, especially in NW significant decline, in the rest of the BL relatively stable or even rising* ▪ *The time delay between sample collection and testing has increased further in the last week, despite the availability of Capacities. Sometimes even up to 5 days waiting time in TH* ○ *Age-stratified testing and percentage of positives by age group* ▪ *Year-on-year comparison with 2020 shows continued slight decline in testing except for 0-4 year olds* ▪ *Positive share decreases in all age groups* ○ *State and age-stratified analyses* ▪ *Pos. share declines in Hesse and more testing was carried out* ▪ *In NW, 5-14 year olds are tested significantly less, with a stable, slightly declining proportion of positives* ○ *Testings and positive portions according to acceptance location* ▪ *Doctors' surgeries do not test much more, rather a decline, here rather younger adults* ▪ *Number of tests in hospitals stable, mainly >80-year-olds are tested here* ○ *Outbreaks in care and medical facilities* ▪ *Very high positive share only at the beginning of the current outbreak* ▪ *Outbreaks in hospitals and nursing homes are on the rise again (80 outbreaks)*	*Eckmanns*
	• **VOC & VOI data,** *slides here* ○ *Overview of VOC in collection systems* ▪ *For genome sequencing, the delta proportion is 99.7%, in all survey systems over 99%* ▪ *Alpha in all survey systems ≤ 0.2%* ▪ *No VOI evidence* ▪ *Proportion of genome sequencing should be 10-15%, currently below target* ▪ *No changes in the proportions of the delta sublines*	*Kroeger*
	• **Syndromic surveillance**, *slides here* ○ *FluWeb* ▪ *The value (total) in week 36 2021 was approx. 3,400 ARE per 100,000 inhabitants (slight decrease)* ▪ *This corresponds to a total number of approx. 2.8 million acute respiratory diseases (previous week: approx. 3.0 million).* ▪ *Decline in all age groups, exception: 15 to 34-year-olds*	*Buda*

- *Influenza Working Group (AGI)*
  - *Increase in all AGs; percentage increase is between 6 % (35-59Y.) and 12 % (5-14Y.)*
  - *The value (total) in week 36 of 2021 was just under 900 doctor consultations due to ARE per 100,000 inhabitants.*
  - *This corresponds to a total of around 745,000 visits to the doctor for acute respiratory diseases*
  - *Different development in the individual BCs: Example: Very clear/continuous increase in BB/BE*

    in almost all AGs, in BY (still holidays) rather stagnating
- *ICOSARI-KH-Surveillance*
  - *SARI case numbers have risen significantly overall*
  - *Almost doubling of the number of cases in AG 0 to 4 years (42% of SARI cases with RSV diagnosis), significantly more than*

    Level of previous years
  - *AG 35-59 years again slight decline, but still significantly above the level of previous years*
  - *Increase also in AG 15-34 (fluctuating for several weeks) and AG 80+; both AG slightly above previous year's level*
  - *Share of SARI-COVID cases has fallen slightly again in the last two weeks: Share of COVID-19 in SARI 24% (CW 35: 29%)*
  - *Proportion of SARI-COVID cases under intensive care with SARI relatively stable at over 50% for 3 weeks: Proportion COVID*

    of SARI with intensive care 51% (week 35: 52%)
  - *Significant increase in intensive care treatments for COVID-19 patients with SARI in AG 60-79 years (disproportionately high*

    on the increase in COVID-SARI cases in this AG)
- *Outbreaks in KITA/after-school care centre*
  - *62 new outbreaks (incl. late registrations)*
  - *Since mid-August, there have been signs of a rise again*
  - *Share of AG 0-5 in all daycare centre outbreak cases was 66% in July/August 2021, in July/August 2020 it was only 27%*
  - *Key data for the* **last 4 weeks:**
    - *Outbreak size: average: 5 cases per outbreak, median: 4 cases;*
    - *However, there are also larger outbreaks with up to 28 cases*
    - *Outbreaks in the last 4 weeks mainly in NRW (n=31) and BW (n=20)*
- *Outbreaks in schools*
  - *95 new outbreaks (incl. late registrations)*
  - *Significant increase since the beginning of August*
  - *Since mid-July 2021, AG 6-14 in particular affected (74% of all outbreak cases; AG 21 only 7%)*
  - *Key data for the* **last 4 weeks***:*
    - *Outbreak size: average: 4 cases, median: 3 cases per outbreak; 10 outbreaks with > 10 cases*
    - *Approx. 1/3 of the outbreaks in NRW (n=73);*

      followed by
      BB (n=30), BE (n=29)

	• **Virological surveillance, NRZ influenza data**, *slides here* ▪ *CW 36 high number of samples received, 204 submissions from 39 medical practices,* ▪ *67% positive rate (136/204)* ▪ *6604 samples in the sentinel (comparison 2017/18: 6172)* ▪ *AG 0-4 year olds highest proportion of samples submitted* ▪ *RSV significant increase to 12% in Sentinel* ▪ *Current influenza season weak or absent in almost all countries*	*Dry forest*
	• **Figures on the DIVI Intensive Care Register**, *slides here* ○ *COVID-19 intensive care patients* ▪ *As of 15 September 2021, 1,519 COVID-19 patients are being treated in intensive care units (of the approx. 1,300 acute-care hospitals).* ▪ *Increases in COVID-ITS occupancy can be observed again in many federal states* ▪ *Daily new admissions of COVID patients to ITS are increasing (+670 last 7 days), all treatment groups are increasing* ○ *Proportion of COVID-19 patients out of the total number of operable* ▪ *BL continue to record increases (especially BE, NI, HH), NW relatively weak in comparison.* ▪ *Rising trend overall, especially in urban centres and south + west* ○ *Age structure* ▪ *> 50% of occupancy by AG >50 years* ▪ *AG >80 years Increase in occupancy* ○ *SPoCK: Prognoses for COVID-19 patients requiring intensive care* ▪ *Moderate increase for the next 20 days; decline / stagnation in BY, BW; stronger increase in the north and east* ▪ *ECMO capacities: Proportion of COVID patients increasing*	*Fisherman*
	Discussion: ○ *Current data suggests that outbreaks are well monitored and controlled. Several reasons for this have been discussed. Effects from increased testing of travellers or students may have contributed to this. These additional tests have led to improved detection of infected or diseased persons. However, the change in behaviour could also have had a major impact. This could be communicated positively to the population. Not only protective measures but also the daily behaviour of each person can contribute to fewer people becoming infected and falling ill.*	

	○ *people have spent more time outdoors in the summer months. A trend reversal could occur with the coming cooler months.* ○ *With the different graduation of the protective measures, other viruses occur more or less frequently (e.g. relaxation of the measures -> increased proportion of rhinoviruses in surveillance).* **ToDo:** *Communicate the possible role of behaviour change in the upcoming weekly report*	
	○ *The presentation of the hospitalisation incidence in the weekly report was discussed, as the underlying figures differ greatly in the age groups. It is considered important to state the absolute and relative figures. A comparative presentation or a presentation with corresponding references would be possible. Incidences are already adjusted to population size. As the weekly report is already very long, a short presentation is favoured. The hospitalisation incidence should be presented as a relevant indicator in the form of a graph. The absolute figures could continue to be presented in the text.* **ToDo:** *Check and discuss possible alternative forms of presentation.*	*P1, Bremen*
	○ *The choice of the underlying date (reporting date) for calculating the hospitalisation incidence has weaknesses, but is a robust alternative to the hospitalisation date. An adjustment of the calculation period would be conceivable. For example, the value could be given for the previous week. The discussion about the properties and use of the indicator should be continued. The planned now-casting could provide a remedy.* ○ *There is currently little data on the proportion of re-infected or infected people among the recovered group. A pre-print study from Israel indicates a strong protective effect of recovery status compared to standard vaccinations. Comparable studies would also be useful in Germany, as the evidence is limited.* ○ *The SPoCK forecasts are based on the previous observations. An overestimation in the forecast would be possible, as the effect of the vaccination is integrated over time to a certain extent. However, as the forecast is fed from current data and takes into account the characteristics of hospitalised persons, the forecast is constantly evolving. The data used should be as representative as possible.*	*Bremer, Hamouda, Diercke*

	ToDo: *Continue discussion on SPoCK forecast and clarify requirements and origin (reporting system) of data with Dept. 2. The influence of the vaccination rate in the model should be clarified.*	*Fischer, Dept. 2*
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *postponed to the coming week*	*Dept. 3*
5	**Communication** **BZgA** • *Communication on the current STIKO recommendation on pregnant women and breastfeeding mothers, expected to be published tomorrow* **Press** • *Editorial system moves to a new data centre at the end of September. In the period from 27/09 to 29/09/2021, only urgent requests can be accepted. There will also be a short time window on 29 September 2021 when nothing can be published. Please contact the press office if important publications are due during this period* • *Key messages for the weekly report: Increase in COVID- 19 cases in hospitals and care and nursing homes* **P1** • *Flyer "Four tips against CORONA." Presented and reviewed in plenary, discussed and to be adapted.* • *A reference to the step-by-step plan is integrated into the flyer. This also allows more complex topics to be pointed out or specified* ***ToDo:*** ▪ *Explanation of the HI and methodology should be discussed by next week so that this can be published as early as possible (e.g. webpage or weekly report)* ▪ *Flyer "Four tips against corona" needs to be revised*	*BZgA* *Press* *P1* *Hamouda, Diercke*

6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** ***(Fridays only)*** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *(not reported)*	*FG33*
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *(not reported)* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *(not reported)*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** *(not reported)*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 17.09.2021, 11:00 a.m., via Webex*	

End: 13:04

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 17.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *Dept. 3*
  - *Ulrike Grote*
  - *John Gubernath*
- *ZIG*
  - *Johanna Hanefeld*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 31*
  - *Göran Kirchner*
- *FG 32*
  - *Claudia Sievers*
  - *Justus Benzler*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
- *FG 38*
- *P1*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *Press*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
  - *Romy Kerber*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 16/09/2021* o *Cases: 226,236,577 (-10% compared to the previous week)* o *Deaths: 4,654,548 deaths (CFR: 2.1%)* • *List of top 10 countries by new cases* o *Same countries as in the previous week* o *Increase in case numbers in Turkey, Philippines (low vaccination rate), Russian Federation* • *Number of cases and deaths worldwide, WHO SitRep* o *Decline observed in all WHO regions* o *Decline in deaths as well, except in Africa (+7%)* • *Change in case numbers worldwide* o *Central America and Caribbean islands: further spread of Delta, increase in case numbers* o *North America: stable situation, in Alaska and some provinces of Canada hospitals are overloaded.* o *Africa: mixed situation* o *Oceania: Stable and slightly declining case numbers* o *China: rising case numbers with overall low case numbers* o *Europe: mixed picture, decline in case numbers in Ireland and Denmark with high vaccination rates* o *Further increase in the number of cases in Balkan countries and Eastern Europe, delta is spreading.* • *Overview of virus variants, worldwide* o *Alpha: no new countries added* o *Beta: Iceland is new* o *Gamma: 4 new countries* o *Delta: 6 new countries* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 4,125,878 (+11,022), thereof 92,857 (+20) Deaths* o *7-day incidence 74.7/100,000 p.e.* ▪ *Hospitalisation incidence of >60 year olds continues to rise.* o *Vaccination monitoring: Vaccinated with 1st dose 55,595,233 (66.9%), with complete vaccination 52,098,316 (62.7%)* o *Course of the 7-day incidence in the federal states* ▪ *Incidences are falling again in western German BL.* o *Geographical distribution in Germany: 7-day incidence* ▪ *The number of cases is falling in western Germany and rising in the east.* o *Development of the 7-day hospitalisation incidence in the federal states*	*ZIG 1 (Gillesberg Raiser)* *FG32 (Sievers)*

	▪ *Remains stable or decreases slightly.* ○ *Geographical distribution: 7-day hospitalisation incidence* ▪ *Spread across the Republic* ○ *Proportion of COVID-19 cases with and without antigen detection* ▪ *Of all positive PCR detections, an antigen test was also carried out beforehand in approx. 10%.* ○ *Death rates* ▪ *Still very low number of deaths.*	
2	**International** ***(Fridays only)*** • *Preparation mission to Uzbekistan, support mission to Montenegro* • *Major Africa CDC project started last week.* • *This week's briefing for GOARN members on the SAGO group:* ○ *Scientific Advisory Group for the Origins of Novel Pathogens* ○ *New call for applications, approx. 500 applications received, but until last week none from Africa or Latin America (poorer networking, influence of China?), therefore application deadline extended.* ○ *Group will consist of 25 members for 2 years, aim: development of SOP, no field missions*	*ZIG (Hanefeld)*
3	**Update digital projects** ***(Fridays only)*** • **Evaluation Corona-Warn-App** *(slides here)* ○ *Aim of the evaluation* ▪ *Proof that CWA is fit for purpose (retrieving a test result, warning others, determining risk). is suitable.* ▪ *Effectiveness and benefits* ○ *Data donation: Privacy Preserving Analytics (PPA)* ▪ *Data cannot be collected directly. Users give their consent to the donation of data in order to use the to analyse the app.* ▪ *12 million devices participate daily, almost 9 million in total. Data records* ○ *Purpose 1: Retrieving a test result* ▪ *How long did it take from test registration to retrieval?* ▪ *In half of the tests, the result was reported after only 11 hours, on average after 19.7 hours.* ○ *Purpose 2: Warning* ▪ *How many people are warned by the app?* ▪ *Approx. 4 people are warned by 1 positive person with "increased risk", approx. 10 with "low risk".* ▪ *The ratio between warnings with increased and low risk fluctuates.* ○ *Purpose 3: Risk determination, positive portion after risk assessment* ▪ *After an "increased risk" assessment, the risk of being positive is twice as high as for people who have not been warned. were.*	*FG31 (Kirchner)*

- *Around one in five people who had a high-risk encounter subsequently tested positive.*
- *Positive rate of people warned of increased risk is relatively constant. Rate of people warned with low Risk warned fluctuates strongly.*
- *Green curve (low risk with risk encounter) partially exceeds the red curve (increased risk): falls with the end of the lockdown, possibly also problems with transmission.*
- *Clear self-filtering, not all people take a test after a warning.*

- *Use: Downloads vs. active apps vs. active users*
  - *Approx. 54% take part in the data donation (estimate based on donated test results).*
  - *Estimate of active apps: 24 million and active users: 21 million.*
  - *When comparing active users vs. downloads, Germany is quite far ahead internationally front.*
- *Conclusion: effective and useful*
  - *Rapid transmission of PCR and rapid antigen test results*
  - *People are warned promptly, on average 3.7 days after encountering a risk.*
  - *People adapt their behaviour after a warning. Testing on average 3.7 days after a warning.*
  - *The warnings are accurate.*
- *Demographics of the users*
  - *Sharp difference between east and west, rural and urban areas*
- *Read more on the science blog: https://www.coronawarn.app/de/science/*
  - *How much interest is there in the Science Blog? ToDo: Mr Scheida is researching access figures.*

- *Is a summarising publication planned?*
  - *If possible on an international and national level, which readership is the best?*
- *Delta variant transfers significantly faster, are further adjustments useful?*
  - *Constants in measurement programmes have been adjusted several times and also with the start of the delta variant (currently set to 9 weighted minutes). It is possible to adjust the parameters further.*
- *The app seems to work well with near field, is it possible to adjust the low risk and map aerosols?*
  - *Different distances are weighted differently.*
- *The event check alerts work even better; here you can also differentiate between indoors and outdoors.*
- *The check-in function should be used indoors and the distance measurement function outdoors.*

	○ *Should continue to be communicated in this way.*	
4	**Current risk assessment** • *planned for next week*	*All*
5	**Communication** **BZgA** • *Vaccination campaign week: digital vaccination pack for public health services, in plain language and in 15 foreign languages* • *How can unvaccinated people be motivated? Communicative approaches; subgroups that can still be won over?* ○ *In the BZgA survey, around 20% were unvaccinated. Of these, only 4-5% are vaccination opponents.* ○ *Those who can still be persuaded to be vaccinated are of communicative interest.* ○ *What are the reasons of the undecided: rapid vaccine development; side effects; trust issue; Corona is not so bad, vaccination not necessary* ○ *In further campaign planning: rather younger, relatively specific target groups* ○ *Arguments: Individual protection, community protection, regaining freedoms* • *Vaccination safety: there are no long-term studies. What arguments are there to convince people?* ○ *In the past, side effects and negative consequences of vaccination have for the most part always been observed in the relatively short term.* ○ *Vector and mRNA vaccines are new vaccines in concept.* ▪ *Argument: were administered in large quantities.* ○ *Will there be more vaccines coming onto the market that are based on conventional mechanisms?* ▪ *Is in the pipeline: adjuvanted vaccines with a new or already known adjuvant* ○ *mRNA vaccines: Part of the pathogen is degraded in a short time, is neither incorporated into the genome nor is it available in the body for a long time.* ○ *COVIMO study: What would have to happen for unvaccinated people to be vaccinated?* ▪ *Very different motivations, very broad range of arguments.* **Press** • *Tweets went well again. Next week planned for outbreaks in retirement and nursing homes.* **Science communication** • *Flyer on 2G/3G is planned for next week.* ○ *What does this mean for the risk to people? Must be looked at again next week.*	*BZgA (Dietrich)* *Press (Wenchel)* *P1 (Gubernath)*

	• *Flyer behaviour tips against Corona will be sent out next week.* • *Lollitest flyer has already been circulated, no feedback so far.* ○ *Has been noted by test coordinators as a visualisation of the recommendations already made.* ○ *Who should be addressed? Parents and public authorities who are responsible* *ToDo: If there is no more feedback from AGI, tweet once and post on other flyers.* ○ *Funding was obtained from the BMG for the production of information material for facilities that use Lollitests. This shows the testing procedure.*	*Seifried*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *(not reported)*	*All*
7	**Documents** ***(Fridays only)*** • *Contact tracing will be discussed next week.* ○ *Major changes to quarantine* ○ *If the quarantine is shortened, a PCR test must be carried out in medical settings after 5 days.*	*All*
8	**Vaccination update** ***(Fridays only)*** • *78% of adults have received their first dose.* • *Almost 40% of young people, where the greatest progress can be observed.* • *DIM data shows no major progress compared to the previous week despite vaccination week.* • *One of the main aspects of current safety: myocarditis in boys* ○ *Ratio of boys to girls between the ages of 12 and 17: 10 to 1* ○ *Especially after the 2nd vaccination, a few after the first vaccination* ○ *8/100,000 after second vaccination in boys* ○ *There are various data sources on the natural incidence with different results.* ○ *To be re-evaluated by EMA, risk-benefit assessment required.* ○ *Course of myocarditis: mostly mild, self-limiting courses.* • *In the PEI safety report (as of 31 July), 393 cases of myocarditis were reported for mRNA and 39 cases for vector vaccines (although significantly more mRNA was vaccinated).* *ToDo: Research whether there were also deaths due to myocarditis; then circulate to the crisis team distribution list*	*FG33 (Wichmann)* *Wichmann*

	STIKO • *Publication today of the recommendation on vaccinating pregnant and breastfeeding women* ○ *Updating the FAQs and information sheets* • *First drafts of the recommendation of the co-administration of the COVID 19 and influenza vaccine. Is still a draft, STIKO agrees for inactivated vaccines.* • *Recommendations for the 3rd vaccination of severely immunodeficient patients and booster vaccination of other immunodeficient patients are being prepared.*	
9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological Sentinel had 568 submissions in the last 4 weeks.* • *In week 37 most frequent detection of rhinoviruses, yesterday 1st detection of influenza in a 4 year old child.* **ZBS1** • *In week 37 so far 193 samples, 89 of them positive for SARS-CoV-2 (46%)* • *It has been announced that routine testing will be discontinued from October.* *It is possible that the test regulation will be amended tomorrow.*	*FG17 (Dürrwald)* *ZBS1 (Michel)* *Mielke*
10	**Clinical management/discharge management** • *STAKOB is currently updating information on therapy.* • *COVRIIN specialist group prepares publication on therapies in the medical journal.* • *Patient care guideline is being revised.*	*ZBS7 (Niebank)*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*FG14*
12	**Surveillance** *(Fridays only)* • *(not reported)*	*FG32*
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*

14	**Information from the situation centre** ***(Fridays only)*** • *There was a request from employees who process decrees to be informed when the answers are sent to the BMG. A solution was found for this with data protection: the editors are set to BCC for emails to the BMG.* • *Workload is slightly lower in all positions at the moment.*	*FG38 (Grote)*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Wednesday, 22.09.2021, 11:00 a.m., via Webex*	

End: *12:21 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 22.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Claudia Schulz-Weidhaas*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Mirjam Jenny*
- *Press*
  - *Ronja Wenchel*
- *ZIG 2*
  - *Thurid Bahr*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **National** • **Case numbers, deaths, trend**, *slides here* o *SurvNet transmitted: SurvNet transmitted: 4,169,979 (+10,454), of which 93,123 (+71) deaths* o *7-day incidence: 65/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 56,009,980 (67.4%), with complete vaccination 52,723,242 (63.4%)* o *Course of the 7-day incidence in the federal states:* ▪ *Bremen top of the league, overall decreasing trend* ▪ *Bremerhaven highest incidence, but high rates also recorded in southern LH (e.g. Traunstein, Berchtesgaden)* ▪ *Number of districts with 7-TI > 25/100,000 p.e. 375/421 (-6)* ▪ *Number of districts with 7-TI > 50/100,000 p.e. 254/421 (-14)* ▪ *Number of districts with 7-TI > 100/100,000 p.e. 52/421 (-7)* o *Course of the 7-day incidence of hospitalised patients by Age group:* ▪ *A downward trend can be observed in most AGs except for the very old AGs (>80) and AGs 10-14* ▪ *Hospitalised in total 1.65 / 100,000 p.e.* ▪ *Hospitalised over 60 years 2.70 / 100,000 p.e.* • **Test capacity and testing**, *slides here* o *Test figures and positive rate* ▪ *Increase in tests in week 37 to 960,000 tests (approx. -40,000 compared to the previous week)* ▪ *Decrease in the positive rate to 7.5* o *Capacity utilisation* ▪ *Capacities still available (slightly increased in the last 2 weeks), however distribution of the Capacity utilisation in the laboratories varies greatly from state to state* ▪ *Capacities are not heavily utilised in any federal state* • **ARS data**, *slides here* o *Number of tests and percentage of positives* ▪ *Slight decrease in the total number of tests, positive rate (6.5%) also decreases* ▪ *In BW and BY, significantly lower test rates than in the previous year. In other BL, increase in the last few weeks, which, however does not increase further. The representativeness of the data differs between the BCs.* ▪ *Heterogeneous positive share in the BCs (5-10%)* ▪ *In week 37, the turnaround time is still higher but not as high as in the previous week.* o *Age-stratified testing and percentage of positives according to*	*FG32 (Diercke)* *Dept. 3 (Hamouda)* *FG 37 (Eckmanns)*

RKI	*Age group* ▪ *Year-on-year comparison with 2020 shows a further slight decline in testing, except for AG 0-4 and 5-14 with increased tests and the AG >80 with consistently high tests* ▪ *The proportion of positives is highest in the medium-sized AGs* ▪ *Differences in the number of tests between the sexes "female" and "male" can be recognised. For female In some cases, tests appear to be carried out more frequently in the female population (especially in WG >80). In AG 5-14, the proportion of positives is higher among females, although more tests are carried out on males in this AG.* o *State and age-stratified analyses* ▪ *Among the older AGs (>60), the positive shares are rising again, e.g. Bavaria* o *Testings and positive portions according to acceptance location* ▪ *Number of tests in doctors' surgeries stagnating, proportion of positives rising* ▪ *Number of tests in KH stable* ▪ *The WG 5-14 will increasingly carry out the tests on "other" locations* o *Outbreaks in care and medical facilities* ▪ *Outbreaks in care and nursing homes are on the rise again (58 active outbreaks)* ▪ *There has been a decline in outbreaks in KH (24 active outbreaks)* • **Hospitalisation incidence - Nowcasting,** *slides here* o *Objective: Correction for delays between hospitalisation of a COVID-19 case and receipt of this information by the RKI* o *The analysed data show that hospitalisation had already begun in most cases shortly before the report.* o *In the current analysis, the hospitalisation date is used and, if information is missing, this could be replaced by the reporting date* o *There are slight differences between the AGs. In the AG 40-59, the case report is split after hospitalisation for a larger proportion of cases* o *In nowcasting, declining trends due to the correction tend to be shown as a plateau* o *Statification is possible according to BL and AG* o *Uncertainty intervals can only reflect all uncertainty to a limited extent and there are also varying fluctuations* o *The application of nowcasting seems feasible at BL level and shows stable results* **Discussion:** *The date on which the hospitalisation incidence is calculated (reporting date) shows similar trends in nowcasting for*	*an der Heiden*

	which the hospitalisation date was used. The date can be selected flexibly for the calculation in nowcasting. The current display is only a pilot version. The notification date can also be used. To avoid confusion or inconsistency, this should be discussed in order to make a final decision. **To Do:** *The use of different date bases in nowcasting and possible implications should be discussed.*	
	• **VOC & VOI data,** *slides here* o *Overview of VOC in collection systems* ▪ *For genome sequencing, the delta proportion is still > 99 %* ▪ *No VOI evidence* ▪ *Proportion of genome sequencing 9.3%* ▪ *No changes in the proportions of the delta sublines*	*FG 36 (Kröger)*
	• **Syndromic surveillance**, *slides here* o *FluWeb* ▪ *Increase in week 37 compared to previous week (4.1; previous week: 3.6 %)* ▪ *Increase in all AGs: particularly marked in AG15-34 years (5.3 %; previous week: 4.3 %) ◊ Continuous increase since week 32, 2021; AG 35-59 years: also continuous increase since 32nd week of 2021 (3.5 %; Previous week: 3.5 %* ▪ *Overall ARE rate in line with previous years* o *Influenza Working Group (AGI)* ▪ *ConsInz remained stable overall compared to the previous week: CW 37: 898 (previous week 888)* ▪ *Children: slight increase in AG 0-4 years: percentage change 6 %; adults: decrease in AG 60+ to low level* ▪ *No more holidays in the BL: BUT in BAY with Monday 13.09.2021 still one day in the 37th week; holiday density 3 %* ▪ *Different development in the individual BCs: Example:* ▪ *In BB/BE decline in all AGs,* ▪ *in BAY Increase for children (no more holidays, except for 13/09/2021) Adults, on the other hand, stagnating, except for the AG 15 to 34 years!* ▪ *In NRW: decline among 0-14 year olds; stagnating among adults up to 60+: decline here* o *ICOSARI-KH-Surveillance* ▪ *SARI case numbers have fallen again slightly overall, but case numbers continue to rise in AG 0 to 4 years (43% of SARI cases with RSV diagnosis), twice as many SARI cases as in previous years around this time* ▪ *AG 35-59 years again slight decline (oscillating for several weeks), but still well above level of previous years* ▪ *Possible increase in AG 60-79 years and 80+*	*FG 36 (Tolksdorf)*

	(more late registrations here than in the other AGs, therefore	

RKI	*see previous week)* ▪ *Share of SARI-COVID cases remained stable; share of COVID-19 in SARI 25% (week 36: 26%)* ▪ *Proportion of SARI-COVID cases under intensive care with SARI for 4 weeks around 50%; proportion of COVID to SARI with intensive treatment 55% (week 36: 48%)* ▪ *Significant increase in intensive care treatments for COVID-19 patients with SARI in AG 60-79 years (disproportionately high to the increase in COVID-SARI cases in this AG), but AG 15-34 and 80+ are also slowly increasing (on a par with COVID-SARI and COVID-SARI with intensive care!)* ○ *Outbreaks in KITA / after-school care centre* ▪ *138 new outbreaks (incl. late notifications)* ▪ *Rise since mid-August with around 60 new outbreaks per week recently* ▪ *The level of the number of outbreaks at the beginning of September 2021 was only observed at the end of October last year* ▪ *Share of AG 0-5 in all daycare centre outbreak cases was 64% in July/August 2021, in July/August 2020 it was only 27%* ▪ *Key data for the last 4 weeks:* ▪ *Outbreak size: average: 5 cases per outbreak, median: 4 cases;* ▪ *However, there are also larger outbreaks with up to 32 cases; a total of 23 outbreaks with >=10cases* ▪ *Outbreaks in the last 4 weeks mainly in NRW (n=40) and BW (n=30)* ▪ *Holiday density week 37: 3%* ○ *Outbreaks in schools* ▪ *142 new outbreaks (incl. late registrations)* ▪ *Significant increase since the beginning of August; recently around 80 new outbreaks per week* ▪ *The level of the number of outbreaks at the beginning of September 2021 was only observed at the end of October last year* ▪ *Since mid-August 2021, AG 6-14 in particular affected (79% of all outbreak cases; AG 21 only 5%)* ▪ *Key data for the last 4 weeks:* ▪ *Outbreak size: average: 4 cases, median: 3 cases per outbreak* ▪ *However, there are also larger outbreaks, the largest in week 36 in BB (Brandenburg/Havel) at a Secondary school with 53 cases so far. 68% AG 11-14, 28% AG 15-20, 4% AG 21+; 40-50% of the pupils are vaccinated. Almost exactly a year ago, there was an outbreak at the school with 5 cases* ▪ *A total of 20 outbreaks with > 10 cases* ○ *Hospitalisations*	

RKI	▪ *Hosp incidence in children decreases in the fourth wave again. The strongest increase can be seen among 0-5 year olds.*	

RKI	*register.* ▪ *Hospitalisations are also increasing earlier than in the previous year* ▪ *The proportion of hospitalised 0-5-year-olds during the delta phase is 4% and in a range that also applies to* *infections were observed in the wild type.* • **Figures on the DIVI Intensive Care Register**, *slides here* o *As of 22 September 2021,* **1,497** *COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals).* o *In some federal states, a slowdown in COVID-ITS occupancy can be observed, while in others (especially Bremen) there has been a significant increase. Overall heterogeneous picture.* o *Daily new admissions of COVID patients to ITS were +591 in the last 7 days, all treatment groups are increasing* o *Ventilation occupancy and ECMO: proportion much lower than in the last wave, but the proportion of ECMO remains relatively high* o *SPoCK forecast: continued plateau, slight increase in the south, NW plateau, moderate to slight increase in the east* **Discussion:** *The observed plateau in the incidence values can be explained by various factors. The interaction of different measures (e.g. increased testing of returning travellers, vaccinations) and seasonality interact and lead to the current observation. It is currently not possible to determine which measure or factor plays the decisive role.* *Observing children and adolescents is important, as it allows us to gain insights into the spread of the virus in unvaccinated populations during this time.* *The different frequency of tests between the sexes "Male" and "female" can have different causes. It is conceivable that the female population is making greater use of medical services and preventive check-ups.*	*MF4 (Fischer)*
2	**International** • *COVID-19 Containment Measures Analysis, Issue 7* o *Presentation of different outcomes according to AG, exemplified by a comparison of 6 countries* o *Data from the period 12 April - 05 September 2021* o *In the youngest AG (0-19 and 20-39), the largest increase in the 7-day incidence is clearly evident, scaling of the graphs differs in some cases* o *Different survey methods were used to record hospital admissions; the group of* *The oldest people have the highest proportion of hospital admissions;*	*ZIG 2 (Thurid Bahr)*

	○ *The immunisation coverage rate is highest in the >50 age group* ○ *Finally, 2 recommendations should be made:* ▪ *Countries should assess vaccination status against a range of COVID-19 health endpoints, including infections and hospitalisation.* ▪ *The countries should also exchange this data internationally in order to facilitate the development of measures for support the mobilisation of unvaccinated population groups.* **Discussion:** *The RKI collects, publishes and processes aggregated data on immunisation status. The individual input of this information into international exchange and data platforms is therefore only possible to a limited extent. Analyses and results will be shared and made public as usual. The wording of the recommendations is to be adapted in consultation with FG 32.* *The different courses and sometimes questionable data from the USA - especially in comparison to other countries - could be explained by different surveillance systems.* *International comparisons are therefore possible to a limited extent and caution is required when interpreting the data.*	
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *The current document will be shared and discussed further on Friday.*	*Rexroth*
5	**Communication** **BZgA** • *(not reported)* **Press** • *A workshop with journalists on the incidence of hospitalisation is being organised by the BMG. This is due to take place next week and Mr Hamouda will take part on behalf of the RKI.* • *The data for calculating the hospitalisation incidence has been available on Github since yesterday.* • *A written classification of the hospitalisation incidence is to be published as soon as possible* • *Data on the different incidences and proportions of vaccination breakthroughs should be communicated this week if possible. The 4-week rhythm should be adhered to.*	*BZgA* *Press*

	To Do: o *Written classification to be finalised by FG32 and shared this week if possible.* o *Consultation with FG 33 on communication on vaccination breakthroughs.* **P1** • *2G/3G flyer draft will be sent around today, tomorrow at the latest.*	*P1*
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • **Updating the documents for retirement and care facilities** o *Three documents have been updated or revised.* o *The documents on retirement and care facilities, structural and organisational measures and outbreak management have already been shared. These are to be further harmonised and processed.* **To Do:** *Further revision of the 3 documents with coordination of the corresponding OU and "outdated" documents should be removed from the network.* **Discussion:** *The various recommendations and documents should be referenced to each other in a meaningful way. The sheer volume of documents can easily lead to confusion.* *Characteristics of different facilities / settings should be taken into account when making recommendations. For example, clinical settings have other resources to enable frequent testing with a short turn-around time. In contrast, such an implementation in nursing homes could be challenging, e.g. due to a lack of personnel, structural or technical resources. Nevertheless, PCR testing is also the recommended method in care and nursing homes. Screening remains an essential part of a strategy to protect the residents of such facilities.* • **Document: SARS-Cov-2 testing criteria for schools during the COVID-19 pandemic** o *document from February, which would have to be revised. However, this seems obsolete, as the test criteria that have already been formulated elsewhere also apply to pupils. There are also already recommendations for other strategies, e.g. series testing.*	*Abu Sin* *Kroeger*

	To Do: *The document is to be depublished. The diagnostics working group and the crisis team have agreed to this.* • **Control Covid paper** o *Following a comment from the BMG, the term air filter was replaced by air purifier in the current Control Covid strategy paper. Furthermore, RKI employees pointed out that the use of air purifiers should be presented less prominently in the paper and that the focus should rather be on other measures or the basic measures. Technical and structural measures are of course still of Relevance. The paper will continue to be adapted.*	*Haas*
8	**Vaccination update** *(Fridays only)* • *(not reported)* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* o *# SARS-CoV-2* o *## Rhinovirus* o *## Parainfluenza virus* o *## seasonal (endemic) coronaviruses* o *## Metapneumovirus* o *## Influenza virus* o *Remainder negative* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** *(Fridays only)* • *not reported*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *not reported*	*FG38*

15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 24.09.2021, 11:00 a.m., via Webex*	

End: 13:09

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 24.09.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG 24*
  - *Anke Christine Saß*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
  - *Ariane Halm (protocol)*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Michaela Niebank*
- *P1*
  - *John Gubernath*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG1*
  - *Eugenia Romo Ventura*
  - *Romy Kerber*
- *BZgA*
  - *Heide Ebrahimzadeh-Weather*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide: almost 230 million cumulative cases, continuing downward trend (-6% compared to previous week), case fatality ratio similar (2.05%)* • *List of top 10 countries by new cases (data status: WHO, 23/09/2021):* o *There is a downward trend in 6 countries and an increase in 5: Brazil, India, Turkey and Russia* • *Epicurve WHO Sitrep:* o *Africa and Europe record similar case numbers as in the previous week, decline in case numbers in other regions* o *Death toll down on the previous week except for an increase in the Western Pacific* • *Virus variants* o *Alpha in 193 countries (+/-0), beta 142, gamma 96, delta 185 (+5 countries since previous week)* o *VOI classification WHO Sitrep* ▪ *No change in VOC* ▪ *Variants under monitoring (note, lower categorisation than VOI "variants of interest"): three new variants Eta, Jota and Kappa, which were previously classified as VOI* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 4,181,393 (+9,727), of which 93,303 (+65) deaths* o *7-day incidence: 62.5/100,000 inhabitants, also slight decrease in hospitalisation incidence (1.58/100,000)* o *Vaccination monitoring: Vaccinated with 1st dose 56,197,198 (67.6%), with complete vaccination 53,004,938 (63.7%)* o *Course of the 7-day incidence in the federal states:* ▪ *Heterogeneous picture in the BL, 7-T-I has been declining slightly since the end of the 1st week of September* ▪ *HB most affected, only BL with 7-T-I >100* ▪ *BY, BW 2nd and 3rd place with a declining trend* ▪ *Slight increase in TH, not yet good to assess* ▪ *7-T-I map: highest incidences in southern districts in BY and BW, Bremerhaven, currently only 42 districts with incidence >100* o *Hospitalisation incidence in BL* ▪ *HB at the top, corresponds to expected due to the 7-T-I* ▪ *Other BL <2/100,000 inhabitants* ▪ *After 1 week data approx. 80% complete, rather a plateau can be recognised, development to be awaited* o *Excess mortality: increase currently not easily explained* • *Discussion of high incidence circles*	*ZIG1* *FG32*

	○ *In BY and BW with the end of the holidays, the expectation of an increase in cases due to the start of school did not materialise (as was the case in some other BLs), why?* ○ *Activity in BW and BY is stronger than in other BL (although not as strong as NW and BE), but currently at a high level* ○ *Increase in cases 1-2 weeks before the end of the holidays with a peak around the start of school, which is visible almost everywhere* ○ *BY also carries out lollipop testing, but is it as systematic as in some other BCs?* ○ *HB Situation* ▪ *Small BL, which makes the curve unstable* ▪ *Socio-economically possibly a little dicey* ○ *Southern, rural high-incidence districts* ▪ *High infection rates in the past and vaccination should actually be a good thing in such small circles. lower incidences* ▪ *Why does Berchtesgadener Land often have high incidences? Would the seroprevalence of the population here be interesting? Possibly a lot of border traffic and thus many tests, but also many cases in institutions, especially schools and kindergartens* ▪ *Similar to Rosenheim, again high incidences in LK and SK, is it socially more dicey than assumed?* ▪ *Many travellers from countries with low vaccination rates* ▪ *Districts report in a heterogeneous manner, and this is intensified right down to municipal level* ▪ *Could more information on these circles be obtained? Possibly investigate vaccination? Not entirely clear, how small-scale current vaccination data is available* ○ *Incidence by age group (see here): generally very high among young people, but also among older people in these circles*	
2	**International** ***(Fridays only)*** • *Trip to Namibia next week for TwiNit: FG38 incl. PAE and FG32 on the topics of surveillance, EOC and emergency response (both also related to COVID-19) as well as FETP* • *GOARN COVID-19 Response Mission Cyrus Koenig in Cambodia*	*Today FG38*
3	**Update digital projects** ***(Fridays only)*** • *Slides here* • *CWA* ○ *>34 million downloads, 532,000 people have shared a positive test result* ○ *New version should be available today: Outline of rules for booster immunisations and new option, Print vaccination certificates, export as pdf* ○ *Update was communicated on Twitter and seen a lot, strong media response* • *CovPass: 19 million downloads, and rising* • *DEA: downward trend, 50,000 registrations per day, total >14 million registrations since the beginning* • *Discussion*	*FG21*

	○ *Why are CWA download numbers still rising?* ▪ *No advertising apart from communication on the usual channels, 50,000 new downloads daily, depends on probably together with certificates* ▪ *In BE, the traditional yellow vaccination card is no longer valid, what is the RKI's position on this? RKI does not recommend this, regulation should apply from Sunday, will possibly lead to (even) more downloads* ○ *LUCA is hardly used?* ▪ *Was included in some BL in their regulations* ▪ *Checking in digitally with CWA is only possible in Saxony, everywhere different LUCA or note*	
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment, document here* • *Basic risk assessment remains "moderate for vaccinated, high for unvaccinated"* • *Adjustments* ○ *Avoiding long-term consequences another important goal of the strategy, strengthening this statement* ○ *Communicating uncertainty and urging caution* ○ *Development of case numbers, now rather no more increase, but numbers still relatively high* ○ *No reason for excessive optimism* ○ *Increasingly fewer chains of infection can be traced* ○ *KoNa reformulation to communicate this as a still important component* ○ *AHA+L is independent of vaccination protection* ○ *Importance of vaccination for self-protection* • *No politically critical aspects, written agreement with management for prompt approval*	*Dept. 3/FG38*
5	**Communication** **BZgA** • *No contribution today, but asks for RKI contact person on the subject of lollipop PCR testing to develop information material* → *Janna Seifried, Dept. 3* **Press** • *Today publication of the STIKO recommendation regarding* ○ *Co-administration COVID-19 and death vaccines* ○ *Booster vaccination for immune insufficiency* • *Increase in case numbers is expected in autumn, this should also be addressed in next week's weekly report (was also formulated in ControlCOVID)* • *Passed on by Ute Rexroth* **P1**	*BZgA* *Press*

	• *Discussion on the 2G/3G flyer draft, document here*	
	• *Target group/content: Support citizens in deciding on risks indoors (e.g. party-going), no vaccination advertising (already existed), comparison 2G/3G* • *Is virus transmission reduced by vaccination?* • *Ole Wichmann sent papers on transmission in vaccinated people to the crisis team today* • *"generally lower viral load and shorter elimination period" must be adapted, the situation is more complex* • *Both the duration and probability of virus transmission are lower in vaccinated people, it is not prevented, but the risk is reduced* • *Viral load in the upper respiratory tract is not significantly different in vaccinated and unvaccinated people, but infection is less likely with the same exposure* • *There is little data on the duration of elimination* • *The virus is currently spreading preferentially among unvaccinated people* • *Are the same number of vaccinated and unvaccinated people tested?* • *Rather more testing of unvaccinated people* • *Important: AHA+L still applies for 2G (also misunderstood by politicians)* • *Key message: please continue prevention, as few indoor events as possible* • *Avoid superlatives: only way, most important factor, best protection, etc.* • *Overall a lot of discussion and input on the flyer, it will be revised and circulated again next week (Mon or Tue), written comments are also welcome beforehand*	*P1*
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	

7	**Documents** *(Fridays only)* • *(not reported)*	
8	**Vaccination update** *(Fridays only)* • *Communication Vaccination rates* ○ *DIM figures with vaccination coverage of 68% often criticised* ○ *They refer to the total population, which does not correspond to the target population* ○ *Vaccination in >17-year-olds with 1st vaccination is 78.5%* ○ *In view of the non-recording of e.g. vaccinations by KV doctors, the vaccination rate is probably much higher (>80%), this should significantly reduce the next wave* ○ *There is reason for a little more optimism, the autumn could be milder than feared, but an increase in the number of cases is still expected* • *Waning immunity is currently not observed on a large scale in hospitalisation and severe courses, vaccination*	*FG33*
	works very well, vaccinated cases mainly with mild course • *COVIMO report will be revised and published next week* **Vaccines** • *Jansen vaccine* ○ *One dose may not be sufficient* ○ *There are currently discussions as to whether a second vaccination should be recommended for optimisation; this is where most vaccination breakthroughs are observed* **STIKO** • *Publication of the new STIKO recommendation today (also mentioned above)* ○ *Co-administration Influenza* ○ *Vaccination booster for immunodeficiency* • *Recommendation on booster vaccination for other groups is still pending, STIKO goal is to prevent serious infections and overburdening of the healthcare system*	
9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological sentinel had 700 samples in the last 4 weeks, of which:* ○ *12 SARS-CoV-2* ○ *1 Influenza H3N2* ○ *~~75XX(?)~~ RSV* ○ *232 Rhinovirus* ○ *98 Parainfluenza virus* ○ *2 Metapneumovirus* ○ *44 endemic coronaviruses (predominantly NL-63OC-43)* **ZBS1** • *In week 38 so far 291 samples, 109 of them positive for SARS-CoV-2 (37.5%), more than the previous week but frequent*	*FG17* *ZBS1*

	fluctuations	
10	**Clinical management/discharge management** *(Fridays only)* • *Discussion on the enquiry as to whether changes will be made to the isolation period for children and the free testing of vaccinated persons* o *The recommendation on KoNa management was recently adapted and the quarantine has been extended in order to minimise residual risk. Acceptance shortened* o *Quarantine and isolation continue to be confused in public* o *Isolation at home raises questions, e.g. in families: index case child isolated for 14 days and antigen test, KP can leave quarantine after 5 days, case remains (often asymptomatic) at home* o *Does ÖGD not seem logical, possibility of customisation?*	*FG38/ ZBS7/all*
	o *Depends on the context, e.g. the RKI document on discharge management refers to the nosocomial area; this should be adhered to in this setting* o *Shorten it to 5 or 7 days?* o *Is a PCR free test after 5 days with a similar viral load still acceptable?* o *The literature does not currently provide any clear indications of this* • *Work assignment: scientific examination of whether shortening can currently be considered, followed by renewed discussion* *ToDo: Check on the basis of available literature whether a shortening of isolation can be considered in the above-mentioned context, FF was not defined in the crisis team*	
11	**Measures to protect against infection** • *(not reported)*	
12	**Surveillance** *(Fridays only)* • *(not reported)*	
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	
14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	
15	**Important dates** • *none*	
16	**Other topics** • *Next meeting: Wednesday, 29.09.2021, 11:00 a.m., via Webex*	

End: 13:06

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 01.10.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG32*
  - *Michaela Diercke*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Michaela Niebank*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *John Gubernath*
- *Press*
  - *Ronja Wenchel*
  - *Marieke Degen*
- *ZIG1*
  - *Anna Rhode*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide: Cumulative approx. 232 million cases, continuing downward trend (-12% compared to previous week), CFR unchanged (2.05%)* • *List of top 10 countries by new cases (data status: WHO, 29/09/2021):* o *There is a downward trend in 8/10 countries and an increase in 2: UK, Russia* • *Epicurve WHO Sitrep:* o *Number of cases declining globally, declining in all regions* o *Number of deaths decreased in all regions, but increased in: Africa (+5%)* • *Virus variants* ▪ *Currently no virus variant areas designated* ▪ *Delta newly detected in: Ethiopia, Syria* ▪ *USA new variant classification: Variants being monitored (VBM) - "no imminent PH risk"* **Discussion:** *The frequently described seasonality in the SARS-CoV-2 pandemic can be recognised in Germany, but implemented measures and their relaxation seem to mask the seasonal effects. It would be interesting to analyse the seasonality in different climate zones or hemispheres. When considering such effects, it is important to take into account limitations with regard to data quality, different surveillance systems and their comparability, as well as cultural differences.* *ToDo: Identify appropriate models and studies.* *Differences in the severity of the pandemic can also be seen between continents and, above all, between countries with different GDPs. Countries in the Global North often appear to be more severely affected than countries in the Global South. A differentiated view would be appropriate in an investigation. Several factors could be the cause here, e.g. data quality, cultural aspects or experience, as well as existing systems for managing an epidemic/pandemic* *ToDo: Consult WHO or other stakeholders to assess the significance of data from different regions, but also the different characteristics of the infection incidence.*	*ZIG1*

	National • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 4,237,619 (+10,118), of which 93,711 (+73) deaths* ○ *7-day incidence: 64.3/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 56,541,315 (68.0%), with complete vaccination 53,564,630 (64.4%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *BY and BW slight upward trend; very large increase in Thuringia and MV* ▪ *Regional increase on the North Sea coast in MV, south in D affected with high 7-TI. The highest 7-TI still in Traunstein and Pforzheim* ▪ *Only 411 districts left in Germany* ▪ *Number of districts with 7-TI >25/100,000 p.e.: 375 (-3)* ▪ *Number of districts with 7-TI >50/100,000 p.e.: 250 (+1)* ▪ *Number of districts with 7-TI >100/100,000 p.e.: 44 (-1)* ○ *Hospitalisation incidence in BL* ▪ *Bremen highest HI, NRW relatively high* ▪ *Relatively stable over the weeks* ▪ *HI total: 1.65/100,00 p.e.* ▪ *HI aged 60 and over: 2.88/100,000 p.e.* ○ *Intensive register* ▪ *Slight decline in cases* ○ *Death rates:* ▪ *Slight excess mortality that cannot be explained by COVID-19* **Discussion:** *The analysis of case numbers and vaccination rates in the federal states could be more differentiated. Bremen, for example, has a high vaccination rate, but has a high number of cases. This could possibly be due to structural differences in the federal state. Bremerhaven is still part of Bremen but has a lower vaccination rate and higher case numbers.* *Despite the ongoing pandemic situation, not all people with existing symptoms are being tested for SARS-CoV-2. Targeted communication should create a new awareness of the relevance of test results.* *ToDo: Prepare publication on the epidemiological relevance of testing in the COVID-19 pandemic for the Ärzteblatt - Ms Mankertz*	*FG32*
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*

4	**Current risk assessment** • *Was published on Friday 24.09.2021*	*Dept. 3*
5	**Communication** **BZgA** • *Changes to information on pregnant women and vaccination, leaflet to be published soon* • *Information on booster vaccinations for people with immunodeficiency* • *Information material on RNA vaccines in preparation* • *Created poster will be forwarded to nCoV Lage and Mrs Degen* **Press** • *Tuesday 05.10.21 there will be a press conference on flu vaccination in the context of the pandemic* **P1** • *The 2G/3G flyer is still being edited and will be published soon, but before that we ask for feedback, draft here*	*BZgA* *Press* *P1*

6	**RKI Strategy Questions** **Hospitalisation incidence - Nowcasting,** *slides here* ○ *Objective: Correction for delays between hospitalisation of a COVID-19 case and receipt of this information by the RKI* ○ *In the current analysis, the reporting date is used as the basis* ○ *Nowcasting the hospitalisation incidence appears feasible at the federal state level* ○ *Time series of the 7-day hospitalisation incidence by reporting date is corrected upwards based on the reporting delay* ○ *A division for the age groups under 60 and 60+ feasible* ○ *Main advantages of nowcasting:* ▪ *Current trend becomes visible* ▪ *Order of magnitude of hospitalisation incidence is correctly estimated* **Discussion:** *In view of the limitation of the daily updated presentation of hospitalisation incidence based on the reporting data, nowcasting can be a supplement so that these values can be adequately classified. It remains to be seen how nowcasting will be published in future and what relevance it will have for decision-makers. A corresponding discussion is to take place in the AGI and with the BMG.* *Data quality (especially the completeness of the data records) remains a limiting factor. However, a comprehensive implementation and application of DEMIS in all clinics could improve this.* *There are three options for how to proceed with nowcasting: 1) specialised publication or 2) publication at regular intervals at federal level without implication for threshold values 3) regular reporting at federal and state level with adjustment of the threshold values to the nowcasting;* *ToDo: Draw up a report on nowcasting for the BMG. In the coming week, we will discuss and vote on how nowcasting will continue to be used. - Mrs Diercke & Mr an der Heiden (ID 4347_2)*	*Mr an der Heiden*
7	**Documents** • *None*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)*	*FG33*

9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 727 samples in the last 4 weeks, of which:* ○ *20 SARS-CoV-2* ○ *264 Rhinovirus* ○ *181 Parainfluenza virus, predominantly PIV3* ○ *48 seasonal (endemic) coronaviruses* ○ *3 Human metapneumovirus* ○ *1 Influenza virus* ○ *117 RSV* **ZBS1** • *278 submissions, 124 positive (44.6%)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *Isolation duration - Is a reduction to 10 d justifiable?* *Status after discussion in the diagnostics working group 28.09.21, see slides* • **Discussion:** *Isolation and quarantine should be considered in a differentiated way. Accordingly, the duration should also be adjusted in a differentiated manner. It has not yet been possible to make a clear recommendation. A final test after the 14-day period is negative in the vast majority of cases. It is therefore questionable whether this test should be mandatory. Alternative recommendations would be conceivable, but should be easy to communicate and understand.* *ToDo: Evidence to be able to make a decision is to be collected and presented next Wednesday. A discussion on a corresponding adjustment will then be held. (ID 4384)*	
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *New FAQs on HI have been published.* • *Letter on improving the reporting obligation to be shared soon.* • *Reported yesterday at the Acute Events Meeting on Syndromic Surveillance. Positive feedback from the WHO side* *ToDo: Share new FAQ via press and Twitter if necessary. (ID 4347_1)*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*

14	**Information from the situation centre** ***(Fridays only)*** • *Quieter location in the IK* • *Still difficult to fill the shifts* • *The scope of the tasks in the situation centre should be discussed.*	*FG38*
15	**Important dates** • *Presentation of a study on Long COVID in children next week*	*All*
16	**Other topics** • *Next meeting: Wednesday, 06.10.2021, 11:00 a.m., via Webex*	

End: 13:06

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 06.10.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Annette Mankertz*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG36*
  - *Walter Haas*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Agata Mikolajewska*
- *P1*
  - *John Gubernath*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Ronja Wenchel*
- *BZgA*
  - *Jasmin Benser*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *not reported* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 4,271,734 (+11,547), of which 93,959 (+76) deaths* o *7-day incidence: 62.3/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 56,769,068 (68.3%), with complete vaccination 53,907,281 (64.8%)* o *Course of the 7-day incidence in the federal states:* ▪ *NRW: declining; Thuringia, Saxony and Meck-Pom: slight increase, little change overall compared to the previous week (Plateau)* ▪ *Geographical distribution: South is more affected, top 5 LK remain constant* ▪ *HeatMap: slight increase in the older age groups, plateau in the younger age groups* ▪ *Hospitalisation rates correlate with the number of cases/incidences* • *Test capacity and testing (Wednesdays only) Slides here* o *900,000 tests, positive rate: 6.6%* o *Laboratory capacity utilisation is low* • *ARS data slides here* o *Proportion of positives is stable in most federal states; BaWü and Bavaria test less than in the previous year; delay between sampling and testing has again been greatly reduced* o *Testing by age: Younger age groups (0-4; 5-14) are now tested more than last year, middle age groups (15-34) less than last year* o *Positive rate by age: 0-4 yrs: <5%, 5-14 yrs: >10%* o *Gender distribution: more male children are tested, which influences the positive rate* o *Medical practices only test 50% of last year's results* o *Outbreaks increase slightly: Medical facilities: Median 4 and nursing homes: Median 16* • *Syndromic surveillance (Wednesdays only) Slides here* o *GrippeWeb (data only from week 38): noticeable increase in 0-4 year olds* o *AG Influenza: increase in all age groups, but particularly in 0-4 year olds* o *Determination based on case numbers: from 35 weeks RSV season (65% RSV)*	*ZIG1* *FG32 (Diercke)* *Hamouda* *Eckmanns* *Tolksdorf*

RKI	○ *For 35-59 J 65% COVID* ○ *ICOSARI: 18% COVID to SARI* ○ *Intensive: 35% COVID to SARI* ○ *Noticeable: since week 34 COVID also with 0-4 J (without RSV involvement).* ○ *Outbreaks: daycare centre: decline since mid-September, but 61% of outbreaks only involving children (0-5 yrs); school: increase since August 80% of outbreaks involving children (6-14 yrs)* • *Virological surveillance, NRZ influenza data* ***(Wednesdays only)*** ○ *Slides here* ○ *150-200 samples in week 38/39, >50% of the submissions concern 0-4 J* ○ *Shifted seasonal behaviour of the viruses, most frequently rhinoviruses, followed by p-influenza viruses and SARS-CoV-2. Hardly any influenza detected, possibly due to the NPI.* • *VOC report slides here* ○ *Development continues, 99.4% delta variant and no change in VOI either, proportion of SARS-CoV-2 in Genomseq at 5%* ○ *Progression: situation continues to be determined by delta variant* • *DIVI Intensive Care Register figures* ***(Wednesdays only)*** ○ **not reported** • **Presentation of a study on post-COVID** *slides here* ○ *The results of a study based on health insurance billing data were presented* ○ **Procedure:** *All persons with a confirmed SARS-CoV-2 diagnosis formed the study population, the remaining patients formed the comparison group (adjusted for comorbidities); All newly added diagnoses in the quarter after next were included as post-COVID; The post-COVID symptoms were summarised in diagnosis groups; Long-COVID could not be recorded as the minimum recordable period was one quarter* ○ **Conclusion:** *Post-COVID occurs more frequently in people with a previous SARS-CoV-2 infection than in uninfected people; children are less affected in absolute terms, but in relative terms the proportion of post-COVID is also significantly higher in infected children compared to uninfected children. The incidence of post-COVID in adults is 500/100,000 person-years. The incidence of post-COVID in children is 300/100,000 person-years.* ○ *The fact that it was possible to access clear diagnoses was cited as a strength of the study; the detection bias was cited as a weakness, which attempts are now being made to minimise in further analyses, e.g. by adding control groups with a different disease (e.g. influenza)* ○ *The results will also be presented to the STIKO in the near future*	*Dry forest* *Haas* *Scheidt-Nave*
2	**International** ***(Fridays only)***	

	• *not reported*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** • *Current version slides here* • *Minor changes, especially with regard to the consideration of factors that could place an additional burden on the healthcare system, e.g. influenza.* ***ToDo**: Publish on Friday (Rexroth)*	*Dept. 3*
5	**Communication** **BZgA** • *not reported* **Press** • *Workshop on hospitalisation incidence cancelled* • *Federal Press Conference postponed from yesterday to today* • *Query topics for tomorrow's tweet:* 1. *Reference to testing of vaccinated people with respiratory infections* 2. *COVIMO study is completed* 3. *Retweet from 2G/3G Flyer in due course* **P1** • *2G/3G flyer finalised* • *Will be published and tweeted* **Dept. 3** • *BMG-funded project has designed a flyer explaining the implementation and logistics of lollipop pool PCRs in daycare centres and primary schools for carers and childcare staff* • *Flyer here* • *Translation into other languages planned* **ToDO**: **1.** *Include reference to testing of vaccinated persons with respiratory infections in the weekly report (Rexroth)* **2.** *Publishing the flyer in German and commissioning a translation (Seifried)*	*BZgA (Benser)* *Press (Wenchel)* *P1*

6	**RKI Strategy Questions** **General** • *Report on the technical classification of the hospitalisation incidence - final vote* • *Report here* • *The figure should not be labelled as nowcasting, but as "estimation of the expected subsequent reporting", as it does not contain an R value* • *Proposal: Nationwide chart in the weekly report and evaluation at federal state level for the federal states* **RKI-internal** • *(not reported)* **ToDo:** 1. *Send report to the BMG with the indication that, if approved, an inclusion in the upcoming weekly report is planned (Diercke, Hamouda, Matthias an der Heiden)* 2. *Workshop for journalists on nowcasting, as BMG workshop was cancelled (Diercke, Hamouda, Matthias an der Heiden)*	*Dept. 3* *Diercke*
7	**Documents** • *not reported*	*All*
8	**Vaccination update** ***(Fridays only)*** • *not reported* **STIKO** • *xxx*	*FG33*

9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* ○ *# SARS-CoV-2* ○ *## Rhinovirus* ○ *## Parainfluenza virus* ○ *## seasonal (endemic) coronaviruses* ○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1**	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *Modification of the de-insulation criteria Slides here* • *Results were presented that were determined with the help of the CovidStrategyCalculator* • *Virus data correspond to the wild type, virus kinetics of delta/non-delta are very similar* • *Results only apply to unvaccinated people, no modelling of the excretion kinetics of vaccinated people possible* • *Result: an isolation period shorter than 10d is not sensible* • *14d isolation without testing or 10d with PCR testing have similar relative risk* • *Proposal for future strategy:* ▪ *Treat vaccinated + unvaccinated people equally* ▪ *14d without testing or 10d with PCR testing in an outpatient setting* ▪ *14d with PCR testing in a clinical setting* *ToDo:* *Final discussion on Friday (bring the last two slides, i.e. overview of relative risk and overview of P(inf) as a basis for discussion) (Oh)*	*ZBS7 (Oh)*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*

15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 08.10.2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 08.10.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
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  - *Max von Kleist*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG36*
  - *Walter Haas*
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- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG1*
  - *Anna Rhode*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** • *Slides here* • *Worldwide:* o *Data status: WHO, 07.10.2021* o *Cases: 236,132,082 (-7% compared to the previous week)* o *Deaths: 4,822,472 deaths (CFR: 2.05%)* • *List of top 10 countries by new cases:* o *Few changes in the order* o *Upward trend in Turkey and the Russian Federation* o **New:** *Romania with a strong upward trend (+40%); categorisation as a high-risk area* • *WHO SitRep* o *Declining in all regions except Europe (+5%)* o *Number of deaths decreased in all regions, but increased in: Europe (+2%)* • *VOC / VOI:* o *Newly proven* ▪ *Alpha: Zimbabwe, Madagascar* ▪ *Beta: Sierra Leone, Liberia, Benin* ▪ *Gamma: Ghana, Togo, Benin* ▪ *Delta: Benin, Gabon, Cameroon, Mali, Burkina Faso* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 4,293,807 (+10,429), of which 94,113 (+86) deaths* o *7-day incidence: 63.8/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 56,846,361 (68.4%), with complete vaccination 54,038,360 (65.0%)* o *Course of the 7-day incidence in the federal states:* ▪ *2 BL increase (Saxony, Thuringia)* ▪ *Southern countries most affected* ▪ *SH and SL lowest* ▪ *Number of districts with 7-TI >25/100,000 p.e.: 375/411 (+2)* ▪ *Number of districts with 7-TI >50/100,000 p.e.: 247/411 (+5)* ▪ *Number of districts with 7-TI >100/100,000 p.e.: 359/411 (+14)* ▪ *5 districts with 7-TI >200/100,000 p.e,* ▪ *Trend report today relatively stable over the weeks.* o *No clear excess mortality recognisable*	*ZIG1* *FG32*
2	**International** • *(not reported)*	*ZIG*
3	**Update digital projects** • *(not reported)*	*FG21*

4	**Current risk assessment** • *Receive feedback on the current assessment* • *A shortened version is in the works (4 pages instead of 6). A corresponding draft is being circulated and is expected to be approved next Wednesday.* ***ToDo:*** *Technical assessment of the draft by other FGs and adoption on Wednesday 13 October 2021.* **Discussion:** • *An under-reporting of cases is possible, but a complete distortion of the situation is not to be expected. This would be more realistic as soon as the cost coverage of the tests expires, which is still to come.* • *Overall, a similar trend is described across several indicators, so it can be assumed that the surveillance tools used are working and that the current assessment based on the data generated is therefore adequate.* • *A further decline is unlikely and an increase is to be expected, especially considering the seasonality, increasing mobility and comparable signals for other diseases.* • *The communication of the current situation / situation and the implementation in politics seem to drift apart* • *If the assessments, forecasts and modelling published by the RKI do not prove to be correct, the RKI will have to justify itself in this regard. This will be a communication challenge.*	*Dept. 3*
5	**Communication** **BZgA** • *Data from the CoSiD survey was published, more here. Reasons for non-vaccination were primarily investigated and a vaccination rate among the respondents was also determined, but was not the focus of the study. Based on the surveys, a higher vaccination rate is to be expected (19% of respondents were not vaccinated). However, this result is influenced by a significant selection bias.* • *The majority of respondents are receptive to information on vaccination. Reasons for not being vaccinated were a lack of trust in the development of the vaccine, a low level of trust in government institutions, the perception that COVID-19 is a mild disease and the risk of contracting the disease is low.* • *How can those who have not yet been vaccinated be reached? The vaccination campaign week should be extended so that occasional problems are reduced. It will probably not be possible to reach the 6% who definitely do not want to be vaccinated. Therefore, a focus will be placed on those who*	*BZgA*

RKI	*potentially still be persuaded to be vaccinated. Communication about vaccinations could take place more through dialogue and less through state institutions.* • *Another challenge is the low-threshold processing of information material on immunisation. Some people find it difficult to understand existing information material.* **Discussion:** • *Publishing different information on the same topic (e.g. vaccination rates) using different data sources (register data, other surveys, interviews) with different data quality is a challenge, as this is sometimes difficult for the public to understand. Care should therefore be taken to ensure transparency and comprehensibility.* • *The reference group in the presentation of the vaccination rate should be communicated clearly and unambiguously. The difference in the proportions is large and can lead to misunderstandings (vaccination rate 60% of the total population and approx. 80% of all adults).* • *In the weekly report, the presentation should be adjusted if necessary or reference made to the different data sources. Adjustments for the upcoming weekly report can be registered by Tuesday 12 October 2021 at the latest.* ***ToDo:** Communication about the different data sources and analyses should be discussed. Press and P1 discuss possibilities for appropriate presentation in different media (e.g. Twitter).* **Press** • *(not reported)* **P1** • *Last week, people tweeted about PK and COVIMO* • *2G/3G flyer has been published*	*Press* *P1*

6	**RKI Strategy Questions** **General** • *Different scenarios regarding isolation time and final testing (with PCR or antigen test) were presented, more here.* • *The remaining risk of subsequent cases can be significantly reduced from an isolation period of 10 days. Final testing can reduce this even further.* • *The previously used strategy of 14 days isolation + final testing shows the lowest residual risk for subsequent cases (0.01%-0.04%; 0.4-2 cases instead of 4000 cases).* • *An isolation period of 14 days without testing (RR: 0.06%; 2 cases), isolation period of 10 days without testing (RR: 2.1%; 84 cases) and with PCR testing (RR: 0.4%; 17 cases) also show a reduced risk of subsequent cases* • *A final decision in favour of an adapted recommendation (also differentiated by setting) could not be made. The majority of the plenary session is in favour of postponing the meeting so that the current recommendations remain in place.* **RKI-internal** • *(not reported)*	*FG17*
7	**Documents** • *(none)*	*All*
8	**Vaccination update** • *In the commenting procedure since yesterday: Booster vaccination and the recommendation of the Janssen vaccine* • *According to current estimates, the effectiveness of the Janssen vaccine is closer to 30% and for severe cases closer to 60%; the picture is similar in other countries. It is therefore questionable whether basic immunisation is really given after just one dose, or whether a booster with another vaccine is appropriate.* • *Recommendation for booster vaccination is in the draft: All persons over 70 and medical staff with patient contact, and all residents and staff in corresponding facilities* • *Evidence regarding the protective effect of an infection is currently being analysed. The current assumption is 6 months; this is to be reviewed again, also against the background of the DELTA variant.* • *A meeting between STIKO, PEI and BMG took place yesterday. The topic was the suspension of the Moderna vaccine in Scandinavian countries. The reason for this was an increased number of myocarditis cases, especially among young people. The risk was 4 times higher with the Moderna than with the Biontech vaccine. There is still little corresponding data in Germany. These are being analysed. This is also relevant for a recommended booster vaccination*	*FG33*

9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 552 samples in the last 4 weeks, of which:* ○ *17 SARS-CoV-2* ○ *207 Rhinovirus* ○ *70 Parainfluenza virus* ○ *39 seasonal (endemic) coronaviruses* ○ *3 Metapneumovirus* ○ *1 Influenza virus* ○ *97 RSV* • *A new delta subline was identified (AY33 + mutation). So far approx. 30 sequences with evidence. The submissions came from 9 different laboratories.* **ZBS1** • *Changeover since last week has worked well.* • *166 samples, of which 74 samples were positive (approx. 45%)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** • *(not reported)*	*FG14*
12	**Surveillance** • *No feedback yet from the BMG regarding the nowcasting*	*FG 32*
13	**Transport and border crossing points** • *(not reported)*	*FG38*
14	**Information from the situation centre** • *With the start of the autumn holidays, it becomes more difficult to fill the shifts. The same can be expected for the winter holidays.* • *An interim report is currently being prepared. This is scheduled for completion on 1 January 2022.* ***ToDo:*** *Mr Schaade is to make another call by e-mail.*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 13 October 2021, 11:00 a.m., via Webex*	

End: 12:57 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 13.10.221, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Annette Mankertz*
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  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Wiebe Külper-Schiek*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Julia Schilling*
- *FG37*
  - *Sebastian Haller*
- *FG38*
  - *Maria an der Heiden*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Florentine Frentz*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 4,330,258 (+11,903), of which 94,389 (+92) deaths* o *7-day incidence: 65.4/100,000 inhabitants.* o *Vaccination monitoring: Vaccinated with 1st dose 57,073,537 (68.6%), with complete vaccination 54,395,005 (65.4%)* o *Course of the 7-day incidence in the federal states:* ▪ *Nationwide value is constant, different development in the individual federal states: increase in Saxony and Thuringia, slight increase in Saarland, constantly low in Schleswig-Holstein* o *Nowcasting: 7-d R-value = 0.96* o *Geographical distribution: hardly any change compared to the previous week, southern BL more affected, especially Bavaria and BaWü* o *HeatMap: Decline in incidence in age groups (AG) 0- 4 and 5-9 years, middle AGs stable, slight increase in older age groups* o *Hospitalisations: Hospitalisation incidence = 1.9/100,000 inhabitants, incidence highest among over 80s, 60-79s are most affected in terms of numbers* o *Geographical distribution of incidences by age group: Figure here* ▪ *In Kyffhäuser, Thuringia, the incidence among 10-19 year olds is particularly high at over 1000/100,000 inhabitants. particularly high. Some other LCs also have incidence values above 500 in this age group* • *Test capacity and testing (Wednesdays only)* **Slides** *here* o *Number of tests: 30,000, proportion of positives (PA): 6.7 (roughly constant), laboratory utilisation at approx. 50%* • *ARS data* **slides** *here* o *Approx. 4 million tests in the last 12 weeks, PA at approx. 6%* o *Test delay over the weekend (Fri-Sun) higher than during the week* o *Over-80s were tested most frequently, PA highest among 5-14 year olds (>10%)* o *Outbreaks: 35 in medical facilities and 65 in retirement and nursing homes* • *Syndromic surveillance (Wednesdays only)* **Slides** *here*	*ZIG1* *FG32 (Diercke)* *Hamouda* *Hamouda* *Haller* *Shilling*

RKI	○ *GrippeWeb (week 40): 5.3 million ARE (4.1 in week 39); strong increase among 0-4-year-olds* ○ *AG Influenza: sharp rise in consultations with doctors for 0-4-year-olds* *year olds* ○ *Hospital surveillance: Increase in SARI case numbers in 0- 4-year-olds since week 36 (65% RSV)* ○ *Proportion of COVID-19 down from 18% to 14% and from 35% to 34% for intensive care cases* ○ *Outbreaks in daycare centres: Below the level of the 2nd & 3rd wave (increase compared to the previous year about 2 months earlier), 60%* *Share of AG 0-5* ○ *School outbreaks: increase since week 39, peak at the beginning of October (n=191), AG 6-14 is involved in 77% of all outbreaks and 60% of all outbreaks with ONLY this age group* • *Virological surveillance, NRZ influenza data **(Wednesdays only)*** • **Slides** *here* • *203 submissions with 69% PA (138/201)* • *SARS-CoV-2: 1 detection in 0-4-year-olds and 2 detections in over 60s* • *Influenza: 0 in week 39/40 and 1 in week 41 (44-year-old)* • *Endemic coronaviruses: =C43 over 10%* • *High rate of RSV* • *DIVI Intensive Care Register figures **(Wednesdays only)*** • **Slides** *here* ○ *1398 COVID-19 in intensive care (+580 new admissions per day)* ○ *Slowdown in COVID-ITS occupancy in many BLs, increase in Bremen, Saxony-Anhalt, Saxony and Thuringia* ○ *Age structure: Proportionate increase in over-80s, over-50s and over-50s* *Year-olds still strongly represented* ○ *Ventilation/ECMO: slight decline, but still a relatively high proportion* ○ *Prognosis for COVID-19 patients requiring intensive care: An increase is expected in the east, otherwise stable level* **ToDo 1**: *In the weekly report, point out the particularly high 7d incidence (>500) in the age group of children and adolescents in some districts without naming them. Include a corresponding figure showing all age groups. Use neutral wording if possible (Diercke, Hamouda)*	*Dry forest* *Fisherman*
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*

4	**Current risk assessment** • *Abridged draft to be circulated to the crisis management team and adopted on Friday*	*Dept. 3*
	ToDO 2 *Send abridged version of the risk assessment to the crisis team distributor and present the annotated version at the meeting on Friday for final approval (Degen/Wenchel)*	
5	**Communication** **BZgA** • *Vaccination information sheet for pregnant women and breastfeeding mothers is published online* **Press** • *Press release on the classification of the Bild newspaper's reporting on the COVIMO study* • *Workshop on nowcasting for data journalists on Friday at 10 a.m.* • *Suggestion search for the accompanying tweet to tomorrow's weekly report: high 7d incidences in adolescents (map from weekly report) (see ToDo 3)* **P1** • *Tweet on the DIM/COVIMO discrepancy* • *Tweet/Insta: new rollout for the data donation app with the new feature that you are asked to participate in the study* • *Retweet of card from weekly report planned* • *Question: Are studies in the data donation app coordinated with Dept. 2 or Dept. 3?* • *Answer: not known, please contact Mr Schmich* **ToDO 3** • *Map of 7d incidence by age group to accompany the weekly report tweet (Wenchel)*	*BZgA Frentz* *Wenchel* *Flax*

6	**RKI Strategy Questions** **General** • *For discussion: Should current measures 2G/3G, AHA-L be retained?* • *Conclusion: Yes, as the situation is unstable (R =1, ITS indicator: 14 BL in stage 2). An increase is to be expected again due to the cancellation of the measures. The absence of an autumn wave to date is probably due to these measures.* • *Information from AGI meeting: Countries do not want to change the current quarantine regulations, show certain "fatigue", therefore probably a change in the release criteria from isolation also does not make sense* • *RKI-internal* • *not reported*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* ○ *# SARS-CoV-2* ○ *## Rhinovirus* ○ *## Parainfluenza virus* ○ *## seasonal (endemic) coronaviruses* ○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1**	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*

12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 15 October 2021, 11:00 a.m., via Webex*	

End: 12:10 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 15 October 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lothar Wieler

Participants:

- *Institute management*
  - *Lothar Wieler*
- *FG12dept. 1*
  - *Annette Mankertz*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
  - *Mardjan Arvand*
- *FG17*
  - *Djin-Ye Oh*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
- *FG37*
  - *Muna Abu Sin*
- *FG 38*
  - *Maria an der Heiden*
  - *Claudia Siffczyk*
  - *Ulrike Grote*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
  - *Susanne Glasmacher*
- *ZBS1*
  - *Marica Grossegesse*
- *ZBS7*
  - *Christian Herzog*
  - *Katharina Lang*
- *ZIG1*
  - *Sarah Esquevin*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 14 October 2021* o *Cases: 239,007,759 (-4.5% compared to the previous week)* o *Deaths: 4,871,841 deaths (CFR: 2%)* • *List of top 10 countries by new cases:* o *Rising trends in Europe, situation quite heterogeneous due to vaccination. Romania has one of the lowest vaccination rates in Europe.* • *Number of cases and deaths worldwide, WHO SitRep* o *Global case numbers fall, decline slightly less than in the previous week* o *Europe is the only region with a rising trend, increase higher than last week* o *West Pacific + Africa: downward trend most pronounced* • *Change in case numbers worldwide, WHO Dashboard* o *Americas on the decline* o *Africa mixed picture* o *Europe + Central Asia rising trends* • *7-day incidence per 100,000 inhabitants Europe* o *High incidence in Eastern Europe* • *COVID-19 / Romania* o *7-day incidence: 488 (+14.7%)* o *Tests/ 100,000 population/ week: 2,142, positive rate: 22%* o *Fully vaccinated: 28.7%, partially 32%; second lowest vaccination rate in the EU after Bulgaria* o *Death rates are rising exponentially.* o *Request for international support at the beginning of last week* o *Patients are transferred to Hungary.* o *Oxygen supplies from the Netherlands and Poland.* o *Overstretched healthcare system, often late presentation in hospital* o *Political crisis in Romania: government cannot impose new measures.* o *Great mistrust of the government* o *Vaccination scepticism very high, especially in rural areas around Bucharest* • *What is the incidence in children in EU countries (e.g. UK, Denmark)?* *ToDo: prepare for next week, FF ZIG1* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 4,354,158 (+11,518), thereof 94,526 (+65)*	*ZIG 1 (Esquevin)* *FG32 (Diercke)*

RKI	*Deaths* ○ *7-day incidence: 68.7/100,000 inhabitants.* ○ *Hospitalisation incidence from 60 years: 4/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 57,128,110 (68.7%), with complete vaccination 54,486,100 (65.5%)* ○ *Course of the 7-day incidence in the federal states* ▪ *Overall: Plateau continues, minimal increase.* ▪ *Thuringia: very large increase in incidence* ▪ *Bremen: Decline* ▪ *Saxony: Increase slows down* ▪ *Bavaria, BW: at a high level* ○ *Thuringia: 7-day incidence by age group* ▪ *High incidence, especially among 5-14 year olds* ○ *Thuringia: 7-day incidence by district* ▪ *Promotion/relegation in most districts* ▪ *Increase mainly in the Kyffhäuserkreis district* ▪ *Mainly pupils affected, unclear whether one large or several school outbreaks* ▪ *Influences trend throughout Thuringia* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Highest incidences in south-east Bavaria; no more precise information on whether 1 major event was the cause* ○ *Median age by week of notification and disease severity* ▪ *of all cases: approx. 30 years* ▪ *Hospitalised + ITS: median age tends to rise again.* ▪ *Deceased: It is still primarily > 80 year olds who die.* ○ *Death rates* ▪ *No major excess mortality in Germany* • *Modelling **(Fridays only)** (slides here)* ○ *(not reported)* • *What is the testing concept in schools in Thuringia?* ○ *Was briefly addressed in AGI, researched by Ms Diercke.* ○ *Compulsory testing and the obligation to wear a mask from Year 5 onwards were abolished at the end of September.*	*P4*
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** *(slides here)* ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Adoption of an abridged version (draft here)* • *Risk assessment* ○ *The suggestion to write "for not fully vaccinated" instead of "for only once vaccinated" population is not followed, as the STIKO recommendation for boosting from Johnson&Johnson will come next week.* ○ *Shouldn't the target be adapted to the development/phase of the epidemic? A permanent reduction of the*	*All* *Arvand*

RKI	*Case numbers (not only severe cases) towards a sustainably stable infection situation with a controllable level of spread of the virus in a well-protected (e.g. through vaccination) population, so that severe cases occur less frequently and the transition to the endemic phase with more mild cases can take place* ○ *Have moved away somewhat from the phasing model; the aim of managing the pandemic is to minimise severe cases and deaths.* ○ *At the moment, the aim is still to reduce the number of cases, also with regard to the children.* ○ *Sustainable decline means long-term suppression of case numbers, is that the goal? Discussion should be held here.* ○ *Agreement, based on ControlCOVID: The aim is to keep infection figures sustainably low, in particular to minimise serious illnesses and deaths.* ○ *"Very" good protection against serious diseases with vaccine effectiveness remains.* • *Background* ○ *Incidences have fallen slightly and are currently plateauing. What about children? No general increase in children, only in individual districts.* ○ *Renewed increase in the number of infections is "to be expected" or "seems likely"? Has already been discussed and remains at "to be expected".* ○ *Reference to delta variant for background is deleted.* ○ *Change to "The number of deaths is currently at a lower level than in previous waves" and "The number of serious illnesses.... are currently at a plateau" . Among those hospitalised, the proportion of younger age groups is rising.* ○ *Virus spread: Working environment, daycare centres and schools were not mentioned. -> In the work environment, in schools is added; daycare centres do not play a major role at the moment.* ○ *Ventilation of all interior rooms is redundant and will be cancelled.* ○ *Supplement: Use of the Corona-Warn-App is recommended.* • *Transferability* ○ *The fact that the currently circulating Delta variant is particularly easy to transfer is inserted.* • *Resource strain on the healthcare system* ○ *1st paragraph is deleted -> the focus should be on the severity of the illness, not on overburdening the healthcare system. (Note: capacities in the intensive care units have fallen due to staff shortages).* • *Strategy and infection control measures* ○ *Change the heading to "Fundamental aspects of the pandemic response strategy"* • *Basic principles of risk assessment*	*Haas* *Wieler* *Abu Sin* *Buda* *Haas*

	○ *Transferability: Proposal to add virus variant was rejected, as it is based on the PISA-WHO concept. Measures of transferability are case numbers and trends.* *ToDo: Ms an der Heiden finalises risk assessment, will be published on Monday as an editorial revision and abridged version of Presse.*	
5	**Communication** **BZgA** • *No current contribution* **Press** • *RKI has defended itself against Bild reporting. This was received positively.* • *Information on LK and age groups in the last weekly report* ○ *Correction tweet necessary, as error in yesterday's tweet: the incidence among 10-19 year olds is very high in 9 instead of 8 districts.* • *2 enquiries from Bild newspaper and Deutschlandfunk* ○ *Why was the evaluation only published now, although the incidences in this age group were higher a few weeks ago?* ○ *Request for data on this* ▪ *Dashboard data is available, but other age groups* ▪ *Data can be made available retrospectively. However, it would be better if more and more further data would have to be made available.* ▪ *Must be decided politically.* ○ *Must data be made available to a newspaper upon request? be placed?* ▪ *Strategic issue, not a legal one; could probably sue for data.* ○ *Reasoning with non-existent capacity is unfavourable.* ○ *Rather answer qualitatively vs. not answer at all? If answering, then generic.* ○ *There is probably no good argument as to why these results were published now and not before.* ▪ *Before that, other topics took centre stage.* ○ *Reference to SurvNet: Data can be extracted from SurvNet. become.* • *Workshop on nowcasting hospitalisation incidence for data journalists* ○ *From 10 a.m. - 12 p.m.: 10 journalists + Mr. an der Heiden, Mr. Hamouda, Mrs Wenchel: good discussion* ○ *Background discussions with journalists are useful from time to time.* ○ *Data must be machine-readable* ○ *Was not promised, if possible do not always offer new things.* ○ *In general, new illustrations in the weekly report always raises the question of data, even at federal state level.*	*BZgA (Ommen)* *Press (glassmaker)* *Wieler* *Wenchel* *Diercke*

	Science communication • *(not reported)*	*P1*
	• *VK on Wednesday by Mr Spahn with Mr Wieler, Mr Schaade, Mr Wichmann and with virologists and health authorities* ○ *Possible problems with capacities in intensive care units due to the coronavirus and influenza wave were not treated confidentially. Information was sent to Bild.* ○ *Observation from Cologne, where a test and vaccination centre are located next to each other: Since the antigen tests have been subject to a charge, more people are getting vaccinated again.* ○ *Discussion Use of monoclonal antibodies: Suggestion GA should point out this possibility. Missing recommendation from the RKI on monoclonal antibodies.* • *Antibody administration should be advertised in various ways, could be introduced in AGI.* ○ *At the moment, it's mainly about pregnant women. In the UK, a high percentage of people in intensive care are pregnant women.* ○ *In most cases, no doctor is involved in the contact between the GA and the patient. What should the flow of information be like?* ▪ *A hygiene inspector can recognise that this is a risk group. This should then be pointed out that it makes sense to consult a doctor. This doctor will advise on treatment. GA should only ensure that the risk groups consult a doctor.* ○ *Can antibodies be administered on an outpatient basis?* ▪ *No authorisation; there are special clinics that offer this on a day-care basis.*	*Wieler* *Duke*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *(not discussed)*	*All*
7	**Documents** ***(Fridays only)*** • *Article for the Ärzteblatt shortly before finalisation ToDo:* *FG37: Decision whether ARS data should be included FG14: Possibility to include passage on protective clothing for physicians* *FG33: Request for comments*	*FG12 (Mankertz)*

8	**Vaccination update** ***(Fridays only)*** **STIKO** • *Meeting last Wednesday* ○ *Booster vaccination, Jansen vaccine problem* ▪ *Recommendation for >70 year olds and carers comes on Monday or Wednesday* ▪ *Jansen vaccine: after 4 weeks optimisation of basic immunisation with an mRNA vaccine. Also with Janssen? Off-label use* ○ *Increased myocarditis in young men under 30 years of age after vaccination with Moderna* ▪ *Only 1 case among 12-17 year olds in Germany, more cases among 18+ year olds* ▪ *rate significantly higher than with the BioNTech vaccine* ▪ *Will be taken up again in meeting in 14 days, probably recommendation from Comirnaty for < 30 year olds.* ○ *What could be the reason for the myocarditis?* ▪ *Higher concentration of the vaccine? Not certain, but no further explanation* ▪ *Particularly noticeable in Norway, clearly recognisable signal among young men* ▪ *No deaths, but also cases that are more protracted.*	*FG33 (Harder)*
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Virological Sentinel had 702 samples in the last 4 weeks, of which:* ○ *15 SARS-CoV-2* ○ *1 influenza virus detection at the beginning of the week; It is the 2nd of this season (H3N2)* ○ *239 Rhinovirus* ○ *186 RSV* ○ *63 Parainfluenza virus* ○ *58 seasonal (endemic) coronaviruses* ○ *7 Metapneumovirus* **ZBS1** • *(not reported)*	*FG17 (Oh)* *ZBS1*
10	**Clinical management/discharge management** • *Clinical management* ○ *Preliminary enquiry for the transfer of patients from Romania* ○ *BMG anticipates high probability of enquiry about patient transfer to Germany*	*ZBS7 (Herzog)*
11	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*FG14*

12	**Surveillance** *(Fridays only)* • *(not reported)*	*FG32*
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Wednesday, 20 October 2021, 11:00 a.m., via Webex*	

End: *12:50 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 20 October 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Nadine Litzba*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG12*
  - *Annette Mankertz*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Wiebe Külper-Schiek*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *NN (Please enter)*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Jasmin Benser*
- *Unknown*
  - *Phone: 1375000709 (Please enter)*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *not reported* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 4,401,631 (+17,015), thereof 94,808 (+92) Deaths* ○ *7-day incidence: 80.4/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 57,326,792 (68.9%), with complete vaccination 54,807,710 (65,9%)* ○ *7-d- R-value at >1 (1.07)* ○ *Course of the 7-day incidence in the federal states:* ○ *Strong increase in Thuringia, Saxony, Bavaria, slight increase in BaWü, Berlin, Brandenburg and Schleswig-Holstein* ○ *Geographical distribution: Incidences higher in the south and east, 8 LK with 7d-incidence>250: most in Bavaria, except Kyffhäuser Kreis (Thuringia)* ○ *Less than 20% of the LK have a 7d incidence below 50/100,000 inhabitants.* ○ *Heatmap by age group: There is an increase in almost all AGs, most strongly in the 10-14 age group. year olds* ○ *Incidence by age group: in WG 10-19 there are 15 districts with an incidence of 7d >500/100,000 inhabitants. The incidence among older people (50-59 years) is also increasing in some districts (Bavaria, Thuringia and Saxony)* ○ *Test capacity and testing* ***(Wednesdays only)*** ○ *Slides here* ○ *Number of tests down by 12% compared to the previous week (approx. 800,000), increase in test positive rate (PA) from 6.5 to 8.3, laboratory utilisation is increasing, but is acceptable, Capacities are available* ○ *ARS data slides here* ○ *Decrease in testing with a simultaneous increase in the test positive rate* ○ *The decline in testing is mainly due to*	*ZIG1* *Hamouda* *Eckmanns*

	decline in lollipop tests in the AG 5-14 age group in NRW (currently holidays),	

RKI	*Test figures in doctors' surgeries and hospitals constant* ○ *Increase in the test positive rate, especially in Bavaria, Saxony, Thuringia, Brandenburg* ○ *Outbreaks: 55 outbreaks in hospitals and 78 outbreaks in medical facilities* ○ *VOCs slides here* ○ *100% Delta (=Ay 4.2) (no other variants in the last week)* ○ *VOI: My/Lambda: 0 in week 40* ○ *Subline Ay.33: Share constant* ○ *Ay1 ("Delta+" variant): sporadic* ○ *Ay 4.2 (ne u occurred in UK): Occurrence in Germany will be analysed in more detail in the near future* ○ *Sequencing accounts for 5% of reporting cases* ○ *Cumulative growth plot: Delta will soon outperform Alpha in absolute terms* ○ *Syndromic surveillance (Wednesdays only)* ○ *Slides here* ○ *GrippeWeb (41st week): 5.4 million ARE (5.3 in week 40); Compared to the previous week, significant decline among 0-4 year olds, significant increase among over-60s* ○ *AG Influenza: 1300 doctor consultations due to ARE per 100,000 inhabitants. Heterogeneous picture in the individual federal states, but does not necessarily correlate with holidays, e.g. decline in Thuringia, although no holidays* ○ *Hospital surveillance: increase not continued: SARI case numbers down in all WGs, but very high case numbers in 0-4 year olds (72% RSV)* ○ *ICOSARI: For AG 35-59 48% COVID-19* ○ *SARI cases with COVID-19: first a rise, now a fall, as are ITS cases* ○ *Outbreaks in daycare centres: 166 outbreaks in the last 4 weeks* ○ *Outbreaks in schools: 758 outbreaks, most in BaWü and Saxony* ○ *Virological surveillance, NRZ influenza data* ○ *Slides here* ○ *In week 41, there were 176 submissions (50% of which were from children under the age of 15) from 57 medical practices and 14 CCs; the total number of submissions thus remained constant* ○ *The positive rate for a virus detection was 73% (129/176)* ○ *2-3% SARS-CoV-2* ○ *Sporadic evidence of influenza (H3N2)* ○ *20% endemic coronavirus (OC43, sporadic 229E)* ○ *Other ARE: RSV and rhinoviruses had the largest share (approx. 30% each), also detections*	*Kroeger* *Buda* *Beers*

RKI	*of parainfluenza viruses and HMPV* ○ *DIVI Intensive Care Register figures* ***(Wednesdays only)*** *Slides here* ○ *1480 COVID-19 in intensive care (+624 new admissions per day)* ○ *Increase in COVID-ITS occupancy in some BCs, increase in Bremen, Saxony and Thuringia, in southern BCs: decline/plateau, all BCs have an ITS occupancy of more than 3% except Schleswig-Holstein* ○ *Age structure: More than 50% are over 60, many patients from nursing home outbreaks* ○ *Ventilation/ECMO: plateau/slight decline, but still relatively high proportion of COVID-19* ○ *Prognosis for COVID-19 patients requiring intensive care: A moderate increase is expected, especially in the East* *Discussion:* *a) A very different outcome of COVID-19 is observed in vaccinated persons in the context of outbreaks in nursing homes, i.e. sometimes very good effect of the vaccination and sometimes ITS treatment necessary. Should the cause of this be investigated (as part of ARS)?* *Result: Yes, investigation is very useful; the vaccine administered and the virus variant (possibly already available as part of VOC surveillance) should be examined in particular* *b) Why is ITS occupancy increasing in Bremen even though the incidence has been falling for several weeks?* *Result: Factors that could possibly play a role are the number of ITS beds in operation, the vaccination status of the cases, the place of residence (possibly not from Bremen) and differences in the incidence Bremen/Bremerhaven* ***ToDo 1:*** *1. Please present possible influencing factors for the increase in ITS occupancy in Bremen, in particular: 1. number of ITS beds that can be operated, 2. postcode of ITS patients (breakdown by Bremen, Bremerhaven, other BL) and 3. vaccination status of ITS patients (Fischer)*	*Fisherman*
2	**International** ***(Fridays only)*** • *not reported*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*

4	**Current risk assessment** • *not reported*	*Dept. 3*
5	**Communication** **BZgA** • *Topic page on booster vaccination almost ready* • *Flu vaccination posters supplemented with information on the coronavirus vaccination* • *In preparation: Pixi book on the subject of vaccination* **Press** • *Please categorise the rising number of cases in the weekly report (accompanying tweet with reference to AHA-L + vaccination will be created)* • *Increased number of enquiries regarding the definition of an incidence above which over-utilisation of the ITS occupancy is to be expected - response from the crisis unit: No information possible! Reason: The correlation between ITS utilisation and case numbers is dynamic and changes depending on various factors, including vaccination status and age group of the patients. Regional aspects also play a key role, such as the number of ITS beds that can be operated and the vaccination rate. There is a rough orientation value in the Control-COVID paper. In addition to preventing an overload, the aim of managing the pandemic is also to prevent severe cases.* **P1** • *Contribution to explaining the discrepancy in the vaccination rate from the COVIMO study compared to monitoring* • *Advertising for data donation 2.0* • *Insta: 2G/3G* **ToDo 2:** 1. *Classification of the rising number of cases in the weekly report (situation centre)* 2. *Tweet to the weekly report on the expected increase in case numbers and the reference to AHA-L + vaccination (Wenchel)* 3. *Contribution to the explanation of the discrepancy in the vaccination rate from the COVIMO study compared to monitoring Coordinate with Dept. 3 and Pres. and submit final version to Pres. before publication (P1)*	*BZgA Benser* *Wenchel* *P1*

6	**RKI Strategy Questions** **General** • *Cessation of the epidemic situation of national significance for the 25 November* *Discussion regarding the associated changes, e.g. to regulations, remuneration for sequencing. It was pointed out that regulations (DIVI, testing, vaccination, surveillance) are likely to remain valid for a year after the end of the situation. In addition, a decoupling of IfSG 28a from the epidemic situation is probably planned. Everyone should check whether their tasks are affected by the end of the situation. A list of affected tasks is to be drawn up and legally reviewed by Mr Mehlitz. No statement from the RKI on ending the epidemic situation, as this is a political decision. Only technical assessment that AHA-L + vaccination is still necessary.* • *Discharge management* *It was discussed whether a revision was necessary after all, as funding for PCR testing has not been secured. It was decided that no change would be m a d e at this time. A resubmission is possible at any time and should be made when data on the virus kinetics of the delta variant is available.* ***ToDo 3*** *Please check your own tasks with regard to their dependence on the epidemic situation and, if affected, inform Mr Mehlitz and forward them for legal review. (All members of the crisis team + Mr Mehlitz)* **RKI-internal** • *Report on serological studies* *The crisis management team is to be informed about the results of ongoing serological studies. Mrs Scheidt-Nave pointed out that a webinar on this topic would be held at the end of the month. Invitations have been sent out.* *ToDo 4* *a) Send current weekly report on studies to crisis team distributor (Scheidt-Nave)* *b) Present the most important studies and their results to the crisis unit next Wednesday (27 October 2021) (Scheidt-Nave, Neuhauser)*	*All* *Dept. 3*
7	**Documents** • *not reported*	*All*

8	**Vaccination update** *(Fridays only)* • *not reported* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* o *# SARS-CoV-2* o *## Rhinovirus* o *## Parainfluenza virus* o *## seasonal (endemic) coronaviruses* o *## Metapneumovirus* o *## Influenza virus* o *Remainder negative* **ZBS1**	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** *(Fridays only)* • *not reported*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 22.20.2021, 11:00 a.m., via Webex*	

End: 12:25 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 22 October 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Claudia Siffcyk*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Agata Mikolajewska*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Eugenia Romo Ventura*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Martin Dietrich*
- *More*
  - *Joachim-Martin Mehrlitz*
  - *Nadine Litzba*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** • *Slides here* • *Worldwide:* o *Data status: WHO, 21 October 2021* o *Cases: 241,886,635 (+0.35% compared to the previous week)* o *Deaths: 4,919,755 (CFR: 2.03%)* o *Number of cases declining globally, declining in all regions except Europe (+7%)* o *Number of deaths decreased in all regions, but increased in Europe (+4%)* • *Other reports:* o *New mutant of the Delta variant, published today by Public Health England. The influence of the new variant on the incidence of infection was analysed. A significant influence of other factors (e.g. Freedom Day and discontinuation of infection epidemiological measures, as well as a low vaccination rate among children and adolescents=* • *Epidemiology of COVID-19 in children* o *International comparison of the proportion of people tested positive within an age group (AG)* o *Sharp increase in COVID-19 case numbers in the UK in the AG <15 years* o *Comparatively low immunisation rate among children and adolescents* o *Conclusion: Children and adolescents should continue to be vaccinated, otherwise a situation similar to that in England may develop. Furthermore, other non-pharmacological protective measures (NPI) should be considered and used.* **Discussion:** • *The nationally implemented testing strategy and NPI should be taken into account, as the focus is on the testing and transmission of SARS-CoV-2 in comparison. On Freedom Day in the UK, most restrictions and NPIs were lifted. As the vaccination has less influence on the transmission of the pathogen, an increase in the number of infections is to be expected if the NPIs are lifted. A recommendation of vaccination alone is therefore too short-sighted.* • *The UK example shows how infections spread in the school setting when NPIs are no longer established. This can also be used as an impulse for Germany to emphasise the relevance of NPIs and vaccinations in this setting, especially for children and adolescents. Vaccinating adults with contact to this setting also helps to protect everyone.* **National**	*ZIG1*

	• *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 4,437,280 (+19,572), of which 94,991 (+116) deaths* ○ *7-day incidence: 95.1/100,000 p.e.* ○ *Vaccination monitoring: Vaccinated with 1st dose 57,379,610 (69.0%), with complete vaccination 54,896,523 (66.0%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Steep rise since 19 October* ▪ *Thuringia most affected, with a continuing upward trend* ▪ *Falling trend only in Bremen* ▪ *Nationwide increase in the number of cases* ○ *Adjusted hospitalisation incidence* ▪ *An increase in the adjusted hospitalisation incidence (HI) to 4/100,000 p.e. can be observed again. The High HI is increasingly observed in the 80+ age group* ○ *Mortality surveillance* ▪ *No significant excess mortality* ▪ *The Europe-wide mortality surveillance shows an under-mortality in AG 0-14 at the beginning of the year. Now but this is higher than in 2020* ▪ *In AG 65+ mort. higher than 2020* **Discussion:** • *An unclear baseline is given in the EURO-MOMO report on excess mortality. The baseline corresponds to the expected mortality for the corresponding period, but it remains unclear how the described under-mortality came about.* • *The diagram also shows the high disease burden of acute seasonal respiratory infections in children and adolescents in a "normal" year compared to a year with lockdown and other NPIs. A continuation of some measures (e.g. ventilation regime) would be desirable so that more cases in this group can be prevented in the future. A recommendation on influenza vaccination for children (quasi as a basic immunisation with live vaccines and not every year) would be an interesting topic for the STIKO after the pandemic.*	*FG32*
2	**International** • *Delegation from Montenegro in Berlin* • *2 Enquiries* ○ *BMG request for support in Romania - was rejected* ○ *Enquiry from Papua New Guinea - still under review* • *In Namibia, the established laboratories will be put into operation and there will be an accompanying mission*	*ZIG*
3	**Update digital projects** • *Slides here*	*FG21*

	• *CWA >35 million downloads | >560,000 shared positive results* • *CWA version 2.12. (as of 20.10.21)* ○ *Days incidence of hospitalisation* ○ *Number of COVID patients in intensive care units* ○ *Universal QR code scanner* ○ *Interactive dashboard (downloads, tests, warnings, etc.)* • *CovPass app >22 million downloads* • *CovPass app V. 1.10 (as of 16.10.21)* ○ *Version 1.10 released: e.g. ScreenReader application, torch function integrated* • *Digital entry registration* ○ *> 50,000 registrations per day* ○ *> 15.4 million registrations since 11/2020* ○ *Development:* ▪ *Additional information for travellers that the designation as a risk area may change at short notice* ▪ *Optimisation of GA portal* **Discussion:** • *The long-term perspective of digital projects will be discussed and coordinated with Dept. 3. There will be an update on this next week on Friday.*	
4	**Current risk assessment** • *not reported*	*Dept. 3*
5	**Communication** **BZgA** • *Development of a campaign to communicate the recommendations for booster vaccinations. The communication is combined with the communication on flu vaccination.* • *A decree from the Federal Ministry of Health on long-term COVID requires that the range of information on this topic be expanded. Relevant players are to be presented in a bundled form.* **Press** • *not reported* **P1** • *Graphic vaccination breakthroughs here* • *Graphic design modelled on the Financial Times is to be developed. The simplest possible presentation still needs to be discussed.* **Discussion:** • *Proactive communication on the vaccination of pregnant women is to be developed. Severe courses of this population can be prevented*	*BZgA n.a.* *Press* *P1*

	by	
	a complete vaccination can be largely prevented. ***ToDo:*** *Draft for further communication of the vaccination recommendation for pregnant women is to be presented next Friday.*	

6	**General** • *A strategy is to be developed to deal with the perception among the population that Germany has not coped well with the pandemic and that the RKI is partly responsible for this.* • *A review of the management of the pandemic with the Federal Office of Civil Protection and Disaster Assistance (BBK) was not pursued further due to an objection from Mr Seehofer. A smaller project as part of a master's thesis is to be carried out.* • *The reference to the services provided and good outcomes is appropriate, but it should not be forgotten that better outcomes could have been achieved with better personnel resources, i.e. performance could have been better with more staff.* • *There are already many publications comparing different health outcomes in different countries. This could be analysed in greater depth in a systematic review. It would also be conceivable to use different study designs to show what influence different measures had during the pandemic. It is important to choose suitable parameters that also make clear how the pandemic was handled.* • *Many factors determine the success or failure of measures or the response to a crisis situation. It is therefore important to communicate exactly what is being analysed and what message should be sent.* • *Different communication channels are conceivable, e.g. Twitter, Epid. Bull.* ***ToDo:** Develop projects and strategies to communicate that D has not failed in the pandemic, e.g. international comparison of outcomes through a systematic review. Dept. 2 + Dept. 3 + ZIG* **RKI-internal** • *With the end of the epidemic situation of national scope, some legal regulations and ordinances end.* • *Relevant changes were identified and a corresponding response to these is to be planned.* • *In some cases, the end of some regulations can also lead to a reduction in workload within the organisation, so it should be carefully examined how this is handled. The continuation of non-essential activities should be viewed critically.* • *Discussions with the BMG are to examine how to respond to the upcoming changes.* • *Not all regulations end immediately, but continue to exist for another year. Depending on the*	*All* *Mr Mehlitz*

	The Federal Council itself can bring regulations back into force in the event of an infection epidemiological situation. ***ToDo:*** *Mr Mehlitz should prepare an email in which the upcoming changes and possible challenges for the RKI are pointed out so that an appointment can be made for a discussion with the BMG.*	
7	**Documents** • *not reported*	*All*
8	**Vaccination update** • *An anniversary STIKO meeting will take place next week* ○ *Topic: Myocarditis after vaccination with Moderna, possible restrictions on use in Germany*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological Sentinel has had 665 samples in the last 4 weeks, of which 571 have been fully analysed:* ○ *10 SARS-CoV-2* ○ *178 Rhinovirus* ○ *45 Parainfluenza virus* ○ *58 seasonal (endemic) coronaviruses* ○ *9 Metapneumovirus* ○ *2 Influenza virus (H3N2)* ○ *187 RSV* ○ ~~*Remainder not yet analysed*~~ **ZBS1** • *93 samples with 50 positive samples (approx. 54%) from a health authority and study samples* • *Support for a WHO project in Papua New Guinea in February*	*FG17* *ZBS1 (Michel)*
10	**Clinical management/discharge management** • *Infographic on the use of monoclonal antibodies is now online* • *Web seminar with the Academy for Public Health on the use of monoclonal antibodies. The activities of the RKI were presented here* • *Further documents will be updated* • *Publication for Deutsches Ärzteblatt on therapy recommendations is submitted* • *Many reports of severe cases of COVID-19 in pregnant women (not systematically recorded). Relevant recommendations should be adapted.*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*

12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** • *not reported*	*FG38*
14	**Information from the situation centre** • *Continued poor staffing for the LZ* • *Double shifts sometimes have to be done* ***ToDo:*** *Send a letter to Mr Schaade calling on employees to work in the LZ and then share it within the company.*	*FG38*
15	**Important dates** • *None*	*All*
16	**Other topics** • *Next meeting: Wednesday, 27 October 2021, 11:00 a.m., via Webex*	

End: 12:56 pm

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 27 October 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
  - *Esther Maria Antao*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept.3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Hannelore Neuhauser*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
  - *Ruth Offergeld*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Jasmin Benser*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 4,506,415 (+11,900) cases, thereof 95,359 (+114) Deaths* ○ *7-day incidence 118.0/100,000 p.e.* ○ *Hospitalisation incidence: 3.07/100,000 p.e., AG ≥ 60-year-olds: 6.57/100,000 EW* ○ *Vaccination monitoring: Vaccinated with 1st dose 57,562,198 (69.2%),* *with full vaccination 55,191,607 (66.4%)* ○ *Development of the 7-day incidence in the federal states* ▪ *Steep rise in overall incidence from 70 to >100/100,000 EW* ▪ *TH, SN, BY > 200/100,000 EW* ▪ *No ascent in SL and SH, in NW now plateau after previous increase* ○ *Nowcasting and 7-day R-value* ▪ *R remains >1, the steep rise is currently not continuing. continued* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Strong increase in BW, BY, SN, TH* ▪ *Only <40 LK with incidence <50/100,000* ▪ *Highest incidence in the district of Mühldorf: > 550/100,000* ▪ *No data from LK Parchim (cyber attack)* ○ *7-day incidence by age group and reporting week* ▪ *Increase in all age groups, strongest in the 5-9 age group and 10-14 year olds* ▪ *40-44 year olds: >150/100,000* ▪ *>90 year olds: increase in week 41 from 78 to 118/100.000* ○ *Geographical distribution in Germany: 7-day incidence by age group* ▪ *Proportion of LCs with incidences > 500 has increased significantly* *expanded, especially among 10-19 year olds* • **Test capacity and testing** *(Wednesdays only)* **Test number collection at the RKI** *(slides here)* ○ *Test figures and positive rate* ▪ *Number of reporting laboratories has decreased 10% Decrease compared to week 37* ▪ *Slight increase in the number of tests, significant increase in the positive share to just under 11%* ▪ *Positive shares most pronounced in SN and TH increased* ○ *Capacity utilisation* ▪ *Stable capacities*	*FG32 Diercke* *Dept.3 Hamouda*

	▪ *Capacity utilisation in TH increased to approx. 90%*	

	▪ *Below 50% in all other BCs, rising trend* ○ *Positive shares at laboratory level (nationwide)* ▪ *Heterogeneous picture with a remarkably large spread between 0% and 30% (outliers > 50%), predominantly between 5% and 15%*	
	ARS data *(slides here)* ○ *Number of tests and percentage of positives* ▪ *Number of tests stable, strong increase in TH* ▪ *Positive share increased (just under 10%)* ▪ *Annual comparison of test numbers 2020/2021 at federal state level: TH increase HE roughly the same, NW decrease* ▪ *Annual comparison of test numbers 2020/2021: significant increase TH, ST, BB, BY, BW Increases in the last 2 years* *Weeks* ○ *Age-stratified tests and positive rates by federal state (with sufficient data)* ▪ *5-14 year olds with the highest positive rate in most federal states* ▪ *Sharp drop in test figures for 5-14 year olds in NRW* ○ *Tests and positive rates by place of collection and age groups* ▪ *Year-on-year comparison 20/21: hesitant increase but comparatively less than 2020 in doctors' surgeries, stable* *Number of tests in hospitals, significant decline in other test locations* ▪ *Year-on-year comparison 20/21: Increase in the number of tests for 0-4 year olds, significant decrease in the middle age groups* *Age groups, significant decline since 2 weeks among 5-14 year olds, 60-69 year olds slightly below the previous year's figures, smaller differences in the older age groups* ▪ *The test locations for 0-4 and 5-14 year olds are predominantly doctors' surgeries, for 60-79 and* *>80 year olds mainly hospitals* ▪ *Positive rates: strong increase in doctors' surgeries and other test locations, low also in hospitals* ▪ *Sharp increase in the proportion of positives among 5-14 year olds (with a simultaneous decline in the number of tests)* ○ *Outbreaks in care and medical treatment facilities* ▪ *Outbreaks in medical facilities week 42: 78 (previous week 55)* ▪ *Outbreaks in retirement and nursing homes: 122 (previous week 78)*	*FG 37 Abu Sin*
	• **VOC/Delta variant** *(Wednesdays only) (slides here)* ○ *Overview of VOC in collection systems* ▪ *In genome sequencing, the B.1.617.2 (delta) proportion is 100%, in IfSG data 99.7, in the RKI test number recording, a gap of 5% is visible, which*	*FG 17 Kroeger*

RKI	*Missing data will be investigated* ▪ *No evidence of VOI* ▪ *The focus of interest is currently on AY.4.2 (also of great media interest) with 0.8% evidence in the last week, and AY.33 (with and without E484K mutation) with 2.3% detections (50-60 detections with E484K)* ▪ *Characteristic mutation AY.4.2: Y145H+A222V, 315 detections in AY.4.2, 82 detections in B.1.617.2 (Delta)* ▪ *AY.4.2: with the same vaccination rate, median age (31 vs. 35), hospitalisations (6.2% vs. 10%) and Proportion of deaths (0.56% vs. 3.19%) higher, (CAVE low number of cases!)* ▪ *Geographical distribution: no specific region recognisable* ▪ *International: currently no evidence of different outcomes* ▪ *Proportion of genome sequencing: slight decline demonstrated* • **Syndromic surveillance** ***(Wednesdays only)*** *(slides here)* o *FluWeb* ▪ *ARE rate down compared to previous week, curve mainly driven by children* ▪ *Increase in 0-4 year olds, decrease in school children, decrease in middle age groups Older age groups in all age groups* ▪ *Total ARE rate in the 42nd week is in line with previous years* o *ARE consultations* ▪ *Consultation incidence down slightly compared to the previous week (at 60% holiday density)* ▪ *Concerns all BL except HE, RP, SL* ▪ *Increase in NW, RP and SL for 0-5 year olds* ▪ *Increase in SL and RP among 5-14 year olds in* ▪ *1.4 million/100,000 p.e. (= 1.1 million visits) in week 42* o *ICOSARI-KH-Surveillance* ▪ *SARI case numbers have risen sharply in almost all age groups (except 15-34), overall significantly above the Previous year's level* ▪ *Continued very high level among 0-4 year olds (73% RSV)* ▪ *5-14 and 15-34 year olds roughly at previous year's level, strong increase in >35 year olds due to high COVID- 19- Share* ▪ *Proportion of SARI-COVID cases increased overall* ▪ *Share of COVID-19 in SARI 23% (week 41: 17%)* ▪ *Share of COVID in SARI with intensive treatment 44% (week 41: 39%)* ▪ *Year-on-year comparison 20/21: Increase in all older age groups roughly on a par with the previous year, but one week earlier, same trend in COVID- SARI cases in ICU for 35-59 year olds, younger age groups play a role in COVID-19 diagnoses*	*FG 37 Buda*

RKI	*a very minor role* ○ *Outbreaks at nurseries, after-school care centres, schools* ▪ *Less compared to 2nd and 3rd wave (at 60% holiday density)* ▪ *Kindergarten outbreaks: 190 outbreaks for the last 4 weeks (BY 26, BW 36)* ▪ *Outbreak size: MW 5 cases Median 3 cases* ▪ *18 outbreaks with ≥10 cases* ▪ *Escapes from school: 768 escapes, of which 189 in BW, 116 in TH* ▪ *77% of all outbreak cases among 6-14 year olds* ▪ *Outbreak size: MW 3 cases, median 5 cases* ▪ *84 outbreaks with ≥10 cases (up to 73 cases)* ▪ • **Virological surveillance, NRZ influenza data** ***(only Wednesdays)*** *(slides here)* ○ *201 submissions from 45 (-12) practices in 13 BL* ○ *Positive rate 63%* ○ *50% of the samples from <15 year olds* ○ *2 Sars-CoV-2 detections, roughly constant at 2%* ○ *1 Influenza A detection, could not yet be typed* ○ *Rhinoviruses: widespread* ○ *PIF: slight increase due to PIF 3 detections, total PIF4 > PIF3, decline, RSV and HRV decline* ○ *Endemic coronaviruses: sideways movement for OC43 and 229E, others play no role* • **DIVI Intensive Care Register figures** ***(Wednesdays only)*** *(slides here)* ○ *COVID-19 intensive care patients* ▪ *1762 treated →Significant increase +282 cases* ▪ *New admissions +821 in 7 days (previous week +600)* ○ *Share of COVID-19 patients in the total number of patients Intensive care beds at district level* ▪ *North-West: decrease HB (small number of cases), increase HH, plateau ~~NIS~~, SH, North-East: increase BB, ST, centre:* *Rise in SN, TH, HE, South: Rise BY, BW, Plateau RP SL* ▪ *2 BL < 3% (basic level), 14 BL > 3%:* ○ *Age structure* ▪ *60% of ITS cases are > 60 years old* ▪ *Shift towards older age groups,* ▪ *Absolute figures: Increase in the 60-69, 70-79 and +80 year olds, 50-59 year olds are also increasing, others Age groups maintain their plateau* ▪ *Death rates reflect this picture* ○ *Personal space and high-care Availability restrictions* ▪ *Staff and room restrictions follow the COVID curve, almost 10% due to loss of staff* *Capacity reduction compared to previous year* ▪ *Sharp increase in non-availability in the high-care segment* *Range*	*FG17 Beers* *MF 4 Fisherman*

	○ *Ventilation/ECMO occupancy and capacities* ▪ *Increase in occupancy and decrease in capacity in both areas* ▪ *Proportion of COVID cases "pushes" the overall burden upwards* ○ *Prognoses of COVID-19 patients requiring intensive care* ▪ *Strong increase for east, south and south-west* ▪ *Moderate increase for the West* • **Discussion** ○ *Question: How many outbreaks consist of more than two cases?* ○ *Answer: An outbreak is registered from two cases, median and MW are between 3 and 5 for day-care centre and school outbreaks* ○ *Question: What can be said about the fall in the number of deaths on ITS from the 2nd to the 3rd wave and the current increase? (With regard to the debate that ITS occupancy is being demanded by politicians as a measure of the burden). Has the proportion of deaths fallen as a result of improved treatment?* ○ *Answer (Fischer): Increase in the number of deaths on IST observed in recent weeks (between 30 and 45 deaths/day) but there is no statement as to which treatment category these fell into. Data on treatment intensity and deaths are not linked)* ***ToDo 1:** Enquiry by M. Fischer to DIVI register and feedback* ○ *Question: Why is the number of outbreaks in daycare centres so different from schools?* ○ *Answer: Hypotheses that can be derived from the data to date: Information on the implementation of measures is available for daycare centres (less so for schools). The implementation of preventive measures in schools is probably declining (AHA+L), in the KITA sector it is good, a connection with the case numbers can be inferred here. Vaccination campaigns were more effective in reaching childcare centre carers; it is known that the infection rates of children decrease as the vaccination rate of carers increases.* *Transmission dynamics and susceptibility: Younger children are very rarely index persons, they become infected within the family. However, 39% of 10-19 year olds and 50% of >25 year olds are index persons.* *KITA children also spend significantly more time outdoors. In most BCs, there is no mandatory testing for KITA children, which could lead to underreporting* ○ *Question: Heatmap and year-on-year comparison of COVID-SARI cases clearly show the current trend. Are hotspot areas (incidences >500/100,000 p.e.) showing a* *Direct association between incidence and burden on hospitals?*	*All* *Fisherman* *Fisherman*

	○ *Answer (slides on the geographical distribution of hospitalisation incidence by age group): In SN, TH, BY and BW, the 7-day incidence is highest in the older age groups. BY and TH are also at the top in terms of hospitalisation incidence. In counties in BY with the highest 7-day incidence rates, the hospitalisation incidence is between 10 and 20.* ○ *Proposal: Merging the presentations of the geographical distribution of incidence and hospitalisation incidence (possibly by age group)* ***ToDo 2:*** *Merging the presentations of the geographical distribution of incidence and hospitalisation incidence (by age group, if applicable) Offer from Michaela Diercke: Age-stratified presentation of the proportion of hospitalised people, the proportion of severe forms of the disease and the proportion of deceased people (decline in severe forms of the disease due to vaccination) Presentation at the next crisis management meeting (Fri 29.10.2021)* ○ *Proposal: Focus more on the problems of older people with an increased risk of hospitalisation, severe progression and death.* ○ *How does the vaccination work? In 2020, all >60-year-olds were very cautious. Now fewer people are infected, but because they are older, they may be more at risk of a severe course. Can the vaccination compensate for the fact that our recommendations are no longer being followed?* ○ *Note: The last BPK Spahn/Wieler will take place next week, the last opportunity to convey relevant messages. The booster vaccination will be promoted by politicians. Identifying risk groups is a suitable topic for the BPK:* ○ *It is known that the risk of severe courses increases with age, even in vaccinated people* ○ *Unchecked spread of infection in younger age groups increases the infection pressure (exposure) on older people and also penetrates into protected areas (hospitals, nursing homes), the group of susceptibles is still large.* ○ *This information should also be included in the weekly report.* ***ToDo 3:*** *This information should already be included in the weekly report tomorrow, Thu 28 Oct 2021 (and reinforced during the BPK): Rewording in the section "Assessment of the situation": "...sharp increase in the older age groups." as well as the recommendation to reduce contacts, take advantage of the booster vaccination and make sure you are fully immunised.* ***ToDo 4:*** *Message should be included in the accompanying tweet*	*Hamouda* *Dept. 3 /FG 32 Diercke* *Wieler* *Bremer/ Management Report*

RKI	○ *What is the vaccine effectiveness after vaccination AstraZeneca?* ○ *Answer: Effectiveness was analysed by vaccine, effectiveness of AstraZeneca slightly lower, but no threatening waning observed. The group of 10- 15% people without a vaccination effect probably includes more susceptible people and people who have not yet received the third vaccination.* ○ *Question to BzGA: Is a campaign for the third vaccination/booster vaccination planned?* ○ *Question cannot be answered.* **ToDo 5** *: Ask BzGA to share information on this at the crisis management meeting on Friday, 29 October 2021* ○ *Promoting vaccination is important, but the relative risk increases with increasing age (and therefore more frequent pre-existing conditions), so infection rates should be kept low. Otherwise, deaths will occur that could be avoided by minimising exposure.*	*Press/ Wenchel* *BzGA*
2	**International** *(Fridays only)* • *Not discussed*	
3	**Update digital projects** *(Fridays only)* • *Not discussed*	*FG21*
4	**Current risk assessment** • *Coordination and ad hoc adoption of a risk assessment adapted to current developments (document here)* ○ *The following passage is adopted: The 7-day incidence rates are currently rising in all age groups. The number of cases is higher than in the same period last year. A further increase in the number of infections is to be expected. Reasons for this include the still large number of unvaccinated people and more indoor contacts.* *The number of deaths is trending upwards. The number of severe cases of COVID-19, which may also require intensive medical treatment in hospital, is also rising again. Not all chains of infection can be traced, with outbreaks occurring in many different environments.* *The virus spreads wherever people come together, especially in enclosed spaces. Clusters are often documented in private households and during leisure time (e.g. in connection with travelling), but transmissions and outbreaks also occur in other contexts, e.g. in the working environment, in schools, at dance and singing events and other celebrations, especially at large events and indoors. COVID-19-related outbreaks in nursing homes and*	*FG 38* *Rexroth All*

	nursing homes and hospitals are on the rise again. Vaccinated people are also affected. *No circulation, release of the updated document by Mr Schaade*	*Rexroth/ Schaade*
5	**Communication** **BZgA** • *No contribution* **Press** • *Twitter message for Thursday has already been clarified* • *BPK next week has already been discussed* **P1** • *Adapted illustration on vaccination breakthroughs (source: Financial Times) will be finalised by the beginning of next week at the latest*	*BZgA Benzer* *Press Wenchel* *P1 Flax*
6	**RKI Strategy Questions** **a) General** • *New coalition is currently discussing a transitional solution, which is to last until the end of March, regarding the lifting of the epidemic situation, details are not yet known* • *Outcome indicators: D compared to other countries* o *In what form, in what depth and with what time horizon should the planned publication be written?* o *A two-pronged approach is to be adopted* o *Time horizon 1.5 weeks: Article in EpiBull (no syst. review), few indicators, positive core statement should set a counterpoint to the narrative that in D many mistakes were made and the RKI played a major role in this* o *In-depth analysis/systematic review planned for spring 2021* o *The foils you have in mind do not need to be developed* • *Note Rexroth: The epidemic situation was also a topic of national importance in the joint crisis team of the BMI and BMG* o *The other departments express uncertainty in view of the rising number of cases. There is a reluctance to take action due to a lack of leadership (e.g. prosecution of falsified vaccination certificates)* o *Booster vaccination campaign from 10 November starts too late, there are considerations to exert pressure/compulsion* o *Nowcasting on hospitalisation was received, misunderstandings arose, misinterpretations as an indicator of the burden on the healthcare system were clarified together with Mr Rottmann, the difficulty of reporting delays in hospitalisation data was understood* o *to consider coercive measures because*	*All shades* *Jung-Sendzik* *Rexroth*

	The transition from the political vacuum to the new government will hopefully succeed quickly ○ *Pressure is also expected from the RKI with regard to the reporting obligations of hospitals, but this is not possible; the state and regional health authorities are responsible here. This would at least make sense for large hospitals* • *It is currently being examined whether the nowcasting for hospitalisation incidence can be better presented and included in the trend report. A presentation at country level is also conceivable* ○ *Overall, considerably more data could be presented, but continuous updating would require more staff. However, continuous updating would require more staff* • *Note: The coalition of traffic light parties has drawn up a key issues paper on lifting the epidemic situation, and lawyers in all parliamentary groups are also involved in this process* ***ToDo 6**: Key issues paper to be circulated* **b) RKI-internal** • *Not discussed*	*Hamouda Schaade* *Wieler*
7	**Documents** *(Fridays only)* • *Not discussed*	
8	**Vaccination update** *(Fridays only)* • *Not discussed*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *Not discussed*	
10	**Clinical management/discharge management** • *Not discussed*	*ZBS7*
11	**Measures to protect against infection** *(Fridays only)* • *Not discussed*	*FG37*
12	○ *Current status: brief interviews and blood samples taken in all locations, laboratory analyses for the last location Straubing will be completed shortly, Long-COVID-Survey has begun, initial data analyses underway* ○ *SeBluCo: a new sample is planned for 2022 (n=15,000), results to date: Adjusted prevalence <2% until November 2020, then steady increase until April (19.4% overall, 6.1% natural infections), very good correlation of natural infections with representative studies (MusPAD)* ○ *Blood donors (18-59-year-olds) were fewer at the beginning of 2021* *more frequently vaccinated than the general population (still prioritised at the time), Sept. 2021: 87.6% AK-positive (75-95%),*	*FG34* *Offergeld* *FG 25* *Neuhauser* *Neuhauser*

	of which N-positive: 9.3% (preliminary, 1,728/4,141 samples analysed) • *Discussion* ○ *Seroprevalence due to natural infections is encouragingly low, which shows that the measures have been effective against the spread of infection, this statement could be included in the report* ○ *Dark figure: should be categorised, factor 2 is a very low underreporting* ***ToDo 7:*** *By next week, consider how to communicate the SeBluCo study, can the data be used to estimate the vaccination rate, how should the bias be categorised, etc.?*	*Offer money* *All of them?*
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** • *None noted*	*All*
16	**Other topics** • *Next meeting: Friday, 29 October 2021, 11:00 a.m., via Webex*	

End: *12:56 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 29 October 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Silke Buda*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Ute Rexroth*
  - *Claudia Siffczyk*
- *P1*
  - *Ines Lein*
- *Press*
  - *Jamela Seedat*
  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZBS2*
  - *Oliver Kaspari*
- *ZBS7*
  - *Michaela Niebank*
- *ZIG1*
  - *Regina Singer*
  - *Romy Kerber*
  - *Carlos Correa-Martinez*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 28 October 2021* o *Cases: 244,897,472 (+3% compared to the previous week)* o *Deaths: 4,970,435 deaths (CFR: 2.03%)* • *List of top 10 countries by new cases:* o *Slightly increasing global trend* o *Order unchanged* o *Strongest upward trend in Ukraine and Germany* o *Highest incidence in Romania* • *Number of cases and deaths worldwide, WHO SitRep* o *Slightly increasing trend, case numbers +4%* o *Europe region in particular +18%, fatalities +14%* o *Falling case numbers in all other regions* o *Increase in deaths in the Asia region* • *7-day incidence per 100,000 inhabitants worldwide* o *No major change compared to last week* o *Americas and Asia: slight decline* o *Highest incidences in Europe* • *7-day incidence per 100,000 inhabitants Europe* o *Incidence > 500 in all Baltic states, highest in Latvia* o *The incidence of over 500 is new in Croatia and Slovenia, and the number of cases is also rising in their neighbouring countries.* • *Assessment of the situation of the EU/EEA countries by ECDC* o *Evaluation based on a point system with 5 epidemiological indicators* o *Very high level of concern in Bulgaria, Estonia, Latvia, Lithuania* o *Only Malta and Spain are categorised in the lowest level.* • *Are there plans to include the situation in the UK (seroprevalence last summer in the population at 90%, end of measures) in the strategic planning for the period after the winter? Strategic positioning?* o *Targets are not linked to seroprevalence, the entire epidemiological situation is considered. No Freedom Day was promised in spring.* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 4,559,120 (+24,668), thereof 95,606 (+121) Deaths* o *7-day incidence 139.2/100,000 p.e.* o *Hospitalisation incidence: 3.5/100,000 p.e., AG ≥ 60-year-olds: 7.7/100,000 p.e.*	*ZIG 1 (Singer)* *Oh* *FG32 (Diercke)*

RKI	○ *Cases on ITS: 1,808 (+40)* ○ *Vaccination monitoring: Vaccinated with 1st dose 57,609,928 (69.3%), with complete vaccination 55,276,225 (66.5%)* ○ *Course of the 7-day incidence in the federal states* ▪ *Thuringia, Saxony and Bavaria: very high incidences* ▪ *No comparably steep increase in other BCs, but rising trends in all BCs.* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *Card becomes darker in colour.* ▪ *4 districts with incidences > 500 in Bavaria: Mühldorf/Inn, Miesbach, Traunstein, Straubing* ▪ *Only a few LK with incidence < 50* ▪ *One LK is currently unable to submit cases for technical reasons.* ▪ *Rise clearly visible in weekly comparison, strong focus on the south and south-east.* ○ *Adjusted hospitalisation incidence (weekly report)* ▪ *Significant increase to be expected if reporting delays are taken into account.* ○ *Death rates* ▪ *Still at a similar level to 2017-2020, no excess mortality yet.* ○ *Course of 7-day incidence and 7-day hospitalisation incidence* ▪ *In the first wave, significantly more cases were hospitalised. Presumably due to the low testing capacity and better recording of serious cases in the reporting system.* ▪ *In 2nd, 3rd and 4th wave then similar test offer.* ○ *Ratio of hospitalisation incidence to 7-day incidence* ▪ *In 1st wave, ratio of incidence to hospitalisation incidence significantly higher, then decline.* ▪ *In times between waves, the ratio rises again. Perhaps due to more generous hospital admissions due to larger capacities.* ▪ *Very much dependent on other factors.* ▪ *share is still high and has not yet declined very much.* ○ *Ratio of incidence and hospitalisation incidence by age group over the course of the pandemic* ▪ *In >80 year olds, the ratio of incidence and hospitalisation incidence has fallen, but is still very high. The proportion of severe cases is still higher among the very old than in other AGs.* ▪ *In other AGs, only around 10% of all cases are hospitalised.* ▪ *Other presentations will follow next Wednesday.* ○ *Strategy and communication* ▪ *It is necessary to communicate to the population that the risk in higher AG has been greatly reduced by vaccination, but is still higher than in younger AGs.* ▪ *Vaccinated people also continue to contribute to the spread.* *The*	*Buda*

	Compliance with the basic measures must be communicated more strongly again. ▪ *Responsibility should not always be shifted to the young. The old also have a Personal responsibility.*	
2	**International** ***(Fridays only)*** • *WHO Director-General extends PHEIC and temporary recommendations for another 3 months* o *Are the recommendations systematically reviewed?* ▪ *From FG38, measures from BMG* o *Have no binding legal character. Not all Recommendations are implemented in full.*	*FG38 (Rexroth)*
3	**Update digital projects** *(slides here)* ***(Fridays only)*** • **Work of the CWA communications team** *(slides here)* o *New and complex product that is constantly being further developed: Contact tracing, test result recording and notification, event check-in, proof of vaccination* o *Goal: Create transparency, offer the opportunity for enquiries* o *Communication with citizens, answering citizens' enquiries, mainly by email, sometimes also by telephone* o *Use of autoreply and text modules, but with a personalised salutation* o *Contact to SAP and Telekom* o *Type of enquiry* ▪ *At the time of publication (June-July 2020), primarily enquiries about technology, error messages and the Risk identification* ▪ *Hardly any technical questions now, mainly questions about vaccination certificates and test results* o *Tips for improvement, valuable input for SAP and DT* o *Criticism (more) and praise (less)* o *June-July 2020: 42 employees in 17 positions answered 200-300 emails per day in 2 shifts* o *Since August 2020: 7 employees, approx. 50 emails per day* o *approx. 24,000 citizen emails answered so far* • *CovPassCheck App (IBM) good tool to check vaccination certificates at the grassroots level (e.g. in restaurants).* • *Do not neglect the importance of contact tracing: in 1/5 of all red messages, the subsequent test is positive.* • *More functionalities lead to greater overall utilisation.* • *How long should such a tool run? As long as there is a pandemic situation? Must be transferred into a conceptual strategy at some point.*	*FG21 / ZBS2 (Kaspari)* *Mielke* *Smear*
4	**Current risk assessment**	*All*

RKI	• *Not discussed*	
5	**Communication** **BZgA** • *Not present* **Press** • *Very many enquiries about vaccination breakthroughs, booster vaccinations* • *Last BPK with Mr Wieler and Mr Spahn next Wednesday, no press briefings planned by the RKI afterwards. Last chance to address key messages, not clear when the next opportunity will be.* • *P1 and the press should tweet in addition to the PK.* • *It has not yet been finalised that the RKI will not hold its own press conferences. However, as the press issues are 80% political, there will be a vacuum until the new government is formed.* • *Difficult to comment on political issues. Be careful not to blame RKI for everything because no one else is speaking out.* • *BPK is not the only instrument. Other formats such as background discussions, weekly reports, interviews, answering press enquiries and Twitter are also possible.* • *BPK has a wider reach than other publications and is echoed in newspapers.* **Science communication** • *Booster vaccination planned on Twitter and Insta* • *Mr von Kleist was brought on board for graphics on vaccination breakthroughs.* • *Illustration of the weekly vaccination rate monitoring (here)* o *Should be displayed like this on Insta and Twitter.* o *Janssen is shown as fully immunised in Fig.* • *Epid. Bull Publication Indicators: Germany compared to other countries, what is the status?* o *Structure created, work packages distributed, renewed consultation next week; AP Ms Jung-Sendzik* • *When will Mr Wieler's article on children appear in the Ärzteblatt?* o *Ärzteblatt already has the manuscript, Mr Wieler is in contact with the editor, usually doesn't take too long.*	*BZgA* *Press (epee)* *Wieler* *P1 (Lein)*
6	**RKI Strategy Questions** **a) General** **b) RKI-internal** • *How will vaccination affect severe cases?* • *To what extent does vaccination help to prevent overloading or do further measures need to be taken?* • *Effect of vaccination on the different age groups?* o *Currently rising incidences, increasing hospitalisations and deaths*	*All*

	○ *More vaccine breakthroughs are expected in vaccinated people due to the increase in infections.* ○ *How can we communicate that vaccination is very important despite rising case numbers?* ○ *Analysis by Forsa, initiated by BMG: survey of 4,000 unvaccinated people:* ▪ *The vast majority of people have no intention of being vaccinated.* ▪ *Many consider the risk of becoming seriously ill to be low.* ▪ *Vaccination safety is a major issue.* ○ *Continue to appeal to the unvaccinated. Effectiveness against severe courses is good.* ○ *However, vaccination does not work as well as hoped against infection and transmission to others.* ○ *The aim is to prevent serious illnesses and deaths.* ○ *Communicate that cautious behaviour and regular testing are still important.* ○ *Vaccinated people have a reduced risk of becoming seriously ill. This does not release them from their responsibility to avoid infecting others.* ○ *In the last BPK it was explained how many millions of people in the individual age groups are still unvaccinated. -> more illustrative than just percentages* ○ *FAQ on the risk of transmission by vaccinated people must be amended. Previously stated that it was negligible from a PH perspective.* *ToDo: Change FAQ, FF Press* ○ *Publication "Community transmission an viral load kinetics of the SARS-CoV-2 delta variant in vaccinated and unvaccinated individuals in the UK" comes to the conclusion that the vaccination effect on the reduction of transmission is minimal.* ▪ *Proposal: Presentation of the study next week in 2-3 slides by FG36* ▪ *Present question without systematic work-up, aspect of dissemination in population, no Evidence-based systematic review* ▪ *Then other studies on the topic should also be presented. -> no capacity for this in FG36* ▪ *If only individual studies are singled out, this could introduce a bias into the discussion, balanced information and data situation required.* ▪ *Can FG33 contribute to this?* ▪ *STIKO goal: Prevention of serious infections, general prevention of infections is not in the focus. Centre point for STIKO, but relevant for RKI. Evidence for transmission must be processed for booster vaccination.* *ToDo: Dept. 3 clarifies whether and what will be presented.*	*Wieler* *Buda*
7	**Documents** ***(Fridays only)*** • *(not reported)*	*All*

8	**Vaccination update** ***(Fridays only)*** **STIKO** • *Meeting again this week. Topics:* ○ *Significantly increased risk of myocarditis after Spikevax.* ▪ *Preparation of a first draft, restriction of Spikevax to age group 30+* ▪ *Decision next week* ○ *Vaccination of recovered patients: 1 or 2 vaccine doses, over 4,000* *Related publications.* ○ *Booster vaccination: last week recommendation for >70 year olds, healthcare workers, Jansen vaccine* ▪ *Broad booster vaccinations are taking place in Israel, where BioNTech was vaccinated at 3-week intervals.* ▪ *Falling immune protection also in our data, STIKO must position itself.* • *Many press enquiries about vaccination breakthroughs, 1-2% drop in effectiveness per week, declining vaccination protection against hospitalisation in >60 year olds* • *Minister has suggested booster vaccination to all (but not yet recommended by STIKO) and double vaccination of recovered patients (no data on this yet available to FG33 and WHO)* ○ *Question: What really brings additional benefits?* • *Will vaccines other than mRNA vaccines be authorised in the near future? Especially for young children with known, tried and tested adjuvants?* ○ *Novavax:* ▪ *There is still demand, limited production capacities* ▪ *Probably at the end of 2021 or beginning of next year* ▪ *Initially for adults, teenagers 2 months later; nothing for <12 year olds in the near future* ○ *Sanofi-GSK: other active ingredient not before the end of next year* ○ *STIKO has data from the authorisation of Comirnaty from 5 years of age.* ○ *Effectiveness of traditional vaccines not as good.*	*FG33 (Wichmann)* *Oh*
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Virological Sentinel had 784 samples in the last 4 weeks, of which:* ○ *13 SARS-CoV-2* ○ *195 Rhinovirus* ○ *16 Parainfluenza virus* ○ *70 seasonal (endemic) coronaviruses* ○ *9 Metapneumovirus* ○ *3 Influenza virus* **ZBS1**	*FG17 (Oh)* *ZBS1 (Michel)*

	• *178 samples, 92 of which were positive for SARS-CoV-2.*	
10	**Clinical management/discharge management** • *Currently updating some documents*	*ZBS7 (Niebank)*
11	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*FG14*
12	**Surveillance** ***(Fridays only)*** • *(not reported)*	*FG32*
13	**Transport and border crossing points** ***(Fridays only)*** • *Entry regulation probably extended until 15.01.2022* ○ *Extension by 2 weeks; uncertainty as to what will happen afterwards*	*FG38 (Rexroth)*
14	**Information from the situation centre** ***(Fridays only)*** • *Int. communication more work-intensive again (probably due to autumn holidays)* • *Fewer decrees and minor enquiries at the moment*	*FG38 (Rexroth)*
15	**Important dates** • *On 5 November start of crisis team meeting only from 12 noon*	*All*
16	**Other topics** • *Next meeting: Wednesday, 03.11.2021, 11:00 a.m., via Webex*	

End: *12:50 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 03.11.221, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Barbara Biere*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
- *ZBS7*
  - *Christian Herzog*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Jasmin Benser*

TOP	Contribution/ Topic	contributed by
1	**Current situation**	
	International ***(Fridays only)***	*ZIG1*
	• *(not reported)*	
	National	*FG32 (Diercke)*
	• *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 4,638,~~429~~ 419 (+20,398), of which 96,027 (+194) deaths* ○ *7-day incidence: 146.6/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 57,782,304 (69.5%), with complete vaccination 55,566,259 (66.8%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Nationwide value rising, increase in Saxony, Thuringia, southern Bavaria and BaWü* ▪ *5 LK with a 7d- incidence >500 and 65 LK >50* ○ *Nowcasting: 7-d R value = 1* ○ *Geographical distribution: More and more LK with very high incidence* ○ *HeatMap: Large increase among 10-14 year olds, increase in all age groups* ○ *Hospitalisations: Hospitalisation incidence = 3.6/100,000 inhabitants and 8.3/100,000 inhabitants. For the over-60s* ○ *Geographical distribution of incidences by age group: Figure* ▪ *More and more LK, where the incidence among 10-19 year olds is particularly high at over 1000/100,000 inhabitants. are particularly high. Also in the other age groups, the incidence values rise sharply* ○ *Age distribution of incidences per calendar week: the proportion of older people is rising sharply. This is also reflected in their share of hospitalisation rates and deaths*	
	• *Test capacity and testing* ***(Wednesdays only)*** **Slides** *here* ○ *Number of tests: increased by more than 20%, positive rate (PA): 12.24%, laboratory utilisation at approx. 50%-70%. except in Thuringia, where almost 100% of tests are positive.* ○ *VOIC/VOI slides here* ▪ *100% delta variant (no detection of other VOCs since week 38)* ▪ *VOI Ay4.2: low but constant, AY33 constant* ▪ *No accumulation of the mutation in hospitalised patients or deaths* ▪ *Proportion of sequenced samples decreases*	*Hamouda* *Kroeger*
	• *ARS data* **slides** *here* ○ *Increase in test numbers and PA, PA at approx. 30% in Thuringia and 20% in Saxony*	*Eckmanns*

RKI	○ *The most frequent tests are in doctors' surgeries and "others", i.e. lollipop tests in schools.* ○ *5-14 year olds were tested most frequently, increase in PA highest among 5-14 year olds 354/100,000 population.* ○ *Outbreaks: 118 in medical facilities and 135 in retirement and nursing homes* • *Syndromic surveillance* ***(Wednesdays only)*** **Slides** *here* ○ *GrippeWeb (week 43): 5.1 million ARE (5.1 in week 42); decline in young children and schoolchildren* ○ *AG Influenza: Sharp rise in consultations with doctors among adults, especially in Bavaria* ○ *Hospital surveillance: slight decrease in SARI case numbers in 0-4 year olds (67% RSV)* ○ *COVID-19 share of 27% and 34% for intensive care cases* ○ *Outbreaks in daycare centres: 65/week, 44% share of AG 0-5* ○ *School outbreaks: slight decrease due to autumn holidays, currently at 753 outbreaks in the last 4 weeks, AG 6-14 is involved in 77% of all outbreaks* • *Virological surveillance, NRZ influenza data* ***(Wednesdays only)*** • **Slides** *here* • *204 entries with 58% PA (119/204)* • *SARS-CoV-2: 4%* • *Influenza: 0 in week 43* • *Endemic coronaviruses: OC43 5-10%* • *Continued high rate of RSV* • *DIVI Intensive Care Register figures* ***(Wednesdays only)*** • **Slides** *here* ○ *2224 COVID-19 in intensive care (+1076 new admissions in the last 7d)* ○ *Increase in COVID-ITS occupancy in Hamburg, Lower Saxony, Saxony-Anhalt, Bavaria and Thuringia. Saarland and RLP plateau* ○ *Age structure: increase in over 50s* ○ *Ventilation/ECMO: increase* ○ *Prognosis of COVID-19 patients requiring intensive care: Strong increase expected nationwide* ○ *Staff shortage leads to fewer intensive care beds* *Discussion* *Note1: There was a request for the weekly report to include a reference to the public holiday on 01.11.21 in some countries and the associated reporting delay. However, this would only be relevant for the next weekly report, as tomorrow's report only includes ~~Friday~~ Sunday last week.* *Note2: Press was asked to point out to the public press that the comparison of the hospitalisation incidence with the all-time high is not correct. Ronja Wenchel agreed to communicate this via the press agency* *Conclusion: The situation this year is no better than last year and the modelling says that without further measures they will*	*Buda* *Beers* *Fisherman*

	worsened. The increase in reports on FluWeb, which is a good indicator of protective measures, shows that these have largely fallen away. **ToDo 1**: ▪ *Point out in the weekly report that without further measures and restrictions, the intensive care beds will be more heavily utilised than ever before and that serious illnesses and deaths must also be expected (strong wording) (Situation Centre, review by FG36 Haas)* ▪ *Provided the above text module is ready on Thursday morning, Send it to the press (Ronja Wenchel) as the basis for a tweet*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** • *Risk assessment: The risk situation for unvaccinated people was assessed by 'high' to 'very high' and pointed out that the current moderate situation for vaccinated people could worsen with increasing infection pressure. Document here* **ToDO 2** *Approval of the change by Wheeler and then send to BMG (Rexroth) for information*	*Dept. 3*
5	**Communication** **BZgA** • *Topic page on infection and transmission online* • *Telephone campaign for booster vaccination in preparation* **Press** • *Tweet on EpiBull article in issue 46/2021 on why children should be protected from SARS-CoV-2 infections received good response* • *BPK accompanied by a tweet* **P1** • *BPK Retweeted* • *Preparation of the Figure Proportion of hospitalised people who have been vaccinated* • *Retweet weekly report*	*BZgA Benser* *Wenchel* *Leuker*

6	**RKI Strategy Questions** **General** • *Discussion AGI/ EpiLag on compulsory testing of vaccinated persons* *No change to the relevant documents (COVID control), but communication about 'best practice' examples* • *Info: Romanian patients were transferred to ~~1820~~ ITS beds in Germany with the help of the RKI (ZBS7)* **ToDo 3** *Present the evidence on transmission by fully vaccinated people on Friday (FG33)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* o *# SARS-CoV-2* o *## Rhinovirus* o *## Parainfluenza virus* o *## seasonal (endemic) coronaviruses* o *## Metapneumovirus* o *## Influenza virus* o *Remainder negative* **ZBS1**	*FG17* *ZBS1*
10	**Clinical management/discharge management** **ToDo 4** • *Provide an overview of (new) treatment options for COVID-19 at the crisis team meeting next Friday (ZBS7)* • *Add the above item to the upcoming agenda (Rexroth)*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*

13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 05.11.2021, 11:00 a.m., via Webex*	

End: 13:00

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 05.11.2021, 12:00 noon*
Venue:	*Webex Conference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
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  - *Tanja Jung-Sendzik*
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- *ZIG*
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- *FG 38*
  - *Ute Rexroth*
- *P1*
  - *John Gubernath*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 03 November 2021* o *Cases: 247,472,724 (+4.3% compared to the previous week)* o *Deaths: 5,012,337 deaths (CFR: 2.03%)* • *List of top 10 countries by new cases:* o *Countries unchanged* o *UK and Romania: declining trend* o *Germany in 6th place with rising case numbers* o *Vaccination rate is strikingly low in Eastern European countries.* o *Highest incidence in the UK* • *Number of cases and deaths worldwide, WHO SitRep* o *Rising global trend: incidence + 3%, deaths + 8%* o *Declining trend in the Eastern Mediterranean region* o *Deaths +50% in South-East Asia, mainly due to late reports from India* • *7-day incidence per 100,000 inhabitants worldwide* o *North and South America remain stable, highest incidences worldwide on the European continent* • *7-day incidence per 100,000 inhabitants EU/EEA weekly comparison* o *Incidences >500* ▪ *Baltic states, in Estonia >900 with a continuing upward trend* ▪ *Slovenia and Croatia* ▪ *Newly added Slovakia* • *Assessment of the epidemiological situation in the countries of the EU/EEA through ECDC* o *Score based on 5 criteria: The higher the score (darker), the more worrying the situation in a country. The table becomes darker.* o *New in the highest category are the Czech Republic and Greece, Hungary, Netherlands* o *Slight increase for Germany* o *Malta and Spain: still the only countries in the 1st, least worrying category* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 4,709,488 (+37,120), thereof 96,346 (+154) Deaths* o *7-day incidence 169.9/100,000 p.e.* o *Hospitalisation incidence: 3.91/100,000 p.e., AG ≥ 60-year-olds: 9.15/100,000 p.e.* o *Cases on ITS: 2,332 (+106)*	*ZIG 1 (Kerber)* *FG32 (Diercke)*

RKI	○ *Vaccination monitoring: Vaccinated with 1st dose 57,835,987 (69.6%), with complete vaccination 55,647,310 (66.9%)* ○ *Course of the 7-day incidence in the federal states* ▪ *Thuringia, Saxony, Bavaria, BW most affected* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *11 LK with incidence >500 and 76 with incidence >250* ▪ *Incidence in Miesbach: 717* ○ *Geographical distribution in Germany: 7-day incidence according to Age group* ▪ *For 10-19 year olds partly > 1000 /100,000 p.e.* ▪ *Also in 80+ year olds in a district in Saxony Incidence >500* ○ *Adjusted hospitalisation incidence (weekly report)* ▪ *Increase in hospitalisation incidence to be expected* ○ *COVID-19 trends* ▪ *Deaths on the rise again* ○ *Death rates* ▪ *Slightly higher excess mortality than usual since October, not solely due to COVID deaths.* ○ *Is there a reason why NRW and Lower Saxony, and the north-west as a whole, are in a relatively favourable position, especially among 50+ year-olds?* ▪ *Proportion of vaccinated people in the north-west is significantly higher. In addition to eastern BL, fewer people are vaccinated in BY and BW.* ▪ *Drawing comparisons at a specific point in time is problematic. The situation has also been the other way round, 7-Daytime incidence is too small.* ▪ *Vaccination rate has an effect, but does not explain everything.* ▪ *Correlation between vaccination status and incidence is viewed critically by FG33. Vaccination rate and case numbers cannot be same persons.* ▪ *In Bremen, for example, people from the surrounding area were vaccinated to a significant extent.* ▪ *If CT data is available, individual allocation is possible. Data can be retrospectively be analysed.* ▪ *Correlation at population level depends on the pathogen, works well with Rota, poorly with influenza.* ▪ *There are also other reasons for a high incidence, e.g. behaviour.* ▪ *Germany is embedded in larger events and influenced by the situation in neighbouring countries.* • *Could there be a reference to Control COVID in next week's weekly report?* ○ *High susceptibility to distortion at LK level.* ○ *Make reference to ControlCOVID at country level in order to better categorise the situation. As a table or in text form?* ○ *Hospitalisation incidence is already included in the weekly report.*	*Mielke* *Harder* *Wichmann* *Wenchel*

	○ *Would draw attention to ControlCOVID, has no consequences for federal states, but helpful for categorising the situation.* ○ *All but one BL are at the highest level.* *ToDo: Monday tweet with link, press drafts proposal* ○ *Time of level attainment probably does not correlate with incidence. No major changes in vaccination recently, something could be shown longitudinally.* ○ *Could be outsourced to cooperation partners, possibly the University of Münster, include contact behaviour longitudinally in the model, complex.* • *Have contact details for the University of Münster already been presented?* ○ *Presentation in department, processing in FG33 from Not possible for capacity reasons. Münster should do it, then presentation in department.*	*Wichmann*
2	**International** *(Fridays only)* • *Transfer of 18 Romanian patients has been completed.* • *KH are at their limits.* • *New enquiry from Slovenia from next week is being discussed, is a political decision.* • *Other European countries are also prepared to accept patients.* • *Apart from patient care, no further requests for assistance in ZIG at the moment.* • *Preparation for further support in Madagascar*	*ZBS7 (Herzog)* *ZIG (Hanefeld)*
3	**Update digital projects** *(slides here)* *(Fridays only)* • **CWA** ○ *>35 million downloads, 600,000 alerts, >20,100 Twitter Follower* ○ *Version 2.13 available, still problems with Android* ○ *New: recycle bin function, changes to statistics in the app, booster notification* ○ *Shared use of Luca QR codes possible from Monday* ○ *What is meant by local hospitalisation incidence?* ▪ *At federal state level* ○ *Do certificates expire after 1 year?* ▪ *Technical expiry date is being discussed at European level. Status of discussion unknown, must be discussed in the BMG are in demand.* • **CovPass** ○ *CovPass app: >19 million downloads* ○ *CovPassCheck app: approx. 613,000 downloads* ▪ *Exchange with colleagues in France: large media campaigns, good networking in the ministries, Communication, Twitter* ○ *Booster vaccination is being worked on.*	*FG21 (Scheida)*

	• **CWA** ○ *Approx. 40,000 registrations per day* ○ *Insg. >16 million registrations since 11/2020*	
4	**Current risk assessment** • *BMG asks who can attend the BMG/BMI crisis team (4-5 pm) on 9 November. Topics: non-pharmaceutical corona protective measures (AHA+L), brief assessment of the expected situation in autumn/winter; current risk assessment* ○ *Participation O. Hamouda* • *Assessment: Health risk for vaccinated people is moderate and still increasing. How is this perceived by the population? Should it be differentiated that the older population in particular is at risk?* ○ *Public health perspective: Based on rising incidences, rising infection pressure, increasing risk at population level.* ○ *The supply situation is also deteriorating.*	*All* *Wichmann*
5	**Communication** **BZgA** • *2 new topic pages: Infection and transmission and co-administration of the corona vaccine with other dead vaccines* **Press** • *Maintenance work on Monday, possible temporary outages* **Science communication** • *Support press with ControlCOVID Tweet* • *Application for data donation, initial results are presented.* • *Graphic on vaccination breakthroughs still in progress* • *Question to BZgA: Are there plans for another contact reduction campaign?* ○ *AHA-L rules should be communicated more intensively again.* ○ *Should be jointly submitted by the RKI and BZgA in a coordination round with the BMG.* • *Request to BZgA: Information very text-heavy, can infographics be made easier to find?* ○ *Mr Ommen already uses infographics to accompany the text* • *The media are talking about a pandemic of the unvaccinated. Not correct from a technical point of view, the entire population is contributing. Should this be taken up in communication?* ○ *The BZGA has not given the all-clear; AHA+L rules are being focussed on again.* ○ *Serves as an appeal to all those who have not been vaccinated to get vaccinated.* *leave.*	*BZgA (Ommen)* *Press (Wenchel)* *P1 (Gubernath)* *Ommen* *Mielke* *Haas*

	○ *Minister says at every press conference, presumably deliberately, and cannot be corrected.* ○ *In communication, care should be taken about how critically one wants to communicate about the vaccine; after all, after six months it is still >90% effective. If 95% were vaccinated, the situation would be different.* ○ *The question is, how can the current situation be brought under control and with what communication strategy? Therefore, AHA+L should also address vaccinated people in communication.*	*Wichmann*
	• *Should press with P1 again more proactively self-testing, especially in relation to private meetings at Christmas.* ○ *No general recommendation from 2G+, was decided on Wednesday.* *ToDo: put on next agenda: special recommendations for Christmas holidays for family celebrations useful?*	*Wenchel*
6	**RKI Strategy Questions** **a) General** • *Information from the countries on outbreaks under 2G Conditions* ○ *From EpiLag information on outbreaks under 2G conditions. It is not possible to communicate this information further, but this would be important in relation to AHA-L rules.* *ToDo: Discuss in EpiLag or AGI or address epidemiologists to motivate countries for EpiBull articles.* ○ *Gourmet meeting on Sylt, attack rate 35% -> ask Lower Saxony to publish this as an outbreak report. Under this report it should be mentioned that there have already been several such events.* **b) RKI-internal** • *Status EpiBull article, Germany compared with other countries (indicators)* ○ *Measures taken last year have prevented the virus from spreading indefinitely despite the lack of vaccination. -> already text modules on this topic from Dept. 2* ○ *Draft results will be circulated to the crisis management team as soon as they are finalised.*	*FG36 (Haas)* *Dept.3/ Dept.2/ ZIG*
7	**Documents** *(Fridays only)* • *(not discussed)*	*All*
8	*- Reduction of 65% in transmission under Corminaty and 35% under Vaxzevria* ○ *Conclusion:* ○ *Vaccine effectiveness against delta variant* *- Protection against asymptomatic infection: VE*	*FG33 (Harder)*

approx. 60-65%, mRNA > vector vaccines

- *Vaccine breakthrough studies*
  - *Initial Ct values vacc = unvacc*
  - *Faster drop in viral load with vacc*
  - *Virus culture?*
- *Prevention of transmission*
  - *Only 1 study under Delta: Reduction of transmission by approx. 50% (Comirnaty > Vaxzevria)*

- *Lancet study shows that secondary attack rate is identical, but very small number of cases.*

- *How can it be that data on vaccine effectiveness was so wrong to begin with (protection against 90% of infections)?*
  - *Initially, there was no information on asymptomatic infections. Studies on the delta variant were only conducted after alpha.*
  - *Delta variant and waning, it is not possible to differentiate between the influence of delta and waning.*

- *With reference to basic aspects and special features of immunity to respiratory tract infections, the following points are emphasised:*
  - *Immediately after vaccination, there is a high level of neutralising antibodies, which ~~transfuse~~ into the mucous membrane, resulting in high local (=mucosal) immunity in the nasopharynx. Therefore, there is very good protection against any (even asymptomatic) infection in the first 2 weeks - 2 months after vaccination. With the drop in neutralising antibodies ~~after 2-8 weeks~~, local immunity decreases again, so that protection against infection is significantly lower after this 2-8 week time window. Accordingly, vaccinated persons >2 months after vaccination can also become infected again more easily. ~~Very good protection against infection in the first 2 weeks - 2 months.~~*
  - *The expectation is that most vaccinated people will be asymptomatic or only mildly symptomatic, but that they will have high virus concentrations in their blood. nasopharynx and are contagious. ~~Most transmissions take place before or at the beginning of the infection.~~*
- *The results of the UK household contact study (Lancet Infectious Diseases) reflect what is to be expected based on the basic findings on immunity to respiratory tract infections: protection against infection decreases significantly approx. >2 months after vaccination. Although the number of cases in this study is rather small, the*

	However, the methodological strength lies in the close (daily) sampling of close contacts, regardless of symptom status. This means that asymptomatic infections were also reliably recorded; ~~protection against asymptomatic infections will~~ otherwise be underestimated ***in observational data*** *(as sampling is carried out at longer intervals or predominantly in symptomatic persons). ~~always underestimated~~.* • *Accordingly,* ***one should be very careful with the statement that vaccinations*** *protect against any (even asymptomatic)* ***infections.*** *This becomes less and less true as the time between vaccinations increases. This is all the more true because a continuous adaptation of the virus to the immune selection pressure in the population can be assumed, which could also reduce the protective effect of the vaccination against infection in the future.* • *Shortening the shedding does not play a role in relation to household contacts, but it does in relation to other events.* • *Normally it would not be a problem if people were mildly or asymptomatically infected. The high number of unvaccinated people is the problem.* • *Is 2G or 3G still a protective concept that can be recommended? What about vaccinated contact persons, can exclusion from quarantine still be justified?* o *In a large study, odds ratios were differentiated by setting: significantly higher in households, somewhat lower in other settings.* o *Prevalence of infection in the study population plays a role.* o *Indoor contact without a mask is the problem. Household setting due to repeated and continuous contact, increasing infection pressure* o *Serious cases of the disease could be prevented if this could be made clear to vaccinated people.* o *Greater stratification by age; contacts with older people require more testing.* • *Communication cannot be changed. Would cause great confusion. Other aspects should be prioritised: AHA+L, boosting* o *These points emphasise that sending double-vaccinated animals back into quarantine is not acceptable.* o *Should 2G+ be put on the agenda?*	*Oh (FG17)*

		Wieler
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Virological Sentinel had 816 samples in the last 4 weeks, of which:* ○ *63 SARS-CoV-2* ○ *232 RSV* ○ *## Rhinovirus* ○ *54 Parainfluenza virus* ○ *68 seasonal (endemic) coronaviruses* ○ *8 Metapneumovirus* ○ *3 Influenza virus* **ZBS1** • *219 samples, 110 of which were positive for SARS-CoV-2 (50.2%).* • *Antigen paper was published together with PEI.*	*FG17* *(Oh)* *ZBS1* *(Michel)*

10	**Clinical management/discharge management** • *Nights Week Brief overview of current therapy recommendations in the crisis team* ○ *Publication on this in the German Medical Journal of the COVRIIN specialist group, link will be sent to distribution list*	*ZBS7 (Schulz-Weidhaas)*
11	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*All*
12	**Surveillance** ***(Fridays only)*** • *(not reported)*	*FG32*
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Situation centre shift staffing over Christmas, proposal:* ○ *No crisis team meeting on 24 December and 31 December, i.e. meetings on 22 and 29 December and then again on 5 January.* ○ *Non-working days are not occupied in the situation centre, from short control of international communication on 26.12. apart.* ○ *Automated daily reporting on all but non-working days.* ○ *No weekly report between Christmas and New Year, as data is not meaningful, i.e. weekly report on 23 December and then again on 6 January.* ○ *Everything is unproblematic, except the waiver of the weekly report.* ▪ *Could put RKI in a bad light.* ▪ *Preparing the weekly report means a lot of work for many people.* ▪ *Proactively alert journalists to the problem: Data is difficult to assess due to public holidays. Takes Press office with.* *ToDo: Report to BMG with proposal as described*	*FG38 (Rexroth)*
15	**Important dates** -	*All*
16	**Other topics** • *SARS-CoV-2 in white-tailed deer, information from the FLI (Mr Beer), article in Ärztezeitung* ○ *Report from the USA: up to 50% of deer have antibodies.* ○ *FLI contacted: no samples from red deer and roe deer available at the moment. Samples are currently being analysed.* ○ *Transmission from humans to animals was suspected; animals are highly susceptible, continuous source, further development of the virus possible.* • *Next meeting: Wednesday, 10 November 2021, 11:00 a.m., via Webex*	*Buda*

End: *14:14*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 05.11.2021, 12:00 noon*
Venue:	*Webex Conference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
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  - *Silke Buda*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Kai Schulze*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Ute Rexroth*
- *P1*
  - *John Gubernath*
- *Press*
  - *Ronja Wenchel*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Christian Herzog*
  - *Claudia Schulz-Weidhaas*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Oliver Ommen*

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1	**Current situation** **International** *(Fridays only)* • *Slides here* • *Worldwide:* o *Data status: WHO, 03 November 2021* o *Cases: 247,472,724 (+4.3% compared to the previous week)* o *Deaths: 5,012,337 deaths (CFR: 2.03%)* • *List of top 10 countries by new cases:* o *Countries unchanged* o *UK and Romania: declining trend* o *Germany in 6th place with rising case numbers* o *Vaccination rate is remarkably low in Eastern European countries.* o *Highest incidence in the UK* • *Number of cases and deaths worldwide, WHO SitRep* o *Rising global trend: incidence + 3%, deaths + 8%* o *Declining trend in the Eastern Mediterranean region* o *Deaths +50% in South-East Asia, mainly due to late reports from India* • *7-day incidence per 100,000 inhabitants worldwide* o *North and South America remain stable, highest incidences worldwide on the European continent* • *7-day incidence per 100,000 inhabitants EU/EEA weekly comparison* o *Incidences >500* ▪ *Baltic states, in Estonia >900 with a continuing upward trend* ▪ *Slovenia and Croatia* ▪ *Newly added Slovakia* • *Assessment of the epidemiological situation in the countries of the EU/EEA through ECDC* o *Score based on 5 criteria: The higher the score (darker), the more worrying the situation in a country. The table becomes darker.* o *New in the highest category are the Czech Republic and Greece, Hungary, Netherlands* o *Slight increase for Germany* o *Malta and Spain: still the only countries in the 1st, least worrying category* **National** • *Case numbers, deaths, trend (slides here)* o *SurvNet transmitted: 4,709,488 (+37,120), thereof 96,346 (+154) Deaths* o *7-day incidence 169.9/100,000 p.e.* o *Hospitalisation incidence: 3.91/100,000 p.e., AG ≥ 60-year-olds: 9.15/100,000 p.e.* o *Cases on ITS: 2,332 (+106)*	*ZIG 1 (Kerber)* *FG32 (Diercke)*

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	• **CWA** ○ *Approx. 40,000 registrations per day* ○ *Insg. >16 million registrations since 11/2020*	
4	**Current risk assessment** • *BMG asks who can attend the BMG/BMI crisis team (4-5 pm) on 9 November. Topics: non-pharmaceutical corona protective measures (AHA+L), brief assessment of the expected situation in autumn/winter; current risk assessment* ○ *Participation O. Hamouda* • *Assessment: Health risk for vaccinated people is moderate and still increasing. How is this perceived by the population? Should it be differentiated that the older population in particular is at risk?* ○ *Public health perspective: Based on rising incidences, rising infection pressure, increasing risk at population level.* ○ *The supply situation is also deteriorating.*	*All* *Wichmann*
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	○ *Minister says at every press conference, presumably deliberately, and cannot be corrected.* ○ *In communication, care should be taken about how critically one wants to communicate about the vaccine; after all, after six months it is still >90% effective. If 95% were vaccinated, the situation would be different.* ○ *The question is, how can the current situation be brought under control and with what communication strategy? Therefore, AHA+L should also address vaccinated people in communication.*	*Wichmann*
	• *Should press with P1 again more proactively self-testing, especially in relation to private meetings at Christmas.* ○ *No general recommendation from 2G+, was decided on Wednesday.* *ToDo: put on next agenda: special recommendations for Christmas holidays for family celebrations useful?*	*Wenchel*
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7	**Documents** *(Fridays only)* • *(not discussed)*	*All*
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- *How can it be that data on vaccine effectiveness was so wrong to begin with (protection against 90% of infections)?*
  - *Initially, there was no information on asymptomatic infections. Studies on the delta variant were only conducted after alpha.*
  - *Delta variant and waning, it is not possible to differentiate between the influence of delta and waning.*

- *With reference to basic aspects and special features of immunity to respiratory tract infections, the following points are emphasised:*
  - *Immediately after vaccination, there is a high level of neutralising antibodies, which translocate into the mucous membrane, resulting in high local (=mucosal) immunity in the nasopharynx. This is why there is very good protection against any (even asymptomatic) infection in the first 2 weeks - 2 months after vaccination. As neutralising antibodies fall, local immunity decreases again, so that protection against infection is significantly lower after this 2-8 week window. Accordingly, vaccinated persons >2 months after vaccination can also become infected again more easily.*
  - *The expectation is that most vaccinated people will be asymptomatic or only mildly symptomatic, but that they may well have high virus concentrations in their blood.*
    nasopharynx and are contagious.
- *The results of the UK household contact study (Lancet Infectious Diseases) reflect what is to be expected based on the basic findings on immunity to respiratory tract infections: protection against infection decreases significantly approx. >2 months after vaccination. Although the number of cases in this study is rather small, the methodological strength lies in the close (daily) sampling of close contacts, regardless of symptom status. Asymptomatic infections were also reliably recorded, which were not included in the observation data.*

	otherwise be underestimated (as sampling is carried out at longer intervals or predominantly in symptomatic individuals). . • *Accordingly, one should be very careful with the statement that vaccinations protect against any (even asymptomatic) infection. This becomes less and less true as the time between vaccinations increases. This is all the more true because a continuous adaptation of the virus to the immune selection pressure in the population can be assumed, which could also reduce the protective effect of the vaccination against infection in the future.* • *Shortening the shedding does not play a role in relation to household contacts, but it does in relation to other events.* • *Normally it would not be a problem if people were mildly or asymptomatically infected. The high number of unvaccinated people is the problem.* • *Is 2G or 3G still a protective concept that can be recommended? What about vaccinated contact persons, can exclusion from quarantine still be justified?* o *In a large study, odds ratios were differentiated by setting: significantly higher in households, somewhat lower in other settings.* o *Prevalence of infection in the study population plays a role.* o *Indoor contact without a mask is the problem. Household setting due to repeated and continuous contact, increasing infection pressure* o *Serious cases of the disease could be prevented if this could be made clear to vaccinated people.* o *Greater stratification by age; contacts with older people require more testing.* • *Communication cannot be changed. Would cause great confusion. Other aspects should be prioritised: AHA+L, boosting* o *These points emphasise that sending double-vaccinated animals back into quarantine is not acceptable.* o *Should 2G+ be put on the agenda?*	*FG17 (Oh)*

		Wieler
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Virological Sentinel had 816 samples in the last 4 weeks, of which:* o *63 SARS-CoV-2* o *232 RSV* o *## Rhinovirus* o *54 Parainfluenza virus* o *68 seasonal (endemic) coronaviruses* o *8 Metapneumovirus* o *3 Influenza virus* **ZBS1** • *219 samples, 110 of which were positive for SARS-CoV-2 (50.2%).* • *Antigen paper was published together with PEI.*	*FG17 (Oh)* *ZBS1 (Michel)*

10	**Clinical management/discharge management** • *Nights Week Brief overview of current therapy recommendations in the crisis team* ○ *Publication on this in the German Medical Journal of the COVRIIN specialist group, link will be sent to distribution list*	*ZBS7 (Schulz-Weidhaas)*
11	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*All*
12	**Surveillance** ***(Fridays only)*** • *(not reported)*	*FG32*
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Situation centre shift staffing over Christmas, proposal:* ○ *No crisis team meeting on 24 December and 31 December, i.e. meetings on 22 and 29 December and then again on 5 January.* ○ *Non-working days are not occupied in the situation centre, from short control of international communication on 26.12. apart.* ○ *Automated daily reporting on all but non-working days.* ○ *No weekly report between Christmas and New Year, as data is not meaningful, i.e. weekly report on 23 December and then again on 6 January.* ○ *Everything is unproblematic, except the waiver of the weekly report.* ▪ *Could put RKI in a bad light.* ▪ *Preparing the weekly report means a lot of work for many people.* ▪ *Proactively alert journalists to the problem: Data is difficult to assess due to public holidays. Takes Press office with.* *ToDo: Report to BMG with proposal as described*	*FG38 (Rexroth)*
15	**Important dates** -	*All*
16	**Other topics** • *SARS-CoV-2 in white-tailed deer, information from the FLI (Mr Beer), article in Ärztezeitung* ○ *News from the USA: up to 50% of deer have antibodies.* ○ *FLI contacted: no samples from red deer and roe deer available at the moment. Samples are currently being analysed.* ○ *Transmission from humans to animals was suspected; animals are highly susceptible, continuous source, further development of the virus possible.* • *Next meeting: Wednesday, 10 November 2021, 11:00 a.m., via Webex*	*Buda*

End: *14:14*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 05.11.2021, 12:00 noon*
Venue:	*Webex Conference*

Moderation: Lars Schaade Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *ZIG*
  - *Johanna Hanefeld*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
  - *Thomas Harder*
- *FG34*
  - *Andrea Sailer (protocol)*
- *FG36*
  - *Stefan Kröger*
  - *Silke Buda*
  - *Walter Haas*
  - *Udo Buchholz*
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  - *The expectation is that most vaccinated people will be asymptomatic or only mildly symptomatic, but that they will have high virus concentrations in their blood.*
    nasopharynx and are contagious.
- *The results of the UK household contact study (Lancet Infectious Diseases) reflect what is to be expected based on the basic findings on immunity to respiratory tract infections: protection against infection decreases significantly approx. >2 months after vaccination. Although the number of cases in this study is rather small, the methodological strength lies in the close (daily) sampling of close contacts, regardless of symptom status. Asymptomatic infections were also reliably recorded, which were not included in the observation data.*

	otherwise be underestimated (as sampling is carried out at longer intervals or predominantly in symptomatic individuals). . • *Accordingly, one should be very careful with the statement that vaccinations protect against any (even asymptomatic) infection. This becomes less and less true as the time between vaccinations increases. This is all the more true because a continuous adaptation of the virus to the immune selection pressure in the population can be assumed, which could also reduce the protective effect of the vaccination against infection in the future.* • *Shortening the shedding does not play a role in relation to household contacts, but it does in relation to other events.* • *Normally it would not be a problem if people were mildly or asymptomatically infected. The high number of unvaccinated people is the problem.* • *Is 2G or 3G still a protective concept that can be recommended? What about vaccinated contact persons, can exclusion from quarantine still be justified?* o *In a large study, odds ratios were differentiated by setting: significantly higher in households, somewhat lower in other settings.* o *Prevalence of infection in the study population plays a role.* o *Indoor contact without a mask is the problem. Household setting due to repeated and continuous contact, increasing infection pressure* o *Serious cases of the disease could be prevented if this could be made clear to vaccinated people.* o *Greater stratification by age; contacts with older people require more testing.* • *Communication cannot be changed. Would cause great confusion. Other aspects should be prioritised: AHA+L, boosting* o *These points emphasise that sending double-vaccinated animals back into quarantine is not acceptable.* o *Should 2G+ be put on the agenda?*	*FG17 (Oh)*

		Wieler
9	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Virological Sentinel had 816 samples in the last 4 weeks, of which:* o *63 SARS-CoV-2* o *232 RSV* o *## Rhinovirus* o *54 Parainfluenza virus* o *68 seasonal (endemic) coronaviruses* o *8 Metapneumovirus* o *3 Influenza virus* **ZBS1** • *219 samples, 110 of which were positive for SARS-CoV-2 (50.2%).* • *Antigen paper was published together with PEI.*	*FG17 (Oh)* *ZBS1 (Michel)*

10	**Clinical management/discharge management** • *Nights Week Brief overview of current therapy recommendations in the crisis team* ○ *Publication on this in the German Medical Journal of the COVRIIN specialist group, link will be sent to distribution list*	*ZBS7 (Schulz-Weidhaas)*
11	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*All*
12	**Surveillance** ***(Fridays only)*** • *(not reported)*	*FG32*
13	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *Situation centre shift staffing over Christmas, proposal:* ○ *No crisis team meeting on 24 December and 31 December, i.e. meetings on 22 and 29 December and then again on 5 January.* ○ *Non-working days are not occupied in the situation centre, from short control of international communication on 26.12. apart.* ○ *Automated daily reporting on all but non-working days.* ○ *No weekly report between Christmas and New Year, as data is not meaningful, i.e. weekly report on 23 December and then again on 6 January.* ○ *Everything is unproblematic, except the waiver of the weekly report.* ▪ *Could put RKI in a bad light.* ▪ *Preparing the weekly report means a lot of work for many people.* ▪ *Proactively point out the problem to journalists: Data is difficult to assess due to public holidays. Takes Press office with.* *ToDo: Report to BMG with proposal as described*	*FG38 (Rexroth)*
15	**Important dates** -	*All*
16	**Other topics** • *SARS-CoV-2 in white-tailed deer, information from the FLI (Mr Beer), article in Ärztezeitung* ○ *Report from the USA: up to 50% of deer have antibodies.* ○ *FLI contacted: no samples from red deer and roe deer available at the moment. Samples are currently being analysed.* ○ *Transmission from humans to animals was suspected; animals are highly susceptible, continuous source, further development of the virus possible.* • *Next meeting: Wednesday, 10 November 2021, 11:00 a.m., via Webex*	*Buda*

End: *14:14*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 10.11.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Osamah Hamouda

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
  -
- *FG11*
- *FG12*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  -
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG35*
- *FG36*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Inessa Markus(Protocol)*
  - *Ulrike Grote*
  - *Claudia Syffczyk*
  -
  - *Michaela Niebank*
- *ZBS7*
  -
- *ZBS1*
- *MF3*
- *MF4*
- *P1*
  - *Susanne Gottwald*
- *P4*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *Press*
  - *Ronja Wenchel*
  -
  - *Johanna Hanefeld*
  -
- *ZIG*
  -
- *ZIG1*
- *BZgA*
- *BMG*
  - *Martina Fischer*
  - *Jasmin Benser*
  - *Janina Ensin*
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TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *(not reported)* **National** • *Case numbers, deaths, trend, slides here* o *SurvNet transmitted: SurvNet transmitted: 4,884,054 (+39,676), of which 96,963 (+236) deaths* o *7-day incidence: 232/100,000 pop. Hospitalisation incidence: 4.6/100 000, for > 60 J 10.5 /100 000; thus the general limit value of 5 was exceeded as an overall value; indicates the burden* *Course of 7-T incidence: highest in SN with >500; followed by TH, BY and BW; overall significant increase; kink in the curve at the end due to reporting delay; north-west/south-east gradient* o *R value significantly above 1* o *Geographical distribution of 7-T incidence by LK:* *For the first time a LK (LK Rottal-Inn) over 1000/ 100 000; Overall high incidences (>500) in the south-east (BY, SN, TH and parts of BW); Incidence has been increasing continuously over the last few weeks; Top 15 over 700/100 000* o *Incidence of cases by AG and KW (heatmap)* *Almost in all AG incidence over 100; AG 10-14Y over 400; older AG 85Y/90Y over 130 and 200, significantly higher than in third wave* o *7-T incidence according to LK and AG:* *LK with high incidences are increasing in younger and middle-aged AG; in the group > 50Y, LK with incidences > 500 are increasing; in Rottal-Inn, the incidence at 50-59Y is > 1000/100 000; AG > 80Y numerous LK over 500* o *7-day hospitalisation incidence according to BL:* *TH, SN, BY, ST, BW significantly increased, nationwide at 4.6; some BL are significantly higher* *TH, BY and SA have the highest Hosp incidences, 15% of the LK are above 10/100 000* o *Deaths (map): Small numbers, strong fluctuations, high numbers in the LK with high hospitalisation rates and incidences* o *Example (dashboard): Rottal-Inn incidence significantly higher compared to the 2nd and 3rd wave, this also applies to Traunstein, Dingolfingen, Deggendorf (incidence among older people very high)* o *Large cities with >500,000 inhabitants: all large cities have an incidence > 100/100,000, except Bremen at 85/100,000* *Question: Is it actually known why TH has a multiple increased*	*ZIG1* *FG32*

RKI	*hospitalisation incidence?* *Incidence for 3 weeks highest in comparison, SN slightly lower.* *Hospitalisation incidence is susceptible to inaccuracies* *Thuringia also has a high average age and low vaccination rates* *Saxony has only 33% data completeness for hospitalisation, Thuringia 66%* *ToDo: FG 32 Further clarification on Friday* • *Test capacity and testing: here (Wednesdays only)* o *Number of tests not significantly changed, positive rate increased significantly from 12 to 16%, highest value since recording began* o *Capacity utilisation: currently approx. 50% of PCR capacity Test capacity utilised, different distribution in the BL* o *In TH capacities almost fully utilised, other BL between 50-60% utilisation* o *Positive shares in TH, SA almost 30%; BB rise steeply upwards, rising overall* o *Overview of testing strategy in daycare centres according to BL: Vaccinated children only tested sporadically in individual areas, PCR pool test in NRW and BY in primary schools, other BL AG tests 2-3 per week* • *ARS data (here)* o *Data from monthly and weekly reports* o *Increase in the proportion of positives with constant testing* o *Cf. BL about versch. waves: Some CCs show a higher positive share in the current wave compared to previous waves, CW 34-44 2020 and 2021 also significant increase in positive share* o *Test group and test location by medical practices, hospitals and other: High positive rates in doctors' surgeries, hospitals significantly lower in comparison; other (test centres) significant increase* o *According to AG: 5-14 J steep increase in recent weeks in doctors' surgeries* o *Number of tests per AG and location: younger patients tend to be tested in doctors' surgeries, older patients in hospitals;* o *Testing by AG: 80 J most tested, followed by AG 5-14 J and 15-34 J; positive rates: 5-14 J highest* o *Outbreaks (CW44) Nursing homes for the elderly (APH) and medical facilities:* *Medical facilities: 119 outbreaks (118 in week 43);* *(bottom/green) APH 161 outbreaks (135 outbreaks in the previous week)* *Question: Is there a delay in the processing of samples in TH due to the heavy workload?* *Turnaround time in TH is one day.*	*FG37* *FG36*

RKI	• *Syndromic surveillance (here) **(Wednesdays only)*** ○ *Flu web: Increase ARE continues, quite normal level and comparable to previous years; AHA rules seem to have no impact this season* ○ *ARE consultation incidence: down slightly, autumn holidays* ○ *SARI cases: Case numbers in AG 0 to 4 years remain very high despite a significant decline (65% of SARI cases with RSV diagnosis), as many SARI cases in this AG as otherwise only at the peak of the flu epidemic; AG > 35 years increased, similar values from the previous year in week 44, but higher than in the years of the COVID-19 pandemic; late registrations possible* ○ *COVID-19 share of SARI at 33% (week 43: 31%);* *Share of COVID in SARI with intensive treatment at 64% (week 43: 51%)* *Daycare centre: 267 outbreaks for the last 4 weeks, most outbreaks in SN (n=41), BW (n=37); average: 5 cases per outbreak, median: 3 cases; (22 outbreaks with >=10 cases/outbreak); adults make up a large proportion of the outbreaks* ○ *Schools: 919 outbreaks for the last 4 weeks, most outbreaks in BW (n=210), BY (n=136)* *Average: 5 cases, median: 3 cases; 62 outbreaks with >=10 cases* *Question about daycare centre outbreaks:* *Children are retested less frequently among positive childcare staff, so it is possible that the proportion of carers in outbreaks in daycare centres appears lower than in schools.* *measures are unknown to the BL, but it is mainly young adults who infect each other. Children play a role, but most likely not the main carrier.* • *Virological surveillance, NRZ influenza data (here) **(Wednesdays only)*** ○ *In week 44: 71% positive rate (186 submissions)* ○ *54 medical practices from 14 BL; largest proportion of 0-4 yrs* ○ *No evidence of influenza, more evidence of SARS-CoV-2* ○ *Endemic coronaviruses: trend continues* ○ *Other respiratory viruses: rhinovirus declining, RSV dominant (34% positrates), 49% of detections in 0-4 yrs.* • *DIVI Intensive Care Register figures (here) **(Wednesdays only)*** ○ *Strong increase in occupancy, especially ITS new admissions from COVID-19: +1465 patients in the last 7 days (30% more compared to the previous week)* ○ *Share of COVID-19 patients in the total number of operational ITS beds: All CCs over 3%, several over 12%, Increasing trend* ○ *COVID-19 treatment occupancy by severity Proportion of invasive ventilation (dark green) very high, proportion cf. with previous waves* ○ *Percentage of deaths: 50-80 patients per day; rising trend*	*Mrs Fischer*

	○ *Age distribution of COVID-19 patients on ITS: over 60J over 60%,* *Shift to the older groups* ○ *Staff/space shortage: free beds are decreasing, staff shortage at the peak of the second wave over the third wave, extremely severe* ○ *67% of the reporting areas report limited capacity* ○ *Forecast for 20 T: Increase in ITS occupancy nationwide* • *VOC/VOI in Germany (here):* ○ *No change, B.1.617.2 (Delta) continues to dominate* ○ *VOI B.1.621 (My)/ C.37 (Lambda) no evidence in the last week* ○ *Proportion of the sample (constant number of sequencings) decreases to 1.2%; reason: increasing number of cases* ○ *VOI: AY.4.2 (Delta plus): No increase* ○ *AY33: Share stable; no increase* ○ *AY.4.2: A total of 620 detections, comparative differences in median age, hospitalisation, proportion of deaths, vaccination breakthroughs not significant; broad geographical distribution*	*FG36*
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** • •	*Dept. 3*

5	**Communication** **BZgA** • *No contribution* **Press** • *Since this week there are weekly BPK again* • *Leaflet in preparation* **P1** • *Flyer 2G/3G revision* *s. Discussion RKI strategy* • *Tweet on WE:* *Emphasise contact-reducing measures*	*BZgA n.a.* *Press* *P1 (Leuker)*
6	*Different names and concepts 2 G, 2G plus (2 G with AG detection) and 3G NAT (test with PCR for high-risk setting) must be explained. Further confusion among the population regarding different concepts should be avoided. concepts should be avoided.* *A further concrete presentation and highlighting of relevant scenarios to illustrate this for the population and reference to existing documents (Control COVID paper) would be desirable. It was discussed whether a restriction to high-risk settings or a general recommendation for testing should be made, especially for vaccinated people. Additional testing (especially PCR) ties up resources and is only useful in control settings. In high-risk settings, the testing concepts (all vaccinated, booster, tested several times a week, contact restrictions) are not implemented consistently. Testing should be carried out serially, especially in educational and occupational settings, and on an ad hoc basis for vaccinated people and high-risk constellations (see EpiBull article on modelling)* *Recommendations in the individual documents (e.g. geriatric care document, test ordinance, TestVO of the federal states) are not always consistent with regard to their recommendations. Even at federal level, testing obligations for vaccinated persons are not necessarily legal (SchutzausnahmeVO): Vaccinated persons are on an equal footing with tested persons. In general, testing should provide an additional benefit.* *Overall, given the current situation and developments, it should be communicated more proactively that the population should reduce the number of contact persons (social bubble) and mass events should be restricted and behaviour at Carnival/Christmas/visits to retirement homes should be adapted. There is uncertainty among the population (high number of cases, little action from politicians), the appeal should be practical and clear and can be implemented by the population.* *AHA+L, contact restrictions, testing in high-risk/vulnerable settings as a message for the BPK and Twitter, additional note in the*	*Dept. 3 / All*

RKI	*Management report* *ToDo:* *FG36, FG37 and Abt1 standardised (minimally invasive) adaptation of the step-by-step plan to NAT* *Press: Communication via flyers (Christmas meetings in the social bubble with test ideas/ 2G and 2Gplus at meetings with people at high risk)* *Flyers should be translated into several languages* • *Discussion on draft law postponed to Friday* **RKI-internal** • *(not reported)*	
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *(not reported)* •	*FG33*
9	**Laboratory diagnostics** **FG17** • *S. Position national* **ZBS1** • *(not reported)*	*FG17* *ZBS1*

10	**Clinical management/discharge management** ***(exceptionally also on wednesday)*** • **CWA: only refer to medical advice or also to antivirals?** *CWA is mainly used for the notification of KP. Currently available treatment options (monoclonal AK, other drugs to come) indicated in the early phase of the disease, e.g. if a KP tests positive* • *Idea: for KP with symptoms/pos. Test recommend contacting the HA to discuss possible early treatment options.* • *RKI does not give any treatment recommendations. Contact should be made with specialist organisations (existing working group with the involvement of general practitioners and internists) and a statement for the CWA and test paper should be coordinated* *ToDo: Mrs Niebank takes care of the coordination and harmonisation*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 12 November 2021, 11:00 a.m.*	

End: 13:07

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 12 November 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept.1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Stefan Kröger*
- *FG37*
  - *Sebastian Haller*
- *FG 38*
  - *Maria an der Heiden*
  - *Petra v. Berenberg (Minutes)*
- *MF2*
  - *Thorsten Semmler*
- *P1*
  - *Ines Lein*
- *P4*
  - *Marc Wiedermann*
  - *Pascal Klamser*
- *Press*
  - *Ronja Wenchel*
- *ZBS 1*
  - *Janine Michel*
- *ZBS7*
  - *Michaela Niebank*
  - *Agata Mikolajewska*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Regina Singer*
  - *Mikheil Popkhadze?*
  -
- *BZgA*
  - *Martin Dietrich*
  - ~~*Mikheil Popkhadze?*~~

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Worldwide:* ○ *Data status: WHO, 11 November 2021* ○ *Cases: 251,266,207* ○ *Slight increase worldwide (+6.7% compared to previous week)* ○ *Deaths: 5,070,244, CFR remains at :2.0%)* • *List of top 10 countries by new cases:* ○ *Iran and Romania no longer involved* ○ *Newly promoted: Poland (+66%), Netherlands (+44%),* ○ *Germany in 4th place (+61%)* ○ *UK and Ukraine: declining trend (incidences at 340/100,000 p.e.),* ○ *Ukraine with the lowest vaccination rate (19%)* • *Number of cases and deaths worldwide, WHO SitRep (data up to and including previous week)* ○ *Slightly rising global trend: cases + 1%, but deaths -4%* ○ *Strongest increase in Europe: cases +66% in the last 7 days (percentage change +7%), deaths +55% in the last 7 days (percentage change +10%)* ○ *Africa: slight increase, other regions: Decrease* • *7-day incidence per 100,000 inhabitants worldwide* ○ *Conspicuous: Botswana (caused by late registrations)* ○ *Conspicuous Europe: Many countries with incidences between 200- 500/100,000, some countries > 500/100,000* • *7-day incidence per 100,000 inhabitants EU/EEA weekly comparison* ○ *Incidences >500:* ▪ *Slovenia > 1000/100,000* ▪ *Croatia 937/100,000* ▪ *Slovakia 737/100,000* ▪ *Austria is new with > 713/100,000 (+60%) and the Czech Republic with 596/100,000 (+42%).* *High-risk areas* ▪ *Rising trend in Germany, Poland, Iceland, Spain* ▪ *Decrease only in Sweden (<50/100,000)* • *ECDC assessment of the epidemiological situation in the EU/EEA countries* ○ *10 point score based on 5 criteria: The higher the score (darker), the more worrying the situation in a country (deaths in the last 14 days, 14-day incidence, ~~positivity rate~~, 14-day incidence in >65-year-olds, hospitalisation rate and cases in ITS, test rate and positivity, ~~etc.~~).* ○ *EU remains very worrying (8.3)* ○ *Germany: slight increase (8.0)*	*ZIG 1 (Singer)* ~~*FG32 (Diercke)*~~

RKI	○ *Maximum values: Croatia 10, Bulgaria 9.7* ○ *Ascended: Belgium (9.0), Finland (7.2), Liechtenstein (7.8) and Poland (8.7)* ○ *Relegated: Italy (3.2), Ireland (7.8), Latvia (7.8), Lithuania (7.0), Sweden (4.2)* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 4,942,890 (+48,640), thereof 97,389 (+191) Deaths* ○ *Total number of cases just under the 5 million mark, new cases remain high* ○ *7-day incidence 264/100,000 population* ○ *Hospitalisation incidence has risen alarmingly: 4.7/100,000 population, AG ≥ 60-year-olds: 10.89/100,000 population.* ○ *Cases on ITS: 2,828 (+89)* ○ *Vaccination monitoring: Vaccinated with 1st dose 58,167,264 (70.0%), with complete vaccination 56,080,963 (67.4%)* ○ *Course of the 7-day incidence in the federal states* ▪ *TH, SN, BY, BW most affected, increases also in BE, BB, ST* ▪ *Northern BL at a slightly lower level* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *East and south hardest hit* ▪ *4 LK > 1000/100,000 inhabitants (≙1 %)* ▪ *51 LK (1/8) > 500/100,000 inhabitants, predominantly Bavaria* ▪ *2 LK < 50/100,000 population* ▪ *Predominantly incidences > 100/100,000 population.* ○ *Course of the 7-day hospitalisation incidence of the Federal states* ▪ *Greater grey area due to reporting delay* ▪ *Climbs or high climbs in all BLs* ▪ *Strongest increases in TH and BY, also significant in MV* ○ *Adjusted hospitalisation incidence (weekly report)* ▪ *8.4/100,000 population* ○ *Death rates* ▪ *Slight excess mortality continues* ▪ *According to destatis, cannot be explained by COVID death figures alone, other causes unknown* **Discussion** ○ *Could there be an underreporting of deaths?* *AW: Rather not, deaths are very well recorded* ○ *Could the long-term effects of delayed or sub-optimal therapies already be noticeable here?* *AW (Dept. 2): Registers and recording systems are too slow to record this now, at best references to changed patterns* ***ToDo 1: Check cause of death statistics and, if necessary, other recording systems for changed patterns*** ○ *Modelling (slides here)*	*FG 32 (Diercke)* ***Dept. 2 Ziese*** *P4 (Klamser?)*

RKI	○ *Covid-19 Mobility Project, GPS data-based contact monitor* ▪ *Reduction in the average number of daily contacts:* *- Through 1st lockdown: 100% → 50% for 1 month* *- Through lockdown light: 73% →68% for 2 weeks* *- Through 2nd lockdown 72% → 55% for 6 months* *- Current: After a steady rise since 7/2021, decline since Centre 9/2021* ▪ *Variation of contacts (proxy for group sizes):* *- In lockdown light, reduced weekly Fluctuations (WE events)* *- Currently higher than ever in the pandemic + slight increase* ▪ *Everyday life (week) and leisure time (weekend, WE)* *- Pre-pandemic number of contacts and variation at WE larger* *- On average fewer contacts on weekends until 7/2021, lockdown light effectively reduced group sizes on weekends* *-Currently: The number of contacts drops more during the week than at the weekend* *- Group sizes stagnate during the week and get bigger at weekends* *- Halloween as the last public holiday week: no anomalies* *- Anomalies are expected for 11 November (start of carnival)* **Discussion** ○ *Is it mainly outdoor contact? Would this result in underreporting, as more contacts now take place indoors during the season?* ○ *GPS data can also be recorded indoors, the extent of which must be discussed with the provider* ***ToDo 2: Check to what extent there is under-recording due to indoor contacts and to what extent these are recorded, no deadline*** ○ *Can concerts/sporting events be recognised?* ○ *No, highest resolution is federal state level, no statements on this possible* ○ *First insights from the new corona data donation* ▪ *Corona data donation 2.0 since 19.10. 2021 with the possibility to conduct in-app surveys* ▪ *Questions about tests, symptoms, socio-demographics, behaviour during the pandemic. Data, behaviour during the pandemic* ▪ *545/ 5634 users have reported the period of their pos./neg. test → Statements on changes in physiological variables □□□ □□□□□□□□. Variables are possible:* ▪ *Resting heart rate: increase of approx. 3 bpm for at least 40 days* ▪ *Activity reduced by approx. 3500 steps/day for 20 days* ▪ *Sleep duration increased by 1 h for 7-14 days* ▪ *All parameters increase even before the positive test result on*	***P4***

	▪ *Results are consistent with publication Radin, Jennifer M. et al. 'Assessment of Prolonged Physiological and Behavioural Changes Associated With COVID-19 Infection' despite imprecise testing period and lack of symptom onset. JAMA Network* ▪ *Objectives: Increase confidence by further advertising the app, increase the sample size, utilise the new Findings for optimising the fever monitor* **Discussion** ○ *Time spans correspond to/confirm clinical courses, e.g. increased sleep duration over 1-2 weeks, increased resting heart rate over 6 weeks* ○ *Is there a direct measurement?* ○ *No, resting pulse is used as a proxy* ○ *How many of those tested negative are symptomatic? Would indicate different courses of COVID and influenza, for example.* ○ *Up to now, the symptoms of those who tested negative were not queried. As part of the 2nd study, a weekly enquiry as to whether testing has taken place will be supplemented by a question on the test indication (symptoms).* ○ *Is it possible to analyse the vaccination status?* ○ *In principle yes, but CAVE bias, 95% of data donors are vaccinated* ○ *The contact monitor data in particular confirm the RKI recommendations for reducing contact and avoiding large events*	
2	**International** *(Fridays only)* • *A request for assistance from Romania (delivery of ventilators) cannot be honoured* • *WHO Intra-Action ~~Reviewport~~ in North Macedonia is finalised (ZIG1 and FG38 involved)* • *ZIG, FG38 and FG 37 are preparing an intra-action review port (?) ~~for Iran~~* • *Namibia: Support for the development of laboratories through webinars and training courses* • *Uzbekistan: IPC training for hospitals*	*ZIG (Hanefeld)*
3	**Update digital projects** *(slides here)* *(Fridays only)* • **CWA** ○ **35.9 million** *downloads, 640,000 alerts/day, > 90,000 alerts received/day, 21,000 Twitter followers* ○ *Very positive development: shared use of the Luca QR code* ○ *Communication about Luca: Blog, FAQ, thread (200,000 impressions, 1600 likes), topic page, citizen and press enquiries, great media response (dpa, Spiegel, Tagesschau etc.)* • **CovPass** ○ *CovPass app: >23.8 million downloads, now version 1.12* ○ *CovPassCheck app: approx. 702,363 downloads* ▪ *Intensified communication, also with BMG, to increase*	*FG21 (Scheida)*

RKI	*the CovPAssCheckApp* ▪ *Workshop planned* ▪ *Increasing number of enquiries from LKA / state police about falsified vaccination certificates* • **DEA** o *Approx. 40,000 registrations per day* o *In total >16.4 million registrations since 11/2020* o *Continued high need for communication (many calls)* o *Comment: Linking survey content was one of the major goals that was achieved* o *Currently a greatly increased workload due to rising numbers, exploding hotline enquiries, change of government makes communication with the BMG more difficult, more support from there would be desirable*	*Smear*
4	**Current risk assessment** • *Question: Should risk assessment be escalated even further?* o *Reference to Montgomerie's statement on vaccination breakthroughs in the per mille range* o *Does not correspond to the reality shown in our table (weekly report)* o *Shouldn't vaccinated people be tested after all?* o *Was already a topic in the crisis team last Wednesday: Is it shown in the step-by-step plan (3 tests/week in the professional setting), should pupils and students be emphasised even more here?* o *Serial testing in defined settings is successful, where could reference to the inclusion of vaccinated persons in serial testing concepts be placed?* o *Falls within the remit of the Ministry of Education (address if necessary?) and the Ministry of Labour (Minister Heil is active)* o *RKI should still recommend this, flyer on 2G/3G would be one possibility* ***ToDo 3: Integration of the note in the flyer on 2G/3G. Inclusion of vaccinated persons in serial test concepts: In beruf. Setting, at schools and educational institutions 3 tests/week also for vaccinated and recovered persons, especially before contact with vulnerable persons or risk groups)*** o *Should this also be addressed in the recommendations for schools?* o *Instead of a complete revision, level 2 should be referred to here* o *How could the BMBF be addressed, as no direct contacts are known?* ***ToDo 4: Draft a report to the BMBF stating that vaccinated and recovered people are not tested regularly***	*Schaade* *Seifried* ***P1 (flax)***

	and with the proposal to approach the state ministries with a clarification. A draft letter to the ministries will be attached	***Seifried***
	○ *BZgA comment: Includes the topic of "2G + testing", questions on cost coverage, legal testing obligations and testing capacities must be taken into account in the steering committee today* ○ *By the next meeting, it will be clarified where the BZgA can specifically refer to the testing of vaccinated persons*	*Dietrich*
	○ *Nursing homes should definitely proceed according to 2G+ testing, otherwise the recommendations should remain congruent with ControlCovid, the operational recommendation and that for schools should only be clarified once again, the only gap is educational institutions, here really needs to be improved*	*Mielke*
	ToDo 5: Adapt and circulate the current risk assessment, if necessary adopt the wording "very worrying" from the weekly report, accentuate increasing case numbers in the text	***an der Heiden***
5	**Communication** **BZgA** • *Currently focussing on booster vaccination, targeting groups that are promising: People who have already been vaccinated, Pregnant women, nursing mothers* ○ *Corner box adverts in daily newspapers* ○ *TV advert for the booster vaccination* ○ *Editorials for refreshment in daily newspapers AHA-L* ○ *Question: Target group of older people?* ○ *Focus on >60-year-olds is taken into account (telephone campaign with daily newspapers for <60-year-olds in BY, SN, TH)*	*BZgA (Dietrich)*
	Press • *Tweet on the weekly report received 1000 likes* • *Message to cancel major event was (critically) received* • *Twitter tweet accompaniment to the BPK*	*Press (Wenchel)*
	P1 • *Twitter on vaccination in progress: no vaccination provides 100% protection* → *Precautionary measures despite vaccination* • *In progress: Behavioural recommendations for Autumn/winter/holidays and flyer on vaccination breakthroughs*	*P1 (Lein)*
	Management Report • *In addition to the 7-day incidence, should the 7-day hospitalisation incidence also be shown or reported in the daily automated management report (incl. disclaimer on the grey area due to reporting delays)?* • *Background: Interview with Steffen and Rottmann-Großner*	*Bremen* *Hamouda*

RKI	*(both BMG) on how the heterogeneous reporting behaviour can be improved or accelerated (disclaimer on the different reporting delays)* • *It can be shown that LK with high incidences also have hospitalisation incidences >5/100,000 population* ***ToDo 6: Presentation should be included in the daily management report and the different reporting behaviour should be made transparent via disclaimer***	***Bremen***
6	**RKI Strategy Questions** • **General** • *Fresh from the BPK: Thilo Jung raised the question of quarantining close contacts who have been vaccinated. Minister Spahn subsequently signalled a need for talks on this topic (he may fear that the RKI would like to go in this direction). There will be a meeting with the Minister next week. What is the RKI's position on this?* o *If this is recommended, the basis for 2G/3G regulations will no longer apply* o *It is a risk assessment: 60% fewer infections after vaccination is a relevant figure, data on transmission are inconsistent* o *Good topic, but differentiated solutions should be found: E.g. for vaccinated HCW as KP (the hygiene officer is usually informed here)* o *Note: The basis for 2G/3G is protection against severe disease and the need for ITS treatment, it would not be cancelled even if vaccinated people were quarantined, 2/3 protection against infection is not a good value, RKI should not communicate that vaccinated people are not carriers, as soon many people will know vaccinated carriers* o *To what extent are the GÄ still in a position to provide CoNa (in some cases this has already been completely discontinued) → Is the message effective if the KP is already not be sent into quarantine?* o *Until now, it has always been important for legislators to emphasise the benefits for vaccinated people, including the fact that vaccinated people from risk areas are exempt from quarantine* o *RKI should remain congruent and create an overall concept, FG 36 and FG 37 (hospitals and nursing homes) should review the quarantine recommendations in general and in healthcare facilities* o *Discussion with FG 14 and Mr Mielke is already underway, FG 36 can still be involved* o *In the care sector, there was actually an agreement on systematic testing, as there is a risk of even greater staff shortages during quarantine* o *Suggestion. Quarantine light (5 days + test)?*	*President Wieler* *Shade* *Mielke* *Oh* *Hanefeld* *Shade* *Haller*

	○ *A risk assessment has already taken place, but FG 36 still takes the issue on board, including the question of the benefit*	*Shade*
	○ *Since doctors are not keeping pace, could everyone benefit from the recommendation to reduce contact to vulnerable groups as vaccinated CP for 5 days and then get tested?*	*Kroeger*
	○ *This recommendation for vaccinated KP makes sense; this also applies to people who have contact with people who come into contact with vulnerable groups.*	*Shade*
	○ *In care homes, it is not enough to protect residents through tests etc., incidences in the population must also be reduced*	*Seifried*
	○ *If vaccinated people go into quarantine, are mainly unvaccinated people protected?*	
	○ *Question: Is the protection against infection significantly higher again in boosted patients?*	
	○ *Yes, but the duration is unknown and the effect is not fast enough for this winter*	
	○ *If the whole of Germany could be boosted in 2 weeks, this would correspond to a small lockdown. In addition, it should be discussed that an infection after vaccination should not be positively evaluated as a booster, as there are disease risks, e.g. increased thromboembolic events have been observed in vaccination breakthroughs (unclear whether due to breakthrough or vaccination)*	*Oh*
	○ *Vaccinated and in lockdown? Is the alternative a life expectancy reduced by 2 years?*	
	○ *RKI should take the liberty of making independent considerations and then approach the BMG with them*	
	○ *Principle of effectiveness, appropriateness and practicability should be maintained in the context of a sober opinion on the added benefit of quarantine in vaccinated close CP*	
	○ *A panel discussion on the topic "Future - will there be a normal life again?" is proposed*	*Shade*
	ToDo 9: Appointment and invitation (crisis team distribution list) to an evening virtual discussion round on the above topic, duration 1 hour, within the next 2-3 weeks (in any case before Christmas), adjustment to the calendars of Schaade and Präs Wieler	*Mielke* *Oh*
	• *There is no need for further discussion on the Ampel coalition's draft bill*	***an der Heiden***
	• **RKI-internal**	

	○ *Not discussed*	
7	**Documents** ***(Fridays only)*** • *(not discussed)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *STIKO is currently discussing the booster vaccination for all, a draft could be available in about 10 days* • *Does the recommendation aim for the most synchronised boosting possible?* ○ *No, focus is on preventing more serious illnesses, therefore synchronised approach not currently preferred, sequence with decreasing age, pregnant women are also addressed* • *Can vaccine effectiveness still be calculated if only unvaccinated people are exposed under 2G conditions?* ○ *Yes, as long as there are unvaccinated people, there is a measure of effectiveness* • *Is the 6-month interval between basic immunisation still valid?* ○ *Yes, possibly relaxed "as a rule"* • *Does the "vaccinated" status expire without a booster? What is the situation for Janssen vaccines without mRNA booster (see France)?* ○ *Regulation still unclear, STIKO recommendation must be awaited* • *Will there be booster vaccination offers to RKI employees?* ○ *Yes, it is already underway, first according to age and risk factors, then employees, then everyone, there will also be 3 tests/week for employees from next week, the in-house hygiene concept will be adapted* • *Who monitors the vaccination capacities?* ○ *Implementation and realisation is not the task of STIKO* ○ *Centres are reopening in some BL* ○ *Salary increased to €28 (+ weekend allowance of €8)* ○ *Not all vaccination centres will be able to reopen due to organisational problems*	*FG33 (Harder)*

9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological sentinel had 873 samples in the last 4 weeks, 800 of which were analysed* o *323 ?23 SARS-CoV-2* o *250 RSV* o *161 Rhinovirus* o **73** *seasonal CoV (mainly* **OC 43***)* o *46 PICPIV* o *7 HMPV* o *2 Influenza A* **ZBS1** • *161 samples, 77 of which were positive for SARS-CoV-2 (47.8%)* • *Increased testing due to in-house cases*	*FG17 (Oh)* *ZBS1 (Michel)*
10	o *Outpatient: MAK in case of risk of severe course* o *Inpatient: several treatment options, Remdesivir is also authorised* o *Since yesterday 2 further MAK or combination approved by EMA: Casirivimab/Imdevimab (Ronapreve, Roche) and Regdanvimab (Regkirona, Celltrion Healthcare Hungary Kft)* o *Several drugs authorised for other indications are currently in rolling review* o **Outlook***: Combination of 2 AK with long-term effect (6-12 months (good substance for prophylaxis)* o *So far only press releases, no study results for:* o *PrEP: 77% risk reduction with ½ year follow-up* o *PEP: only 33% risk reduction for severe disease, but 77% risk reduction if seronegative at the start of therapy* o *Are all administered i.m.* o *In tablet form (outpatient) Molnupiravir, polymerase inhibitor, more potent than Remdesivir, CAVE mutagenic potential, relevant reduction in viral load in phase 2-3 studies* o *Protease inhibitor ritonavir: many drug interactions* o *Comparative study molnupiravir/ritonavir: risk reduction 50% (symptom onset <5 days) vs. 89% (symptom onset <3 days), NNT (number needed to treat) 18 in each case* **Discussion** o *Is there a guide for practitioners to help them make decisions? The indication is not trivial, as the time window plays a major role and the risk of severe progression is difficult to assess at the beginning* o *MAKs are very well tolerated, only very rare anaphylactic reactions* o *In the case of symptoms < 7 days, the indication should be given generously, AK control should be taken, findings*	*ZBS7 (Mikolajewska)*

	however, cannot be waited for ○ *In case of symptoms > 7 days, the serological findings should be awaited (UK study: hospitalised patients also benefit from MAK if they are seronegative)*	
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*All*
12	**Surveillance** *(Fridays only)* • *(not reported)*	*FG32*
13	**Transport and border crossing points** *(Fridays only)* • *A short report is planned for Christmas, which will be sent to the BMG after approval by Mr Schaade*	*FG38 (an der Heiden)*
14	**Information from the situation centre** *(Fridays only)* • *Not discussed*	*FG38*
15	**Important dates** • *Not discussed*	*All*
16	**Other topics** • *Not reported* • *Next meeting: Wednesday, 17 November 2021, 11:00 a.m., via Webex*	

End: *13:16*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 17 November 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Esther-Maria Antao*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
- *FG21*
  - *Wolfgang Scheida*
  - *Patrick Schmich*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG36*
  - *Silke Buda*
  - *Walter Haas*
  - *Julia Schilling*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Maren Imhoff (Minutes)*
- *MF 1*
  - *Stephan Fuchs*
- *MF 2*
  - *Torsten Semmler*
- *MF 4*
  - *Janina Esins*
- *P1*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG 2*
  - *Hanna-Tina Fischer*
- *BZgA*
  - *Jasmin Benser*
- *ZBS 7*
  - *Christian Herzog*
  - *Michaela Niebank*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • **Case numbers, deaths, trend** *(slides here)* ○ *SurvNet transmitted: 5,129,950 (+52,826), of which 98,274 (+294) deaths* *7-day incidence: 319.5/100,000 p.e.; 7-day incidence of hospitalised cases: 5.15/100,000 p.e. (first time > 5, follow-up reports pending), in the 60+ age group: 11.97 /100,000 p.e.* ○ *Active cases: approx. 490,800* ○ *Share of COVID-19 in ITS occupancy: 14.7* ○ *Level 2 achieved according to ControlCOVID* ○ *Trend in 7-day incidence by federal state:* *significant increases in BY, SN, TH* ○ *Nowcasting and 7-day R-value:* *7-day R continues to fluctuate around 1.2* ○ *Geographical distribution of 7-T incidence by LK:* *Top 15 districts > 900/100,000 p.e., in 95% of all districts the 7-day incidence is > 100/100,000 p.e.; large cities with the highest 7-day incidence > 100/100,000 p.e.* *Incidences: Dresden, Munich, Nuremberg, Leipzig* ○ *Incidence of cases by AG and KW (heat map):* *Highest 7-day incidence in AG 6-10: 732/100,000 p.e., AG 11- 14: 687/100,000 p.e.; in AG 80+: > 150/100,000 p.e.* ○ *7-T incidence according to LK and AG:* *High number of CC with 7-day incidence > 500/100,000 p.e., previously v.* *a. in the age groups 0-59; increase also predicted in older age groups* ○ *Course of 7-day hospitalisation incidence according to BL:* *nationwide > 5; TH > 20; SN: high 7-day incidence is not reflected in hospitalisation incidence, presumably Hospitalisations are insufficiently reported; reverse situation in MV: here good reporting of hospitalisations with comparatively low 7-day incidence; TH reports hospitalisations better than SN; different reporting behaviour impairs the informative value of the presentation* ○ *Deaths by week of death:* *in week 44 and week 45 > 800 deaths each* ○ *Additional analyses (slides here):* *7-day incidence of hospitalised COVID-19 cases by CC; deaths by CC* • **Test capacity and testing** *(slides here)* *(Wednesdays only)* ○ *significant increases in both the number of tests and the number of with positive portion*	*Dept. 3 (Hamouda)*

	○ *CW 45: > 1.6 million tests, 17% positive rate, highest positive rate since recording began* ○ *High laboratory capacity utilisation, almost at full capacity in some BCs, resulting in a risk of delayed transmission of results* ○ *Positive percentage by laboratory location: BB > 20 %, TH around 30 %, SN > 30 %, in almost all BL increasing trend* • **ARS data** *(slides here)* ○ *Increase in number of tests (week 45: > 600,000) and in positive rate (week 45: > 15 %) in all age groups and in almost all CCs; SL relatively stable* ○ *In the comparative period 2020, at least as many tests were carried out as in 2021, but the proportion of positives in 2020 was lower than in 2021; the difference in the proportion of positives compared to the previous year is different in the BCs: e.g. in SN, TH very significant increase compared to 2020* ○ *Increase in tests and proportion of positives mainly in doctors' surgeries (testing mainly of symptomatic patients), less marked increase in hospitals (testing mainly of asymptomatic patients); similar number of tests compared to the previous year;* ○ *Highest positive shares in AG 5-14* ○ *Increase in outbreaks: currently 138 active outbreaks in hospitals, 192 active outbreaks in retirement/nursing homes; outbreaks reflect general increase in incidence* **Discussion:** - *Communication Gerit Korr, BMG: Ministry nervous about PCR test capacities, demand planning; RKI: required for demand planning: mandatory reporting of tests, transmission of test figures has so far been voluntary;* - *ALM e. V. communication: Laboratories can increase capacities in principle, but need security to do so; problematic: incipient exodus of staff due to further increase in workload* ***TODO:*** *FG 32 - work towards mandatory reporting of PCR tests in dialogue with the BMG* • **VOC/VOI in Germany** *(slides here)* ○ *No change: B.1.617.2 (Delta) continues to dominate* ○ *Proportion of samples decreases with increasing case numbers (week 44: 1.1 %)* ○ *hardly any change in delta sublines under observation: AY 4.2 and AY.33 by 1 % (CW 44)* • **Molecular Surveillance** *(slide set 1 here, slide set 2 here)* ○ *CorSurV extended until 06/2022* ○ *Successful linking of sequence data with epidata: 47 % (?)* ○ *Representation of mapping to primary sequencing laboratories: some laboratories never transmit an ID, causes unclear -*	*FG 37 (Eckmanns)* *FG 32 (Sievers)* *MF 2 (Semmler), MF 1 (Fuchs)*

	Contact affected laboratories to find causes and solutions for missing transmissions ○ *Delta is the "new normal", many sublines* ○ *Original delta line: 28 % share in DE* ○ *Delta sub-sub-subline AY.4.2: two additional mutations in the spike gene, suspected increased transmissibility; declared as VUI in the UK, where its prevalence is increasing rapidly; comparatively few detections in Germany to date (see above: VOC/VUI in Germany)* **Discussion:** *-Geographical distribution of AY.4.2? - Aw: no peaks, but continuous increase in detections, i.e. no evidence of local outbreaks* • **Syndromic surveillance** *(slides here) (Wednesdays only)* ○ *Flu web: ARE rate at the same level as 2019/2020, significantly higher than 2020/2021; compared to the previous week:* *Increase in ARE rate, exception: age group 35-59* ○ *Visits to the doctor due to ARE: currently significantly more consultations than in previous seasons - suspected causes: more people are going to the doctor for testing even with mild symptoms, RSV circulation; age group 0-4: still high level, but no further increase* ○ *ICOSARI-KH-Surveillance - SARI cases: pronounced peak in age group 0-4, disease burden in this age group mainly due to RSV (67%); increasing SARI cases also in age groups 35-59 (73% COVID-19), 60-79 (58% COVID-19), 80+ (47 % COVID-19)* ○ *ICOSARI-KH-Surveillance - Share of COVID-19 in SARI cases: COVID-19 share is increasing, week 45: 38 % (ITS: 64 %)* ○ *COVID-SARI cases, autumn 2020 and 2021 in comparison: similar number of cases in all age groups* ○ *Outbreaks in nurseries/after-school care centres/schools: nurseries/after-school care centres: proportion of AG 15+ increasing, most outbreaks in BW and SN, an average of 5 cases per outbreak;* *Schools: significantly more outbreaks than in 2020, 856 outbreaks in the last 4 weeks; average of 5 cases per outbreak* ○ *Hospitalised children:* *RSV: sharp increase in SARI cases up to week 39, most recently 300-400 SARI cases per week; COVID-19: no increase, in week 43 approx. 80-90 hospitalised, although hospitalisation may have been for other reasons and COVID-19 was identified as a secondary diagnosis;* *Conclusion: the burden of disease in children is explicitly caused by RSV* **Discussion:** *-Predicted course of the flu season? - Aw: Behaviour of the population will change even before political measures are taken; the behavioural changes*	*FG 36 (Buda)*

	will also determine the course of the influenza wave - *Slide 11 shows recent declines in outbreak figures in schools - evaluation? - Aw: Do not overestimate declines, GÄ currently under heavy pressure, the supposed declines will be cancelled out by subsequent transmissions* - *Children play a major role in the transmission of SARS-CoV-2, school operations are being reactively blocked by class and school closures. Do we have a contact person for reliable information/figures on closures? - Aw: possibly BMFSJ, BMBF, KMK* - *PCR pool testing in NW: from now on, reserve sample for each sample - speeds up information channels because children from positive pools do not have to be re-sampled* • **Virological Surveillance, NRZ Influenza** *(slides here)* ***(Wednesdays only)*** o *highest number of entries to date in week 45 (266); Age group 0-4 disproportionately represented* o *Second-highest positive rate overall: 62%* o *SARS-CoV-2: proportion similar to previous week, Ct values unusually low, i.e. high viral load, last week contamination of a buffer* o *Influenza: occasional detections* o *Influenza worldwide: currently stronger increase compared to previous season, including influenza B (Victoria), H3N2 dominant in RU and US* o *Basic immunity low, potential for influenza wave given* o *Endemic coronaviruses: OC43 still around 10* o *Other respiratory viruses: slight decline in RSV, HRV as usual by 20 %, PIV slightly declining, HMPV at a low level* • **DIVI Intensive Register** *(slides here)* ***(Wednesdays only)*** o *Sharp rise in new COVID-19 ITS admissions, status 16 Nov: +1,781 in the past 7 days (+20 % compared to the previous week)* o *Absolute increases in all age groups; the 60+ age group accounts for 64.4 % of the total* o *High proportion of serious cases, around 80 deaths a day* o *in 7-8 CC > 12 % Share of COVID-19 in the total number of operational ITS beds* o *Highest level of reports on staff shortages, 38% of intensive care units have no capacity in the high-care area (regardless of treatment reason), 72% of intensive care units report "limited or no availability"* o *SPoCK: a sharp increase in COVID-19 ITS patients is forecast in all regions/cloverleaves* o *Situation comes to a head* **Discussion:**	*FG 17 (Dürrwald)* *MF 4 (Esins)*

	- *Staff shortages the cause of reduced capacities? - Aw: Staff shortages correlate with reduced capacities, compensation payments may also play a role*	
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** ○ *Adjusted risk assessment was circulated (document here)* ○ *Further adjustments are discussed and made jointly in the crisis team meeting, including contact reduction, important infection environments, STIKO recommendation on booster vaccinations, concern about increasing burden on the healthcare system and decreasing treatment capacities regardless of the reason for treatment* **TODO:** *Circulation of the document, use of the updated risk assessment for tomorrow's weekly report (FG 36), next presentation of the risk assessment in the crisis unit next Friday (19 November)*	*FG 38 (Rexroth)*
5	**Communication** **BZgA** ○ *no contribution* **Press** ○ *High number of hits on RKI Twitter and websites compared to October, high level of attention* ○ *Twitter: Accompanying the weekly report tomorrow* ○ *BPK next Friday (19 November): Discussion of the adjusted risk assessment/hazard situation (see agenda item 4, risk assessment), Leaflet in preparation* ○ *Proposal for BPK: Show flu web graphic* **P1** ○ *Presentation of the 2G/3G flyer to the crisis team next Friday* **Discussion:** *Can we highlight more clearly the differences in incidence between vaccinated and unvaccinated people? Relatively good figures are available from the BC. - FG 33: Reporting on vaccination effectiveness now weekly (instead of every four weeks).*	*BZgA (Benser)* *Press (Wenchel)* *P1 (flax)*

6	**RKI Strategy Questions** **General** ○ *ControlCOVID: the "minimally invasive" adjustment of the test recommendations for retirement and nursing homes discussed last week has been cancelled* ○ *The term "high-quality antigen tests" should be defined on the COVID-19 diagnostics page (rki.de/covid-19-diagnostik)* **RKI-internal** ○ *(not reported)*	*Dept. 3 / All*
7	**Documents** ○ *Recommendations for contact person management (document here)* ○ *Release planned for Friday (19 November)* ○ *depending on the capacity of the GA, greater focus on sensitive areas and situations with high transmission potential when identifying KP (Section 2.1, Section 3.2.1); recommendation for self-quarantine before ordering by the GA (Section 3.2.2); restriction of the exception to quarantine for vaccinated KP (Section 3.2.2)* ○ *Restriction of the exemption from quarantine for vaccinated KP: Recommendation contradicts § 10 SchAusnahmV* **Discussion:** *Recommendation to quarantine vaccinated KP will generate queries due to contradictions with legal provisions* *- Consider implications - recommendations for quarantine will only have a minimal impact on the course of the infection, serve primarily to relieve the burden on the ÖGD - changes noted by the Minister without comment - adapt wording to make the nature of the recommendation clear* ***TODO:** Proposed wording sent to FG 36 today, document sent to AGI tomorrow (18 November) for information, publication by press office on Friday (19 November)*	*FG 36 (Haas)*
8	**Vaccination update** ***(Fridays only)*** ○ *(not reported)* **STIKO** ○ *(not reported)*	*FG33*

9	**Laboratory diagnostics** **FG17** ○ *see TOP 1, National situation* **ZBS1** ○ *not present*	*FG17* *ZBS1*
10	**Clinical management/discharge management** ***(exceptionally also on Wednesdays)*** ○ *Cloverleaves South and East expect strategic patient transfer from next week; West and South-West: Relocation only regional; North: relaxed with the exception of SH* ○ *COVRIIN advises on concrete proposals to the BMG, including early transfer, structural transfer, AK therapy*	*ZBS 7 (Herzog)*
11	**Measures to protect against infection** ○ *(not reported)*	*FG14*
12	**Surveillance** ○ *(not reported)*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** ○ *(not reported)*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** ○ *(not reported)*	*FG38*
15	**Important dates** ○ *none*	*All*
16	**Other topics** ○ *Next meeting: Friday, 19 November 2021, 11:00 a.m.*	

End: 13:33

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 19 November 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG13*
  - *Stephan Fuchs*
- *FG14*
  - *Marc Thanheiser*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Romy Kerber*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Worldwide:* ▪ *Data status: WHO, 17 November 2021* ▪ *254,256,432 cases (+6.4% compared to the previous week)* ▪ *5,112,461 deaths (CFR: 2.01%)* ○ *List of top 10 countries by new cases:* ○ *1. USA 2. Germany 3. Russian Federation 4. UK 5. Turkey 6. Ukraine 7. Poland 8. Netherlands 9. Czech Republic 10. Austria* ○ *Epidemiological situation EU/EW by ECDC* ○ *On a scale of 1-10 (very low - very high): Germany 8.0 (High) - previous week 8.3* ○ *Epicurve WHO Sitrep:* ▪ *Global trend continues to rise* ▪ *Strongest increase in cases (+8) and deaths (+5%) in Europe* **Discussion:** ○ *What measures have been taken by the countries that have handled the pandemic particularly well and why are the severe cases also being observed in countries with a good health structure and monetary resources?* ▪ *A review should take place at EU level. Various factors could be relevant, including the age structure in Europe.* ▪ *In African countries, demographic factors but also diagnostics and seasonality play a role. In Asian countries, the sustainability of the measures taken could be relevant. The ZIG can work on individual issues and present them at upcoming meetings.* ▪ *The diagnostic bias can have an effect on the incidence but also on the deaths, e.g. some Deaths not diagnosed with COVID-19* ▪ *An overview of excess mortality data from Africa would also be interesting.* ***ToDo:*** *Presentation of the different ITS admission criteria in international comparison is to be presented by the ZIG to the crisis team in 2 weeks. The exact date has not yet been set. After this task, an overview of excess mortality data from African countries is to be compiled.*	*ZIG1* *Shade* *Rexroth* *Hanefeld* *Bremen* *Shade* *ZIG, Schaade*

National

- *Case numbers, deaths, trend, slides here*
- *SurvNet transmitted: SurvNet transmitted: 5,248,291 (+52,970), of which 98,739 (+201) deaths*
- *7-day incidence: 340.7/100,000 inhabitants.*
- *Vaccination monitoring: Vaccinated with 1st dose 58,434,229 (70.3%), with complete vaccination 56,351,352 (67.8%)*
- *7-day hospitalisation incidence*
  - *Total: 5.34 / 100,000 pop.*
  - *>= 60 years: 12.55 / 100,000 pop.*
- *Cases on ITS: 3,431 (+55)*
- *Proportion of ITS occupancy with COVID-19: 15.3%*
- *First-time admissions ITS: +287*
- *Course of the 7-day incidence in the federal states:*
  - *No cases could be transmitted from Saxony, so the data is currently not representative*
  - *Incidence rates remain high*
  - *Number of districts with 7-TI >25/100,000 inhabitants: 410/411*
  - *Number of districts with 7-TI >50/100,000 inhabitants: 410/411*
  - *Number of districts with 7-TI >100/100,000 inhabitants: 395/411*
  - *Number of districts with 7-TI >1000/100,000 inhabitants: 12/411*
- *Course of 7-day hospitalisation incidence*
  - *Increase in almost all BL, largest increase in Thuringia*
  - *The ratio to the 7 incidence varies in the BL*
  - *The completeness of the data leads to an underestimation of the HI, which can be up to 50% higher than reported*
  - *Data completeness varies depending on the federal state, between 35-99%.*
- *Excess mortality is currently observable, reasons still need to be clarified with Dept. 2*

Discussion:

- *A comparison of data from 2019 with 2020 on the number of deaths caused by NCDs shows an increase in mortality rates of 5%. Largest increase in cardiovascular diseases and endocrine diseases. Annual fluctuations are known for cardiovascular diseases. Similar observations can be seen in the USA. Over the course of the pandemic, there has been a decline in preventive/prophylactic services. However, this decline is not expected to have an impact on mortality from NCDs in this short period of time. The document prepared by Dept. 2 will be distributed to the crisis team.* *FG32*
- *Due to the delay in reporting, a decision must be made between timeliness and precision in reporting. Should a*

	delay of one week be accepted to report more precise values?	

RKI	▪ *This proposal has already come from the state authorities. In a phase of strong growth, however, this would not be much won.* ▪ *A weekly updated presentation of the data should be considered.* ▪ *Linking the reported values with legal measures poses a challenge.* o *The completeness of the reporting data remains a problem. How should this be dealt with? Should the data on completeness be published?* ▪ *This could be coordinated in the AGI, for example. The basis of the data should also be clarified once again. (is the IfSG the basis in every country?).* ▪ *The varying completeness of the data and the associated limitations of the evidence should be communicated. to ensure transparency.* ▪ *The limitations of the data and the legally prescribed indicators (in particular hospitalisation incidence) have already been extensively communicated* ▪ *The reported data continue to represent high-quality data. The surveillance system in Germany has However, its limitation is still very good. The limitations are known.* ▪ *Data completeness should be communicated. This allows the measures used to be assessed.* ***ToDo:*** *The figures on data completeness should be reported. Coordination with the state authorities should take place promptly (in the next AGI).*	
2	**International** • *Intra-Action Review is being conducted in Iran in collaboration with Dept. 3 and Charité. The focus is on the use of telemedicine during the pandemic* • *Increased demand for materials and laboratory requirements, including from Africa*	*ZIG*

3	**Update digital projects** • *Slides, here* • *CWA:* o *Key figures:* ▪ *>36.2 million downloads | 690,000 alerts in total* ▪ *>8800 alerts/day >120,000 alerts received/day (PPA)* o *Development:* ▪ *Hotfix forged certificates* ▪ *Version 2.14 (next Monday)* o *Communication:* ▪ *Pandemic events (weekly report, key figures)* ▪ *English dashboard* ▪ *CWA, CovPass app, CovPassCheck app: 3C against Corona* ▪ *Vaccination* • *CovPass:* o *Key figures:* ▪ *> 132 million DCC (as of 12 November)* ▪ *CovPass app: >24 million downloads (as of 12 November)* ▪ *CovPassCheck app: 737,843 downloads (as of 12 November)* o *Development:* ▪ *Version 1.13 delayed (no feedback from Google review yet)* o *Communication:* ▪ *Check app communication pushed* ▪ *Check app usage increases (Hamburg ordinance)* • *DEA* o *More and more countries are being categorised as risk areas again > Number of registrations on the rise* o *1 year DEA: approx. 50,000 registrations per day | > 16.7 million registrations since 11/2020* **Discussion:** o *Is there an outlook on the compatibility of the CovPassCheck app with Lucca QR codes?* ▪ *The codes can only be read in if they were created after 26/05/2021. The driver of the App must take care of compatibility. The operators have already been informed and there will be a reference to this in the Check app.*	*FG21*
4	**Current risk assessment** • *Editorial changes will be made* • *Testing before contact with people at increased risk of infection should be recommended*	*Dept. 3*
5	**Communication** **BZgA** • *Booster vaccination should be handled communicatively. Several*	*BZgA*

	Channels are used (TV, radio, posters, newspaper, etc.) • *Information material on booster vaccination has been compiled in a digital package* • *A special focus was placed on people who are vaccination hesitant in order to encourage them to be vaccinated, i.e. to close vaccination gaps* **Discussion:** o *Has contact been made with federal organisations of various groups to discuss different strategies with them?* ▪ *An exchange already took place in the summer.* o *Has the TV advert been adapted to the extent that the vaccinated people can no longer go partying without basic protective measures (AHA+L), for example?* ▪ *The communication of mass events takes place in the current spot (https://www.youtube.com/watch?v=JXQ2C5IXYzk) no longer takes place. The communicative goal is to demonstrate vaccination protection and to call for a booster vaccination.* o *Merely communicating the protection provided by the vaccination is not sufficient in this situation. Contact reduction and basic measures (AHA+L) should be communicated to deal with the situation.* o *Communicating the reduction in contact makes sense, but it will not be possible to persuade the population to do so at the same speed through communication alone.* **Press** • *The social media team is currently developing a plan for communication over the Christmas period* **P1** • *Flyer on risk at 2G/3G events has been revised* • *Graphic on vaccination breakthroughs is being developed* • *Document on rules of conduct to be commented on by Monday afternoon* **Discussion:** o *The depictions of people should be adapted to the age groups.* o *The first measures when meeting people outside the household should remain the AHA+L and not the tests.* ▪ *Antigen testing of people who are not at risk can also help to reduce transmissions* ▪ *Due to the reduced availability of tests, they should be used as selectively as possible* ▪ *A "layered" recommendation is to be presented, i.e. meetings should focus on the basic measures. and contacts should be reduced. However, if there is contact with risk groups, for example, it is recommended to*	*Press* *P1*

	to carry out a test. ○ *The presentation of the individual vaccinated and infected persons could be misleading, as the actual proportion is significantly higher. The presentation should therefore be quantitatively harmonised (with FG33).* ○ *The AHA+L should be prioritised in the rules of conduct and not the vaccination.* ***ToDo:*** *Further changes to the communication of testing and mask use in contact with risk groups in the flyer and the document on rules of behaviour should be made. Testing should primarily take place in the event of contact with risk groups and not necessarily for every contact in the private sphere. The basic measures and contact reduction remain the focus. Document to be created by Friday DS.*	
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*

8	**Vaccination update** • *Stable hospitalisation incidence among vaccinated people* • *The efficacy decreases slightly in the course of mild courses* • *In severe cases, the effectiveness decreases slightly in the over-60s* • *LSHTM modelling: If only the 70+ were booster vaccinated, a 5th wave would be stronger than if the entire population were booster vaccinated. The booster vaccination will not have a major effect on the current wave, but it will have an effect on the upcoming incidence of infection in 2022.* • *If the vaccination interval is shortened (less than 6 months), the number of vaccine doses potentially vaccinated per week increases, which can lead to a reduction in vaccination capacity, particularly relevant for vulnerable groups* • *Recommendations and authorisation of vaccinations for children >5 years should be developed / enforced promptly* **Discussion:** o *To what extent is the severity of the disease taken into account in the LSHTM modelling?* ▪ *Details of the model in terms of weight are not known. Further details can be found bilaterally be exchanged.* o *Is a booster vaccination also authorised for Novavax?* ▪ *The details of the authorisation for Novavax have not yet been clarified.* o *The capacity to vaccinate the population should be strengthened by policy (e.g. by opening vaccination centres).* o *A booster vaccination from 3-4 months is advisable. Data from Israel can provide information on how long the booster vaccination lasts.* o *The effectiveness of the third vaccination in Germany cannot yet be assessed. Data from other countries show that a high level of effectiveness can be demonstrated in risk groups.* **STIKO** • *The draft decision on the updated STIKO recommendation on booster vaccination has been published*	*FG33*

9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 859 samples in the last 4 weeks, of which:* ○ *40 SARS-CoV-2* ○ *143 Rhinovirus* ○ *31 Parainfluenza virus* ○ *89 seasonal (endemic) coronaviruses* ○ *6 Metapneumovirus* ○ *2 Influenza virus (both H3N2)* **ZBS1** • *227 samples received* • *98 samples positive (43.2%)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *Thuringia will begin transferring patients to the rest of Germany* • *The presentation of the cloverleaf system should be further publicised* • *Monoclonal antibodies for COVID-19 therapy approved* **Discussion:** ○ *How high is the availability of monoclonal antibodies?* ▪ *There is currently no bottleneck.* ○ *This therapy option in the preclinical* *The first phase of the disease should be publicised further in severely affected regions so that the stress situation can be reduced.* ***ToDo**: Information package on the use of monoclonal antibodies in the early treatment of COVID-19 to be developed and shared at the next AGI.*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *the LK Ludwigslust Parchim has transmitted data again*	*FG 32*
13	**Transport and border crossing points** • *not reported*	*FG38*
14	**Information from the situation centre** • *Appointment to discuss the prospects in the building (mask use, 3G etc.) on* **02.12.2021**	*FG38*
15	**Important dates**	

RKI	• *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 24 November 2021, 11:00 a.m., via Webex*	

End: 13:11

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 24 November 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
  - *Marc Thanheiser*
- *FG17*
  - *Thorsten Wolff*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *N.N.*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Michaela Niebank*
  - *Annegret Schneider*
- *MF1*
  - *Stefan Fuchs*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *not reported* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 5,497,795 (+66,884), of which 99,768(+335) deaths* ○ *7-day incidence: 404.5/100,000 inhabitants.* ○ *Hospitalisation incidence: 5.7 per 100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 58,791,289 (70.7%), with complete vaccination 56,637,852 (68.1%), with Booster vaccination 6,641,501* ○ *Course of the 7-day incidence in the federal states:* ○ *Increase in all BL, very steep increase in Saxony, Thuringia and Saarland* ○ *7d-R value >1* ○ *22 LK with incidence >1000 and 1/3 of LK with incidence >500* ○ *Incidence by AG and reporting week: weekly incidence increase of 100, increase in all AGs* ○ *Test capacity and testing (Wednesdays only)* ○ *Slides here* ○ *200,000 more tests than in the previous week* ○ *Test positive rate approx. 20%* ○ *Number of tests = 1.8 million, capacity is approx. 2.2 million* ○ *Individual BLs have exceeded capacity utilisation limits, e.g. Brandenburg, Thuringia, BaWü. Saxony* ○ *50% of the laboratories have a test positive rate of >20%* ○ *ARS data* ○ *not reported* ○ *VOC report* ○ *not reported* ○ *Molecular Surveillance (Wednesdays only)* ○ *not reported* ○ *Syndromic surveillance (Wednesdays only)* ○ *not reported* ○ *Virological surveillance, NRZ influenza data (Wednesdays only)* ○ *not reported* ○ *DIVI Intensive Care Register figures (Wednesdays only)* ○ *Slides here* ○ *4041 COVID-19 patients on the ITS (+2055 in the last few years)*	*ZIG1* *FG32 (Diercke)* *Hamouda* *Fisherman*

RKI	*7d)* ○ *Increase in all BCs, 9 BCs with ITS utilisation of >12%* ○ *Treatment occupancy according to severity: increase in patients with invasive ventilation, approx. 100 patients die per day on the ICU* ○ *Age structure of 3813 ITS patients (96% of all reported ITS patients): Increase in all age groups, particularly strong in the 50-79 age group, increase from 5 to 28 female patients in the 0-17 age group in the last 5 weeks* ○ *Staff and space shortages: 75% partial or complete restriction of availability* ○ *SPoCK: Increase in the next 3 weeks in the east, south and south-east* ○ ○ *Modelling* ***(Fridays only)*** ○ *not reported* *Discussion* *Question: How high is the surge capacity (i.e. conversion of non-COVID-19 beds into COVID-19 ITS beds)* *Answer: The emergency reserve capacity is not suitable as a parameter for this, as it mainly includes low-care ITS beds. Therefore, orientation towards ventilation and ECMO capacities.* *Question: Why does the number of available ITS beds remain constant even though the number of COVID-19 ITS patients is rising sharply?* *Answer: The proportion of non-COVID-19 patients is being reduced, e.g. by postponing operations. A new graphic is needed to illustrate this* **ToDo1** *Graphical representation of the course of COVID-19/non-COVID-19 ITS patients and the availability of free ECMO beds (Fischer)*	
2	**International** ***(Fridays only)*** • *not reported*	*ZIG*
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment (document here):* • *Focus shifted to basic immunisation instead of booster vaccination as before* • *Emphasising the burden on the healthcare system* • *Consult a doctor and take advantage of therapy options if necessary:* "Through early medical consultation, individualised therapeutic options should be examined (e.g. antiviral	*Dept. 3*

	therapy). The treatment of severe disease progression is complex and only a few therapeutic approaches have proven effective in clinical trials."	
5	**Communication** **BZgA** • *Activities new: Website updated to reflect new developments, e.g. amendment of the Infection Protection Act, STIKO recommendation* • *Leaflet on behaviour over the holidays: vaccination, AHA-L, testing, contact reduction, boosters* • *Info on EMA authorisation for children aged 5 and over* • *Flyer for 2G/3G/2G+* *Question from the crisis unit: What is meant by 2G+? Answer: Definition unknown, suggestion from crisis team gladly accepted* **Press** • *The number of deaths is likely to exceed the 100,000 mark the next day, so possibly a Twitter thread about it and no accompanying tweet to the weekly report to compensate for this* • *Successful background discussion for journalists on hospitalisation incidence conducted by Hamouda, Diercke and M. an der Heiden* **P1** • *Discussion about 2G/3G Flyer (here)* • *Replace the term 'event' with 'Meetings/Gatherings'* • *Deletion of the 2G/3G person graph after lengthy discussion, as the graph often leads to misunderstandings and proportions are strongly incidence-dependent* • *Check other illustrations and delete if necessary: e.g. remove the sample drop in the quick test image, remove the image of the couple with the mask on the sofa* • *Since it has already been mentioned at the beginning that wearing masks is important, this will no longer be discussed in section 5* • *Do not include retirement and nursing homes in 5. as they have their own SOPs, only include private meetings outside your own household* **ToDo2** *Please define the '+' for 2G+: These are vaccinated or recovered people who have also tested negative. Do not specify the type of testing. Coordinate with P1 2G/3G Flyer (Leuker). (Ommen)*	*BZgA (Ommen)* *Press (Wenchel)* *P1 (Leuker)*
6	**RKI Strategy Questions** **General** • *1. various data offers for the*	*All*

RKI	*Hospitalisation incidence: What should the RKI communicate, how often, at what geographical level? (7-day value updated daily, frozen, post-corrected, nowcast...)* • *Discussion on the presentation of hospitalisation incidence for the individual federal states* • *It was suggested to clarify in advance which value is decisive for regulations, but this was discarded in the course of the discussion, as BL often use their own values. Instead, all available values should be published daily, similar to the R value, and a regular assessment should be made of how the values are to be interpreted. The frozen value should be recommended as a guide value* • *The publication of all values is intended to make it clear that the current underreporting of the actual hospitalisation incidence is not the responsibility of the RKI, but rather the result of incomplete reporting by the federal states* • *2. concern from the AGI: elimination of PCR test indications to relieve PCR capacities* *It was suggested by the AGI that enabling tests, e.g. free testing after quarantine, 2G+ and pool testing at schools should no longer be recommended. After a discussion, it was decided to refer to the national testing strategy with a disclaimer that the BC may deviate from it depending on capacity. RKI papers on this (contact tracing, discharge management, testing concepts for schools) will not be changed for this reason.* • *3rd AG on antiviral therapy* *Mr Schade suggests that a working group be formed to discuss whether or not the RKI can recommend antiviral therapy from a public health perspective. Aspects of early therapy and prophylaxis (chemo-prophylaxis as a mandate of the STIKO) should be considered.* **RKI-internal** *not reported* **ToDo3** *Daily publication of the nowcasting, adjusted and frozen values for the 7-day hospitalisation incidence (Diercke, Rexroth)* **ToDo4** *Add a disclaimer to the text template for the test indication (for weekly report?) by J. Seifried (see last slide Test number recording) (Seifried, Mielke, Haas)* **ToDo5** *working group to determine whether antiviral therapy is recommended from a public health perspective, e.g. for chemo-prophylaxis.*	*Dept. 3*

	or not. Once finalised, coordination with FG33 and specialist associations is to take place. Present the first interim result to the crisis team before Christmas. Lead of the WG: Niebank, input from: ZBS7, FG36, FG17 (Oh), coordination with FG33, Specialist societies	
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *xxx*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* ○ *# SARS-CoV-2* ○ *## Rhinovirus* ○ *## Parainfluenza virus* ○ *## seasonal (endemic) coronaviruses* ○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1**	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
15	**Important dates** • *none*	*All*

16	**Other topics** • *Next meeting: Friday, 26 November 2021, 11:00 a.m., via Webex*	

End: 13:10

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Weekday, 2021-11-26, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Ute Rexroth

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Svenja Matusall*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG13*
  - *Stephan Fuchs*
- *FG14*
  - *Mardjan Arvand*
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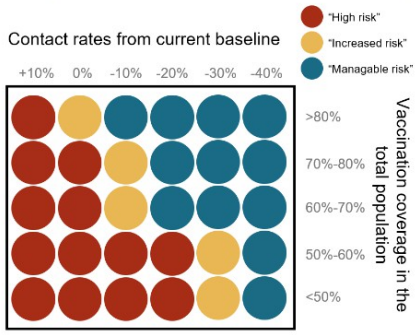
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Christian Herzog*
  - *Agata Mikolajewska*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Ines Lein*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Anna Rhode*
  - *Heinz Ellerbrok*
  - *Mikheil Popkhadze*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Worldwide:* ▪ *Data status: WHO, 25 November 2021* ▪ *Cases: 258,830,438 cases (+9.5% compared to the previous week)* ▪ *Deaths: 5,174,646 deaths (CFR: 2.0%)* ○ *List of top 10 countries by new cases:* *1. USA 2. Germany 3. UK 4. Russian Federation 5. Turkey 6. Netherlands 7. Poland 8. France 9. Czech Republic 10. Vietnam* ○ *RRA ECDC: current SARS-CoV-2 epidemiological situation and projections for the end-of-year festive season, 17th update* ▪ *Situation in Germany: High Concern* ▪ *Graphic illustrates the burden of COVID-19 over time, taking into account vaccination rates and Contact reduction. 0% represents the current baseline value.* ▪ *The graphic illustrates the relevance of contact restrictions in addition to the vaccination of the Population* **Figure 8. Projected burden of COVID-19 mortality in relation to vaccination coverage and contact rate change between December 2021 and the end of January 2022**  *Note: The figure shows the risk for mortality burden as circles in blue ('manageable risk'), yellow ('increased risk'), and red ('high risk'), across different vaccination coverages as well as different changes in contact rates from the current situation and assuming 30% increased contacts due to the festive season.* ○ *Influences on the disease severity of COVID-19; international overview* ▪ *Studies in Mali, ~~Sierra Leone~~ and Uganda are investigating the influence of routine exposure to Malaria on the disease severity of COVID-19* ▪ *It is hypothesised that this exposure has a certain training effect on the immune system. is present so that there is no overreaction to SARS-CoV-2* ▪ *COVID-19 patients with previous malaria infection maintained normal cytokine levels* ▪ *Laboratory study in Sierra Leone on cross-immunity. Pre-pandemic serum (Ebola survivors and contacts) shows reactivity against SARS-2, SARS-1 and MERS.*	*ZIG1*

	Slightly lower than comparison group of COVID-19 patients (USA) but much higher than in pre-pandemic serum from USA ~~(endemic coronaviruses & SARS-CoV-2)~~ could play a role ○ *Virus variant B.1.1.529* ▪ *Current sharp rise in the number of cases in Tschwane/Pretoria, Gauteng province, South Africa (**R=1.94**)* ▪ *Single records in Botswana (4) and Hong Kong (1, travel history South Africa) - Supplement: Belgium* ▪ *Various spike protein changes: A67V, Δ69-70, T95I, G142D, Δ143-145, Δ211-212, ins214EPE, G339D, S371L, S373P, S375F, K417N, N440K, G446S, S477N, T478K, E484A, Q493K, G496S,Q498R, N501Y, Y505H, T547K, D614G, H655Y, N679K, P681H, N764K, D796Y, N856K, Q954H, N969K, L981F* ▪ *PCR abnormality: S gene loss (n=77), enables PCR screening* ▪ *So far no information on changes in transmission capacity, disease severity, Immune evasion, reinfection capacity etc. present.* ▪ *Since 24.11.2021 "Variant under Monitoring" by WHO* ▪ *Since 26/11/2021 "Variant of Concern" by ECDC* ▪ *WHO Technical Advisory Group meets today (26 November 2021) (TAG) on virus evolution* ▪ *Classification of South Africa, Lesotho, Eswathini, Malawi, Botswana, Mozambique as virus variant areas* ▪ *Transport ban (legal basis Entry Regulation)* ▪ *Flight ban under discussion (presumably no legal basis)* ▪ *Time: as soon as possible, legally possible: Sunday 00am* ▪ *Discussion: Adaptation of §10 Entry Regulation to exceptions possible*	
	Discussion	*Haas*
	○ *The ECDC's RRA is a good approach, but it should be clarified which point in time the ECDC sets as the baseline. There has already been a massive increase in Germany, so it would be important to know which point in time should be used to analyse the graph.*	*Wolff*
	○ *Cross-reactions of the N proteins of SARS-CoV-2 and seasonal beta coronaviruses are well known. It is unclear whether this has any relevance for COVID.*	
	○ *According to the NY Times, 2 patients have been identified in Hong Kong. One of the cases was accommodated in a hotel in a room opposite the index case.*	*Oh*
	○ *HK has a very good entry quarantine. If the variant has been found in people travelling there, then it will also have arrived in other countries*	*Fox*
	○ *This variant has not yet been identified in Germany. The sensitivity of the surveillance is relatively good, but currently around 2000 cases would have to be infected with the variant for*	

	this to be possible.	
	in the surveillance. The sequence data are very fresh. ○ *It was discussed with partners from South Africa that sequencing should be carried out immediately in the event of abnormalities.* ○ *There are indications of several celebrations that could potentially be the starting point for the infection.* ○ *The vaccination rate in South Africa is relatively low. There is little information on the epidemiology of the outbreak.* ○ *CDC Africa has called for no travel ban to be implemented, as these have shown little impact in the past.* ○ *We are in contact with 2 hospitals in ZA via telemedicine. If there is any information through this channel, it will be passed on.* ○ *This line appears to have arisen independently of the delta variant and shows an unusual mutation profile. Further investigations are necessary to be able to make valid statements.* ○ *The technical recommendation on contact person management specifically mentions 2 variants (beta & gamma); this wording is very specific and does not take into account newly emerging variants. A general statement on travelling to countries with VOC is not included. This deviates from the current regulation on risk and virus variant areas.* ***ToDo:*** *Adapt recommendations on CoNa so that the wording is adapted so that quarantine of travellers from areas with likely exposure to VOCs is recommended and in line with applicable regulations.*	*IBBS/ STAKOB?* *Haas* *Haas, Kröger*

	ZIG1/PHI requests that the two current tasks (ID4582 ITS admission criteria in international comparison and ID4583 excess mortality rate Africa) be critically reviewed. The tasks are not particularly clear-cut and (as they stand) involve an incredibly large amount of work. We currently have no prospect of support for this and can hardly cope with it, especially in anticipation of the developing international situation around B.1.1.529.	*Rohde ZIG1*
	National ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 5,650,170 (+74,414), of which 100,476 (+357) deaths* ○ *7-day incidence: 438.2/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 58,901,630 (70.8%), with complete vaccination 56,716,237 (68.2%)* ○ *Course of the 7-day incidence in the federal states:* ○ *Saxony at almost 1,200 / 100,000 p.e.* ○ *Increase observed throughout Germany* ○ *Bavaria possibly showing stagnation*	*FG32*
	○ *Number of circles with 7-TI >50 = 411/411(+0)* ○ *Number of circles with 7-TI >500 = 149/411 (+11)* ○ *Number of circles with 7-TI >1000 = 34/411 (+5)* ○ *Total hospitalised: 5.97 / 100,000 p.e.* ○ *Hospitalised >60: 14.45 / 100,000 p.e.* ○ *Death figures by age and reporting week* ▪ *Death figures so far below the level of last winter* ▪ *Highest death rates in AG 60-79 and >80* ▪ *35 children died over the course of the disease; all with pre-existing conditions* ▪ *Several stillbirths in AG 0-4; 9 deaths so far this year* ○ *Excess mortality currently observable* **Discussion:** ○ *Deaths among 0-4 year olds should not be compared with deaths in other age groups, but with the frequency of other causes of death in other age groups* ○ *50% of the deceased in the older age groups were vaccinated. This must be put into context with the overall vaccination rate. If this is taken into account, the protection provided by the vaccination is still good.*	

2	**International** • *Twinning project with Namibia* • *As part of an IAR, it was identified that laboratory capacities for carrying out PCR should be strengthened* • *The first test laboratory was set up last year. This laboratory can currently provide 20 -60 samples per day.* • *A new laboratory was set up in August of this year; this laboratory can currently process >100 samples per day.* • *Another laboratory is currently being set up and staff are being trained* • *SARS-CoV-2 validated testing to be possible soon*	*Ellerbrok*
3	**Update digital projects** • *Slides here* • **CWA** o *Key figures:* ▪ *Almost 37 million downloads | 750,000 alerts in total* ▪ *12,000 warnings/day* ▪ *150,000 alerts received/day* o *Development:* ▪ *Notification booster vaccination after 6 months* o *Communication:* ▪ *BPK via CWA and CovPass check* ▪ *CWA, CovPass app, CovPassCheck app (>100k impressions)* ▪ *Pandemic events (weekly report, key figures)* ▪ *Vaccination communication*	*FG21*
	• **CovPassApp** o *Key figures:* ▪ *134.6 million DCC (as at 23 November)* ▪ *CovPass app: > 25 million downloads (as of 25 November)* ▪ *CovPassCheck app: > 950,000 downloads (as of 25 November)* ▪ *Daily downloads increased by 50% in the last week* o *Development:* ▪ *Version 1.14* o *Communication:* ▪ *Check-App communication material is available online* ▪ *Acceptance of the CheckApp is increasing → Example: NRW regulation* • **DEA** o *Key figures:* ▪ *More and more countries are being categorised as risk areas again > Number of registrations on the rise* ▪ *approx. 60,000 registrations per day | > 17.1 million registrations since 11/2020*	
4	**Current risk assessment** • *(not reported)*	*Dept. 3*
5	**Communication**	

	BZgA • *Notes on contact restrictions are placed more prominently* • *Communication on booster vaccination is being further expanded* **Press** • *Tweeted yesterday about the 100,000 deaths. Great response to the post* • *In recent weeks, there has been an overall increased response and attention on the RKI's public channels* **P1** • *The 2G/3G flyer is currently being revised and will be published on Monday if possible* • *Flyer "Rules of behaviour: Safely through the winter" was created and coordinated with the diagnostics working group. The recommendations were revised.* **Discussion:** o *Some formulations seem relatively complex and long. A reduction would be desirable.* o *It should be clearly communicated that a reduction in contact is important now and not just at Christmas.* ***ToDo:*** *Please provide feedback directly in the document on the*	*BZgA* *Press* *P1*

	rules of behaviour (here) are given. **Document on PCR testing capacities** ○ *Draft here* ○ *Recommendation for the targeted use of PCR capacities* ○ *Countries can adapt regulations accordingly depending on the regional situation. These are recommendations on the part of the RKI.* ○ *A reference should be made in the National Testing Strategy document* ○ *The indication of PCR pool testing was critically discussed in the AGI* ***ToDo:** Text of the document to be published on Monday.* **Communication on the new variant from South Africa** ○ *Draft here* ○ *Mr Wolff has drafted a text on the technical assessment of the new variant and shared it with the crisis team* ○ *The document should not contain any recommendations for measures and should only be a technical assessment of the virus* ○ *The document was revised by the crisis team* ○ *The document will be included as an extra article on the RKI website. If classified as a VOC, it will then be published in the corresponding section*	
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** • *On 25 November 2021, the Committee for Medicinal Products for Human Use (CHMP) at the European Medicines Agency (EMA) issued a recommendation to grant an extension of the marketing authorisation for the COVID-19 vaccine Comirnaty from BioNTech/Pfizer for the EU and thus also for Germany. With the authorisation extension, this vaccine can be used from the age of 5 years.* **An off-label**	*FG33*

	Use of the vaccine now available for adults in children aged 5 years and older is not recommended in Germany. • *A corresponding STIKO recommendation is still in progress* • *A statement on compulsory vaccination has been drawn up. The RKI considers a facility-specific but also general vaccination obligation to be sensible.* • *The RKI is currently receiving many decrees with short processing times (<24h)* **STIKO** • *The regulation on vaccination for people who have recovered remains unchanged. A booster vaccination should also be given for a vaccination that was given more than 6 months ago* **Discussion:** o *An own-initiative report on the adaptation of the SchAusnahmV should be prepared, as this ordinance generally exempts vaccinated persons from quarantine. This does not meet the current requirements in the current epidemic situation* o *An exact date for the delivery of the paediatric vaccine is not yet known.* o *There is no shortage of vaccines for adults in the current situation* o *It is easier to implement a facility-based compulsory vaccination programme than a general compulsory vaccination programme*	
9	**Laboratory diagnostics** • *(not reported)*	
10	**Clinical management/discharge management** • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *The new SurvNet version would be rolled out* • *Vaccination data can now be better recorded* • *Information on reinfections is also recorded*	*FG 32*
13	**Transport and border crossing points** • *not reported*	*FG38*
14	**Information from the situation centre** • *The 300th meeting of the crisis unit took place today.*	*FG38*
15	**Important dates** • *None*	*All*

16	**Other topics** • *Next meeting: Wednesday, 01.12.2021, 11:00 a.m., via Webex*	

End: 13:05

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 01.12.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Osamah Hamouda

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
- *FG13*
  - *Stephan Fuchs*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
  - *Justus Benzler*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
  - *Mirco Sandfort*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
  - *Alba Mendez*
- *ZBS7*
  - *Christian Herzog*
- *MF1*
  - *Thorsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *John Gubernath*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *BZgA*
  - *Andrea Rückle*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **National** • *Case numbers, deaths, trend, slides here* • *SurvNet transmitted: SurvNet transmitted: 5,903,999 (+67,186), of which 101,790 (+446) deaths* • *Number of active cases: 864,600 (+22,400)* • *7-day incidence: 442.9/100,000 inhabitants.* • *Vaccination monitoring: Vaccinated with 1st dose 59,407,188 (71.4%), with complete vaccination 57,024,545 (68.6%), of which 10,377,200 (12.5%) with booster vaccination* • *Course of the 7-day incidence in the federal states:* o *Sharp decline in Saxony, presumably not natural, but due to lack of capacity* o *Flattening in ST & BB* o *Number of districts with 7-TI > 50/100,000: 411/411 (+0)* o *Number of districts with 7-TI > 500/100,000: 146/411 (-11)* o *Number of districts with 7-TI > 1000/100,000: 32/411 (-3)* • *Nowcasting R-value* o *Falling trend at federal and state level, currently just under 1* • *Hospitalisation incidence* o *Declining trend in Thuringia, but still >15 /100,000 p.e.* o *Total: 5.61 /100,000 p.e.* o *>60: 13.00 /100,000 EW* • *Number of deaths* o *Number of deaths continues to rise* ***Discussion:*** o *The observed case numbers are no longer increasing as rapidly as in recent weeks. However, despite the stagnation in case numbers and falling R value, we cannot give the all-clear, as the slowdown can be explained at least in part by locally exhausted laboratory capacities and limited capacities in the public health service.* o *The R-value is derived from the reporting data and a decrease can also be the result of overload in the ÖGD.* o *The limited informative value of the R-value in the event of an overload of the public health service and low recording of cases should be communicated. Such a categorisation would be e.g. possible in the weekly report or the FAQs* o *The higher the proportion of positives, the higher the proportion of undetected people* ***ToDo:*** *The current stagnation of the incidence should be well categorised in the weekly report, as should the falling R-value.*	*FG32*

FG 37

Test capacity and testing

- *Slides here*
- *Number of tests increased again, percentage of positives also increased (21.19%)*
- *The higher the proportion of positives with high case numbers, the higher the underreporting*
- *Capacities in federal states with the highest incidences extremely heavily burdened*
- *Positive rate: Extremely high level: 50% of the laboratories have a positive rate of >20%, 75% are >10%*
- *Laboratory utilisation: Utilisation in some federal states > 90%. → Risk of delayed transmission of results*
  - *However, not all submitting laboratories provide information on test capacity*
- *Positive share: clear upward trend in all federal states*
- *ARS data*
  - *Delays in testing: currently >1 day; previously around 0.6 days*

Discussion:

- *PCR capacities are sometimes so scarce that even symptomatic AG test positive persons are not PCR confirmed*
- *A turn-around time of <24h should also be aimed for.*
- *Approximately 65,000 variant-specific PCR tests are carried out each week.*
- *Prioritisation of the use of PCR tests in accordance with the National Testing Strategy is currently required*

FG 36

VOC report

- *Slides here*
- *Few changes compared to the previous week (up to week 46)*
- *Share of Omikron: 0% (1 message)*
- *Variant under monitoring: stagnating or declining share*
- *VOC Omikron:*
  - *Evidence in 18 countries, 12 of which are in Europe (as of 30 November)*
  - *> 150 confirmed cases, approx. 1000 suspected cases (as of 30 November)*
  - *Various spike protein changes: PCR abnormality: S-Gene loss (n=77), enables PCR screening*
  - *Previous information:*
    - *Sharp rise in the number of cases in Swan, Gauteng Province, South Africa R=1.94*
    - *Preliminary data from SA show increased reinfection rate, whether Omikron is the cause and/or*
      It is unclear whether this is an increase for other reasons.

RKI	▪ *So far no information on changes in transmission capacity, disease severity, Immune evasion, reinfection capacity etc. present.* ▪ *First suspected cases in Europe without travel history (UK, D)* ▪ *Largely asymptomatic to mildly symptomatic cases* ▪ *in SA slight increase in hospitalisations* o *International: many travel bans/entry restrictions* o *Cases (as at 30 November)* ▪ *4 cases confirmed by NGS (3x BY, 1x HE)* ▪ *3 cases from BY (traveller returning from South Africa, mild symptoms, no hospitalisation, full vaccination protection)* ▪ *4 cases in the reporting system (4xHE, target PCR)* o *Measures:* ▪ *Virus variant areas → Quarantine after entry* ▪ *Adaptation Recommendations for KPM* ▪ *In case of exposure to case with detected VOC 14 days quarantine (except Alpha, Delta)* ▪ *Information to BL: Instructions and recommendation for variant-specific PCR, instructions for entry in the Reporting system, retrospective review of all IMS genome sequences (DESH data)* ***Discussion:*** o *The flight from South Africa on which the first cases with Omikron were detected at Schiphol was not tested in advance.* o *In South Africa, incidences were previously low. Since the new variant, the incidence has increased. This could indicate that little is known about the incidence rates in South Africa.* o *In Germany, there was no call for those who arrived 10 days before the announcement of the new virus variant areas to be tested* o *Statements on the virulence, severity of the course and transmissibility of the new variant can only be made with time, until then appropriate measures should be taken to prevent possible serious consequences.* o *In Germany, no conclusive statements can yet be made as to how long the variant has been circulating in Germany. No omicron could be detected in existing sequencing.* o *The situation in South Africa is opaque, particularly with regard to the sequencing and recording of cases. It is expected that there will be an increase in hospitalisations in the coming weeks. Further statements on the clinic of the new variant cannot yet be made.*	*Hanfeld* *Rexroth* *Duke* *Mielke*

RKI	*be finalised.* o *The sequencing rate should be increased.* **Molecular surveillance** • *Slides here* • **Omikron:** • *Mutation profile* o *A total of 9 mutations within the S gene from other VOCs are known (convergent developments)* • *Phylogeny* o *Omikron is very isolated from other clusters.* o *An explanation for this would be, for example, a longer unknown circulation* • *Mutation-based screening procedures would have recognised Omikron in Germany at an early stage* **Syndromic surveillance** • *FluWeb until the 47th week of 2021* o *The value (total) in the 47th week of 2021 was 5,000 / 100,000 P.E.* o *Corresponds to a total number of approx. 4.2 million acute respiratory diseases (46th calendar week: approx. 4.6 million)* o *Compared to week 46 2021: Decrease in children (0 to 14 years)* • *ARE consultations until the 47th week of 2021* o *ConsInc fell overall compared to the previous week. In 47th week: 1,479 (previous week: 1,799)* o *ConsIncy among 0- to 4-year-olds is approaching the previous year's figures again due to the decline* o *No BL holidays* o *With the exception of MvP and BeB, the AIs for children aged 0-4 and 5-14 have fallen. The overall consultation incidence has fallen in almost all CCs (except MvP and Thuringia, Saxony has remained stable).* • *ICOSARI-KH-Surveillance until the 47th week of 2021* o *SARI case numbers have risen overall → High level well above previous seasons since the start of the season* o *in AG 0 to 4 years: no further decline, still high level* o *50% of SARI cases in AG 0-4 with RSV diagnosis, previous week 62%; proportion is declining but remains very high; 50% otherwise rather peak level in other seasons)* o *Age groups aged 35 and over Increase, at the level of previous seasons (high to very high)* o *Proportion of SARI-COVID cases in hospitalisations has been rising continuously since week 41; →□□□□□□□□□□ of COVID-19 in intensive care remains very high, almost at peak level (2nd and 3rd wave, went up to max. 88%)* o *Share of COVID-19 in SARI 54% (week 46: 48%)*	*MF1* *FG 36*

RKI	○ *Share of COVID in SARI with intensive treatment 78% (week 46: 79%)* • *Outbreaks in nurseries / day nurseries* ○ *Renewed increase since October; level of the second wave exceeded (around 1 month earlier than in the previous year)* ○ *Around 3 times more outbreaks at the beginning of Nov than at this time last year* ○ *AG share may increase again; most recently at 50%* ○ *Key data for the* **last 4 weeks:** ▪ *493 outbreaks to date* ▪ *Outbreak size: average: 5 cases per outbreak, median: 4 cases; (about 8% outbreaks >=10 cases)* • *Outbreaks in schools* ○ *Outbreaks rise again very quickly after the autumn holidays* ○ *New peak in week 45 with 570 outbreaks/week so far; around 4 times more outbreaks than in the previous year* ○ *Mainly AG 6-10 in school dropouts (31%; AG 11-14: 31%; AG 15-20: 11%, AG 21+: 7%)* ○ *Key data for the* **last 4 weeks***:* ▪ *1,536 outbreaks to date* ▪ *Outbreak size: average: 5 cases, median: 4 cases per outbreak; around 11% of outbreaks with >=10 cases* ▪ *Larger outbreaks mainly in BB, ST and SN (average size: 8-9)* ▪ *Smaller outbreaks more in HH, HE, BW and BY (average 3-4)* • *Hospitalised children* ○ *ICOSARI covers 6 % of the population, with 200 SARI cases in the sentinel approximately 3,000 newly hospitalised children in total, of which around 1,500 were diagnosed with RSV in the 47th week.* *CW 2021* ○ **Reporting system***: theoretically full recording of newly hospitalised COVID-19 cases, in the 45th week (as of 29.11.2021 approx. 120 hospitalised children aged 0 to 5 with COVID-19* **Virological Surveillance, NRZ Influenza** • *Slides here* • *221 entries (+1)* • *59 medical practices (-2) / 16 federal states* • *65% positive share* • *Lower viral load in vaccinated than in unvaccinated people* • *Highest positive rate for RSV, but declining; highest proportion among 0-4 year olds* **Figures on the DIVI Intensive Care Register** • *Slides here*	

RKI	• *As of 1 December 2021,* **4,690** *COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals).* • *An increase in COVID-ITS occupancy can be seen in all federal states* • *Further increase in new daily ITS admissions of COVID patients with* **+2,396** *in the last 7 days* • *Share of COVID-19 patients in the total number of operational ITS beds: All countries increasing* • *< 3% line (basic level): 0 countries; > 3% (level 1): 16 countries; >12%:* *9 countries* • *63.1% over 60Y in current ITS occupancy* • *Percentage of occupancy of 60+ year olds increases (right graph)* • *All age groups are increasing in absolute numbers (including those under 18, but a small number are now also at 28), particularly strong increases from 40+, extremely strong increases in group 60-69 (yellow) and 70-79 (brown)* • *SpoCK* o *Forecasts for the next 20 days. Gloomy forecasts - it should be noted that this indicates the trends if the current situation and trend continues (i.e. no measures or other effects take effect in the next few days). The next 10 days are therefore more reliable* *Days of the forecast*	
2	**International** ***(Fridays only)*** • *not reported*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *not reported*	*FG21*
4	**Current risk assessment** • *A new document on monitoring COVID-19 and the vaccination situation in long-term care facilities will be published soon (here)*	*Dept. 3*
5	**Communication** **BZgA** • *Material on booster vaccination will be published soon* • *Flu campaign is rolled out* • *Poster on childhood immunisation for children was designed, as well as other information material* • *Basic protective measures should continue to be addressed* **Press** • *Caution should continue to be urged and it should be communicated that the current plateau is not a sign of the all-clear* ***Discussion:***	*BZgA* *Press*

	○ *A nationwide appeal should be launched to call on travellers from the virus variant areas to voluntarily isolate themselves and get tested if they have symptoms* ○ *The assumption of costs for this has not been clarified* ○ *England and Norway have already set a date and called for segregation* ***ToDo:*** *Tweet post to be drafted today so that people who have travelled from a virus variant area should reduce contacts and take a test if they have symptoms.* **P1** • *The "Safely through the winter" flyer was published yesterday*	*Press, Social Media Team* *P1*
6	**RKI Strategy Questions** **General** • *not reported* **RKI-internal** • *not reported*	*All* *Dept. 3*
7	**Documents** • *not reported*	*All*
8	**Vaccination update** ***(Fridays only)*** • *not reported*	*FG33*
9	**Laboratory diagnostics** **FG17** • *not reported* **ZBS1** • *not reported*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *not reported*	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*

15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 03.12.2021, 11:00 a.m., via Webex*	

End: 13:15

Special meeting of the crisis management team on COVID-19 Minutes

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Thursday, 02.12.2021, 17:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade / Lothar H. Wieler

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Osamah Hamouda*
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  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Maria an der Heiden*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *ZBS1*
  - *Andreas Nitsche*
  - *Janine Michel*
- *MF1*
  - *Thorsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Jamela Seedat*
  - *Ronja Wenchel*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *Other participants*
  - *Linus Grabenhenrich*

Contribution/ Topic

The future of the RKI after the pandemic

The aim of the exchange is to discuss the pandemic, possible adjustments by the RKI and social aspects influencing developments with a somewhat longer-term perspective than is otherwise possible in the crisis team.

What can we learn from previous pandemics and in preparation for future situations? Prospects for future pandemic prevention and situation management

- *The current situation is not easily comparable with past events / pandemics (e.g. influenza, SARS-CoV-1, HIV). Nevertheless, lessons can also be learnt from these past events.*
- *The RKI has repeatedly emphasised that vaccines alone are not the solution to overcoming the pandemic situation. A variety of measures in combination lead to success. This will also apply to future pandemics.*
- *Some of the measures implemented are very far-reaching compared to what was previously known and could also be used in the future (e.g. the use of masks in public, AHA+L as a whole).*
- *Measures that were used to protect against COVID-19 have proven to be effective against ARE overall and can also be used seasonally for other ARE in the future (e.g. masks in public transport).*
- *Efforts to combat a pandemic should be particularly strong at the beginning so that progression can be prevented at an early stage*
- *A pandemic can be ended by preventing new antigen contacts. A rapid and effective vaccination campaign is therefore important in the future to end a pandemic.*
- *Existing data should be synthesised and used quickly in order to identify effective measures and then implement them promptly.*
- *In the current situation (but also in the future), care should also be taken to communicate clearly at an early stage which courses are possible in the pandemic and what this means for the population (e.g. renewed contact restrictions in winter will be a challenge and it could also happen again in the future that such measures have to be implemented)*
- *Early and effective implementation of evidence-based, effective measures should be ensured. Effective protection against infection is essential, but should not be achieved at any price (e.g. civil rights, civil liberties, human rights). The approach in China, for example, appears to have been effective from an infection epidemiological perspective, but cannot serve as an unqualified model for Germany.*
- *Other public health issues, such as health inequality, have been highlighted more strongly during the pandemic (so-called "burning glass") and should be given greater consideration in the future.*
- *Many decisions cannot be based on evidence alone, but must be made on the basis of values - i.e. politically.*
- *A more global perspective of solidarity should be adopted in the planning and implementation of prevention and situation management measures so that resources (including technical solutions) can be distributed fairly around the world.*
- *From an infection prevention perspective, a global shift towards lower resource consumption, less air travel and fewer major events (especially in winter) would be*

sensible

- *A reduction in consumption and the use of resources would also be desirable in principle for reasons of social justice and climate protection. However, this would require a fundamental global change in values and would have a fundamental impact on the prosperity of industrialised nations.*

Life after overcoming the pandemic

- *It would be possible for the population to return to life as usual due to basic immunity. The event could become endemic and isolated waves would have to be managed, e.g. with known strategies (e.g. AHA+L).*
- *The immune system in children and adolescents shows that a well-trained immune system can have a positive effect on the prevention of severe disease progression.*
- *Even if there is basic immunity, breakthroughs can still occur and in these cases you can become seriously ill and even die.*
- *The vaccination provides only limited protection against the long-term consequences of a SARS-CoV-2 infection.*
- *There should be a discussion throughout society about an acceptable residual risk of infection.*
- *As the crisis progresses, the population as a whole will reclaim "normality". This is also accompanied, for example, by an increasing acceptance of residual risks.*
- *However, people's behaviour will have changed as a result of the experiences of the pandemic. Further adaptation will take place and certain measures will be developed (e.g. therapies).*
- *It must be communicated that society will emerge from this crisis stronger than before, e.g. vaccines can now be developed more quickly and the understanding of infection control measures has increased.*

Proposed changes to the RKI

- *The situation has been going on for an extremely long time. The RKI was not prepared for such a crisis in terms of personnel or structure. Structures and working methods should be permanently adapted and further developed so that the RKI and the ÖGD continue to be well prepared for the coming challenges (e.g. further pandemics).*
- *Other issues also need to be addressed further. New working structures should be established so that pandemic and normal operations can be maintained at the same time. Personnel resources must also be protected as far as possible so that all OUs in the RKI remain functional and all key topics can continue to be dealt with.*
- *Despite existing obstacles, linking secondary and primary data would be useful for future projects and could generate valuable insights.*
- *A stronger focus on healthcare research away from the pandemic would be desirable.*
- *The topic of pandemic planning has been dealt with at the RKI for years with very few personnel resources. More resources (especially personnel) should be permanently created at the RKI so that the necessary capacities (e.g. in the ARE or pandemic response) can be strengthened.*
- *The RKI needs more resources and these are being applied for. Until then, it is still important to work across departments and support each other during such an emergency The matrix structure at the RKI should enable agile action.*

- *The pandemic has enabled the RKI to network much more closely and develop new partnerships.*
- *Internal lessons learnt processes should continue to be initiated. There are various levels in this discussion (e.g. dealing with employees, cooperation with politicians, communication with the specialist public).*

Tasks / open questions for future projects

- *How many of the patients treated in ITS are still alive after one year?*
- *How many lives can really be saved by ITS treatment?*
- *What long-term consequences, especially psychological ones, will there be / are there?*
- *What are the long-term consequences (disease burden) in primally immunised people (also long-Covid)?*
- *How can the surveillance systems be better organised, especially the link between the surveillance of communicable and non-communicable diseases?*

- *Based on the SHI data from 2021 and information on vaccination status, statements could be made on this. There is already contact with a working group at the University of Cologne.*
- *What could an "exit strategy for Germany or globally look like?*
- *An "exit strategy" is to be developed for the RKI*

ToDo: *Prepare a review paper on the long-term consequences in primally immunised persons (including long-term COVID) (Dept. 2)*

Further information

The ZIG 2 / Charbel El Bcheraoui has already prepared reviews on the impact of various measures during the pandemic, but also its de-escalation (https://doi.org/10.1007/s10654-021-00766-0, https://doi.org/10.1186/s12992-021-00743-y , respectively).

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 03.12.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lars Schaade*
  - *Lothar Wieler*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
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  - *Wolfgang Scheida*
- *FG 32*
  - *Michaela Diercke*
- *FG 33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
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  - *Maria an der Heiden*
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  - *Alba Méndez Brito*
  -
- *MF1*
  - *Stephan Fuchs?*
- *P1*
  - *Mirjam Jenny*
  - *Ines Lein*
- *P4*
  - *Susanne Gottwald*
  - *Benjamin Maier*
  - *Angelique Burdinski*
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  - *Marieke Degen*
- *ZBS1*
  - *Janine Michel*
- *ZBS7*
  - *Christian Herzog*
- *ZIG1*
  - *Carlos Correa-Martinez*
  - *Mikheil Popkhadze*
  - *Francisco Pozo Martin*
- *BZgA*
  - *Martin Dietrich*

TOP	Contribution/Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** • *Slides here* • *Data status: WHO, 03 November 2021* • *Worldwide: Cases: 262,866,050 (-1.5% compared to the previous week)* • *Deaths: 5,224,519 deaths (CFR: 1.2%)* • *List of top 10 countries by new cases:* ○ *Predominantly European countries* ○ *Already a downward trend in some countries, such as the USA, Russian Federation, Turkey, Netherlands, Vietnam* ○ *Slight downward trend worldwide: -1.5%, decline in CRF* • *7-day incidence per 100,000 inhabitants worldwide* ○ *Most cases from European and American regions* ○ *2 new high-risk areas: Jordan and Mauritius* • *7-day incidence per 100,000 inhabitants EU/EEA* ○ *Changes to the legend since last week* ○ *Downward trend in Southeast Europe* • *Virus variant B.1.1.529 (Omikron)* ○ *Rapid development of the situation, most sequences so far in South Africa, but also in USA, South America, mostly with travel history, first cases with community transmission* • *Virus variant B.1.1.529 (Omikron) Example South Africa* ○ *Transferability* ▪ *selection advantage over delta, according to ECDC estimates with an increase in the* *The number of cases can be expected to rise to >50% within a few months.* ▪ *Reproduction rate in South Africa increased from 1.1 to 2.2.* ▪ *In October: 79% of all sequences Delta, in November 74% Omikron.* ○ *Clinical courses:* ▪ *Number of hospital admissions increased, hospitalisation rates no higher than in previous waves of infection.* ○ *Immunity:* ▪ *Protective effect does not appear to be completely lost, still appears to be significant before severe courses of the disease.* *protect.* **National** • *Case numbers, deaths, trend (slides here)* ○ *SurvNet transmitted: 6,051,560 (+74,352), thereof 102,568 (+390) Deaths* ○ *7-day incidence 442.1/100,000 pop.* ○ *Hospitalisation incidence: 5.52/100,000 p.e., AG ≥ 60-year-olds: 12.69/100,000 p.e.* ○ *Cases on ITS: 4,793 (+103)* ○ *Immunisation monitoring: first vaccinations 59,511,300 (71.6%),*	*ZIG 1 (Correa-Martinez)* *FG32 (Diercke)*

RKI	*Second vaccination 57,101,728 (68.7%), booster vaccinations 11.258.129 (13,5%)* ○ *Course of the 7-day incidence in the federal states* ▪ *Overall plateau at a very high level* ▪ *No further increase in Saxony, continued rise in case numbers in Thuringia* ▪ *Plateau also in Bavaria and Saxony-Anhalt* ○ *Geographical distribution in Germany: 7-day incidence* ▪ *South-east still most affected. High incidences extend into the north of MV.* *Focus remains on Saxony and Thuringia.* ▪ *27 LK with incidence > 1,000, only 2 with incidence up to 100* ○ *Hospitalisation incidence (weekly report)* ▪ *Fixed, updated and adjusted values were included in the weekly report.* ○ *COVID-19 deaths by week of death and age group* ▪ *Those aged over 60 and especially over 80 continue to be the most affected.* ○ *Weekly death rates by BL* ▪ *Thuringia, not quite as clearly recognisable in Saxony, but also too high.* *see.* ▪ *Excess mortality also in Bavaria and BW* ▪ *However, excess mortality in Berlin cannot be explained by COVID-19 incidence.* ▪ *Why excess mortality in Lower Saxony? Causes of death independent statistics, difficult in detail* *for each BL.* ○ *Is the place of death or residence the basis?* ▪ *Death statistics: by registry office, usually place of death; reporting system: usually place of residence* • *Modelling* ***(Fridays only)*** ○ *Nationwide contact reduction* ▪ *Average number of contacts has fallen slightly.* ▪ *A sharp increase in the variation of contacts was observed from August onwards. Variation in contacts stagnates* *during the week and increases at the weekend.* ▪ *Variation slightly less in recent weeks.* ▪ *Saxony and Bavaria vs. Lower Saxony: rather lower values in Saxony; steady decline in Bavaria on the* *weekend, compared with no decline in Lower Saxony.* ○ *Model estimation: Contribution of vaccinated vs.* *unvaccinated people to the incidence of infection (here)* ▪ *Related to management report dated 11 November 2021* ▪ *Assumption: High vaccination effectiveness: Vaccination effectiveness per age group: 12-17 years: 92%, 18+ years: 72%* ▪ *91% of new infections are caused by at least one unvaccinated person.* ▪ *Out of 100: 51 unvaccinated people infect unvaccinated people, 15 vaccinated people infect unvaccinated people, 25 unvaccinated people infect unvaccinated people.* *vaccinated people, 9 vaccinated people infect vaccinated people.*	*P4* *(Maier)*

RKI	▪ *Assumption: lower vaccination effectiveness: up to 69 years: 60%, 60+ years: 50%* ▪ *84% of new infections are caused by at least one unvaccinated person.* ▪ *Out of 100: 38 unvaccinated people infect unvaccinated people, 17 vaccinated people infect unvaccinated people, 29 unvaccinated people infect unvaccinated people.* *vaccinated people, 16 vaccinated people infect vaccinated people.* o *Vaccinated people contribute much less to the incidence of infection, but there are many more vaccinated people.* o *Polymod contact matrix was used, dark figure, was not taken into account.* o *Can the model be used to show what happens when people are boosted in a short time window compared to boosting over a longer period? Decrease in vaccination effectiveness over time would have to be included.* o *There are already analyses of the decrease in vaccine effectiveness over time. The difference between fast and slower boosters could be modelled as an argument in favour of fast boosting.* o *The political decision has long since been made, the top priority is to vaccinate as many people as possible as quickly as possible.*	*Oh* *Wichmann*

	• *Systematic review of empirical studies comparing the effectiveness of non-pharmaceutical interventions (slides here)* *https://www.journalofinfection.com/article/S0163-4453(21)00316-9/fulltext* ○ *Objective* ▪ *To identify which non-pharmaceutical interventions (NPI) have been more or less effective* ○ *Methods* ▪ *Systematic review of literature until March 2021* ▪ *Empirical studies evaluating health outcomes and comparing at least 2 NPIs* ○ *Results* ▪ *34 ecological studies assessed and ranked, comparative effectiveness of 16 NPIs was assessed* ▪ *School closing, work closing, business and venue closing and public events bans were most effective.* ▪ *Also effective were public information campaigns and mask wearing requirements.* ▪ *No evidence of effectiveness of public transport closures, testing strategies, contact tracing strategies, isolation and quarantine.* ○ *Conclusions* ▪ *Early response and a combination of social distancing measures are effective at reducing COVID-19 cases and deaths.* ○ *Why is contact tracing not effective?* ▪ *More cases are found through KoNa. At the beginning of a wave, identification and quarantine are very effective, then no more.* ▪ *The studies primarily focussed on the first wave analysed, different methodologies of the studies.*	*ZIG (Pozo Martin) / FG38 (Méndez Brito)*
2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(slides here)* *(Fridays only)* • **CWA** ○ *Almost 38 million downloads, approx. 12,000 alerts/day* ○ *Working on information on the red tile* ○ *50k views of the last BPK video* • **CovPass** ○ *Yesterday's tweet with 50,000 impressions*	*FG21 (Scheida)*

4	**Current risk assessment** • *At the moment, the number of cases is still rising sharply everywhere in the text: Should this be changed to plateauing?* • *burden on the healthcare system was not formulated as a goal.* • *Currently no warning about non-essential travel: Should there be a warning again because of Omikron?* *ToDo: Prepare draft, discuss Wednesday again with these 3 points in the crisis team, FF FG38*	*All*
5	**Communication** **BZgA** • *Contact restrictions take centre stage.* • *Vaccination communication: motifs by Ralph Ruthe very successful, are circulated in the crisis team.* • *Information material for testing centres for the unvaccinated in preparation, aiming to reach the unvaccinated.* • *Relatively high level of information among the population: good - very good at approx. 83%; relatively high information pressure without having to actively search for information.* **Press** • *(not reported)* **Science communication** • *2G/3G flyer, winter tips were tweeted* • *Flyer on vaccination breakthroughs published yesterday, tweeted today.*	*BZgA (Dietrich)* *Press* *P1 (Lein)*
6	**RKI Strategy Questions** **a) General** • *MPK resolutions of 2 December* ○ *350 as new limit for 7-day incidences, table must be provided daily again.* ○ *Is reference made to daily updated, frozen or corrected values?* ▪ *The last status were corrected values. -> Mail to the BMG that it is assumed that it will change again. are post-corrected values.*	*FG38 (Rexroth)*

	○ *Why does this need to be clarified? RKI reports all values.* ▪ *Asked from all sides. Attempt to clarify, if not possible to clarify, refer to countries.* ○ *The Ordinance on Exceptions to Protective Measures will be adapted. Efforts should be made to ensure that reference is made to the latest technical recommendations and that fixed values are not set again.* ▪ *This was already communicated last week, not very popular with lawyers. Should the RKI be involved in the draft* *Mr Mehlitz should formulate and justify this wish.* ○ *It is pleasing that something has been decided at all. The question is how the resolutions will be implemented.* **b) RKI-internal** • *RKI liaison crisis team Federal Chancellery* ○ *Crisis team is currently being set up and will be constituted in the next few days.* ○ *Discussion with Mr Wieler, Mr Schaade and the two generals in charge of the crisis team took place. The crisis team is to supplement where the biggest problems currently exist.* ○ *1st priority: Vaccination, provision of vaccine and coordination of people who vaccinate.* ○ *Important: Consideration of digital vaccination monitoring, AP Mrs Siedler* ○ *Other priorities: Coordination of patient transfer, AP Mr. Herzog; Control of test capacities, AP AG Diagnostics* ○ *The Expert Advisory Board is based in the Chancellery and meets once a week. Liaison person Ms Bremer has the opportunity to introduce topics to the crisis team (no duplicate recording systems, filtering in advance)*	*Bremen*
7	**Documents** ***(Fridays only)*** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** **STIKO** • *Recommendation: Booster vaccination for everyone aged 18 and over; after 6 or 5 months.* ○ *Among >60-year-olds, 30% have already been boosted.* • *Currently 1 million vaccinations per day, over 1 million first vaccinations in the last 10 days.* • *Recommendation for 5-11 year olds is being prepared. Draft decision in the middle of next week, will be submitted for comment at the end of next week: Tendency towards children at risk* • *Comment on Omikron from colleagues in South Africa: Data on efficacy in severe cases are not yet available. Reduced efficacy is expected, T-cell response is being investigated.*	*FG33 (Wichmann)*

9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *Virological Sentinel had 865 samples in the last 4 weeks, of which:* ○ *57 SARS-CoV-2 (7%)* ○ *162 Rhinovirus* ○ *38 Parainfluenza virus* ○ *135 seasonal (endemic) coronaviruses* ○ *4 Influenza virus* ○ *217 RSV* **ZBS1** • *Last week 137 samples, 52 of which were positive for SARS-CoV-2 (38%)* • *1st omicron sample received, are in the process of testing mutation assays, the commercial ones work quite well; no cultivation possible yet.* ○ *From patient in Pankow: travel history, no further information* ○ *2 further suspected cases in Charlottenburg, not yet sequenced* ○ *Traveller returning from Mitte with contact person, both symptomatic, not yet confirmed* • *Substantial information on the functionality of the tests at Omikron will be forthcoming. So far no indication that there are any relevant failures in antigen tests.*	*FG17 (Oh)* *ZBS1 (Michel)* *Mielke*
10	**Clinical management/ discharge/ transfer management** • *Transfers from Bavaria, Saxony and Thuringia since last week* ○ *According to the intensive care register's forecast, around 1700 more beds will be needed, compared with 800 free beds.* ○ *Approach individual cloverleaves, continuous transfer of small groups of patients is planned.* ○ *Examination of whether relocation abroad makes sense is running in parallel.* ○ *Monoclonal antibodies: Consumption is reported via pharmacies, enquiry has increased significantly.* • *Are there general recommendations for triage analogous to considerations from disaster medicine?* ○ *There are considerations as to how patients could be prioritised, but these are not communicated. It should be communicated that this will not happen.*	*ZBS7 (Herzog)*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*All*
12	**Surveillance** *(Fridays only)* • *(not reported)*	*FG32*

13	**Transport and border crossing points** ***(Fridays only)*** • *Omikron is busy at airports, affecting flights from South Africa to Frankfurt and Munich, as well as transit flights* • *Separation, PCR testing and quarantine had already begun prior to legal entry.*	*FG38 (an der Heiden)*
14	**Information from the situation centre** ***(Fridays only)*** • *Presumably weekend shifts necessary again for international communication.* • *On 24 + 31 December there will be no situation report, and in between there will only be an abridged weekly report, as the countries have been informed.*	*FG38 (Rexroth)*
15	**Important dates** •	*All*
16	**Other topics** • *Next meeting: Wednesday, 08.12.2021, 11:00 a.m., via Webex*	

End: *12:34 pm*

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 08.12.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG11*
  - *Sangeeta Banerji (protocol)*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
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  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
- *ZBS7*
  - *Agata Mikolajewska*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Marieke Degen*
- *ZIG1*
  - *Anna Rohde*
- *ZIG2*
  - *Thurid Bahr*
- *BZgA*
  - *Andrea Rückle*
- *BMG*
  - *Christophe Bayer*

TOP	Contribution/ Topic	contributed by
1	**Current situation**	
	International ***(Fridays only)***	*ZIG1*
	○ *not reported*	
	National	
	○ *Case numbers, deaths, trend, slides here*	*FG 32 (Diercke)*
	○ *SurvNet transmitted: SurvNet transmitted: 6,291,853 (+68,845), of which 104,051 (+529) deaths*	
	○ *7-day incidence: 427/100,000 inhabitants.*	
	○ *Vaccination monitoring: Vaccinated with 1st dose 60,028,427 (72.2%), with complete vaccination 57,519,846 (69.2%), with Bosster-Vaccination 15,555,264 (18.7%)*	
	○ *Course of the 7-day incidence in the federal states:*	
	○ *Plateau at a high level in Saxony, slight increase in Saxony-Anhalt and Thuringia and decline in Brandenburg and Bavaria*	
	○ *Geographical distribution: 26 LK with 7d incidence >1000/100,000 inhabitants. In the district of Meißen, approx. 3% of the population is currently infected per week, incidence in Bavaria is declining*	
	○ *Hospitalisation incidence: stabilisation at a high level.*	
	○ *Deaths: Age distribution and case numbers similar to the 3rd wave.*	*Rexroth*
	○ *Test capacity and testing* ***(Wednesdays only)***	
	▪ *Slides here*	
	▪ *Positive proportion (PA) at 21% and thus at a very high plateau, test capacities are not available in most BL especially in Saarland*	
	▪ *PA is particularly high in Brandenburg and Thuringia at 40% (possibly an effect of prioritisation?).*	*Eckmanns*
	○ *ARS data*	
	▪ *Slides here*	
	▪ *Slight decrease in testing, but no increase in PA, so that a strong underreporting cannot be assumed. is to be assumed*	
	▪ *Significant delay in testing in Saarland and Saxony-Anhalt*	
	▪ *Decline in testing in practices and schools, decline in PA except for 0-4 year olds*	
	▪ *PA for over 80s the same as last year, otherwise now significantly higher*	
	▪ *Results per month: November 2021 particularly high in terms of number of tests and PA*	
	▪ *Breakouts: stabilisation of the situation*	*Kroeger*
	○ *VOC report*	
	▪ *Slides here*	

RKI	▪ *In calendar week 47, 8 Omikron cases were detected, but Delta continues to dominate the market.* ▪ *EpiCurve: continuous increase in the number of cases of Omikron from week 46 to week 48 from 1 to 37.* ▪ *Geographical distribution: Cases in several BL, focus on cities with international airports, e.g. Frankfurt am Main and Munich* ▪ *Symptomatology of the reported cases: No deaths and no hospitalisations, median age 34.5 years* ▪ *23 cases with exposure abroad* ▪ *Preprint study indicates a 41-fold loss of the effect of neutralising AK from vaccinated people in the Comparison with the Delta variant* ○ *Molecular Surveillance (Wednesdays only)* ○ *not reported* ○ *Syndromic surveillance* ***(Wednesdays only)*** ▪ *Slides here* ▪ *4800 ARE/100,000 inhabitants in week 48* ▪ *Decrease in adults, increase in children* ▪ *Consultation incidence down compared to the previous week* ▪ *Concordance of the proportion of ARE with COVID-19 between virological syndromic data* ▪ *49% of SARI cases in AG 0-4 with RSV diagnosis* ▪ *Proportion of COVID-19 in hospital cases: 78% in 35-59-year-olds, 75% in 60-79-year-olds and 62% in 80-year-olds and over* ▪ *Intensive treatment: 82% of 35-59 year olds, 88% of 60-79 year olds and 74% of 80+ year olds* ▪ *Daycare centre outbreak: twice as many as last year* ▪ *School: Very high: 5 times more than in the previous year, 1847 outbreaks in the last 4 weeks* ○ *Virological surveillance, NRZ influenza data* ***(Wednesdays only)*** ▪ *Slides here* ▪ *188 entries in week 48, 66% positive rate* ▪ *Sars-CoV-2: proportion of vaccinated people at 50%* ▪ *4 months after the 2nd vaccination there is no difference in the Ct value of vaccinated or unvaccinated COVID-19 Cases* ▪ *Schematic representation of the immune response after 1st, 2nd and 3rd vaccination: Immunity sets in quickly, but then subsides. also quickly, although it lasts a little longer with each vaccination* ▪ *Top4: 1. rhino viruses (15%), RSV (15%), 3. Sars-CoV-2 (14%), 4. OC43(12%) , influenza viruses only sporadically* ○ *DIVI Intensive Care Register figures* ***(Wednesdays only)*** ▪ *Slides here* ▪ *4918 COVI-19 patients, 2186 new admissions in the last 7d.* ▪ *Slight deceleration of the ascent* ▪ *BL: in 9 BL occupancy >20 ind 15 >12* ▪ *Decrease in Thuringia, Schleswig-Holstein, Saxony-Anhalt, otherwise plateau or increase*	*Buda* *Dry forest* *Fisherman*

- *Intensive care capacities are at an all-time low and continue to decline*
- *Share of COVID-19: regionally up to 75%*
- *Graphic shows that in each wave, proportion of non-COVID-19 patients pushed in favour of COVID-19 patients was*
- *COVID-19 patients require high-care beds (ventilation)*
- *Age group development: increase among 50-79 year olds, plateau among 30-49 year olds*
- *SPoCK forecast: increase in the north and reduction in Bavaria*

o *Modelling* ***(Fridays only)***

o *not reported*

o *Discussion*

- *Question1: Do variants have a selection advantage, i.e. would the pandemic have occurred without the delta variant? The end?*
- *Answer1: No competition between viruses, but viruses are differently sensitive to Containment measures. Co-circulation of several variants possible. Without the occurrence of Delta, the pandemic would probably be under control.*
- *Question2: Does booster vaccination help compared to the Omikron variant?*
- *Answer2: No sufficient information available, but a benefit is assumed.*
- *Question3: Should the plateau in the number of cases be addressed as a success of the measures in the weekly report, since several surveillance systems confirm this and it is therefore probably an effect of the measures and not an effect of overloading the ÖGD?*
- *Response3 after discussion: In view of the very high level of case numbers and the likely The spread of the Omikron variant with the associated uncertainties should be clearly communicated that containment measures (especially contact reduction, cancellation of major events, booster vaccination) must be maintained even if the number of cases stabilises or declines and may also need to be tightened/intensified.*

ToDo1*:*
Present VOC report and Molecular Surveillance as one report and not as 2 separate ones (Kröger and Fuchs)

Note to Situation Centre: *It was expressed that the last point of the discussion Question3/Answer3 (***maintain and tighten containment measures)** *could be placed in the weekly report. However, this was not explicitly taken up by Mr Schaade and was therefore not categorised here as a ToDo.*

2	**International** ***(Fridays only)*** • *Evidence on the Acceptance of Mandatory COVID-19 Vaccinations in Selected Countries* • *Slides of the presentation here* • *Preliminary result: COVID-19 Containment measures, 8th report on measures* • *The acceptance of compulsory vaccination was analysed, taking into account the diversity of the measures rather than quantifying them* • *Examination of peer-reviewed publications: Often no definition of what is meant by compulsory vaccination* • *Recommendation: Communicate the benefits of vaccination, clearly explain the framework conditions for mandatory vaccination, adapt to the population group*	*ZIG2 (Bahr)*
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** • *Discussion of the proposed amendments to the risk assessment* • *Some changes have been made, including* • *High number of cases among the unvaccinated explicitly mentioned* • *High death toll thematised* • *Mention of the Omikron variant and the associated current uncertainties/knowledge gaps.* • *Importance of contact reduction and booster vaccinations discussed* • *Revised version here*	*Dept. 3*
5	**Communication** **BZgA** • *Posters for joint influenza + COVID-19 vaccination campaign coming out soon* • *Package with information material for COVID-19 vaccinations for test centres in preparation (summary of various leaflets)* • *Vaccination leaflet for children aged 5-11 years in preparation and will be published at the same time as STIKO recommendation* **Press** • *No BPK with President this week* • *Reference to EpidBull article on triggering the 4th wave due to lack of vaccination protection (authors include Jenny, Brockmann)* • *Crisis team asks for the article to be circulated. Mrs Degen*	*BZgA (Rückle).* *Press (epee)*

	will ask Mrs Seedat to add the article to the distribution list. Note by the minute taker in the minutes: Article available: Epidemiological Bulletin 49/2021 (rki.de) • *The following Twitter topics are planned:* • *ITS occupancy reaches the 5000 mark (when reached)* • *Maintain and tighten containment measures to create a better starting position in the event of the spread of the Omikron variant (from discussion)* • *Proposal for a tweet for the weekly report is being developed and circulated* **P1** • *BZgA is asked to coordinate the information sheet for childhood immunisation, as P1 is preparing something similar*	*P1 (Leuker)*

6	**RKI Strategy Questions** **General** • *Collection of topics* ▪ *AGI proposes an initiative report to the BMG on the definition of vaccinated and recovered persons in the context of the Protective Measures Exemption Ordinance. The 14-day gap between de-isolation on day 14 and recognition of recovered status on day 28 appears to be problematic. During this time, people (e.g. pupils in PCR pool tests) are re-identified as infected.* ▪ *Decision after discussion:* 1. *Initiative report not necessary, as 2 Documents exist (from FG33 on the duration of vaccination certificates and FG36 on the duration of quarantine/isolation)* 2. *No recommendation of PCR testing after isolation. A positive PCR result after an acute COVID-19 disease should be evaluated on site or by the laboratory* 3. *Protective measures exemption ordinance does not contain any technical measures* • *Federal Chancellery Expert Advisory Council* ▪ *An RKI scientist was appointed to the advisory board* ▪ *Possibility of feeding in topics* **RKI-internal** • *not reported* ***ToDo2*** *a) Send documents from FG33 and FG36 regarding the duration of the vaccination certificates and FG36 regarding the duration of the quarantine to Mr Sangs (Rexroth)* *b) Submit topic proposals (approx. 4. topics) for feeding into the Expert Advisory Board of the Federal Chancellery (Crisis team members)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*
8	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *xxx*	*FG33*

9	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* o *# SARS-CoV-2* o *## Rhinovirus* o *## Parainfluenza virus* o *## seasonal (endemic) coronaviruses* o *## Metapneumovirus* o *## Influenza virus* o *Remainder negative* **ZBS1**	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
11	**Measures to protect against infection** • *not reported*	*FG14*
12	**Surveillance** • *not reported*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Friday, 10 December 2021, 11:00 a.m., via Webex*	

End: 13:15

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Friday, 10.12.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
  -
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG28*
  - *Claudia Hövener*
  - *Jens Hoebel*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Sebastian Haller*
- *FG38*
  - *Ute Rexroth*
  - *Claudia Siffcyk*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *ZBS1*
  - *Janine Michel*
- *P1*
  - *Ines Lein*
- *P4*
  - *Dirk Brockmann*
  - *Susanne Gottwald*
  - *Benjamin Maier*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
  - *Anne Meierkord*
- *ZIG1*
  - *Anna Rhode*
  - *Romy Kerber*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** ○ *The following reports will be summarised as briefly as possible in upcoming meetings: VOC report and molecular surveillance, testing capacity and ARS data, syndromic and virological surveillance (approx. 8 slides)* ○ *Until further notice, there will also be a crisis team meeting on Monday at 13:00.*	*Shade*
	International *(Fridays only)* ○ *Slides here* ○ *Data status: WHO, 09.12.2021* ○ *Worldwide: 267,184,623 cases (+6.03% compared to the previous week)* ○ *Deaths: 5 5,277,327 deaths (CFR: 2%)* ○ *List of top 10 countries by new cases:* ○ *Predominantly European countries* ○ *Little change from the previous week* ○ *7-day incidence per 100,000 inhabitants worldwide* ○ *Most cases from European and American regions, South Africa 2%* ○ *Vaccination rates remain low in the Russian Federation and Poland* ○ *Rising case numbers in African countries* ○ *Omikron variant:* ▪ *Cases confirmed in 53 countries* ▪ *Confirmed cases: 1,932 (as of 09/12/2021)* ▪ *First community transmissions were observed* ▪ *Continued asymptomatic or mild courses*	*ZIG1*
	National ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 6,423,520 (+61,288), of which 104,996 (+484) deaths; 989,200 active cases (+9.800)* ○ *7-day incidence: 413.7/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 60,241,008 (72.4%), with complete vaccination 57,729,749 (69.4%), 3rd dose 17,710,503 (21,3%)* ○ *Course of the 7-day incidence in the federal states:* ○ *No increase in all CCs since the end of November, minimal decline, still very high level* ○ *Decline in Saxony for several days, no increase in Thuringia* ○ *Number of districts with 7-TI > 50/100,000 p.e.: 411* ○ *Number of districts with 7-TI > 50/100,000 p.e.: 121 (-1)* ○ *Number of districts with 7-TI > 50/100,000 p.e.: 26 (+1)*	*FG32*

- *Hospitalisation incidence*
  - *Also no more strong increase*
  - *7-TI: 5.71 / 100,000 EW*
  - *7-TI for >60: 13.40 / 100,000 p.e.*
  - *Proportion of COVID-19 patients in ITS occupancy: 22.2%*
  - *Change in cases compared to the previous day on ITS: +46*
- *Death rates*
  - *No steep rise, still excess mortality*

Discussion

- *There is no really convincing reduction in the number of cases. Strategic communication is to be discussed further. It appears that the measures taken so far are not sufficient to reduce the burden to any great extent. Further contact reduction would be an option.*

Haas & LZ

***ToDo:** A report on the importance of contact reduction, especially in light of the spread of the new Omikron variant, is to be prepared. Deadline: Monday*

P4

Modelling *(Fridays only)*

- *Update contact analyses:*
  - *Analysis of the daily averages*
  - *Variability in the contacts is further reduced, i.e. People meet less in large groups*
  - *In the last week, however, there has been an upward trend in the average number of contacts, but the variation of contacts continues to decrease, i.e. they are unfortunately increasing again, but not in large groups (e.g. concerts, clubs, etc.).*
  - *Both measures should decrease with effective contact restrictions. Contacts could currently be reduced even further.*
  - *The trends differ greatly in some cases between the federal states*
- *Omikron modelling*
  - *Poor data situation to date*
  - *Analyses show that the R-value of Omikron can be up to 4 times as high (in other analyses up to 2 times as high) as that of Delta. The evidence is uncertain.*

Discussion:

- *The contact index is a good predictor of the R-value at national level. This is not the case at state level.*
- *Data on whether the contacts are also increasingly taking place in vaccination centres or doctors' surgeries, for example, is not available*
- *Modelling from the UK assumes an R-value of 2.2*

FG28

Social inequality and COVID-19 in Germany

- *Slides here*
- *Nationwide reporting data was linked to a deprivation index*
- *In wave 1, there was an increased incidence of infection in more affluent regions. In waves 2 and 3, people in highly deprived areas were more affected. This also appears to be the case in the current 4th wave*
- *The cumulative number of deaths rose particularly sharply in socially deprived regions over the course of the pandemic and has significantly exceeded the corresponding figure in affluent regions since wave 2*
- *At an individual level, the risk of infection was found to be twice as high with lower qualification levels*
- *In groups with high deprivation / highly deprived regions, less testing was carried out and there was a higher level of underreporting in the reporting data*
- *The studies will be continued in order to be able to make further statements on social differences, especially in serological and vaccination status*
- *Vaccination acceptance appears to be lower in socially disadvantaged groups, especially those under 60 years of age*
- *Summary and prevention potential:*
  - *More infections*
    - *Infection protection and prevention tailored to living and working conditions*
    - *Improved access to information (target group-orientated)*
  - *Underreporting higher*
    - *Targeted low-threshold test offer*
- *The results are shared in report form*

Discussion:

- *A (short) initiative report should also be shared with the BMG and the BZgA. Concrete proposals and recommendations should be included.*
- *The results are highly relevant and other media and forums can be used to share the results, e.g. Association of Cities, Federal Press Conference, EpiBull.*
- *The recommendations should be formulated carefully, emphasising the potential of relationship prevention.*
- *It would be possible to present the data by deprivation in the weekly report, but this would require categorisation. This would significantly increase the length of the weekly report. A reference to the short report can be shared more easily in the weekly report.*

2	**International** ***(Fridays only)*** • **Overview of international activities** o *The 2nd mission in Iran is completed* o *The mission in Papua New Guinea has also been completed* o *The regionalisation of laboratory capacities in Montenegro was officially opened today* • **Excess mortality in African countries** o *Slides here* o *In most African countries there is no systematic recording of deaths (18/54 countries record deaths)* o *United Nations assumes that under non-pandemic conditions only 2/3 of all countries register 90% of their deaths - some countries even less than 10%* o *Currently no WHO data on excess mortality in Africa* o *Data on historical mortality and current mortality are required to record excess mortality. In many countries, historical data is not available. There are already initiatives to close these data gaps.* o *South Africa has recorded almost 138,000 excess deaths as of Feb 2021 - almost 3 times the official COVID-19 death toll (46,200)* o *Egypt 68,000 excess deaths between May and August 2020* o *Mortality rate of critically ill patients in Africa* **48-2%** *(95% CI 46-4-50-0; 1483 of 3077 patients) compared to a global average of* **31-5%** *(27-5-35-5).* o *Possible reasons:* ▪ *Shortage of specialists in the intensive care sector* ▪ *Low number of intensive care beds* ▪ *Low availability of monitoring and invasive therapy (dialysis, ECMO, etc.)* o *Very likely high number of unreported COVID-19 deaths and excess mortality data* ▪ *Mixture of:* ▪ *Underreporting,* ▪ *Gaps/delays in the data situation* ▪ *Reduced medical care due to the pandemic* ▪ *Unexplained effects such as increased long-term mortality after infection* o *Still unclear, similar to Europe, how NCDs and delayed diagnosis of symptoms lead to higher excess mortality during the COVID-19 pandemic (but likely to be more drastic due to less resilient healthcare systems)*	*ZIG* *Meierkord*

3	**Update digital projects** ***(Fridays only)*** • *Slides here* • *CWA:* ○ *> 38.2 million downloads | > 70,000 downloads/day* ○ *>880,000 alerts in total, around 8000 alerts/day* ○ *>90,000 red alerts received (PPA figures)* ○ *In development: Version 2.15 with customised text for the red warning* • *CovPass:* ○ *> 157.14 million DCC (06.12.)* ○ *CovPass app: > 26.8 million downloads (06.12.)* ○ *CovPassCheck app: > 1.65 million downloads (06.12), + 21% week-on-week* • *DEA:* ○ *< 50,000 registrations per day* ○ *> 17.9 million registrations since 11/2020* **Discussion:** • *Due to the high number of people who receive a warning, it can sometimes happen that messages in the CWA lose their warning character. On the other hand, people become even more aware of the current infection situation. It is difficult to analyse this effect.* • *Communication options in the app are limited* • *It is currently not possible to further narrow down the time period in which a risk contact occurred. The reasons for this are data protection issues, but also the technical specifications of the application itself.* • *There are regional differences in the CWA downloads (more in "western Germany" and in the cities). https://www.coronawarn.app/de/science/2021-07-08-science-blog-2/*	*FG21*

4	**Current risk assessment** **Discussion** • *In future, a risk assessment could be stratified according to vaccination status and virus variant.* ○ *Risk assessment is not focussed on the individual, but on population groups. Many different factors (e.g. environmental factors, but also very different behaviours) influence the individual risk.* ○ *Such a presentation can be misinterpreted or even misused. It is also possible that a false sense of security could be communicated.* ○ *The risk assessment for Germany also includes the number of people in each category. Transmission and burden on the healthcare system is not shown here.* ○ *A presentation on the effectiveness and protection of the existing vaccination status would also be interesting.*	*Dept. 3*
5	**Communication** **BZgA** • *(not reported)* **Press** • *(not reported)* **P1** • *2 Twitter posts: Data donation and current EpiBull article* • *Call for booster vaccination and contact restrictions*	*BZgA* *Press* *P1*
6	**RKI Strategy Questions** **General** • *(not reported)* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
7	**Documents** • *(not reported)*	*All*

8	**Vaccination update** ***(Fridays only)*** • *Effect of the booster vaccination: Clear effects are evident. This data will be communicated in next week's weekly report.* • *The accompanying communication for the newly adopted mandatory vaccination programme in healthcare facilities is being developed.* **STIKO** • *STIKO recommends vaccination for children with pre-existing conditions and is planning a clause so that an informed decision to vaccinate children can also be made independently of this*	*FG33*
9	**Laboratory diagnostics** **FG17** • *Virological Sentinel had 877 samples in the last 4 weeks, of which:* o *63 SARS-CoV-2, 1 suspected omicron* o *## RSV* o *135 Rhinovirus* o *39 Parainfluenza virus* o *127 seasonal (endemic) coronaviruses* o *18 Metapneumovirus* o *4 Influenza virus* **ZBS1** • *234 submissions, of which 58 samples were positive* • *Further Omikron cases have been identified but little further information is available*	*FG17* *ZBS1*
10	**Clinical management/discharge management** • *Strategic patient transfer:* o *94 patients have already been transferred* o *Criteria have been developed to check whether patients can be transferred* o *An evaluation is planned and an ethics vote has been submitted to the UKSH.* o *The relocations are likely to continue in the coming weeks* o *There are problems in covering the costs arising from relocation* o *It is being examined whether non-COVID patients should also be transferred in order to reduce the workload on the ICU* o *SOPs for transferring patients abroad are created, even if it is not assumed that these must be used*	*ZBS7*
11	**Measures to protect against infection** • *Will be reported on Monday*	*FG14*

12	**Surveillance** • *(not reported)*	*FG 32*
13	**Transport and border crossing points** ***(Fridays only)*** • *High levels of stress at the airports (especially Frankport), as all people from VV areas are to be tested and tracked. The handling of people who have tested positive at airports in international areas has not been clarified.*	*FG38*
14	**Information from the situation centre** ***(Fridays only)*** • *High workload in the LZ and additional workload due to absence due to illness or CWA warnings, but also quarantine of children.* • *Some shifts cannot be fully staffed at present.*	*FG38*
15	**Important dates** • *None*	*All*
16	**Other topics** • *Next meeting: Monday, 13.12.2021, 13:00, via Webex*	

End: 13:15

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Monday, 13.12.2021, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Ute Rexroth*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Melanie Brunke*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Patrick Schmich*
  - *Wolfgang Scheida*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Ariane Halm (protocol)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF1*
  - *Stephan Fuchs*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Ines Lein*
- *P4*
  - *Benjamin Maier*
- *Press*
  - *Marieke Degen*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Anna Rohde*
- *?*
  - *+49228994****94*
- *BZgA*
  - *Oliver Ommen*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* • *(not reported)* **National** • *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 6,531,606 (+21,743), of which 105,754 (+116) deaths* ○ *7-day incidence: 389.2/100,000 inhabitants.* ○ *Cases in intensive care: 4,905 (+3)* ○ *Vaccination monitoring: Vaccinated with 1st dose 60,398,417 (72.6%), with double vaccination 57,879,290 (69.6%), with additional Booster vaccination 19,796,001 (23.8%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Decline in SN continues, in TH not yet clearly declining but also no longer increasing, in BB slight increase Decrease, also in BY* ▪ *No reports from NI in the last few days, but BL has generally had proportionately fewer cases and can therefore Decline in falls cannot be explained* ▪ *22 circuits with 7-T-I >1000/100,000, 80 with >500* ○ *Hospitalisation incidence, between 5 and 6 in the past 10 years days, slight fluctuations but little change, no significant decline here yet* ○ *7-T-I by age group* ▪ *Declining trend in all AGs* ▪ *Highest incidences among 5-14 year olds, but now a significant decline, 60-90 year olds generally low and here too decreasing* ▪ *Lowest decline among 0-4 year olds* ○ *Overview of indicator trends: decline in 7-T-I and R-value, Circles with a high 7-T-I slightly decreasing but not yet significantly*	*FG32*
2	**International** *(Fridays only)* • *(not reported)*	*ZIG*
3	**Update digital projects** *(Fridays only)* • *(not reported)*	*FG21*
4	**Current risk assessment** • *Draft GMK on the abolition of the testing obligation, decree (ID 4609; answered on 1 December 2021), combined with own-initiative report on Omikron measures → Draft own-initiative report on Omikron here* ○ *Background: Last week, a report on the measures adjustment, incl. various incidence levels, to the BMG, beginning of*	*FG36/all*

	2022 will be reported again ○ *Motto: Acting with foresight to protect the population* ○ *Rationale: large proportion of unvaccinated people at risk of severe disease if infected, increase in new variant may lead to increase in severe cases* ○ *Goal: Intensify strands of measures again, incl. booster activities but also non-pharmaceutical measures to create buffer capacity in medical care* ○ *Measures are inadequate given current dynamics, also due to initial indications of weaker vaccination effectiveness* ○ *No data yet on protection against severe infection and duration of protection after booster vaccination* ○ *Contact restrictions are the fastest way to reduce new infections* ○ *Recommendations:* ▪ *1. maximum contact restriction including bringing forward the Christmas holidays as an effective instrument* ▪ *2. maximum infection prevention measures, incl. mask wearing* ▪ *3. maximum speed during (booster) vaccination, 2G+ should be maintained under certain circumstances no major events, closure of bars, clubs, discos, etc.* • *Discussion* ○ *Pres wishes clear, earlier mention of the 3 main recommendations in the document, then more concrete specification* ○ *Additional focus on booster vaccinations in retirement and nursing homes as this is not progressing well, incl. Recommendation to increase the use of mobile vaccination teams* ○ *Präs reports that Lauterbach ControlCOVID and report from the 01.12., both should be explicitly mentioned again in the document to build on this* ○ *The neutralisation results are not mentioned for the time being; no viable protective effect can be implied from data on T-cell immunity* ○ *Focus on booster vaccination, uncertainty regarding vaccination protection should not weaken vaccination campaigns* ○ *2G+* ▪ *MPK wants to waive 2G+ for boosted persons; the report only recommends this for certain situations, Some events are not recommended at all* ▪ *What is the RKI position on 2G+? 2G infections occur and must be detected in vulnerable settings* ▪ *2G+ was used a lot in BY, now they are rowing back* ○ *Vaccination protection against symptomatic infection is good if close in time to vaccination, transmission of Omikron at 2G is not yet known* ○ *Booster vaccinations started 3-4 months ago, Previous recommendations (e.g. testing when vaccinated people visit nursing homes) should be maintained*	

	○ *Examination of certificates will be demanding in terms of implementation (2/3 vaccinated, etc.)* ○ *Next steps* ▪ *Report will be sent to the BMG this evening* ▪ *Morning GMK* • *Timing of the booster/booster vaccination* ○ *EMA product specification says after 6 months at the earliest* ○ *Booster after 3 months is under discussion, this is difficult to implement in view of the capacities* ○ *UK has been recommending a booster for 10 days from 3 months* ○ *The current wish is to stay at 6 months, otherwise up to 2 million vaccine doses/day would be necessary* ○ *Transition must be carefully considered, acceptance and feasibility are problematic* ○ *Ideally, a booster would be given after 6 months with a 1-month period, as well as a STIKO survey at the optimum time* ○ *RKI could communicate assessment in terms of efficacy, safety (still little data on both) and feasibility (challenge), STIKO survey still pending* • *When is basic immunisation complete? Can basic immunisation be completed more quickly?* ○ *On the one hand, the technical aspect, but also practicality → Uncertainty, risk of confusion of terms* ○ *WHO definition* ▪ *3rd vaccination is no longer a basic immunisation, after 2-9 weeks the vaccination effectiveness after 2 doses is also Omikron 88%, and then quickly drops to 35%* ▪ *A booster vaccination is intended to re-establish good vaccination protection that was initially achieved* ○ *The humoral response generally declines quickly after vaccination, there is a risk of the need for regular (quarterly) vaccination* ○ *Concern is greater about vaccinating unvaccinated people, i.e. closing the vaccination gaps, than booster vaccinations* ○ *If protection against severe diseases remains stable, circulation is possible without frequent vaccination boosters (or protection by means of natural asymptomatic/mild infection)*	
5	**Communication** **BZgA** • *Fact sheets in preparation* ○ *Paediatric vaccinations* ○ *For carers in relation to the upcoming compulsory vaccination* • *Information on paediatric vaccinations on the website has been adapted and updated*	*BZgA*

	Press • *Possibly Friday BPK with Präs, new minister probably wants to keep the format* **P1** • *(not reported)*	*Press*
6	**RKI Strategy Questions** **General** • *Phone calls by Präs with BKA & Health Minister Lauterbach* • *Federal Chancellery Expert Advisory Council* o *Minister believes that the RKI can contribute excellent epi expertise to the Expert Council* o *Expert advisory board to function like SAGE in the UK, with the aim of providing open-ended advice to the minister and the BKA* o *Lauterbach would like to take part himself, as far as possible, in order to be able to make well-founded decisions* o *This is a positive development, RKI advises BMG and thus the BKA, information flow should be transparent* o *Minister sees no problem if there is no agreement between RKI and Expert Council, scientific discussion with substantive dispute is possible* o *Firstly, overcoming the current crisis, then evaluation/what can be learnt from the pandemic* • *BMG's 1st priority is to break the current COVID-19 wave, End the pandemic* o *Measures envisaged: Closure of clubs etc., Vaccination acceleration, more vaccine* o *Minister will ask RKI more often for an assessment of the situation; this must be ensured transparently and via the usual official channels* o *Julia Hermes will represent the RKI in the office* o *Tomorrow there will probably be a round of introductions, Präs is planning a contribution on the current vaccination situation and data collection, is already in preparation* • *RKI statement on 3-fold antigen testing under Omikron, additional benefit vs. additional effort?* o *British report the incubation period of Omikron is shortened to 2 days* o *RKI should not give too specific recommendations, details must be specified by institutions* o *In general, various barrier measures should be applied in vulnerable settings; testing should be seen as an addition* o *Mr von Kleist has carried out modelling for Delta, this could also be calculated for Omikron with modified parameters, these are not yet well known* o *Johanna Hanefeld has forwarded the UK modellers' response to the crisis team* o *If necessary, this could also be a task for the expert advisory board,*	*Pres/all*

	incl. exchange with other modellers abroad *ToDo: Task to Mr Kleist, order by 12 noon tomorrow, modelling of 2 or 3 tests under omicron circulation (it is not entirely clear to me whether this was finally decided)* **RKI-internal** • *(not reported)*	
7	**Documents** *(Fridays only)* • *(not reported)*	*All*
8	**Vaccination update** *(Fridays only)* • *(not reported)*	*FG33*
9	**Laboratory diagnostics** *(Fridays only)* • *(not reported)*	*FG17*
10	**Clinical management/discharge management** *(Fridays only)* • *Assessment of the impact of increased cases of Omikron in DEU on the hospital landscape* ○ *Is there any scenario modelling on Omikron and ITS occupancy in relation to various factors, e.g. how far would the current ITS COVID-19 occupancy rate have to fall in order to be able to cope with a sharp increase in infections due to Omikron? This would enable a better assessment of the measures at hospital level, the demand for this from country representatives is increasing* ○ *FG33 EpiBull article in the summer made a long-term forecast that has materialised and impressed many* ○ *Possibly a task for the German (above-mentioned) expert advisory board?* ○ *DIVI register helps to plan acute transfers* ○ *SPoCK makes immediate relocation forecasts based on current figures and does not serve the longer term* ○ *Longer-term scenario modelling is necessary for strategic decisions that affect political aspects (processes, shifts, forced personnel recruitment activities)* ○ *Without an orientation value, balanced strategic planning is difficult, but RKI is currently unable to provide such a value*	*ZBS7*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*FG14*
12	**Surveillance** *(Fridays only)* • *(not reported)*	
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates**	

	• *none*	*All*
16	**Other topics** • *Next meeting: Wednesday, 15 December 2021, 11:00 a.m., via Webex*	

End: 14:40

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Wednesday, 15.12.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Ralf Dürrwald*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
  - *Matthias an der Heiden*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas*
  - *Claudia Siffczyk (minutes)*
- *ZBS7*
  - *Christian Herzog*
- *ZBS1*
  - *Janine Michel*
- *MF1*
  - *Thorsten Semmler*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *John Gubernath*
- *Press*
  - *Susanne Glasmacher*
  - *Marieke Degen*
- *ZIG1*
  - *Carlos Correa-Martinez*
- *BZgA*
  - *Andrea Rückle*
- *Other*
  - *Andreas Hicketier*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ***(Fridays only)*** ○ *(not reported)* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 6,613,730 (+51,301), of which 106,680 (+453) deaths* ○ *7-day incidence: 353.0/100,000 inhabitants.* ○ *Cases in intensive care: 4,892 (-34)* ○ *Vaccination monitoring: Vaccinated with 1st dose 60,568,226 (72.8%), with complete vaccination 58,042,702 (69.8%), with additional Booster vaccination 21,529,803 (25.9%)* ○ *Course of the 7-day incidence in the federal states:* ○ *(Error at Sormas-GÄ: DEMIS messages partly not received, extent is being investigated)* ○ *Decline in Saxony, Thuringia, Saxony-Anhalt and Brandenburg. Otherwise, a plateau can be observed in the BL.* ○ *Trend: slight decline nationwide, now somewhat steeper* ○ *Deaths: very high level* ○ *Proportion of LCs with 7-TI >50: 411/411* ○ *Proportion of LCs with 7-TI >500: 85/411 [-10]* ○ *Proportion of LCs with 7-TI >1000: 13/411 [-9]* ○ *The most affected AGs continue to be children and young people; the least affected: AG 75-84* ○ *Hospitalisation incidence* ○ *Continued high level and no further increase* • **ARS data and testing** ○ *Slides here* ○ *Approx. 1.7 million tests carried out, proportion of positives declining* ○ *At present, high laboratory capacity utilisation can be observed in some BCs, including TH, where most capacity utilisation is OK and the trend is downwards* ○ *Time delay between acceptance and test date: positive trend, i.e. lower utilisation of the laboratories and less time delay* ○ • **VOC Report/ Molecular Surveillance** ○ *Slides here* ○ *Omikron in random samples: Share rises to 0.6%* ○ *Reported cases: Increase, 410 cases in total (incl. approx. 2/3 suspected cases), regionally distributed across almost all of Germany.*	*ZIG1* *FG32 Diercke* *Fischer/ Eckmanns* *Krüger/ Semmler*

	○ *Age distribution unchanged, median 34.5 yrs.* ○ *Symptoms predominantly mild, <25% fever; 4 cases hospitalised, none deceased* ○ *Approx. 50% complete vaccination protection; approx. ¼ travel exposure, >40%* *Exposure unknown* ○ *Modelling: Exponent. Trend, doubling time: 3.6 days* ○ *Internat: 40% Omikron in London; in UK: R=5.5±CI, Doubling time: 2.0 d±CI* ○ *Omikron in DESH: see slides; spatial distribution: so far no significant clusters by postcode* • **Syndromic surveillance** ○ *Slides here* ○ *ARE rates fall in the flu web. In line with last year's low rates, especially among adults. In children, more in line with the previous year.* ○ *Decline in the number of visits to the doctor.* ○ *Children have a high proportion of ARE consultations with a low proportion of COVID, with the opposite picture for adults, i.e. few ARE consultations with a higher proportion of COVID* ○ *ICOSARI-KH-Surveillance: Number of severe respiratory infections continues to decrease. The decrease depends on several factors* ○ *A comparison of 2020 and 2021 shows that the proportion of older people among the ICOSARI has decreased. Hypothesis: Protective measures already learnt and applied were implemented early on* ○ *Outbreaks in kindergartens/after-school care centres n=5,367; mostly from BW* ○ *Outbreaks in schools n=8,131; mostly from BW* • **Virological surveillance, NRZ influenza data** ○ *184 entries from 54 medical practices* ○ *No influenza detected in week 49* ○ *The most frequently detected viruses are the endemic coronaviruses, RSV & rhinoviruses, in that order* • **Figures on the DIVI Intensive Care Register & SPOCK** ○ *Slides here* ○ *As of 15 December 2021,* **4,822** *COVID-19 patients are being treated in intensive care units (in around 1,300 acute hospitals).* ○ *An increase or a high plateau in COVID-ITS occupancy can be seen in almost all federal states* ○ *Further increase in new daily ITS admissions from COVID-Patients with* **+2,189** *in the last 7 days* ○ *Trend in the BL: diverse picture, partly plateau, partly slight ascent, partly slight descent* ○ *Assessment of the operating situation:* *70% of ITS partially or completely restricted; high proportion of ventilated patients (high-flow, non-invasive and invasive ventilation, ECMO). Main reason still lack of personnel resources* ○ *Stagnation in the proportion of older and very old people*	*Buda/Dürr-wald*

	on ITS o **SPoCK Forecast:** o *A decline in occupied capacity is forecast; picture differs in some cases in the cloverleaves* **Discussion** • *Report on monitoring COVID-19 and the vaccination situation in retirement and nursing homes should perhaps be attached to the weekly report* • *Despite the high number of cases, the number of deaths is relatively low, especially compared to the last wave, which could be interpreted as a decoupling from the incidence of infection. In the last week, a sharp increase in deaths among the 80+ was observed, although the proportion of ITS occupancy remained stable. One possible explanation would be a strong change in the behaviour of the people concerned, but also a triage in the clinics/before hospital admission. The ITS new admissions would need to be stratified according to age for an assessment.* • *Based on the assumption that fewer cases of Omikron have been reported in Germany to date than in other countries, e.g. Denmark & UK, it was discussed whether the designation of European VV areas makes sense. This could slow down the spread. In principle, all journeys that are not absolutely necessary could also be avoided and not just for specific countries. Measures at borders quickly distract from measures in the country.* • *A North-South divide can be observed in the distribution of Omicron cases within Europe.* • *If the Omikron variant becomes widespread, this could also lead to reduced testing capacities in the future. More and more people would also have to go back into quarantine and would not be able to carry out their work or other activities, which could also have an impact on essential structures.* • *Infection control measures should be further intensified. NPIs play an important role in this, but intensive communication is also extremely important. Mass media.* ***ToDo:*** *(1) Stratified presentation of the ITS recording by Friday if possible, Wednesday at the latest - Diercke* *(2) The weekly report should clearly communicate that the downward trend in the number of cases is not sufficient with regard to Omikron and that more intensive measures are required.* *The initiative report is to be adapted at the request of the BMG. - Kröger* o	*All*
2	**International** ***(Fridays only)***	*ZIG*

	• *(not reported)*	
3	**Update digital projects** ***(Fridays only)***	*FG21*
4	**Current risk assessment** • ***ToDo:*** *A draft risk assessment for "very high" is to be prepared, taking into account an aggravated situation under Omikron. Deadline: Friday 17.12.2021 - Rexroth, FG38, crisis team*	*Dept. 3*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *Communication in the Expert Advisory Board is confidential* • *There will be a 2nd meeting on Friday (17.12.2021) on Omikron/ modelling.*	*Wieler*
6	**Communication** **BZgA** • *3 leaflets have been finalised: Fact sheet for parents on child vaccinations; Fact sheet for carers; Fact sheet on contact restrictions* • *The BZgA website is still offline.* • *The material package for the test centres will be distributed via the ÖGD mailing list at the end of the week* **Press** • *16.12.2021 the BPK will be accompanied by a thread* **P1** • *Tips on behaviour are shared via various social media*	*BZgA n.a.* *Press* *P1*

7	**RKI Strategy Questions** **General** • *The global distribution of vaccines shows strong inequalities, especially in view of the fact that the booster campaign is increasingly running in Germany. This gives the impression that vaccines are being taken away from regions that need them.* • *Currently, a booster vaccination of children is also being considered by the ministry, although there is no recommendation and in some cases no authorisation.* • *Thematic focus could be placed on increasing production capacities* • *The statement that premature boosters can be harmful and that the RKI advises against them should, in my opinion, be officially communicated with the BMG or the Expert Council* ***ToDo:** A language regulation on the international distribution of vaccines / vaccine equity / vaccine production worldwide is to be drawn up - lead **ZIG** together with FG37 & FG33* **RKI-internal** • *(not reported)*	*All* *Dept. 3*
8	**Documents** • *Many of the published recommendations would have to be adapted to the expected spread of Omikron (assumption of increased transferability).* • *All FGs should review the recommendations and already look at where there might be a need for change* • *Adjustments to the Ordinance on Exemptions from Protective Measures must also be discussed. Until this has been amended, all recommendations must remain within the framework of this regulation (e.g. exemption from quarantine for vaccinated persons).*	*All*
9	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *xxx*	*FG33*
10	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* ○ *# SARS-CoV-2* ○ *## Rhinovirus* ○ *## Parainfluenza virus* ○ *## seasonal (endemic) coronaviruses*	*FG17*

	○ *## Metapneumovirus* ○ *## Influenza virus* ○ *Remainder negative* **ZBS1**	*ZBS1*
11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
13	**Measures to protect against infection** • *not reported*	*FG14*
14	**Surveillance** • *not reported*	*FG 32*
15	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
16	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
17	**Important dates** • *none*	*All*
18	**Other topics** • *Next meeting: Friday, 17 December 2021, 11:00 / 13:00, via Webex*	

End: 13:08

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Friday, 17.12.2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Anton Aebischer*
- *Dept. 2*
  - *Thomas Ziese*
- *Dept. 3*
  - *Ute Rexroth*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG16*
  - *?*
- *FG17*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG23*
  - *Robin Houben*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Stefan Kröger*
  - *Udo Buchholz*
  - *Kai Schulze*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Claudia Siffczyk*
  - *Ariane Halm (protocol)*
- *ZBS1*
  - *Annika Brinkmann*
- *ZBS7*
  - *Christian Herzog*
  - *Agata Mikolajewska*
  - *Claudia Schulz-Weidhaas*
- *MF2*
  - *Torsten Semmler*
- *P1*
  - *Ines Lein*
- *P4*
  - *Pascal Klamser*
  - *Susanne Gottwald*
  - *Benjamin Maier*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
  - *Anne Meierkord*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Sofie Gillesberg Raiser*
  - *Carlos Correa Martinez*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** *(Fridays only)* ○ *Slides here* ○ *Data status worldwide, WHO, data status 16.12.2021* ○ *Cases: 254,405,924 in total, 7.8% less than last week* ○ *Deaths: 5,012,073* ○ *List of top 10 countries by new cases:* ○ *New: South Africa and Spain* ○ *Rising trend in the UK, France, South Africa and Italy, Spain* ○ *7-day incidence worldwide* ○ *Europe largest number of cases* ○ *Last week increase of 111% in Africa, especially due to rise in cases in South Africa, but also rising trend in other countries in Southern Africa* ○ *Maps with 7-day incidence and % change in number of cases: large increase in number of cases in southern Africa (although small numbers of cases in some countries)* ○ *7-day incidence Europe* ○ *Incidences in Europe in individual countries, e.g. France and Norway high* ○ *France, Norway and Denmark will probably soon be categorised as high-risk areas* ○ *Omicron variant worldwide* ○ *WHO SitRep data status outdated 12/12/2021* ○ *This morning from BNO: reported from 92 countries, totalling >27,000 cases (+25,000 since last week)* ○ *1st week since Delta is VoC, the number of Delta has decreased, but should be interpreted with caution as Omikron is more likely to be sequenced* ○ *Omikron Europe* ○ *Number of countries with Omikron cases has increased, 27 EU countries since yesterday* ○ *3,158 sequenced cases, but in NO and DK PCR-confirmed cases are also included* ○ *10 countries reported ECDC cases with no travel history* ○ *Increased budget transfer compared to Delta* ○ *DK has compared hospitalisations with Delta and with Omikron, proportion of hospitalised cases rather the same* ○ *Several countries have tightened entry measures* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 6,721,375 (+61,288),*	*ZIG1* *FG32*

	of which 104,996 (+484) deaths ○ *7-day incidence: 331.8/100,000 inhabitants.* ○ *DIVI Intensive Care Register 4,765 (-40)* ○ *Vaccination monitoring: Vaccinated with 1st dose 60,786,500 (73.1%), with complete vaccination 58,297,370 (70.1%), Booster vaccinations 23,145,689 (29.0%)* ○ *Course of the 7-day incidence in the federal states:* ○ *High incidences in SN, TH, ST, lowest incidence in SH* ○ *Highest incidences in TH, declining less strongly than SN, the latter sharp decline in the last 7 days* ○ *MV in contrast to others no decreasing but rather increasing trend* ○ *Still many severely affected districts, Hildburghausen ahead of all with >1,400/100,000* ○ *Hospitalisation incidence just >5, adjusted curve indicates slight decline* ○ *Share of AG in intensive care unit* ○ *Green line Total COVID-19 cases per reporting week* ○ *Background on 100% stacked columns is AG distribution: hold up above, old AG in dark blue, younger AG below in grey* ○ *In the 2nd and 3rd waves and now again, the proportion of very old AGs is increasing* ○ *Weekly deaths continue to rise* ○ *Discussion on AG in intensive care unit* ▪ *It would also be interesting for each AG to see how high the incidence and the number of deaths were in order to analyse the However, it is not easy to analyse the relationship between the parameters?* ▪ *If necessary, create curve in specific AG with intensive recordings* • *Modelling* ***(Fridays only)*** ○ *Nationwide contact reduction, slides here (Mr Klamser please file here)* ▪ *Contacts falling since November* ▪ *negative trend continued last week* ▪ *Variation of contacts per BL: positive trend in SH, HH, BE (framed in red), downward trend NI, HB, NW, etc. (blue), some neutral like HE, MV* ○ *Import risk from Omikron, slides here (Mr Klamser please file here)* ○ *Modelling of flight network based on flight paths, sequenced samples from GISAID* ○ *Countries with a high import risk reported cases, including Germany, where cases were imported early on* ○ *Discussion* ▪ *In GrippeWeb there are differences between adults and children in terms of contacts: for adults on December 2020 level, with children at the usual level, schools and kindergartens are open*	*P4*

	▪ *Modelling refers (only) to adults aged 18 and over, no statements can be made about children* ▪ *P4 is currently modelling Omikron with FG33* ▪ *Findings from data donation: many who were infected (= recovered) have been vaccinated twice and not just once often earlier than recommended (not only after 6 months); 50% did not adhere to the recommendations, but people from the data donation are health-affine*	
2	**International** ***(Fridays only)*** • *No updates* • *Lecture on IST admission criteria postponed to Monday*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *See key figures and development on the slides here* • *CWA News* o *HE has also included CWA in the Protection Ordinance* o *Next week probably >1 million people warned via app* o *Limitation of persons whose certificates are scanned has been fixed* o *Communication (CWA blog, Twitter) on red warning (much seen and commented on)* • *CWA adaptation to Omikron* o *Recommendations for action are adapted in consultation with FG36* o *Information on VOCs can be fed into Google/Apple* o *CWA scans every 2-3 minutes, this cannot be reduced any further* o *Vaccination certificates will be made configurable, possibly ready at the end of January* • *Discussion* o *Distance is customisable (from 1 to 2m), but would have to be agreed with the Fraunhofer Institute and recalculated, as funding has been stopped* o *Time of the encounter cannot be specified further as Apple and Google provide neither location nor exact time, only the day* • *Update on the red tile/warning next time*	*FG21*
4	**Current risk assessment** • *Document here* • *There was some feedback and the first paragraph was discussed in the crisis team* • *Classification "very high", stratified by vaccination status* • *Less risk for vaccinated people, but increasing infection pressure* • *Vaccinated and boostered efforts are also potentially necessary if supply is to be maintained* • *Terminology: Better to talk about groups (recovered, vaccinated), it is not an individual risk* • *To what extent should immunodeficient and very old groups*	*VPresident/all*

	be differentiated? Rather later in the text • *Vaccination protection against Omikron* ○ *Details not yet sufficiently known, protection at boosted 75-77%* ○ *There is a lack of data on severe disease and this cannot yet be conclusively assessed, but protection against severe infection is assumed and should be communicated as such* ○ *The effectiveness against delta is 93% when boosted* ○ *Duration of protection is also still unknown* • *Publication of updated risk assessment on Monday, until then please comment again to the crisis unit*	
5	**Communication** **BZgA** • *(not reported)* **Press** • *FAQ are currently being completely revised, will be shared today or next week so that they can be published before Christmas* • *Communication for data collection and publication over Christmas and between the years* ○ *How does this work and why will the figures then not be reliable (has nothing to do with the recording system)?* ○ *Should also be presented in the weekly report next Thursday* ○ *Disclaimer from Wednesday perhaps* • *Tips for Christmas from BPK were well received and placed in the media* • *Tables in the weekly report* ○ *Will these also be published between the years or not? Press office would like to inform data journalists* ○ *There will be a reduced weekly report, a proposal has been drawn up internally, the three important indicators (7-day incidence, hospitalisation incidence, intensive care occupancy) are reported, data from additional systems are not* ○ *The argument is not primarily the additional work, but the technical fact that data (incorrectly low) is very difficult to interpret and this could be dangerous (false all-clear)* ○ *Omitting VOCs is currently difficult, these should be reported in a minimal presentation (ratios to each other), not a descriptive block as in the usual weekly report* **P1** • *(not reported)*	*BZgA* *Press* *P1*
6	**RKI Strategy Questions**	

	General • *(not reported)* **RKI-internal** • *Adjustment/tightening of the step-by-step plan in view of Omikron?* • *ControlCOVID step plan is no longer suitable for the current situation, can it still be left as it is, if not, what then?* o *There was recently an initiative report to the BMG relating to Omikron, further differentiated delimitation is currently not yet possible* o *Revision for autumn/winter was mentioned in the phased plan* o *Finalising a revision of the phased plan before Christmas is difficult because so many things are still unclear* o *Today another expert council meeting at the BKA on the subject of Omikron, the decision on further measures is likely* • *Should a lockdown/tightening of measures be implemented this year or at the beginning of next year?* o *Epidemiologically, it is better to tighten measures earlier* o *Far fewer people would die* o *Feasibility and indirect effects are also important; the speed of vaccination may be negatively influenced by a tightening of the programme* o *Mass events are currently still taking place (RKI has spoken out against this)* o *In Portugal, schools stay closed for 1 week longer after Christmas* o *London reports many nosocomial infections, the shorter incubation period has an impact* o *Recommendation papers for KoNa in KKH are currently being reviewed* o *There is no KKH hygienist on the BKA Expert Council, which is unfavourable* o *ControlCOVID should be maintained, plan contains many measures that should be implemented/controlled and currently are not* o *Must ultimately be adapted with regard to Omikron* o *Exit scenario for lifting the lockdown should also be considered* o *FG36/FG32 have created a page on reported Omicron cases, could some of this data be made available?* • *Conclusion* o *Extra meeting on Monday to deal with recommendations on Omikron, not everyone has to be there, depending on decisions of the Expert Council today* o *ControlCOVID plan remains online with supplementary Mention "Preparation for Omikron"*	*All* *Dept. 3* *VP President Haas/ Buchholz (FG36)*

	• *Tim Eckmanns takes part in meetings with ?? (hospital experts?), what can this group do to support the RKI?* ○ *Fast and comprehensive data transmission* ○ *Hospital beds should be reported more accurately, it is important that the intensive care register is reliable with regard to Omikron* ○ *Transparency regarding the reliability of data* • *Could/should the dashboard of MF2 be published?* ○ *President and VPräs are in agreement* ○ *Genome data is slow, so the dashboard does not fulfil the need for possible rapid assessment* ○ *Clear presentation in the form of a technical report* ○ *Always good to make the work of the RKI transparent* *ToDo: Additional date with FG36, FG32, AL3 and FG17 (if desired)* • *Presentation on the status of the measures taken in schools, slides here* • *Background* ○ *Data analysis of the Standing Conference of the Ministers of Education and Cultural Affairs (KMK) on case and quarantine figures* ○ *Data is not easily accessible and must be downloaded and processed separately for each week* • *Analyses:* ○ *Proportion of teaching staff (teachers, yellow) in quarantine per case has fallen sharply nationwide in recent weeks, as has the proportion of students (pupils, green)* ○ *Presence operations were relatively little restricted nationwide in recent weeks* ○ *The number of outbreaks from the reporting system has risen sharply in recent weeks/months* ○ *Infection pressure on teaching staff has risen sharply* ○ *Publication in EpiBull and feedback to KMK would be useful*	
7	**Documents** *(Fridays only)* • *(not reported)*	*All*

8	**Vaccination update** ***(Fridays only)*** • *Currently good vaccination effectiveness against symptomatic diseases, clear and positive trend* • *> 90-95% estimated effectiveness of the vaccination against severe courses* • *In >60-year-olds, this is over 90% (fewer hospitalisations in younger AGs)* • *Very pleasing results for Delta, which will also be included in the weekly report next week* **Vaccines** • *Novavax likely to receive positive decision from EMA and thus authorisation next week* • *FG33 prepares information sheets in coordination with PEI* **STIKO** • *Paediatric vaccination recommendation has been decided and will be published* • *Parallel publication of a fact sheet on paediatric vaccinations* • *STIKO draft decision on the interval between basic immunisation (2nd dose) and booster goes to the comment procedure* ○ *STIKO has decided to shorten the distance, there will be a recommendation for a booster after 3 months* ○ *For recovered patients, the rule was 6 months after infection, and then booster, is now also reduced to 3 months for them* ○ *Booster after 3 months is not compliant with authorisation* ○ *Authorisation is the responsibility of PEI or EMA* ○ *Manufacturer must submit an application for a variation to the marketing authorisation, EMA has verbally expressed its support* ○ *STIKO can recommend outside the authorisation* ○ *MG is in the process of adapting updated vaccination regulations to cover this* • *BKA expert advice* ○ *Mertens (head of STIKO) is also a member of the Expert Council, therefore some of the STIKO's work is duplicated* ○ *Sander, Streeck and Falk (with Mertens?) have written a position paper with similar recommendations on vaccination intervals* ○ *Mertens wishes to follow STIKO and has also stated this* ○ *Consensus in the Expert Council is not yet clear (whether majority or unanimous), no rules of procedure yet*	*FG33*

9	**Laboratory diagnostics** *(Fridays only)* **FG17** • *(not reported)* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
10	**Clinical management/discharge management** *(Fridays only)* • *(not reported)*	*ZBS7*
11	**Measures to protect against infection** *(Fridays only)* • *(not reported)*	*FG14*
12	**Surveillance** *(Fridays only)* • *(not reported)*	
13	**Transport and border crossing points** *(Fridays only)* • *(not reported)*	*FG38*
14	**Information from the situation centre** *(Fridays only)* • *(not reported)*	*FG38*
15	**Important dates** • *none*	*All*
16	**Other topics** • *Next meeting: Monday, 20.12.2021, 13:00, via Webex*	

End: 12:59

COVID-19 crisis management meeting Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*COVID-19*
Date:	*Monday, 20.12.2021, 13:00 hrs*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
  - *Esther-Maria Antão*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Melanie Brunke*
- *FG17*
  - *Thorsten Wolff*
  - *Djin-Ye Oh*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
- *FG33*
  - *Ole Wichmann*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Udo Buchholz*
  - *Stefan Kröger*
- *FG37*
  - *Tim Eckmanns*
  - *Muna Abu Sin*
- *FG38*
  - *Ute Rexroth*
  - *Renke Biallas (protocol)*
- *ZBS7*
  - *Christian Herzog*
  - *Michaela Niebank*
- *MF4*
  - *Martina Fischer*
- *P1*
  - *Christina Leuker*
- *Press*
  - *Susanne Glasmacher*
  - *Ronja Wenchel*
- *ZIG*
  - *Johanna Hanefeld*
- *ZIG1*
  - *Sarah Esquevin*
- *BZgA*
  - *Oliver Ommen*
- *More*
  - *Julika Loss*
  - *Agata Mikalojewska*

TOP	Contribution/ Topic	contributed by
1	**Current situation** **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 6,809,622 (+16,086), of which 108,352 (+119) deaths* ○ *7-day incidence: 316.0/100,000 inhabitants.* ○ *Vaccination monitoring: Vaccinated with 1st dose 60,992,596 (73.3%), with complete vaccination 58,444,931 (70.3%), of which with Booster vaccination 26,194,109 (31.5%)* ○ *Course of the 7-day incidence in the federal states:* ○ *Number of circles with 7-TI >50: 411/411* ○ *Number of circles with 7-TI >500: 66/411 (-2)* ○ *Number of circles with 7-TI >1000: 6/411 (-2)* ○ *Total falling trend in the 7-TI* ○ *Hospitalisation incidence: 4.73 / 100,000 p.e.* ▪ *For >60: 10.94 / 100,000 p.e.* ▪ *Continued high level, slight downward trend* **Discussion:** • *Due to the high number of late reports, an increasing 7TI incidence can be observed with decreasing case numbers.* • *A definitive trend reversal cannot yet be observed.*	*FG32*
2	**International** ***(Fridays only)*** • *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *Risk assessment has been adjusted* • *The dynamic development with the Omikron variant was taken into account* • *The protection of critical structures was set as an objective*	*Dept. 3*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *Decision of the expert advisory board was circulated and published directly* • *On 21 December 2021, the rules of procedure of the Expert Advisory Board will be established.*	
6	**Communication**	

	BZgA • *(not reported)* **Press** • *550,000 followers on Twitter since Friday* **P1** • *Social cards on the topic of childhood immunisation*	*BZgA n.a.* *Press* *P1*
7	**RKI Strategy Questions** **General** o *In future, the term "***booster vaccination***" (as also used by the STIKO) should be used. Alternative terms such as "booster vaccination" or "booster vaccination" should therefore no longer be used.* **RKI-internal** • **Recommendation on critical infrastructures and their operation in the event of a high number of infected persons** o *Document here* o *Against the background of the new Omikron variant, the recommendations for maintaining the critical infrastructure (KritIs) in the event of critical staff shortages were discussed and are to be published again in the near future* o *References to this document should be implemented in the recommendations for healthcare facilities and care and nursing facilities for the elderly* o *The recommendations differentiate between retirement and care facilities, hospitals and critical infrastructures* **Discussion:** o *The recommendation should specify that it is aimed at staff and not at residents, patients, clients or users.* o *The document should be published as a "stand-alone publication" with the heading "Critical staff shortage", for example.* *The relevance and urgency should become clear* o *In addition to regular PCR testing,* **medical masks** *(i.e. FFP2 masks or medical face masks) should be used. No distinction should be made between the use of an FFG or medical MNS; rather, compliance and consistent use will take centre stage.* o *The risks of infection in closed break rooms with several people should be pointed out* • **FAQ Wearing masks** o *Document here*	*All* *FG37*

	○ *There are currently no scientific findings that FFP2 masks reduce transmission in laypersons better than MNS masks* ○ *Wearing a mask is most effective, i.e. the risk of infection is reduced, if as many people as possible in the room wear a medical mask (collective protection of others).* ○ *Indoors in public areas where people meet and stay for longer periods of time, especially if the physical distance of at least 1.5 metres cannot always be maintained (e.g. shopping situation, schools, workplace, public transport).* ○ In households with a known case of SARS-CoV-2 infection, a strong suspicion of SARS-CoV-2 infection or the presence of people who have had close contact with a confirmed SARS-CoV-2 case. ○ When selecting a mask, make sure that it fits the shape and size of your face and that it fits correctly and snugly (e.g. a tight fit is often not possible for beard wearers) • **COALA study** ○ *Slides here* ○ *There were* **30 daycare centres** *with an* **acute outbreak** *included and examined over 8 months* ▪ *at least 1 child or 1 employee SARS-CoV-2 positive* ○ *Infected persons and contact persons from the daycare centre or families were* **visited** *and examined* **at home** ▪ *Saliva, mouth/nose swab for PCR (no deep throat swab)* ▪ *Standardised questioning on symptoms, exposure* ○ *thereafter:* **regular self-sampling** *(mouth/nose & saliva, PCR), symptom diary over 12 days* ▪ *Field phase 10/2020- 06/2021* ▪ *Self-sampling response >90%* ○ **An infected person infects an average of 9.6% of their Contact persons in the daycare group 53.3% in their own household** ○ *Children in the daycare group were proportionately less likely to be infected with SARS-CoV-2 than employees:* ▪ **7.7 %** *of all child contact persons* ▪ **15.5 %** *of all adult contact persons* ○ **In 54.5% of households** *with an affected person from the daycare centre (12/22 HH) the virus was passed on to at least one household member.* • **Contact person management** ○ *Document here* ○ *Integrated changes:* ▪ *Recommendation for greater prioritisation in the context of contact tracing of Transmission events with a high risk of infection*	*Mrs Brunke/FG14* *Mrs Loss*

	and/or in which persons with an increased risk of severe progression were involved or are at risk (Sections 1.1, 2.1 and 3.2.1) ▪ *The possibility of shortening the quarantine to 5 days (+ negative PCR test) is cancelled; a shortening to 7 days is not possible.* *days (+ negative detection by a high-quality antigen test) or 10 days (without test) is retained (section 3.2.2)* ▪ *Only contact persons with a booster vaccination are exempt from quarantine (section 3.2.2)* ▪ *Recommendation that close contacts self-quarantine and test themselves in advance* *after contact with a confirmed SARS-CoV-2 case becomes known (section 3.2.2)* **Discussion:** • *The updated document does not include the current requirements regarding the distribution of the Omikron variant. Therefore, a new version is to be developed that includes current requirements (e.g. quarantine for non "boosted" persons)* ***ToDo:** Prepare a new version of the KoNa Mgmt document that includes the new requirements under Omikron.*	*Mr Haas & others*
8	**Documents** • *(not reported)*	*All*
9	**Vaccination update** ***(Fridays only)*** • *(not reported)* **STIKO** • *xxx*	*FG33*
10	**Laboratory diagnostics** **FG17** • *Virological sentinel had ## samples in the last 4 weeks, of which:* o *# SARS-CoV-2* o *## Rhinovirus* o *## Parainfluenza virus* o *## seasonal (endemic) coronaviruses* o *## Metapneumovirus* o *## Influenza virus* o *Remainder negative* **ZBS1**	*FG17* *ZBS1*

11	**Clinical management/discharge management** • *(not reported)* -	*ZBS7*
12	**Measures to protect against infection** • *See above*	*FG14*
13	**Surveillance** • *not reported*	*FG 32*
14	**Transport and border crossing points** ***(Fridays only)*** • *not reported*	*FG38*
15	**Information from the situation centre** ***(Fridays only)*** • *not reported*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** • *Next meeting: Wednesday, 22 December 2021, 11:00 a.m., via Webex*	

End: 15:08

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 22 December 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
- *FG17*
  - *Ralph Dürrwald*
- *FG23*
  - *Robin Houben*
- *FG 26*
  - *Heike Hölling*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Ole Wichmann*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Silke Buda*
  - *Stefan Kröger*
  - *Kristin Tolksdorf*
  - *Udo Buchholz*
- *FG37*
  - *Tim Eckmanns*
- *FG38*
  - *Ute Rexroth*
  - *Petra v. Berenberg (Minutes)*
- *ZBS7*
  - *Christian Herzog*
- *MF2*
  - *Torsten Semmler*
- *MF 4*
  - *Martina Fischer*
- *Press*
  - *Ronja Wenchel*
- *ZIG*
  - *Anne Meierkord*
  - *Mikheil Popkhadze*
- *ZIG1*
  - *Carlos Correa Martinez*
- *BzgA*
  - *Andrea Rückle*

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TOP	Contribution/ Topic	contributed by
1	**Current situation** **International** ○ *Slides here* ○ *Data status worldwide, WHO, data status 21.12.2021* ▪ *Cases: 274,628,461 in total, +5.27% compared to the previous week* ▪ *Deaths: 5,358,978, 7-day CFR down to 1.03% (previous week: 1.15%). Cumulative CFR 1.95% (previous week: 1.97%).* ○ *List of top 10 countries by new cases:* ▪ *Rising number of cases worldwide* ▪ *Composition of the top 10 unchanged* ▪ *De in 4th place* ▪ *Spain and Italy have moved up a little* ○ *ECDC Rapid Risk Assessment 18th Update - Omikron* ▪ *Probability of further spread: very high* ▪ *Impact of dissemination: very high* ▪ *Risk to public health: very high* ▪ *On the map of Europe, the countries Germany, France, the Netherlands, Norway, Poland and the United Kingdom are shown.* *Austria categorised as "very high concern"* ○ *7-day incidence Europe* ▪ *Overall high incidence values* ▪ *Increase in Denmark (now >1000/100,000 p.e.) largest number of cases* ▪ *Decline in Spain, Bosnia, Norway, Switzerland* ▪ *High-risk areas are Andorra, Denmark, France, Norway and, outside Europe, Lebanon.* *added (since 19.12.2021), UK became virus variant area (since 20.12. 2021)* ○ *Spotlight Denmark* ▪ **7-day incidence (trend compared to previous week): 1119 (+42%)** ▪ *25.11.2021 Entry of Omikron at time without measures, with increasing incidence* ▪ *At the beginning, two large, coherent outbursts: concert, Christmas party at school, further Spread afterwards in schools* ▪ *08.12.2021: Reclassification of Covid-19 as a socially critical illness and "lockdown light"* *with restrictions on group sizes for events under 50 people; nightlife closes at midnight, school holidays brought forward* ▪ *17.12.2021: Closure of museums, theatres, cinemas, zoos, amusement parks and event venues.* *Restaurants remain open, but are no longer allowed to serve alcohol after 10 pm*	*ZIG1 (Correa-Martinez)*

	▪ *Modelling of case numbers: four scenarios with increasing case numbers depending on Vaccination effectiveness and transmission rate (slide 5), presentation by age group shows that younger age groups are more affected* **National** ○ *Case numbers, deaths, trend, slides here* ○ *SurvNet transmitted: SurvNet transmitted: 6,878,709 (+45,659), of which 109,324 (+510) deaths* ○ *7-day incidence: 289.8/100,000 p.e. (compared to previous week -20%)* ○ *DIVI Intensive Care Register 4,563 (-56)* ○ *Vaccination monitoring: Vaccinated with 1st dose 61,201,400 (73.6%), with complete vaccination 58,661,704 (70.5%), Booster immunisations 28,090,924 (33.8%)* ○ *Course of the 7-day incidence in the federal states:* ▪ *Decrease trend in TH, SN, ST, BB* ▪ *Increase trend in HH, HB* ○ *Geographical distribution of 7-day incidence by district* ▪ *50 LK > 500/100,000 EW* ▪ *Highest incidence in Cottbus: 1108/100,000 p.e.* ▪ *4 LK with incidence > 1000/100,000 (focus on eastern BL)* ○ *Incidence by age group and reporting week* ▪ *Falling incidence in all age groups compared to the previous week* ▪ *Comparison KW 50 2020/KW 50 2021 clearest differences (increase) for children* ○ *Percentage of deaths by reporting week and age group* ▪ *Highest among >80-year-olds* ▪ *Not comparable with first wave, as few tests at that time, CFR dependent on the number of recorded (tested) Asymptomatic* ○ **DIVI Intensive Care Register** ▪ *Slides here* ▪ *Currently 4500 cases in intensive care* ▪ *Decreasing occupancy: -322 cases* ▪ *New admissions: only slight decrease to 1,984 in the last 7 days* ▪ *Sharp increase in the daily death toll (frees up capacity)* ▪ *A high plateau in COVID-ITS occupancy in many federal states, decline in BY, SL, BW, BE, here Also decline in new admissions* ▪ *Treatment occupancy by severity: decline mainly affects the milder cases* ▪ *Assessment of the operating situation: 70% of ITS partially or completely restricted, Maximum care providers in particular are not experiencing a decline in occupancy*	*FG32 (Diercke)* *MF4 (Fischer)*

	▪ *Percentage of occupancy by 60+ year olds increases, Extremely steep climbs in groups 60-69 and 70-79* ▪ *SPoCK: Forecast for the next 20 days positive (further decline). Please note: Only if the current situation/trend continues (no measures or other effects in the next few days). The next 10 (!) days of the forecast are more reliable* ○ *Modelling* ***(Fridays only):*** *not discussed* **Interposed question** ○ *Does the increase in deaths on the ICU mean that treatment is being stopped earlier?* ○ *No, at least this cannot be proven from the figures; the currently high number of deaths can also be explained by the time delay with which they occur* **Syndromic surveillance** ○ *Slides here* ○ *ARE rate down in week 50 compared to previous week (3.4 %; previous week: 3.8 %), significant decline among children, slight increase among adults* ○ *Adults and children reached the low level of the previous year (pandemic year)* ○ *ARE consultations fell sharply, down on the previous year (approx. 900,000 doctor consultations due to ARE)* ○ *Share of COVID-19 in ARE* ▪ *Number of consultations for newly occurring ARE in young children particularly high, proportion with additional COVID-19 diagnosis, on the other hand, is low* ▪ *Older people in particular are less likely to consult a doctor about ARE, but receive comparatively frequent treatment. COVID-19 diagnosis* ▪ *In the age groups 5-79 years, the proportion of ARE with COVID-19 has fallen in the last two weeks* ○ *ICOSARI-KH surveillance: SARI case numbers down overall (partly due to decline in RSV in children). High level since the beginning of the season, well above previous seasons, decline for several weeks, currently below 2020 level. 35-59 year olds still at a very high level, but significant decline.* ○ *Comparison autumn 2020 and 2021 (2021 has higher infection pressure, at the same time the proportion of vaccinated people is much higher):* ▪ *Now decline in AG 80+year-olds for 3 weeks, decline in AG 60-79 for 2 weeks* ▪ *Decrease in COVID-SARI cases with intensive treatment* ▪ *Decrease in the number of deceased (hospitalised) COVID-*	*FG 36 (Buda)*

	SARI cases ▪ *Decline in AG 35-59 less marked* ○ *Breakouts: not discussed, please refer to the slide set if interested remove*	
	Virological surveillance, NRZ influenza data ○ *184 entries* ○ *9 SARS-CoV-2 detections (<7%), distributed across all AGs, 15% in AG >60 year olds* ○ *1 Influenza detection (child, NH3N2)* ○ *14% OC43* ○ *3.6% 229E* ○ *1 NL63 detection* ○ *All endemic coronaviruses: 18%* ○ *Rhinoviruses and HMP (PIV4) stable*	*FG 17 (Dürrwald)* *Dept.3 (Hamouda)*
	Number and capacity of tests ○ *Slides here* ○ *Number declining, now at 1.5 million* ○ *Positive share 18.6%* ○ *Laboratory utilisation is declining, still very high in SL, BB, MV, NS, TH* ○ *Test figures in the federal states: declining everywhere* ○ *Positive share declining in BY and ST* ○ *Test locations: sharpest decline in doctors' surgeries, also at other locations places, even stronger slump to be expected here due to Missing school tests* ○ *Testing by age group: Test incidence/100,000 in the AG >80 year olds stable, decline in all other AGs* ○ *Share of positives among 0-4 year olds stable, otherwise decline* ○ *VOC (SARS in ARS): Omikron clearly presentable, in week 49 158/100%, in week 50 145/100% (late registrations for expected), share slightly over 4%,* ○ *Laboratory workload is low overall*	*FG 37 (Eckmanns)* *FG 36 (Kröger)*
	VOC Report/ Molecular Surveillance ○ *Slides here* ○ *Omikron in genome sequencing: 1.4% (week 49)* ○ *Omikron in IfSG data: 3.5% (CW 50)* ○ *In test figures: 2.7% (CW 50) samples: Share increases to 0,6%* ○ *Extrapolated cumulative number of omicrons (slide 2 right): curve runs parallel to the increase in alpha (at Start of pandemic)* ○ *So far 2388 cases (data as of 22 December 2021, 753 references), in KW 50 1.8/100,000 p.e., distribution throughout DE, with hotspot in HH* ○ *Exposure mainly in DE* ○ *Information on vaccination available for >60%: 61% complete immunised, 13.7% with booster vaccination, 18.3% not immunised*	

	○ *Hospitalisation rate: 1.6%* ○ *1 death (0.04%)*	
	○ *54% with symptoms typical of COVID* ○ *(Slide 5) Model: Increase in the proportion of Omikron in the sample (genome seq.): Assuming a doubling time of Omikron of 4 days and a halving time of Delta of 51 days, the cut point (50% in each case) is still in week 51* ○ *Modelling contains uncertainties and shows an upward trend in the number of cases as early as week 50, which cannot be observed in reality, so it is questionable whether this presentation should be included in the weekly report* **Interposed question** ○ *Can a lower disease severity be assumed on the basis of the available data?* ○ *No statement possible yet, so far the cases are in medium AG, so far no outbreaks in vulnerable areas* ○ *Can be hoped for at best, but should not be communicated (possibly individually easier course, but problematically large number)* **Genome sequencing** ○ *236 cases in 440,000, corresponds to a share of 4% in the sample* ○ *Also increase in the global sample (821 detections)* **Discussion** ○ *Note: The proportion of case fatality is high despite vaccination; age stratification would be important here* ○ *Note: Careful communication is important with regard to decreasing intensive care utilisation / increasing case numbers (not yet Omikron)* ○ *Question to reporting data group: Can the proportion of ITS admissions be broken down by age? Answer: YES* ○ *Question: From November onwards, the proportion of >80-year-olds on ITS in SA decreases, but at the beginning of 11/21 the number of cases still increased - systematic discrimination against these patients on admission to ITS? Age-stratified to be clarified: How likely is it that someone who died in the ward was previously treated on ITS?* ○ *Note: The percentage of 80+ year olds on ICUs is also declining in the CCs that are not overburdened with intensive care, while the decline is steeper in SN and TH* ○ *Feedback from the clinics: There is a shortage of beds for emergencies in some cases, in individual cases triage is tougher, but there is no evidence of system failure or systematic discrimination against certain hospitals* ○ *Question: Is PCR testing actually carried out 2x/week and per person in Denmark? So far yes.* ○ *Note: In the case of very high case numbers, the reporting data contains a capping effect, reporting becomes less compartmentalised, syndromic surveillance becomes a pillar of support.*	*MF 2 (Semmler)*

2	**International** • *ITS admission criteria in international comparison* ○ *ITS admission criteria are very similar in international comparison; the first guidelines (of what are now numerous) were developed in Asia* ○ *Intensive care unit ≠ Intensive care unit (low care, high care, ECMO, intermediate care units are handled and categorised differently)* ○ *Resources in the healthcare system are crucial* ○ *Germany has many hospital beds and many intensive care beds, admits many positively tested patients as inpatients and transfers a high percentage of them to intensive care units, possible reasons: inexperienced staff, structure of the healthcare system, economic incentives (maximum care is lucrative), extensive capacities* ○ *Internat. Comparison is complex due to differently financed and structured HCS*	*ZIG (Meierkord)*
3	**Update digital projects** ***(Fridays only)*** • *Not reported*	*FG21*
4	**Current risk assessment** • *No need for adjustment*	*All*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *Not reported*	
6	**Communication** **BZgA** • *Currently numerous updates: Information sheet on booster vaccination, information sheet on vaccination of 5-11 year olds was submitted for approval today* **Press** • *22.12. BPK* • *24.12. Publication of an interview with Präs Wieler by Redaktionsnetzwerk Deutschland* • *Weekly report on 23 December to be accompanied by Twitter on the following topics: Omikron, AHA +L rules* • *Weekly report should also be accompanied by Twitter on 30 December, with reference to the reduced resilience of the figures* • *After a brief discussion: All reasons for this should be named (lower number of tests, fewer visits to the doctor, less reporting activity)* **P1** • *(not reported)* **Discussion**	*BZgA (Rückle)* *Press (Wenchel)* *P1*

	○ *NI does not report over the holidays, but the figures will be complete for the weekly report on 30 December* ○ *Model Increase in the proportion of Omikron in the sample (genome eq.) as a graph in the weekly report?* ○ *The graphic should not be included, the introduction of a new indicator "doubling time" should be avoided, the dynamics of the development should be presented in the continuous text become*	
7	**RKI Strategy Questions** **General** • *Statement that ContolCovid update was not harmonised can hopefully be clarified* • *A request for assistance has been received from Potsdam* ○ *Supra-regional Omikron outbreak, very well documented, 2G+ setting,* ○ *Offers the possibility to monitor incubation time and attack rate* ○ *Note: Detailed description of the 2G+ design (tests, controls) is important* ○ *TelKo (GA) has already taken place, contact will be maintained over the holidays, team will be put together afterwards* • *Circular: Crisis management in the BMG department; Omikron variant crisis scenario* ○ *Compilation of measures: Home office as far as possible in the LZ and the entire workforce, request to take the booster vaccination, 3 AG tests/person and week, AHA+L rules* ○ *Could this be an opportunity to draw attention to the tense situation due to a lack of staff increases in the past?* ○ *Unfavourable time to discuss both the personnel situation and the plans for the RKI according to the coalition agreement* ○ *Can only be clarified when the Minister addresses these issues, which is not the case at present* ○ *It may be important to document the situation (heavy burden if the number of cases increases and RKI staff are also absent), even if no consequences are currently being drawn* ○ *Objective wording suggestion: "It cannot be ruled out at present that there will be restrictions on the RKI's ability to function"* **RKI-internal** • *Not discussed*	*VPresident* *FG 38 (Rexroth)* *VPräs* *All* *VPresident*
8	• *Document "Recommendations of the RKI on hygiene measures in the treatment and care of patients infected with SARS-CoV-2"* ○ *Reference should be made to VOC and to a passage in the KRINKO recommendation "Infection prevention in the care and treatment of patients with communicable diseases".*	*All* *FG 37 (Eckmanns)*

	Diseases", which describes possible cohorting options o *The following note should be included in the section on the duration of the measures: "It should be noted here that the data situation for VOCs is often still inadequate at the beginning and can still develop into the variants of concern (VOCs) at present."* • **Interposed question**: o *Increased transmission with Omikron due to transmission even at lower viral loads or due to higher viral loads (2nd hypothesis is at the centre of the current discussion, insufficient data available)* o *No meaningful virus kinetics are yet available for Omikron* ***ToDo: Suggestion: enquiry in the consultant laboratory*** o *PCR threshold value 10^6 is also not yet confirmed for Omikron, data situation here also not yet sufficient for a change* • *Document "Extended hygiene measures in the healthcare sector in the context of the COVID-19 pandemic"* o *The sentence "The general wearing of medical mouth and nose protection by staff in all areas with possible patient contact" is extended: "The general wearing of medical mouth and nose protection* **or FFP2 masks** *by staff in all areas with possible patient contact"* • *Question from the EpiLag: Should people with a fresh complete vaccination (2nd vaccination) be exempt from quarantine for 3 months and thus temporarily be treated the same as people with a booster vaccination?* o *No, booster leads to qualitatively changed immune response, cannot be compared with Z. n. 2. vaccination* • *The weekly report will be released next week by Mr Schaade*	*ZBS 7* *FG 14 (Arvand)*

		? *FG 14 (Arvand)* *FG 38 (Rexroth)*
9	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
10	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *Discussed under agenda item 1* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
11	**Clinical management/discharge management** ***(Fridays only)*** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*FG14*
13	**Surveillance** ***(Fridays only)*** • *discussed under agenda item 1*	
14	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
15	**Information from the situation centre** ***(Fridays only)*** • *(not reported)*	*FG38*

16	**Important dates** • *none*	*All*
17	**Other topics Merry Christmas!** • *Next meeting: Wednesday, 29 December 2021, 11:00 a.m., via Webex*	

End: 13:10

Crisis team meeting "Novel coronavirus (COVID-19)" Minutes of the meeting

Aktenzeichen: 4.06.02/0024#0014

Occasion:	*Novel coronavirus (COVID-19)*
Date:	*Wednesday, 29 December 2021, 11:00 a.m.*
Venue:	*Webex Conference*

Moderation: Lars Schaade

Participants:

- *Institute management*
  - *Lothar H. Wieler*
  - *Lars Schaade*
- *Dept. 1*
  - *Martin Mielke*
- *Dept. 3*
  - *Osamah Hamouda*
  - *Tanja Jung-Sendzik*
  - *Janna Seifried*
- *FG14*
  - *Mardjan Arvand*
  - *Marc Thanheiser*
- *FG21*
  - *Wolfgang Scheida*
- *FG25*
  - *Christa Scheidt-Nave*
- *FG32*
  - *Michaela Diercke*
  - *Claudia Sievers*
- *FG33*
  - *Thomas Harder*
- *FG34*
  - *Viviane Bremer*
- *FG36*
  - *Walter Haas*
  - *Barbara Hauer*
  - *Julia Schilling*
- *FG37*
  - *Muna Abu Sin*
- *FG38*
  - *Ulrike Grote*
  - *Petra v. Berenberg (Minutes)*
- *ZBS7*
  - *Christian Herzog*
- *MF2*
  - *Torsten Semmler*
- *Press*
  - *Ronja Wenchel*
- *ZIG1*
  - *Sarah Esquevin*

TOP	Contribution/ Topic	contributed by
1	**Note: Agenda item 7 (strategic issues) was discussed at the beginning of the meeting, the minutes are available in favour of the Clarity stored there** **Current situation** **International** ○ *Slides here* ○ *Data status worldwide, WHO, data status 28.12.2021* ▪ *Cases: 280,119,931 in total, + 10.8% compared to the previous week* ○ *List of top 10 countries by new cases:* ▪ *Europe is strongly represented, some countries with rising, some with falling case numbers* ▪ *Different reasons for increase in case numbers: partly Omikron, partly Delta* ○ *7-day incidence/100,000 p.e. worldwide* ▪ *Europe contributes to global increase with 57% share* ▪ *Rising incidences worldwide, north/south divide, but also increase in the regions of Africa and America to record* ○ *7-day incidence Europe* ▪ *Migration of high case numbers from east to west* ▪ *Decline in the UK* ▪ *Dominance of Omikron in the Netherlands, Belgium (60%), Switzerland (50%),* ▪ *In France (week 50) 30%* **National** ○ *Disclaimer on limited assessability is still active* ○ *Case numbers, deaths, trend,* ○ *Slides here* ○ *SurvNet transmitted: SurvNet transmitted: 7,066,412 (+40,043), of which 111,219 (+414) deaths* ○ *7-day incidence: 205.5/100,000 p.e. (compared to previous week -20%)* ○ *DIVI Intensive Care Register 4.201 (-29)* ○ *Vaccination monitoring: Vaccinated with 1st dose 61,471,933 (73.9%), with complete vaccination 58,957,258 (70.9%), Booster immunisations 30,428,966 (36.5%)* ○ *Death rates remain high, admissions to ITS are falling* ○ *Course of the 7-day incidence in the federal states:* ▪ *Decline in TH, SN, ST* ▪ *Otherwise rather plateau*	*ZIG1 (Esquevin)* *FG32 (Diercke)*

- *Geographical distribution of 7-day incidence by district*
  - *10 LK > 500/100,000 EW*
  - *Focus remains on BB, SN, TH*
  - *Highest incidence in Ilm district 918/100,000 p.e.*
- *Incidence by age group and reporting week (heat map)*
  - *Age groups most affected: 5-9 year olds and children overall, followed by 35-44 year olds*
  - *The AG of 70-84 year olds is the lowest*
- *Hospitalisation incidence*
  - *Decline, adjusted values also decrease*
- *Number of reports (to GÄ) and cases (to RKI) by Reporting date*
  - *The GÄ receive several reports per case*
  - *Ratio of the number of DEMIS notifications to the number of cases reported to the RKI is stable*
  - *This shows that the GÄ routinely work reliably*

ToDo: Note in the weekly report that the reports from the GÄ are transmitted daily and that neither technical problems nor reporting behaviour lead to problems (the main causes are the decline in doctor visits and the decline in the number of tests).

FG 36 (Haas)

Syndromic surveillance

- *A preliminary slide from the flu web was discussed:*
  - *In the last week, an increase in ARE was reported, particularly among children and adolescents and young adults observed*
  - *This increase could be a first indication of an increase caused by Omikron and should be be closely observed*

Dept. 2 (Mielke)

Virological surveillance, NRZ influenza data

- *Slides here*
- *KW 51: 74 entries184 entries*
- *SARS-CoV-2 detections have levelled off at 8%*
- *Influenza detections on the rise (typical for December, hopefully not the start of a wave)*

Test number recording at the RKI

- *Slides here*
- *10% fewer laboratories reported*
- *1.2 million tests (previous week 1.5)*
- *Positive share 16.4% (previous week 18.6%)*
- *Capacities can only be assessed to a limited extent, but there is no reason to assume a decrease here*
- *Test figures in the federal states: declining everywhere*
- *Test delay: situation is easing, tests carried out within 24 hours of acceptance have increased*
- *In the BCs, both the number of tests and the proportion of positives predominantly declined*

Dept.3 (Hamouda)

(Abu Sin)

	○ *BW: Declining number of tests, rising proportion of positives* ○ *Significantly fewer tests in doctors' surgeries compared to the previous year* ○ *Share of positives declining in practices, also declining in other locations, stable in hospitals* ○ *Test locations by age group: more tests for 0-4 year olds and 5-14 year olds compared to the previous year, decrease in the number of tests in the other AGs compared to the previous year* ○ *Number of tests per 100,000 inhabitants and proportion of positives by age group and week: decline in the proportion of positives in all AGs except for 0-4 year olds* ○ *VOC (SARS in ARS)* *Suspected omicron in week 50: 7%, in week 51: 12.5* **VOC Report/ Molecular Surveillance** ○ *Slides here* ○ *Omikron in genome sequencing: 7.4% (week 50)* ○ *Omikron in IfSG data: 17.5% (week 51)* ○ *Omikron cases submitted to date: 13,129, spread across Germany* ○ *Information on vaccination available for 50%: of which 50% fully vaccinated, 19.8% with booster vaccination, 21.3% not vaccinated* ○ *159 Hospitalisations* ○ *185 Reinfections* ○ *4 deaths* ○ *Model: Increase in the proportion of omicrons in the sample (genome seq.): Doubling time now 3 days* ***ToDo: Please send this slide (model) to Benjamin Maier (P4)*** **Overview SARS-CoV-2_genome sequences** ○ *In week 50 sample share 9.38%* ○ *Doubling the rate*	*FG32 (Sievers)* *MF 2 (Semmler)*
2	**International** ○ *(not reported)*	*ZIG*
3	**Update digital projects** ***(Fridays only)*** • *(not reported)*	*FG21*
4	**Current risk assessment** • *No need for adjustment*	*All*
5	**Expert advisory board** ***(Monday preparation, Wednesday follow-up)*** • *(not reported)*	
6	**Communication** **BZgA** • *(not reported)*	

	Press • *Numerous enquiries on the following topics:* o *What data sources will Minister Lauterbach use in addition to the RKI (statement in the Bild newspaper)* ▪ *Comment: Reference may have to be made here to the BMG; in the course of the telco with the BMG, the* *The RKI page points out that syndromic surveillance and positive rates provide good indications and that the underreporting factor is estimated at 3* ***ToDo: Coordinate with the BMG press office to determine whether a common language regulation can be found for this purpose*** o *FDA says Omikron is more likely to have false negative AG self-tests* ▪ *Comments: Also according to FDA this still needs to be quantified/it may only affect* *certain tests that do not play a role in DE/it is too early to make a statement on the reliability of AG tests at Omikron* ▪ *Note: ARS notifications are currently voluntary and differ in the federal states (one* *legal anchoring would be desirable)* ▪ *ARS data is available online on the ARS page, with a link on the diagnostics page.* *This is also pointed out in the weekly report* ▪ *Report on the reporting obligation for all tests carried out was submitted by FG32 at the beginning of December, is* *currently postponed by BMG* **P1** • *(not reported)*	*BZgA* *Press (Wenchel)* ***Press*** *P1*
7	**RKI Strategy Questions** **General** • **Recommendations for contact tracing (KP-N) for SARS-CoV-2 infections** *(document here)* o *Changes to section 3.2.2 Information on the quarantine order:* o *Rationale was adjusted: "Due to an observed shorter incubation period, a maximum quarantine period of 10 days is still technically justifiable."* o *2 quarantine options: 10 days without final test, 7 days with final PCR or high-quality AG test* o *Exemptions from quarantine: "Contact persons are exempt from quarantine measures for professional reasons if the second vaccination dose has not been administered for more than 3* *months ago or they have received a booster vaccination according to STIKO."*	*FG 36 (Schilling) All*

RKI	○ *"Irrespective of this basic procedure for quarantine duration, in individual cases where it is already known or suspected that exposure to a VOI or VOC (except Alpha - B.1.1.7, or Delta - B1.617.2 or Omikron - B.1.1.529 and sublines, see overview of virus variants) is or could be involved, a quarantine of 14 days and testing by PCR (if possible on day 1 of the identification of the close contact person) is always recommended."* ○ *"In addition, the wearing of a medical mask is recommended in households with a known case of SARS-CoV-2 infection, a strong suspicion of SARS-CoV-2 infection or the presence of persons who have had close contact with a confirmed SARS-CoV-2 case."* • **Discussion** ○ *On the question of whether quarantine exemption for 2 or 3 months after 2. vaccination should apply: Brief presentation of the 3 currently available studies:* ▪ *Study from Great Britain. Just over 500 cases, effectiveness of the Biontec vaccine against Omikron (symptomatic infections): up to 9 weeks after second vaccination 88%, after 3 months 48%, then 35%, 2 weeks after booster vaccination 75%* ▪ *Study from Denmark: 3000 cases, effectiveness of Moderna and Biontec (any infection caused by Omikron), Biontec after 4 weeks 55%, after 8 weeks 16%, 4 weeks after booster 54%* ▪ *Confidence intervals of the studies partially overlap -> Relatively high uncertainty* ▪ *Study from Scotland: relative effectiveness "booster/no booster": 57%* ○ *In view of the results, a recommendation of 3 months for the duration of the quarantine exemption after 2. Vaccination makes sense* ○ *Question: Do 3 months also apply after booster vaccination?* ○ *No data is yet available on the duration of the booster effect* ○ *Note: In schools, quarantine can be shortened to 5 days. +AG test still possible, recommendations should be congruent, should 5 days no longer be recommended (but 7 days would again be more than a school week) and a different quarantine concept (test-to-stay concept) be proposed? (see also discussion on p. 9)* ○ *Proposed amendments to the KoNa paper are accepted, 3 months are acceptable, in particular because the recommendation to wear masks takes account of data uncertainty/residual risk* ***ToDo: An addition "until further data/knowledge is available" should be inserted in place of the 3-month period for quarantine exemptions after fresh complete vaccination. Finalisation if possible by 29.12.2021 for submission to BMG***	*FG 33 (Harder)* *Hauer, Haas*

	• **Adjustments to the regulations on taking up work early in the event of a pandemic-related staff shortage in critical infrastructure facilities, including hospitals and care and nursing homes** o *Document here* **Table page 2, last line** o *Intensive discussion on the requirements for resuming work after infection: Should a minimum period of 5 days including 48 hours of freedom from symptoms and a final PCR test be introduced here or should only 48 hours of freedom from symptoms and a PCR test be required?* o *Concrete minimum duration could save resources (avoid early testing), protect employees, is a clear regulation for KRITIS who are not familiar with the implementation of hygiene measures* o *No minimum duration was agreed with COVRIIN, the use of oligosymptomatic employees was also discussed there, 5 days minimum period before resumption of work corresponds to a tightening of the current discharge criteria of HCW in case of acute staff shortage (however, this footnote would be removed from the recommendations on discharge management when the KRITIS adjustments come into force)* o *Summary: The wording "if symptom-free for at least 48 h and at the earliest 5 days after the onset of symptoms, then a PCR test, if negative (*reference to quantitative assessment), early admission to work is possible" is agreed. For asymptomatic cases, the reference in the footnote to the general discharge criteria remains sufficient.* **Table p. 2, 2nd line** o *3-month period after complete vaccination is also included here* o *Intensive discussion on the quarantine duration of contact persons* o *Are the following reductions (from 14 to 10 and from 7 to 5 days) justifiable?* ▪ *"Continuation of the activity with a daily negative AG test before starting work until day 10 after contact and* *Continuous wearing of a "medical mask" for newly vaccinated (for 3 months) and booster patients* ▪ *"No use for 5 days + AG test for 10 days on re-admission (or PCR on days 5, 7 and 10 in KH and nursing home) and continuous wearing of medical masks" for fully vaccinated people* o *All reductions of less than 7 days have no data basis* o *However: The recommendations are intended to help protect CRITIS facilities from failure, which is why a higher residual risk must be accepted in comparison to the other recommendations, including the use of*	*FG37 (Abu Sin)* *Herzog, Mielke, Haas, Schaade, Arvand* *All*

	oligosymptomatic persons should be included ○ *The above-mentioned shortenings are accepted, everything else is to be taken into account by the introductory sentence: "This recommendation is initially valid until 15.01.2021 and will then be continuously adapted to new findings and requirements regarding the epidemiological situation of the SARS-CoV-2 variant Omikron".* ○ *Unvaccinated people are not addressed in the table, which is why the introductory text should explicitly emphasise the importance of vaccination and booster vaccination.* ○ *Publication is planned for the new year, with FG 36 (Haas) in charge.* • **Labour quarantine** ○ *This refers to a possible quarantine shortening for areas that are not KRITIS, but are important economic sectors, for example* ○ *Opinion: It is not the task of the RKI to determine which facilities are categorised as KRITIS, it would be better to classify affected areas as such if necessary (political decision)* • **1-G rule** ○ *Is actually a political decision* ○ *Was submitted as a question to the Expert Council, arguments in favour of Präs as a member of the Expert Council should be collected here* ○ *This means, for example, access to restaurants only with a booster vaccination* ○ *Note: For reasons of consistency, this should also apply to freshly and fully vaccinated people for 3 months* ○ *Convalescent status becomes less important, immune status in connection with vaccination status comes to the fore (depending on the time since the last vaccination)* ○ *But: Due to the shorter incubation period of Omikron, contact restriction rules are becoming more important again, and vaccination status alone is not sufficient as a preventive measure* ○ *Additional 3-month rule could be motivating for basic immunisation, shortens the period until you have access* • **Extensive decree from 29/12/2021 0:20 am** ○ *Discussion on the topic of protective masks in schools* ▪ *Question of whether FFP-2 masks should be recommended for schools* ▪ *It is important to differentiate between occupational safety (self-protection) and minimising transmission* ▪ *Cost issue (for the parents)* ▪ *Compliance question (8 hours FFP-2 for children?)* ▪ *The majority of FFP-2 masks are not worn for occupational safety, but for self-protection, Recommendations should be opened in this direction* ▪ *Non-inferiority studies of FFP-2 in KH are aimed at only on self-protection, they do not provide data on the*	*Schaade. All*

	External protection ▪ *So far, there is no convincing evidence that FFP-2 is better, especially not for children* ▪ *FG 14 has already issued a response to the FFP-2 recommendation focussing on occupational health and safety* *written* ***ToDo: Statement (not aimed at occupational safety) by FG 14 should include that the data situation is not sufficient for the mandatory wearing of FFP-2 masks in schools*** ▪ *Application research would be desirable* ▪ *There is evidence that wearing MNS with Omikron is an effective preventive measure* o *Discussion on the topic of quarantine in schools* ▪ *Rising numbers due to high reef and short generation time at Omikron? Or due to increased closer contacts?* ▪ *Masks are only one component and the key is to wear them consistently* ▪ *Based on a high level of infection, group quarantine would lead to widespread* *Lead to class quarantine or school closure* ▪ *Is a test-to-stay concept conceivable (daily testing instead of quarantine)?* ▪ *This could be included in the decree report: Little is currently known about Omikron in schools,* *Group quarantines are currently not justifiable, test-to-stay concept could be proposed to gain experience* ▪ *Question: Should 5 days of quarantine + AG test be cancelled as a recommendation for school? As* *Alternative presence with daily testing? For how many days?* ▪ *The 5 days can remain in the school recommendations, inconsistency with KoNa recommendations is minimised by the* *serial testing, which takes place in schools, equalised* ▪ *Serial testing and test-to-stay concepts are only good if all other hygiene measures (AHA+L)* *are consistently observed* ▪ *In principle, it is advisable to increase the test frequency in the group if a case is found* ▪ *Conclusion: Formulation "5 days quarantine +AG test and further close-meshed serial testing can be used".* *be considered" is good* ▪ *Alternatively, a close-meshed test-to-stay strategy could be proposed* ▪ *If further cases occur within a week, the whole group should be quarantined.* *be recommended*	***FG 14***

	RKI-internal • *Not discussed*	
8	**Documents** ***(Fridays only)*** ○ *Please see item 9*	*All*
9	**Vaccination update** ***(Fridays only)*** • *Not discussed*	*FG33*
10	**Laboratory diagnostics** ***(Fridays only)*** **FG17** • *(not reported)* **ZBS1** • *(not reported)*	*FG17* *ZBS1*
11	**Clinical management/discharge management** ***(Fridays only)*** • *(not reported)*	*ZBS7*
12	**Measures to protect against infection** ***(Fridays only)*** • *(not reported)*	*FG14*
13	**Surveillance** ***(Fridays only)*** • *discussed under agenda item 1*	
14	**Transport and border crossing points** ***(Fridays only)*** • *(not reported)*	*FG38*
15	**Information from the situation centre** ***(Fridays only)*** • *(not reported)*	*FG38*
16	**Important dates** • *none*	*All*
17	**Other topics** **Happy New** **Year!** • *Next meeting: Monday, 03.01.2021, 13:00, via Webex*	

End: 13:44